



**1<sup>st</sup> INTERNATIONAL  
CRITICAL CARE AND  
EMERGENCY MEDICINE  
CONGRESS**

**06-08**

**NOVEMBER 2013**

**GREEN PARK PENDIK HOTEL - ISTANBUL**

[www.iemcc.org](http://www.iemcc.org)

**SCIENTIFIC PROGRAM**

**GENK**  
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## **MAJOR EVENT UNITING the TOP of the MEDICAL SCIENCES**

The 1<sup>st</sup> International Critical Care and Emergency Medicine Congress is bringing different areas of specialization together, in cooperation with Turkish Ministry of Health, the Critical Care Association of Turkey, the Emergency Medicine Physicians Association of Turkey and 8 prestigious international associations from various continents and it is an important opportunity, in view of setting a scientific infrastructure framework for the future.

Furthermore, we do hope that this major event will create more sensitivity and interest towards critical care medicine that we consider as the top of the medical sciences.

One of our objectives is to institutionalize such an international event and organize it once a year. In this direction, we are holding a feast of science that is bringing together international and national speakers, academicians and health-care professionals who put their heart in critical care practice.

We do strongly believe that this Congress will mark an important starting point for studies that will elevate the critical care medicine to the highest level possible, thanks to the contributions of all associations.

Look forward to meeting you all at the 1<sup>st</sup> International Critical Care and Emergency Medicine Congress in Istanbul on 6-8 November 2013.

Regards

**Prof. Basar CANDER**  
Chair of the Congress  
On Behalf of the Organizing Committee

**Assist. Prof. Dr. Ahmet Yağmur BAŞ**  
Society of Critical Care  
President



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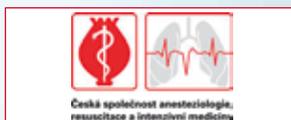
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## COLLABORATIONS





## **SCIENTIFIC PROGRAM**



**ROOM A**

**14.30-16.00 OPENING CEREMONY**

14.30-15.00 PRESENTATION OF CO-PRESIDENTS OF CONGRESS

15.00-15.15 HISTORY OF CRITICAL CARE IN THE WORLD

*Ahmet Çınar Yastı*

15.20-15.35 INTERSECTION OF EMERGENCY AND CRITICAL CARE

*Juliusz Jakubaszko*

15.40-16.00 THE VISION OF TURKISH MINISTRY OF HEALTH

*İsmail Kartal*

**16.00-16.30 COFFEE BREAK**

**16.30-18.00 CRITICAL CARE IN THE WORLD**

Chairpersons: *Salim Satar, Halil Aliş*

16.30-16.45 THE SITUATION IN EUROPA

*Aleksandra Berdzinska*

16.50-17.05 THE SITUATION IN UNITED STATES

*David Milzman*

17.10-17.25 THE SITUATION IN ASIA

*Babak Mahshidfar*

17.30-17.45 THE SITUATION IN INDIA

*Narendra Rungta*

17.45-18.00 DISCUSSION



## ROOM A

**09.00-10.30 TRAUMA**

Chairpersons: *Hakan Güven, Ali Bidari*

**09.00-09.15 ESSENTIAL CRITICAL CARE PROTOCOLS FOR TRAUMA CARE**

*Tamer Karşıdağ*

**09.20-09.35 MISSED ABDOMINAL INJURIES**

*Ali Bidari*

**09.40-09.55 INFECTION PROTECTIVE ROLE OF HYPERBARIC OXYGENATION IN TRAUMA PATIENTS**

*Janusz Sokolowski*

**10.00-10.15 BLOOD AND FLUID THERAPY IN PERIOPERATIVE RESUSCITATION IN TRAUMATIC INJURIES**

*Eric Revue*

**10.15-10.30 DISCUSSION****10.30-11.00 COFFEE BREAK****11.00-12.30 RESPIRATORY FAILURE**

Chairpersons: *Mehtap Bulut, Finn Rasmussen*

**11.00-11.20 INVASIVE VENTILATION TREATMENT**

*Başar Cander*

**11.25-11.45 NONINVASIVE VENTILATION TREATMENT**

*Dhruva Chaudhary*

**11.50-12.10 THE FACTORS AFFECTING VENTILATION OTHER THAN VENTILATOR**

*Finn Rasmussen*

**12.10-12.30 DISCUSSION****12.30-14.00 LUNCH TIME**



**ROOM A**

**14.00-15.30 WHAT IS HAPPENING AFTER RE-OXYGENIZATION**

Chairpersons: *Levent Altıntop, David Milzman*

**14.00-14.15 REPERFUSION EFFECTS AFTER CARDIAC ISCHEMIA**

*David Milzman*

**14.20-14.35 REPERFUSION EFFECTS AFTER RENAL ISCHEMIA**

*Jonathan Jones*

**14.40-14.55 REPERFUSION EFFECTS AFTER CEREBRAL ISCHEMIA**

*Caner Eken*

**15.00-15.15 REPERFUSION EFFECTS AFTER CRUSH SYNDROME**

*Polat Durukan*

**15.15-15.30 DISCUSSION**

**15.30-16.00 COFFEE BREAK**

**16.00-17.30 ACUTE RESPIRATORY DISTRESS SYNDROME**

Chairpersons: *Mustafa Yıldız, Yatin Mehta*

**16.00-16.15 SEPSIS AND LUNG INJURY**

*Mohsen Abbasi*

**16.20-16.35 ARDS AND STEROIDS**

*John Fowler*

**16.40-16.55 ARDS AND FLUID TREATMENT**

*Shigeaki Inoue*

**17.00-17.15 ECMO - EXTRACORPERAL MEMBRANE TREATMENT**

*Yatin Mehta*

**17.20-17.30 DISCUSSION**



## ROOM B

**09.00-10.30 RESUSCITATION**

Chairpersons: *Zeynep Çakır, Andreas Janata*

**09.00-09.15 HYPOTHERMIC RESUSCITATION**

*Andreas Janata*

**09.20-09.35 END-TIDAL CO2 MONITORING TO GUIDE TREATMENT DURING CARDIAC ARREST**

*Samad Shams Vahdati*

**09.40-09.55 ROLE OF PERI-ARREST ULTRASOUND AND ECHOCARDIOGRAPHY**

*Cuma Yıldırım*

**10.00-10.15 RESUSCITATION IN MODERATE ALTITUDE SETTINGS**

*Mücahit Emet*

**10.15-10.30 DISCUSSION****10.30-11.00 COFFEE BREAK****11.00-12.30 NEUROLOGICAL PROBLEMS IN THE CRITICAL CARE**

Chairpersons: *Mehmet Nuri Bozdemir, Hakan Oğuztürk*

**11.00-11.20 GUILLIAN BARRE SYNDROME**

*Evvah Karakılıç*

**11.25-11.45 CRITICAL CARE IN CASE OF ISCHEMIC STROKE**

*Behçet Al*

**11.50-12.10 CRITICAL CARE IN CASE OF HEMORRHAGIC STROKE**

*Sedat Koçak*

**12.10-12.30 DISCUSSION****12.30-14.00 LUNCH TIME**



ROOM B

**14.00-15.30 PEDIATRIC CRITICAL CARE**

Chairpersons: *Orhan Koç, Özge Aydemir*

**14.00-14.15 ARDS: UPDATE ON MANAGEMENT**

*Tanıl Kendirli*

**14.20-14.35 SEPSIS: UPDATE ON TREATMENT GUIDELINE**

*Ahmet Soysal*

**14.40-14.55 SHOCK AND HEMODYNAMIC MONITORING**

*Nilüfer Yalındağ Öztürk*

**15.00-15.15 WHICH IS THE CHOICE: FLUID OR INOTROPES IN THE CASE OF SHOCK?**

*Gökhan Kalkan*

**15.15-15.30 DISCUSSION**

**15.30-16.00 COFFEE BREAK**

**16.00-17.30 HYPOXIC - ISCHEMIC ENSEPHALOPAHTY OF NEWBORN**

Chairpersons: *Ahmet Yağmur Baş, Alaaddin Dilsiz*

**16.00-16.15 ETIOLOGY AND PATHOGENESIS**

*Nurullah Okumuş*

**16.20-16.35 CLINICAL AND LABORATUARY FOLLOW UP**

*Serdar Beken*

**16.40-16.55 TREATMENT AND CEREBRAL HYPOTHERMIA**

*Emre Canpolat*

**17.00-17.15 PROGNOSIS AND PROGNOSTIC MARKERS**

*Özge Aydemir*

**17.20-17.30 DISCUSSION**



## ROOM C

**08.00-08.50 ORAL PRESENTATION**

Chairpersons: *Mustafa Serinken – Gökhan Turtay*

**08.00-08.08** The evaluation of the effectiveness of Adenosine and Diltiazem in Supraventricular Tachycardia

*Yusuf Ali Altuncı, Funda Karbek Akarca, Şadiye Mıdık, Murat Ersel, Selahattin Kıyan*

**08.08-08.16** Mortal Trio; Pulmonary Embolism, Aorta Thrombosis and stomach perforation in same patient

*Volkan Ulker, Hasan Karabulut, Muhammed Fatih Mektebi, Abdullah Özer, Mehmet Eren Yüksel, Osman Yüksel, Ahmet Demircan*

**08.16-08.24** Diagnostic Value of Combined use of Heart-Type Fatty Acid Binding Protein and İschemia Modified Albumin in Patients with Chest Pain that Have Normal Troponin I Levels in İnitial Approach to the Emergency Department

*Çetin Yaylalı, Ayşe Bayrak, Osman Karaođlan, Zeynep Karakaya, Fatih Savran, Şerafettin Demir, Hümeıra Çiçekler*

**08.24-08.32** Diagnostic value of pentraxin-3 at acute pulmonary embolism

*Kenan Yavuz, Mehmet Gul, Zerrin Defne Dundar, Basar Cander, Ahmet Ozgur Basarir, Tarık Acar, Cesareddin Dikmetas, Sadik Girisgin, Sedat Kocak*

**08.32-08.40** The Importance of Vena Cava Inferior Diameter In The Differential Diagnosis of Patients Who Have Applied To An Emergency Department With Dispnea

*Adnan Yamanođlu, Nalan Gökçe Çelebi Yamanođlu, İsmet Parlak, Pelin Pınar, Ali Tosun, Neslihan Satılmış Silliv, Alper Akgür*

**08.40-08.48** The frequency and diagnosis of mesenteric ischemia in patients (over 65 years old) who admitted to emergency medicine with abdominal pain, an prospective study

*Burak Gün, Saylav Bora, Vermi Degerli, Gökhan Elçin, İsmet Parlak*

**13.30-16.30 EuSEM Stroke and Thrombosis Interest Group Face-to-Face Meeting**

Chairpersons: *Mehmet Ergin, Zerrin Defne Dünder*



ROOM D

**08.00-08.50 ORAL PRESENTATION**

Chairpersons: *Ramazan Köylü - Ali Dur*

- 08.00-08.08** Prolonged inflammation and inactivation of T cells in severe sepsis in the elderly  
*Shigeaki Inoue, Yukako Komari, Seiji Morita, Hiroyuki Otsuka, Sadaki Inokuchi*
- 08.08-08.16** Novel septicemia biomarker: HDL (high density lipoproteins)  
*Sejad Saddam Al Zaidawi*
- 08.16-08.24** The effects of ketamine, propofol, and ketofol on endotoxemia-induced endoplasmic reticulum stress profile in kidney  
*Derya Gokcinar, Ahmet Cumaoglu, Kadriye Kahveci, Leyla Guler, Adem Guler, Afife Ayla Kabalak*
- 08.24-08.32** Neutrophil / Lymphocyte Ratio As a Novel Predictor of Mortality in Critically Ill Patients  
*Nazire Belgin Akilli, Mehmet Yortanlı, Hatice Seyma Akça, Hüseyin Mutlu, Yahya Kemal Günaydın, Ramazan Köylü, Emine Akıncı, Zerrin Defne Dünder, Başar Cander*
- 08.34-08.40** Compare vena cava inferior diameters with hemodynamic parameters  
*Gökhan Taşkın*
- 08.40-08.48** The analysis of prehospital of basic and advanced life support applying in critical cases  
*Behcet Al, Mehmet Murat Oktay, Suat Zengin, Mustafa Sabak, Erdal Yavuz, Yılmaz Safi*



## ROOM E

**08.00-08.50 ORAL PRESENTATION**

Chairpersons: *Arif Duran - Şule Akköse Aydın*

**08.00-08.08 Early Predictors of Massive Transfusion in Trauma: A Case Control Study**

*Muhammad Adil Tareen, Hasnain Zafar Zaidi*

**08.08-08.16 Assessing the Therapeutic efficacy of augmentative plate fixation in femur bone nonunion subsequent to intramedullary nailing**

*Yashar Hashemi Aghdam, Amin Moradi, Mahmoud Beheshti, Sanaz Rahimi*

**08.16-08.24 War surgery in a Turkish Hospital Near The Border of Syria: Evaluation of critical and intensive care treatment principles**

*Betül Şimşek Kocamer, Necdet Çaliker, Mehmet Dokur, Numan Oruç Gökçe, Ibrahim Kürşat Deniz, Murat Uğur, Mehmet Kaya*

**08.24-08.32 Evaluation of Bicycle Induced Injuries in emergency Department**

*Tamer Durdu, Fevzi Yılmaz, Bedriye Müge Sönmez, Muhammet Evvah Karakılıç, Cemil Kavalcı, Oktay Hakbilir, Engin Deniz Arslan, Muhittin Serkan Yılmaz, Cihat Yel*

**08.32-08.40 The Analyze Of The Death Certificates Drafted After Trauma Cases**

*Ümit Kaldırım, Mehmet Toygar, Şükrü Ardıç, Ibrahim Arzıman, Yusuf Emrah Eyi, Murat Durusu, Necmettin Cihangiroğlu, Mehmet Eryılmaz*

**08.40-08.48 Inter-rater and Intra-rater Reliability of Near-infrared Spectroscopy in ED among the Elderly**

*Atıf Bayramoğlu, Murat Saritemur, Ayhan Aköz, Mucahit Emet*



**ROOM A**

**09.00-10.30 CARDIAC PROBLEMS IN THE CRITICAL CARE**

Chairpersons: *Erol Şener, Ali Metin Eser, Phil Levy*

**09.00-09.15** HYPOTHERMIA DURING POST RESUSCITATION CARE

*Andreas Janata*

**09.20-09.35** RISC EVALUATION IN THE CASE OF ACUTE CARDIAC FAILURE

*Phil Levy*

**09.40-09.55** INVASIVE AND NON INVASIVE VENTILATION IN THE CASE OF ACUTE CARDIAC FAILURE

*Abdo Khoury*

**10.00-10.15** ATRIAL FIBRILATION MANAGEMENT: UPDATE

*Mehmet Ergin*

**10.15-10.30** DISCUSSION

**10.30-11.00 COFFEE BREAK**

**11.00-12.30 SEPSIS**

Chairpersons: *Selahattin Kıyan, John Fowler*

**11.00-11.15** SEPSIS: UPDATE ON MANAGEMENT

*Abdulahadi Tashkandi*

**11.20-11.35** OPTIMAL GOALS OF SEPSIS RESUSCITATION

*İsa Kılıçaslan*

**11.40-11.55** BIOMARKES IN SEPSIS: DO THEY REALY GUIDE US?

*Mehmet Akif Karamercan*

**12.00-12.15** ULTRASOUND IN CRITICAL CARE: ASSESSMENT AND MANAGEMENT-UPDATE

*Sadık Girişgin*

**12.15-12.30** DISCUSSION

**12.30-14.00 LUNCH TIME**



## ROOM A

**14.00-15.30 SEDATION AND ANALGESIA IN THE CRITICAL CARE**Chairpersons: *Başar Cander, Juliusz Jakubaszko***14.00-14.15 SEDOANALGESIA FOR PATIENTS WITH MECHANICAL VENTILATION***Juliusz Jakubaszko***14.20-14.35 SEDOANALGESIA FOR PATIENTS WITH END STAGE DISEASES***Narendra Rungta***14.40-14.55 NEUROMUSCULAR BLOCKAGE IN THE CRITICAL CARE***İsmet Parlak***15.00-15.15 SEDOANALGESIA FOR PATIENTS WITH UNSTABLE HEMODYNAMIC SIGNS***Ali Bidari***15.15-15.30 DISCUSSION****15.30-16.00 COFFEE BREAK****16.30-17.30 VASCULAR PROBLEMS IN THE CRITICAL CARE**Chairpersons: *Mehmet Gül, Murat Koç, Mark Courtney***16.00-16.15 DVT: WHO SHOULD BE TREATED?***Mark Courtney***16.20-16.35 VENA CAVA FILTERS: WHO AND WHEN?***Ertekin Utku Ünal***16.40-16.55 PULMONARY THROMBOEMBOLISM AND THROMBOLISM***Emrah Uguz***17.00-17.15 ARTERIAL EMBOLISM: UPDATE***Şeref Alp Küçükler***17.20-17.30 DISCUSSION**



## ROOM B

### 09.00-10.30 PEDIATRIC CRITICAL CARE

Chairpersons: *Dursun Odabaş, Sunit Singh*

09.00-09.15 CHALLENGES IN PEDIATRIC POLYTRAUMA - AN OVERVIEW

*Jan Godzinski*

09.20-09.35 UPPER LIMB REPLANTATIONS: LATE RESULTS

*Türker Özkan*

09.40-09.55 IDEAL SODIUM LEVEL AFTER CEREBRAL INJURY

*Sunit Singh*

10.00-10.15 POSTRESUSCITATION SYNDROME

*Nadeem, Qureshi*

10.15-10.30 DISCUSSION

### 10.30-11.00 COFFEE BREAK

### 11.00-12.30 TROPICAL INFECTIONS: DIAGNOSIS AND MANAGEMENT UPDATE

Chairpersons: *Güven Bektemur, Ali Rıza Odabaş*

11.00-11.20 LEPTOSPIROSIS

*Vedat Turhan*

11.25-11.45 MALARIA

*Mücahit Avcil*

11.50-12.10 DENGUE

*Narendra Rungta*

12.10-12.30 DISCUSSION

### 12.30-14.00 LUNCH TIME

### 14.00-15.30 PHARMOCATHERAPY IN THE CRITICAL CARE

Chairpersons: *Yücel Yavuz, Rouzbeh Rajaei Ghafouri*

14.00-14.15 WHICH ANTIFUNGAL AGENT IS THE CHOICE FOR SUSPECTED FUNGAL INFECTIONS?

*Serkan Şener*

14.20-14.35 WHICH INOTROPIC AGENT IS THE CHOICE AT THE BEGINNING OF SEPTIC SHOCK?

*Rouzbeh Rajaei Ghafouri*

14.40-14.55 WHICH ANTI-EPILEPTIC AGENT IS THE CHOICE FOR REFRACTORY STATUS EPILEPTICUS?

*Zerrin Defne Dündar*

15.00-15.15 WHEN IS THE DUAL ANTIBIOTHERAPY PREFERRED?

*Özgür Söğüt*

15.15-15.30 DISCUSSION



## ROOM C

**08.00-08.50 ORAL PRESENTATION**

Chairpersons: *Murat Orak, Fatih Esat Topal*

- 08.00-08.08** Research of Neuron Specific Enolase (NSE) and S-100B levels in patients with CO<sub>2</sub> retention  
*Melik Muhammed Candar, Ayhan Saritas*
- 08.08-08.16** New synthetic cannabinoid intoxication: Evaluation of 30 patients in emergency departments with Poisoning Severity Score  
*Halil Dogan, Dogac Niyazi Ozucelik, Kurtulus Aciksan, Akkan Avcı*
- 08.16-08.24** Relationship between CO intoxication and Argyrophilic nucleolar organizing region associated protein synthesis  
*Serdar Colakoglu, Ayhan Saritas, Recep Eroz, Murat Oktay, Kursat Oguz Yaykasli, Ayhan Akoz, Ertugrul Kaya, Hayati Kandis*
- 08.24-08.32** The Effects of a Combined Treatment of Lipid Emulsion and Conventional Therapy on Tissues of Rats Poisoned with Methyl Parathion  
*Afsin Emre Kayipmaz, Betul Gulalp, Sibel Benli, Nurzen Sezgin, Attila Dagdeviren, Fatma Helvacioğlu, Betul Akbuga, Didem Bacanlı*
- 08.32-08.40** Histamine Fish Poisoning (Scombroid Reaction)  
*Umut Cengiz Çakır, Nalan Kozacı, Kamil Can Akyol, Mustafa Keşaplı, Ali Vefa Sayraç, Mehmet Nuri Bozdemir, Arefe İmak*
- 08.40-08.48** Dust events as a risk factor for hospitalization and mortality for Respiratory, cardiovascular and cerebrovaskular diseases in gaziantep  
*Behçet Al, Mehmet Murat Oktay, Suat Zengin, Hasan Bayram, Mustafa Bogan*



ROOM D

**08.00-08.50 ORAL PRESENTATION**

Chairpersons: *Yusuf Ali Altunci - Mehmet Koşargelir*

**08.00-08.08** Venovenous extracorporeal membrane oxygenation in pediatric intensive care: early experiences of a newly founded program in Turkey

*Nülüfer Yalındağ Öztürk, Koray Ak, Nilgün Erkek, Selim İşbir, Sinan Arsan*

**08.08-08.16** A case series of neonatal arrhythmias

*Dilek Ulubaş Işık, İstemi Han Celik, Sumru Kavurt, Özge Aydemir, Ayşe Esin Kibar, Mehmet Emre Ari, Ahmet Yağmur Baş, Nihal Demirel*

**08.16-08.24** Extra-uterine gestation as a critical emergency in gynecological practice

*Ahmed Tageldin Abdelhafiz, Jihan A Mohamed*

**08.24-08.32** Prognostic Value of RDW in Critically Ill Patients and Comparison with Intensive Care Unit Scoring Systems

*Başar Cander, Emin Fatih Vişneci, Zerrin Defne DüNDAR, Ali Dur, Abdullah Sadık Girişgin, Mehmet Gül*

**08.32-08.40** A new scoring system predicting acute ischemic stroke: NIHSS+ABCD2

*Banu Karakus Yilmaz, Erdem Cevik, Yasemin Celik, Hatice Dogan, Ozlem Uzun, Tarik Sayin, Ozer Kemahli, Mehmet Emre Abanoz, Abdurrazak Teken, Ferhat Icme*

**08.40-08.48** Investigation of acute ischemic stroke patients who were applied to the emergency department, demographicly, clinically and etiologicly

*Erman Yıldırım, Gökçe Ozbay Yenice, Barış Akçahüseyin, Neslihan Siliv, İsmet Parlak*



## ROOM E

**08.00-08.50 ORAL PRESENTATION**

Chairpersons: *Şerife Özding - Mehmet Okumuş*

**08.00-08.08 Can effective esophagus compression be made with cricoid pressure?**

*Mine Parlak, Fevzi Cengiz, İsmet Parlak, Murat Yaşar Özkalkanlı, Bülent Erdur, Nagehan Damar, Vildan Akpınar, Burcu Horsanalı, Neslihan Siliv, İbrahim Can Ayık*

**08.08-08.16 A Ten-year Analysis of Fatal Peripheral Vascular Injuries: Autopsy Study**

*Salim Kemal Tuncer, Selahattin Ozyurek, Mehmet Toygar, Kenan Karbeyaz, Beyza Urazel, Adnan Celikel, Umit Kaldırım, Yusuf Emrah Eyi, Murat Durusu, Mehmet Ali Sahin, Adem Guler*

**08.16-08.24 Assessment of Supracondylar humeral fractures in elderly patients with double tension bond wiring method**

*Amin Moradi, Yashar Hashemi Aghdam, Amir Mohammad Navali, Fatemeh Karimi, Sanaz Rahimi*

**08.24-08.32 Survivorship & outcome of patients with intertrochantric fracture of femur**

*Amin Moradi, Yashar Hashemi Aghdam, Fatemeh Karimi, Sanaz Rahimi*

**08.32-08.40 Factors Affecting The Time Spent In ER and The Relation of Mortality and The Time Spent In Trauma Cases**

*Ümit Kaldırım, İbrahim Arzıman, Şükrü Ardıç, Mehmet Toygar, Murat Durusu, Mehmet Eryılmaz*

**08.40-08.48 Can mean platelet volume and platelet levels predict severity of bone fracture?**

*Egemen Küçük, Yusuf Yürümez, Volkan Ergan*



## **ORAL PRESENTATIONS**



## OP 01

### New synthetic cannabinoid intoxication: Evaluation of 30 patients in emergency departments with Poisoning Severity Score

*Halil Dogan, Dogac Niyazi Ozucelik, Kurtulus Acıksarı, Akkan Avcı*

Bakirkoy Dr. Sadi Konuk Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** The aim of this study is to show that the prognosis and clinical futures of subjects who use new synthetic cannabinoids with Poisoning Severity Score.

**Materials-Methods:** We retrospectively reviewed 30 cases presenting to our ED. The Poisoning Severity Score was used to determine the severity of intoxication in all patients. According to Poisoning Severity Score, patients were evaluated in three groups (minor, moderate and severe groups).

**Results:** The average age of the subjects was  $24.27 \pm 6.192$  years (all the patients were male). Sixty patients of exposures were acute on chronic. All of the users admitted to purchasing synthetic cannabinoids in a friend or dealer. Ninety three point three percent of patients had been using SCPs for six months (Table 1). Sixty patients' (53.4%) exposure was acute or chronic. Patients who applied to ED exhibited different clinical effects from SCPs (Table 2). Twenty three of patients (76.7%) was associated with cardiovascular effects. On initial electrocardiograms, 15 (50%) patients had Sinus tachycardia, 3 (10%) patients had supraventricular tachycardia 4 (13.3%) patients had bradycardia. Ninety three point three percent of patients were found moderate and severe Poisoning Severity Score groups. All the subjects noted feeling euphoric. In this study, statistically, we found a significant difference between Poisoning Severity Score groups and amount of smoking, and length of stay in ED ( $p < 0.05$ ).

When the patients evaluated PSS, most of the patients (70%) were found to be in the moderate group. No patients were found to be in the non-PSS or fatal PPS groups.

In this study, statistically, we found a significant difference between PSS groups and the amount ingested of synthetic cannabinoid (minor: 250 mg; moderate: 416.67 mg; severe: 642.86 mg) ( $p < 0.05$ ).

**Conclusion:** The study shows that the new synthetic cannabinoids have clinical effects from moderate to severe Poisoning Severity Score although there is no death.

**Keywords:** Synthetic cannabinoids, Bonsai, poisoning severity score

## OP 02

### Prolonged inflammation and inactivation of T cells in severe sepsis in the elderly

*Shigeaki Inoue<sup>1</sup>, Yukako Komori<sup>2</sup>, Seiji Morita<sup>1</sup>, Hiroyuki Otsuka<sup>1</sup>, Sadaki Inokuchi<sup>1</sup>*

<sup>1</sup>Department of Emergency and Critical Care Medicine, Tokai University School of Medicine, Isehara, Kanagawa, Japan

<sup>2</sup>Institute of Innovative Science and Technology, Tokai University School of Medicine, Isehara, Kanagawa, Japan

**Background:** Aging, a serious problem in Japan and several advanced countries, is known as a significant factor and is associated with a poor prognosis in sepsis; however, the mechanism of immunological changes in elderly septic patients is still unclear. **Materials-Methods:** Fifty-five patients with severe sepsis patients (SP) and 30 healthy donors (HD) were prospectively enrolled in the study. Blood samples were collected within 24 hours of diagnosis of severe sepsis, and peripheral blood mononuclear cells were purified and stimulated overnight by T cell activator, anti-CD3/38 antibody, to analyze the expression of activation marker CD25 by flow cytometry. IFN- $\gamma$  and IL-6 levels were measured in the supernatant and serum, respectively. **Results:** In elderly SP (aged 65 years and over), 3-month survival was significantly reduced compared to that for adult SP (18-64 years) (60% vs. 93%,  $P < 0.05$ ). Serum IL-6 concentrations were consistently higher in elderly SP than in adult SP from day 1 to day 5 ( $P < 0.01$ ). We found that lymphopenia was prolonged for at least 21 days in elderly non-survivors of sepsis, while the number of lymphocytes recovered in both adult and elderly survivors of sepsis. In vitro stimulation study, CD25 expression on CD4+ T cells from elderly HD and elderly SP was significantly lower than that on those from adult HD (30% and 68% reduction in elderly HD and elderly SP, respectively,  $P < 0.01$ ). The IFN- $\gamma$  concentration in the medium was also significantly lower in elderly SP than in adult HD and elderly HD ( $P < 0.01$ ). **Conclusion:** Prolonged inflammation and reduction of immunocompetent T cells followed by prolonged lymphopenia may be associated with poor prognosis in elderly septic patients.

**Keywords:** Sepsis, aging, immunosuppression, inflammation



## OP 03

**A new scoring system predicting acute ischemic stroke: NIHSS+ABCD2**

Banu Karakus Yilmaz<sup>1</sup>, Erdem Cevik<sup>2</sup>, Yasemin Celik<sup>1</sup>, Hatice Dogan<sup>1</sup>, Ozlem Uzun<sup>1</sup>, Tarik Sayin<sup>3</sup>, Ozer Kemahli<sup>1</sup>, Mehmet Emre Abanoz<sup>1</sup>, Abdurrazak Teken<sup>3</sup>, Ferhat Icme<sup>4</sup>

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

<sup>3</sup>Department of Radiology, Bagcilar Research and Training Hospital / Istanbul

<sup>4</sup>Department of Emergency Medicine, Atatürk Research and Training Hospital / Ankara

**Objective:** The aim of this study was to assess the value of NIHSS + ABCD2 score and to evaluate its efficacy in diagnosis of ischemic cerebrovascular disease (CVD) at the emergency department admission

**Materials-Methods:** The patients who had functional neurological disorders admitted to the study. National Institutes of Health Stroke Scale Score (NIHSS) at presentation determined before imaging protocol. Final stroke diagnose was made by MRI. Detected in DWI, lesion location, number and size in mL were calculated by radiologist. ABCD2 score points added to NIH score. NIHSS + ABCD2 score were used as the primary measurement to determine the location of ischemia and right hemisphere and left hemisphere lesion.

**Results:** The 130 patients were admitted to the study and 64.6% of the patients were diagnosed with ischemic CVD. The median NIH score was 4 (IQR: 2-8). NIHSS+ABCD2 sensitivity was higher than NIHSS for the diagnose of ischemic CVD. Lesion volumes were 1.87mL (IQR 0.74 – 14.1) for left hemisphere and were 5.4mL (IQR 0.97 –20.8) for right hemisphere. The median NIHSS + ABCD2 score was 8.73 (95%CI, 6.99-10.47) for left hemisphere involvement and was 9.11 (95%CI, 6-10.92) for right hemisphere involvement. NIHSS + ABCD2 sensitivity for right hemisphere lesions was higher than left hemisphere lesions. There was a positive correlation between NIHSS and the DWI lesion volume.

**Conclusion:** The study showed that the attachment of ABCD2 to NIH score before performing MR, can be a gold standard test to determine prospect CVD patients at ED, increased the sensitivity of NIH score

**Keywords:** NIHSS, cerebrovascular disease, score

## OP 04

**Novel septicemia biomarker: HDL (high density lipoproteins)**

Sejad Saddam Al Zaidawi

Sejad Al-Zaidawi at Al-Sadr teaching hospital, Maysan, Iraq

**Objective:** Delay in diagnosis and initiation of antibiotics treatment have been shown to increase mortality. Biomarkers can play an important role diagnosis and prognosis of sepsis. We aimed to evaluate the correlation between sepsis and HDL level in burnt patients.

**Materials-Methods:** In our prospective study conducted at Al-Sadr teaching hospital, Maysan, Iraq, during period from April to August 2013. Blood samples were collected from patient every other day to measure the level of HDL (high density lipoproteins) and triglycerides. Other blood samples were collected in especial container to verify septicemia depending on the clinical evidences.

**Results:** 48 patients were admitted sequentially into burn unit, 22 of them (46%) developed septicemia about 11 patients of the 22 patients are died. All died patients were with HDL value (< 5 mg/dl) 1 or 2 days before dying. Also find that patients with HDL value < 15 mg/dl with abnormal triglyceride value (more than 150 mg/dl) were with high risk of developing septicemia.

**Conclusion:** There was a strong correlation between HDL level and septicemia in burnt patient. HDL value is a good biomarker for septicemia; it decreases below normal level and continues to diminish and may reach to immeasurable level at advance stage of septicemia.

**Keywords:** HDL, sepsis, burns, biomarkers, triglycerides



## OP 05

### EARLY PREDICTORS OF MASSIVE TRANSFUSION IN TRAUMA A Case Control Study

*Muhammad Adil Tareen, Hasnain Zafar Zaidi*

Aga Khan University Karachi Pakistan

**Introduction:** Massive transfusion (MT), a consequence of uncontrolled bleeding, is associated with increased morbidity and mortality in severely injured patients. Early and aggressive use of blood products in these patients may correct coagulopathy, control bleeding, and improve outcomes. However rapid identification of patients at risk for MT has been difficult. We postulated that evaluation of early clinical variables and laboratory parameters routinely assessed upon admission would allow identification of patients requiring massive transfusion which is critical for management of trauma victims. The purpose of this study was to determine which variables, available early after injury, are associated with MT.

**Study Design:** We conducted this study on trauma patients presenting at Aga Khan University Hospital between January 2007 and January 2010. In this retrospective case control study, cases (patients who required MT) were compared with controls for potential predictive variables, with case to control ratio of 1:2. Exclusion criteria included age less than 16 years, or incomplete data in files.

**Results:** Out of 123 patients(33 excluded), 30 patients received MT and 60 controls were selected from trauma registry using computer generated randomizer. Statistically significant difference was observed between cases and controls for heart rate ( $115\pm 32$  vs  $99\pm 16.1$ ), systolic blood pressure ( $129\pm 20.0$  vs  $101\pm 32.9$ ), Oxygen saturation( $99\pm 1.21$  vs  $88.8\pm 2.46$ ), RTS( $11.5\pm 1.03$  vs  $10.7\pm 2.05$ ), Hb( $13.2\pm 1.09$  vs  $10.3\pm 2.87$ ), referral (p- 0.012). Major mechanism of injury in MT group was FAI and RTA(p- <0.009). 80% of MT group had polytrauma and 20% suffered from abdominal injuries. Six mortalities were identified, all in the MT group (20% vs. 0%). Upon multivariate analysis lower hemoglobin, presence of abdominal injury or polytrauma independently predicted massive transfusion (p<0.05).

**Conclusions:** Patients requiring MT can be identified with variables commonly obtained upon hospital admission. In our study predictors for MT were identified for severely injured patients requiring transfusions.

**Keywords:** Massive Transfusion, Trauma, Predictors

## OP 06

### A Ten-year Analysis of Fatal Peripheral Vascular Injuries: Autopsy Study

*Salim Kemal Tuncer<sup>1</sup>, Selahattin Ozyurek<sup>2</sup>, Mehmet Toygar<sup>3</sup>, Kenan Karbeyaz<sup>4</sup>, Beyza Uraze<sup>5</sup>, Adnan Celikel<sup>6</sup>, Umit Kaldirim<sup>1</sup>, Yusuf Emrah Eyi<sup>1</sup>, Murat Durusu<sup>1</sup>, Mehmet Ali Sahin<sup>7</sup>, Adem Guler<sup>7</sup>*

<sup>1</sup>Gulhane Military Medical Academy, Department Of Emergency Medicine, Ankara/Turkey

<sup>2</sup>Aksaz Military Hospital, Deparmant of Orthopaedics and Traumatology, Marmaris/TURKEY

<sup>3</sup>Gulhane Military Medical Academy, Department Of Forensic Medicine, Ankara/Turkey

<sup>4</sup>Eskişehir Branch Of Council Of Forensic Medicine, Ministry Of Justice, Eskişehir/Turkey

<sup>5</sup>Eskisehir Osmangazi University, Medical Faculty, Forensic Science Departments, Eskisehir/Turkey

<sup>6</sup>Mustafa Kemal University, Medical Faculty, Department of Forensic Medicine, Hatay/Turkey

<sup>7</sup>Gulhane Military Medical Academy, Department Of Cardiac and Vascular Surgery, Ankara/Turkey

**Objective:** Peripheral vascular injuries are usually associated with fatal injuries. Early diagnosis and intervention are so vital for improving a favorable outcome for traumatic vascular injuries. As a preventable cause of death, we aimed to evaluate peripheral vascular injuries in overall deaths in ten year period, 2003-2012.

**Materials-Methods:** A retrospective evaluation was made of 2845 death cases which had post-mortem examination and autopsy from the ten year period of 2003-2012 in Eskisehir, Turkey.

**Results:** The mean age of the cases included in the study was  $32.5\pm 7.9$  years with the highest rate of cases occurring in the 30-39 years age group. Males constituted 89.2% of the victims. The most frequent manner of death was homicide 83.8%. The femoral artery was the most commonly injured vessel 29 cases (78.4%). In this study it was identified that, 33 patients (89.3%) died before any medical intervention could be performed.

**Conclusion:** In conclusion, our study shows that, peripheral vascular injuries most commonly caused by sharp objects. The injuries have a low mortality rate when early intervention is made. Conducted autopsies are very important to explain not only the cause of death but also the treatment process, which would clear the cases of any potential malpractice or negligence claims.

**Keywords:** vascular injury, autopsy, femoral artery



## OP 07

**Neutrophil / Lymphocyte Ratio As a Novel Predictor of Mortality in Critically Ill Patients**

Nazire Belgin Akıllı<sup>1</sup>, Mehmet Yortanlı<sup>1</sup>, Hatice Seyma Akça<sup>1</sup>, Hüseyin Mutlu<sup>1</sup>, Yahya Kemal Günaydın<sup>1</sup>, Ramazan Köylü<sup>1</sup>, Emine Akıncı<sup>2</sup>, Zerrin Defne Dündar<sup>3</sup>, Başar Cander<sup>3</sup>

<sup>1</sup>Konya Training and Resarch Hospital, Emergency Department, Konya

<sup>2</sup>Keçiören Training and Resarch Hospital, Emergency Department, Ankara

<sup>3</sup>Necmeddin Erbakan University, Meram Medical School, Emergency Department, Konya

**Objective:** Recently neutrophil/lymphocyte ratio (NLR) has been shown to be a prognostic marker for such as coronary artery diseases, stroke and pulmonary embolism. We aimed to investigate the effect of NLR in critically ill patient groups on mortality.

**Materials-Methods:** The study was prospectively planned on medically critical patients with hospital admission to emergency service in Konya Training and Research Hospital. Those under the age of 18, the ones with a known hematological disease or chemotherapy treatment and the pregnant were excluded from the study. During their hospital admission, demographic characteristics of the patients, their NLR values, APACHE 2, SOFAscores, and period of hospitalization recorded. The primary endpoint of the study was determined to be 30 day mortality, while the secondary endpoint was in-hospital mortality and 6 month mortality.

**Results:** A total 373 patients were included in the study. Of the patients, 203(%54,4) were males, and 170(%45,6) were females. Age median was 74(Inter quartile range: 19), APACHE-II score was 20.7±10.1, SOFAscore was 4.9±2.2. NLR values were divided into quartiles as 3.48, 3.48-6.73, 6.74-13.6 and 13.6. There was no difference among these four groups regarding their demographic characteristics, APACHE-II score, SOFAscore, GCS and period of hospitalization (p>0.05). Cox regression analysis showed that NLR and APACHE-II scores were independent predictors for in-hospital mortality and 6 month mortality, (Hazard ratio 1.02, 95%CI 1.006-1.040, p=0.006 and Hazard ratio 1.02, 95%CI 1.008-1.038, p=0.002). No significant level for 1 month mortality was reached. In a receiver operating curve analysis, it was determined that NLR 11.96 cut of value for 6 month mortality was; sensitivity 37.04%, specificity 81.82% (Area under curve (AUC) 0.60, 95% CI 0.55-0.65, p=0.0006).

**Conclusion:** We found a graded independent relation between higher NLR and adverse outcomes in critically ill patients. NLR is commonly measured, inexpensive and widely available. NLR has potentially clinical utility to predict outcome in critically ill patients.

**Keywords:** Apachell, critically ill patient, neutrophil/lymphocyte ratio

## OP 08

**The evaluation of the effectiveness of Adenosine and Diltiazem in Supraventricular Tachycardia**

Yusuf Ali Altuncı, Funda Karbek Akarca, Şadiye Mıdık, Murat Ersel, Selahattin Kıyan

University of Ege Faculty of Medicine Department of Emergency

**Objective:** Comparison of the effectiveness of Adenosine and Diltiazem in tachycardia algorithm of the patients admitted to emergency department due to supraventricular tachycardia (SVT), retrospectively.

**Materials-Methods:** The patients who applied to the hospital with palpitation and were diagnosed as SVT by ECG and treated by adenosine or diltiazem who detected by emergency service pharmacy data. The SVT patients due to fever, sepsis and hypoxia were excluded.

**Results:** One hundred fifty eight patients were included, 118 of them were treated by adenosine and 40 of them were by diltiazem. Considering the cost of treatments, adenosine was more than 3 times more expensive than diltiazem treatment (avg cost of adenosine is 28.64 TL/ avg cost of diltiazem is 8.33 TL)

**Conclusion:** Having the close effectiveness to adenosine; diltiazem usage for the emergency treatment of Supraventricular tachycardia patients is a less costly alternative.

**Keywords:** Supraventricular tachycardia, adenosine, diltiazem



OP 09

**Mortal Trio; Pulmonary Embolism, Aorta Thrombosis and stomach perforation in same patient**

Volkan Ulker<sup>1</sup>, Hasan Karabulut<sup>1</sup>, Muhammed Fatih Mektebi<sup>1</sup>, Abdullah Özer<sup>2</sup>, Mehmet Eren Yüksel<sup>3</sup>, Osman Yüksel<sup>3</sup>, Ahmet Demircan<sup>1</sup>

<sup>1</sup>Department of Emergency Medicine, Faculty of Medicine, Gazi University, Ankara, Turkey

<sup>2</sup>Department of Cardiovascular Surgery, Faculty of Medicine, Gazi University, Ankara, Turkey

<sup>3</sup>Department of General Surgery, Faculty of Medicine, Gazi University, Ankara, Turkey

**Objective:** Acute limb ischemia is defined as a sudden decrease in limb perfusion that causes a potential threat to limb viability in patients. Surgical thromboembolectomy and bypass grafting were the mainstays of therapy of acute arterial occlusion for many years. Subsequently, thrombolytic therapy and percutaneous transluminal angioplasty have become treatment options for selected patients. Despite these advances, the morbidity, mortality, and limb loss rates from acute lower extremity ischemia remain high. Venous thromboembolism commonly occurs in patients with active cancer and may be the first manifestation of an occult malignancy. Cancer is associated with a 3-7fold increase in the risk of VTE. In this case presentation, we presented a man admitted to our emergency medicine unit for complaint of abdominal and bilateral leg pain.

**Case:** We presented the case of a 65 year old man who was admitted to our emergency medicine unit for complaint of abdominal and bilateral leg pain about two days. He had a completely treated transitional-cell carcinoma of the bladder and diabetes mellitus in his history. In his physical examination, he has tachycardia, tachypnea, minimal epigastric pain, decreased leg movements due to pain and drowsiness. Also we couldn't take any pulse from bilateral lower extremity. Thoracoabdominal CT scan showed subsegmental pulmonary emboli, a thrombus of aorta at the level of bifurcation and incidentally stomach perforation. We began to give heparin for thrombosis of aorta and subsegmental embolism. We made bilateral femoral graft revascularization and repaired the stomach perforation at the same time. After surgery he transferred to reanimation unit and became hypotensive and bradycardic. Although procedures he became cardiac arrest. Defibrillation and epinephrine management made to him but he didn't give any response and died.

**Conclusion:** In some circumstances you don't get a treatment to patient. Time is most important thing as muscle in myocardial infarction and brain in stroke. In our patient he had unluckily hypotension, tachycardia, tachypnea, confusion and also mortal trio (pulmonary embolism, aorta thrombosis and gastric perforation). And in cancer patients have hypotension you think thromboembolic and septic situations.

**Keywords:** aort thrombosis, cancer, dual thromboembolism, gastric perforation, mortal diseases



## OP 10

**Research of Neuron Specific Enolase (NSE) and S-100B levels in patients with CO<sub>2</sub> retention**

*Melik Muhammed Candar, Ayhan Saritas*

Duzce University Faculty of Medicine, Emergency Medicine Department Duzce, Turkey

**Objective:** Carbon dioxide (CO<sub>2</sub>) retention is a physiopathological process which is defined as a decrease in removal of excess amount of CO<sub>2</sub> by way of lungs for some reasons. Acute and chronic disorders of respiratory system and many other major systems of the body may cause a CO<sub>2</sub> retention on the body.

In these situations, CO<sub>2</sub> retention is tried to be manipulated by the compensatory mechanisms of the body. Central nervous system (CNS) uses CO<sub>2</sub> as a basic reagent in order to control respiratory system. But CNS cannot response properly with the excessive increase in CO<sub>2</sub> levels. This improper response, hypoxia, hypercarbia and free oxygen radicals will start a harmful process and cause damage in CNS.

In our study, Neuron specific enolase (NSE), S-100b which are intra-cytoplasmic neuron proteins are investigated. Our aim was to find out if these biochemical molecules would be a biomarker on detecting CNS damage.

**Materials-Methods:** This study was planned as a prospective study including 100 patients of which arterial blood gas had PaCO<sub>2</sub>>45mmHg at the time of arrival to our emergency clinic. Simultaneous venous blood samples were collected and studied for detecting NSE and S100B levels. Data were interpreted in a statistics program in order to find out if CO<sub>2</sub> levels and NSE-S100B levels were statistically related.

**Results:** PaCO<sub>2</sub> levels of selected patients was recorded as 64,40±14,736 (min:46, max:110) mmHg.

NSE levels were measured as 69,450±363,964 (min:0, max:3320) ng/ml. S100B levels were 160,575±540,554 (min:0, max:3453,077) ng/ml. There were no statistically significant relations between PaCO<sub>2</sub> and NSE levels (p=0,580). PCO<sub>2</sub> and S100b levels weren't statistically related, either (p=0,706).

**Conclusion:** In our analysis, we found no statistically significant relations between PaCO<sub>2</sub> and NSE-S100B levels. In order to find out if NSE or S100B could be used as a biomarker in CNS damage, we need further investigations.

**Keywords:** Carbon dioxide retention, Neuron Specific Enolase, S100β



OP 11

**War surgery in a Turkish Hospital Near The Border of Syria:Evaluation of critical and intensive care treatment principles**

*Betül Şimşek Kocamer<sup>1</sup>, Necdet Çaliker<sup>1</sup>, Mehmet Dokur<sup>2</sup>, Numan Oruç Gökçe<sup>3</sup>, Ibrahim Kürşat Deniz<sup>3</sup>, Murat Uğur<sup>4</sup>, Mehmet Kaya<sup>5</sup>*

<sup>1</sup>Kilis State Hospital,Department of Anesthesiologia and Reanimation

<sup>2</sup>Sanko University Hospital,Department of Emergency Medicine

<sup>3</sup>Kilis State Hospital,Department of General Surgery

<sup>4</sup>Kilis State Hospital, Department of Neurosurgery

<sup>5</sup>Turgut Özal University Medical Faculty, Department of Public Health

**Objective:** War surgery is a situation which requires all hospital personnel to react fast besides cool. Especially treating wounded people of a foreign country brings an emotional challenge in addition to physical effort. Civil war resulting in wounded women and children patients applying to emergency service more frequently. War surgery requires along with damage control surgery (DCS). The actual observation lying behind DSG philosophy is that fatal triad are hypothermia, acidosis and coagulopathy induced by trauma (TIC). The target of DSG is to protect the patient from hypothermia, acidosis and TIC. Critical and intensive care conditions and training of dedicated personnel is important regarding the war surgery.

**Materials-Methods:** In this article, as a border neighbour city with Syria, we analysed the 8318 civil war cases in Kilis State Hospital who applied to emergency service in the period of beginning of the war until January 2013, retrospectively selected patient files were analysed in terms of firearm injury types, types of surgical operations, time frames of stay in hospital and intensive care unit and the mortality rates. Beside of demographic data, regarding mortality rates we analysed the types of surgical operations made, anesthesia type, blood and fluid transfusion amount, use of inotropics, total stay in intensive care and intubation. Data were processed by SPSS 20.0.

**Results:** It was diagnosed that most of the cases were subject to 3 departments; orthopedics, general surgery and plastic surgery.

**Conclusion:** Firearm injury, remaining under collapse, shrapnel injuries due to a bomb and burn injuries are the most frequent cases. Patients should be quickly directed to appropriate departments or operating room after determining the emergency intervention priorities by a good triage. Conditions of critical and intensive care, training of dedicated personnel, knowledge and proper application of DSC principles, approach of local authorities are crucial factors regarding war surgery.

**Keywords:** trauma, war surgery, critical care, intensive care



## OP 12

**Assessing the Therapeutic efficacy of augmentative plate fixation in femur bone nonunion subsequent to intramedullary nailing**

*Yashar Hashemi Aghdam*<sup>1</sup>, *Amin Moradi*<sup>2</sup>, *Mahmoud Beheshti*<sup>3</sup>, *Sanaz Rahimi*<sup>3</sup>

<sup>1</sup>MD, Young Researchers and elite club, Tabriz Branch, Islamic Azad University, Tabriz, Iran.

<sup>2</sup>Department of orthopedic surgery, Shohada Trauma center, Faculty of Medicine, Tabriz University of Medical Sciences.

<sup>3</sup>Medical faculty, Islamic Azad University, Tabriz branch, Iran.

**Objective:** Femur is the tallest and one of the firmest bones of the body that is damaged in high energy traumas. Gold standard method for treatment of sub-trochanteric and shaft fractures of femur is interlocking Intra Medullary nailing Rod (IMR). New method for reinforcement of stability of these fractures is augmentative plate fixation in addition to IMR. In this study, we aimed to evaluate the results of treatment with this new method in femur bone nonunion.

**Materials-Methods:** In a case series study, we studied 28 females and 17 males with age distribution of 19-76 years of old referring to Shohada Hospital of Tabriz that were treated by IMR due to femur fracture and were diagnosed as nonunion fracture. Statistical analysis was performed by SPSS software package version 16.0 for windows. P value less than 0.05 was statistically considered significant in this study.

**Results:** There were union signs in 41 patients (91.1%) in radiologic findings after 6 months follow up, who were referred with femur fracture non-union that were treated by IMR previously and went under augmentative plate fixation in addition to IMR. Non-union was more prevalent in females, patients with previous history of disease, smokers and patients with oligotrophic type of non-union.

**Conclusion:** Augmentative plate fixation can be used as appropriate treatment method in femur fractures non-union in patients treated by interlocking intramedullary nailing rod to avoid instability and rotation. It is advised due to short recovery time, faster weight bearing and no need for special instruments.

**Keywords:** Femur, Non-union, Fixation

## OP 13

**Assessment of Supracondylar humeral fractures in elderly patients with double tension bond wiring method**

*Amin Moradi*<sup>1</sup>, *Yashar Hashemi Aghdam*<sup>2</sup>, *Amir Mohammad Navali*<sup>1</sup>, *Fatemeh Karimi*<sup>3</sup>, *Sanaz Rahimi*<sup>4</sup>

<sup>1</sup>Assistant professor of orthopedic surgery, Department of Orthopedic surgery, Tabriz University of Medical Sciences

<sup>2</sup>MD, Young Researchers and elite club, Tabriz Branch, Islamic Azad University, Tabriz, Iran

<sup>3</sup>Radiologist, Tabriz University of Medical Sciences

<sup>4</sup>MD, Medical Faculty, Islamic Azad University, Tabriz Branch

**Objective:** One of the causes of limitation in range of motion of the elbow joint in old patients is supracondylar humeral fractures. We decided to assay the efficacy of double tension bond wiring in distal humeral fractures.

**Methods-Materials:** 18 patients over 65 years of age with distal humeral fracture type A2 and C1 (On the basis of OTA classification); treated by double tension bond wiring method had been studied and followed in Shohada hospital since 2008. Operation with medial & lateral approach is performed; the mean time of operation was 55 minutes. The motion of the joint started after some days after operation, but it was not possible to follow two patients up. In C1 type fracture, Intra articular parts of fracture were fixed by screw. 4 patients were done coronary artery bypass, 4 patients were Diabetic and a patient was diagnosed Chronic Renal Failure.

**Results:** All of the patients had the radiological union marks after three months. There was not any non union or mal union case. The range of motion after treatment was 100°. All of the patients were able to put their hands on top of their heads. The mean limitation of extension was 30°. Mild bursitis in pins tracts was seen in 5 cases that limited by taking the pins off. There was not any evidence for deeper infections and osteomyelitis. After six months, all of the pins were taken off by local anesthesia. Except one patient, all of the patients were satisfied by the result of the operation.

**Conclusion:** Although this plan isn't gold standard treatment for distal humeral fracture but, because of short operation time, without special instrumentation, fixation and treatment of it with double tension bond wiring method in old, osteoporotic patients with co- morbidities can be a good treatment method.

**Keywords:** Supracondylar fractures, double tension bond wiring, fixation



## OP 14

### Survivorship & outcome of patients with intertrochantric fracture of femur

Amin Moradi<sup>1</sup>, Yashar Hashemi Aghdm<sup>2</sup>, Fatemeh Karimi<sup>3</sup>, Sanaz Rahimi<sup>4</sup>

<sup>1</sup>Assistant professor of orthopedic surgery, Department of Orthopedic surgery, Tabriz University of Medical Sciences

<sup>2</sup>MD, Young Researchers and elite club, Tabriz Branch, Islamic Azad University, Tabriz, Iran

<sup>3</sup>Radiologist, Tabriz University of Medical Science

<sup>4</sup>MD, Medical Faculty, Islamic Azad University, Tabriz Branch

**Objective:** Intertrochantric fracture of femur is one of the common injuries in the geriatric population. Despite improvements in management of these patients, mortality rate is more than expected rate and the patients recovery and regaining the previous level of function fall short of expectation. In this prospective study, we tried to evaluate the mortality rate, locomotion of patients with intertrochantric fracture and the relation between the mortality rate and treatment outcome with various factors

**Materials-Methods:** During five years period study from September 2004, 964 patients with intertrochantric fracture who met the including criteria, had undergone surgery & internal fixation. 124 patients were lost of follow up and finally 840 patients were evaluated.

**Results:** Among 840 the case study patients with the average age 69 years, 153 out of 840 died within the first six months after surgery (18.1 percent). Among 688 patients who were alive at the end of six-month period, only 420 patients (61 percent) could regain the prefracture ability to walk. Among independent Variables there were significant relationships among age, smoking, ASA score, and transfusion during surgery and duration of hospitalization with mortality rate of patient during six months after surgery. As well, age, sex, prefracture ability to walk, time interval between fracture and admission to hospital and transfusion during surgery were significantly associated with the ability to walk after six-month period.

**Conclusion:** Despite improvements in management of Intertrochantric fractures, mortality rate of these patients is higher than normal population and most of them do not regain the prefracture walking ability. Different factors can affect mortality and outcome of these patients which needs more investigations.

**Keywords:** Intertrochantric fracture of femur, Survivorship, Outcome, Locomotion

## OP 15

### The Analyze Of The Death Certificates Drafted After Trauma Cases

Ümit Kaldırım<sup>1</sup>, Mehmet Toygar<sup>2</sup>, Şükrü Ardic<sup>1</sup>, Ibrahim Arziman<sup>1</sup>, Yusuf Emrah Eyi<sup>1</sup>, Murat Durusu<sup>1</sup>, Necmettin Cihangiroğlu<sup>2</sup>, Mehmet Eryılmaz<sup>1</sup>

<sup>1</sup>Emergency Medicine, Gülhane Military Medical Academi, Ankara/Turkey

<sup>2</sup>Forensic Medicine, Gülhane Military Medical Academi, Ankara/Turkey

**Objective:** The death certificate is an official document of the Turkish Statistical Institute drafted by a doctor for collecting statistical data on the causes of deaths. In this study, we aimed to analyze the death certificates drafted after trauma cases

**Materials-Methods:** The death certificates that drafted at Gülhane Military Medical Academi in 2012 were analyzed. Chapter 1 of the document (the chapter of death cause and time correlation), the trauma related complications and the situations that time information are written were recorded. Also the causes of the trauma related death data were analyzed.

**Results:** 31 death certificates related trauma of all 672 certificates were included in the study. 42.1% of patients with mean age of 61.2 were identified as male. The information contained here in as a form of death in 14 (45.2%) patients were found to be written for the natural death. For four cases of suicide, accidents at work for 3 cases, 1 case of traffic accidents and 9 cases for the other option was written. 20 document didn't contain the date and place of injury. 5 cases of autopsy and the autopsy findings, there was no mention of these people. In Section 1 cause of death in only 5 (16.1%) cases, the time was noted. When evaluated as a global cause of death and filled in accordance with the number of cases relations 4 (12.9%) were detected.

**Conclusion:** Death certificates include important medical and demographic information. In this study, sufficient information wouldn't have been reached to make profitable use of relation between reason of deaths and time in the death certificates. As a result, it should be known that to write with sensitiveness the death certificates which has written because of death is important for not only medicine and judicial but also statics.

**Keywords:** Death Certificates, Trauma, Cases



## OP 16

**The analysis of prehospital of basic and advanced life support applying in critical cases**

*Behçet Al, Mehmet Murat Oktay, Suat Zengin, Mustafa Sabak, Erdal Yavuz, Yilmaz Safi*

emergency department of medicine school, Gaziantep university/Turkey

**Objective:** We evaluated the activity and the results of the basic and advanced life support in critical cases from event area until emergency department.

**Materials-Methods:** 80 patients whose GCS were less than 10 and required aid from Gaziantep 112 emergency serves for basic and advanced life support between 2012–2013 were included. Event area, patient's complaints, interventions that applied by public, the first evaluation and first aid that health staff did, interventions done in ambulance and in emergency department, the training of person who did intervention and the results were reported.

**Results:** Of patients, 72.5% (n=58) males, 7.5 %2 (n=22) female and mean age was 58 (age average 16–88) years. Of event, 61.3% occurred at homes. The most common (25%) events occurred between 12–16 p.m. Of the first assistance, 55% were required by patient relatives. 21.3% of these requirements happened within the first minute of event. 96.3% of the relatives did not suite to basic life support chain. Of the relatives, 25% applied first aid by themselves. Health staff arrived to the event area by mean of 8.47 minutes. Of the patients, 60% died when the staff arrived. The majority of the complaints were short breathing (%25) and syncope (%28). Asystol was determined in 78.8% patients. Basic and advanced life support were applied to 98.8% and 55% respectively by health staff. Debrifilation was applied to seven patients. Endotracheal intubation was performed to 15 patients. Doctor accompanied to 21.3% of health team. Cardiopulmonary resuscitation was performed to 88.8% in ambulance. In ED, GCS was under 8 in 61.3% patientd. Of patients, 71 died.

**Conclusion:** Although, health staff arrived in time and applied suite basic and advanced life support, plenty of patients survived. To get better outcomes patients relatives should be oriented have to apply life supports.

**Keywords:** Basic, advanced life support, event area, critical case, emergency department

## OP 17

**Factors Affecting The Time Spent In Er And The Relation Of Mortality And The Time Spent In Trauma Cases**

*Ümit Kaldırım<sup>1</sup>, Ibrahim Arzıman<sup>1</sup>, Şükrü Ardiç<sup>1</sup>, Mehmet Toygar<sup>2</sup>, Murat Durusu<sup>1</sup>, Mehmet Eryılmaz<sup>1</sup>*

<sup>1</sup>Emergency Medicine, Gülhane Military Medical Academi, Ankara/Turkey

<sup>2</sup>Forensic Medicine, Gülhane Military Medical Academi, Ankara/Turkey

**Objective:** The amount of time passed in the evaluation of the cases applicants is important for definitive treatments. Especially in multitrauma cases, the required radiologic tests and laboratory tests (which are vital) can cause the extension of stay in ER. In this study, the factors affecting the time spending in ER by patients are aimed to be analyzed

**Materials-Methods:** The data collected from 551 cases among patients armed to ER or hospitalized in several clinics was studied retrospectively. Among these cases which were collected in 3 months, 43 cases ended up with mortality, whereas 232 cases didn't. Totally 275 cases were researched. Data collected about these cases included; the time spent in ER, consultations and imaging tests. Relations about these data were analyzed statistically.

**Results:** 275 cases were included in this study. 15 of 43 mortal cases were required advanced radiological tests (CT and ultrasonography). Among all trauma cases 237 (43.38%) of them were requested one or more imaging tests. Again in all trauma cases, 104 (18.8%) cases were consulted once or more and among these cases 14 (2.5%) cases were consulted from three or more. The parameters of requiring consultation and tests did not cause a statistically significant correlation on the duration of stay in ER (p: 0.53 – p: 0.33) and mortality (p: 0.72- p:0.45).

**Conclusion:** There is an general opinion than imagines and consultations requested in emergency department are thought to have negative effects on the time of staying in ER and on mortality notes. But referring to our study findings, these tests don't have a significant effect on mortality and the time in ER. This conclusion might be effected because of our ER has ultrasonography and CT next to it. Nevertheless, it is a necessity that data collected from other departments should be compared and analyzed.

**Keywords:** Trauma Cases, emergency department, time spent



## OP 18

### Histamine Fish Poisoning (Scombroid Reaction)

*Umut Cengiz Çakır, Nalan Kozacı, Kamil Can Akyol, Mustafa Keşaplı, Ali Vefa Sayraç, Mehmet Nuri Bozdemir, Arefe İmak*

Antalya Research and Training Hospital, Department of Emergency Medicine

**Objective:** Patients who developed histamine reaction due to fish ingestion are presented in this article.

**Case 1:** A 58 year-old male patient was brought to the emergency department by relatives with a complaint of fainting. It was learned that he suffered a short-term fainting after sudden onset of palpitations and shortness of breath. At the initial examination in the emergency department, vital signs and physical examination were normal. During the follow-up observation, a diffuse hyperemic rash was observed to develop on all over his body, particularly at patient's head and upper part of the body. When more detailed history of the patient was queried, it was learned that the patient had eaten salmon about 1 hour ago. These findings suggested histamine fish poisoning. Intravenous infusion of 1000 cc normal saline was started. Following H1, H2 receptor blocker and steroid treatment, the patient was admitted to the intensive care unit. The patient's clinical findings had improved after two days of steroids and antihistamines treatment. He was discharged at the end of 2nd day.

**Case 2:** A 50 year-old mother, 22 year-old daughter and 27 year-old son admitted to the emergency department with complaints of headache and nausea that begun about 15 minutes after eating fish at home. Patients described the taste of fish as "pepper" while eating. The patients had normal vital signs at examination. Physical examination revealed diffuse hyperemic urticarial plaques that are limited to head, neck, trunk and back. Patients were given antihistamines (H1 and H2 receptor blocker) treatment. After about 30 minutes of treatment, symptoms disappeared quickly. Following 6 hours follow-up in the emergency department, patients were discharged with 3 days antihistamine drug use advice.

**Conclusion:** Histamine fish poisoning should be considered in patients with acute allergic reaction and history should be questioned.

**Keywords:** Histamine, Fish Poisoning, Scombroid Reaction

## OP 19

### Diagnostic value of pentraxin-3 at acute pulmonary embolism

*Kenan Yavuz<sup>1</sup>, Mehmet Gul<sup>1</sup>, Zerrin Defne Dundar<sup>1</sup>, Basar Cander<sup>1</sup>, Ahmet Ozgur Basari<sup>2</sup>, Tarik Acar<sup>3</sup>, Cesareddin Dikmetas<sup>3</sup>, Sadik Girisgin<sup>1</sup>, Sedat Kocak<sup>1</sup>*

<sup>1</sup>Emergency Medicine Department, Necmettin Erbakan University Meram Faculty of Medicine, Konya, Turkey

<sup>2</sup>Cardiology Department, Necmettin Erbakan University Meram Faculty of Medicine, Konya, Turkey

<sup>3</sup>Emergency Department, Ordu University Training and Research Hospital, Ordu, Turkey

**Objective:** Acute pulmonary embolism is a critical condition associated with increased mortality. Pentraxin 3 (PTX-3) as a novel serum marker for inflammatory processes affecting the cardiovascular system, locally expressed in vascular inflammatory cells in human. Recently PTX3 has emerged as a prognostic and diagnostic marker in myocardial infarction. This might be of value in the diagnostic process of patients with pulmonary embolism (PE) as well. In this study, we evaluated whether PTX3 would be a useful biomarker for detecting pulmonary embolism.

**Materials-Methods:** In this prospective study, patients whom admitted to Necmettin Erbakan University Meram Faculty of Medicine between September 2012 and May 2013, and had suspicion of acute PE were included. The groups were classified with PE (corrected by computed tomography pulmonary angiography) and control group (without PE). Blood samples were taken on admission from patients to determine PTX-3 levels. Demographic characteristics, comorbidities, laboratory and clinical features were recorded. Patients were followed up during hospitalization.

**Results:** The present study was performed on 82 patients. The mean age of patients was 58.79±16.33 and 38 (46.3%) of patients were male. Groups were classified as; patients with PE (n=51) and control group (n=31, without PE). The median PTX-3 values were found to be 4056.9 pg/ml and 1870.1 pg/ml patients with PE group and control group, respectively (p=0.001). The area under the ROC curve of PTX-3 was 0.717 (0.597-0.837, p=0.001) for predicting PE diagnosis. The optimal cut-off value was 2392.6 pg/mL. Any higher PTX-3 levels had a sensitivity of 80.4% and a specificity of 61.3%.

**Conclusion:** Our study proposed that PTX-3 is an important biochemical marker in diagnosis and risk stratification of PE patients and therefore further studies are needed.

**Keywords:** Pulmonary embolism, pentraxin 3, diagnosis



## OP 20

**A case series of neonatal arrhythmias**

*Dilek Ulubaş Işık<sup>1</sup>, İstemi Han Celik<sup>1</sup>, Sumru Kavurt<sup>1</sup>, Ozge Aydemir<sup>1</sup>, Ayşe Esin Kibar<sup>2</sup>, Mehmet Emre Arı<sup>3</sup>, Ahmet Yağmur Baş<sup>1</sup>, Nihal Demirel<sup>1</sup>*

<sup>1</sup>Department of Neonatology, Etlik Zübeyde Hanım Women's Health Teaching and Research Hospital, Ankara, Turkey

<sup>2</sup>Department of Pediatric Cardiology, Mersin Maternal and Child Health Hospital, Mersin, Turkey

<sup>3</sup>Department of Pediatric Cardiology, Ankara Child Health and Disease Hematology Oncology Training and Research Hospital, Ankara, Turkey

**Objective:** Neonatal arrhythmias are described as abnormal heart rate existence of extrasystoles in neonatal period. It may occur as a result of various cardiovascular, systemic and metabolic problems. Arrhythmias are found in 1–5% of newborns during the first 10 days of life.

**Materials-Methods:** In this study, we retrospectively evaluated the clinical characteristics and outcomes of neonatal arrhythmias in a tertiary neonatal intensive care unit

**Results:** Thirteen neonates with dysrhythmias were identified. Six patients were male and 7 were female. Mean gestational age was 37. 2 (35-40) weeks. Six of the infants (% 46) were diagnosed as fetal arrhythmia at last week of gestation and maternal disease (gestational diabetes) was detected in two infants. The association of neonatal arrhythmia with congenital heart malformations was identified in 23% of cases. Congenital heart malformations of these patients were dilated cardiomyopathy and transposition of the great arteries. The distribution of neonatal arrhythmias was as follows: 46 % (n=6) supraventricular tachycardia (SVT), 15. 3 % (n=2) ventricular extrasystole, 15. 3%(n=2) supraventricular extrasystole, 15. 3% (n=2) atrioventricular block, and 7% (n=1) atrial extrasystole. There was no any metabolic disturbance in patients with cardiac arrhythmias. In SVT group, Wolf Parkinson White syndrome was present in one patient. Five of the patients with SVT required intravenous adenosine to revert the rhythm to normal and were subsequently started on propranolol. Two of the patients were recurrent episodes of SVT. Cardiac arrhythmias disappeared in all patients with ventricular- atrial extrasystole and atrioventricular block in one month.

**Conclusion:** The mechanisms of fetal and neonatal arrhythmias are similar and include a wide range of possible diagnosis. Prenatal diagnosis and routine cardiorespiratory monitoring of newborns in neonatal intensive care units are essential as early recognition and treatment are very important.

**Keywords:** Cardiac arrhythmias, Newborn, Fetal echocardiography

## OP 21

**Extra-uterine gestation as a critical emergency in gynecological practice**

*Ahmed Tageldin Abdelhafiz<sup>1</sup>, Jihan A Mohamed<sup>2</sup>*

<sup>1</sup>Department of Gynecology and Obstetrics, Souj University Hospital, Egypt

<sup>2</sup>Asyout Gynecology Clinic, Asyout, Egypt

**Objective:** Extra-uterine gestation has been considered as a critical gynecological emergency. Modern techniques for early diagnosis and intervention are assumed to provide positive effects on improving mortality and morbidity. The work aims at defining the current problem size of «emergency effects» of extra- uterine gestation in Egypt, both in terms of: 1) critical life-threats, and, 2) morbidity.

**Materials-Methods:** This was a prospective study over 13 years 2000-2012. There were 303 extrauterine pregnancies amongst 6023 gynecologic admissions, and 1003 labors. Approaches included: laparoscopy, laparotomy and methotrexate interventions.

**Results:** Extrauterine gestations represented 5% of total gynecological admissions. There were 213 cases of ruptured sacs (70.3%), 13 tubal abortions (4.3%), and 77 cases (25.4%) diagnosed as «still intact sacs». There were. There were 199 (65.7%) laparotomies, 179 (59.1%) diagnostic laparoscopies, 71 (23.4%) interventional laparoscopies and 33 (10.9%) cases cured with methotrexate. The main clinical presentation was abdominal pain, and the commonest risk factor was a previous tubal disease. Two deaths were recorded; a case-fatality rate of (0.7%).

**Conclusion:** Extrauterine gestation is a critical emergency in gynecologic practice. Modern diagnostic approaches and pre-planned treatment schedules can improve the outcome and reduce the risk.

**Keywords:** Extrauterine, gestation, risk



## OP 22

### Compare vena cava inferior diameters with hemodynamic parameters

*Gökhan Taşkın*

emergency medicine uludağ university bursa

**Objective:** The aim of this study is investigate relationship between vena cava inferior(VCI) diameters and some invasive hemodinamic parameters which use for observe critical patients.

**Materials-Methods:** The study refers non traumatic emergency patient needs central venous catheter for observe their hemodynamic parameters

**Results:** 55 patients were accepted,these patients vena cava inferior diameters compare with other hemodynamic parameters.Analyze results showed that between bicarbonate and insprium ML diameters have positive correlation ( $p<0,018$ ),between CVP and expirium AP diameters have negative correlation ( $p<0,004$ ), heart rate and insprium AP diameters have positive correlation ( $p<0,019$ ), heart rate and insprium ML diameters have nagative correlation ( $p<0,005$ ), heart rate and expirium ML diameters have positive correlation ( $p<0,022$ )

**Conclusion:** The result of this study show that non-invasive VCI diameters can use instead of invasive CVP measurements for critical patients observation in emergency medicine.

**Keywords:** central venous catheter, vena cava inferior, vena cava inferior diameters

## OP 23

### Evaluation of Bicycle Induced Injuries in emergency Department

*Tamer Durdu, Fevzi Yılmaz, Bedriye Müge Sönmez, Muhammet Evvah Karakılıç, Cemil Kavalcı, Oktay Hakbilir, Engin Deniz Arslan, Muhittin Serkan Yılmaz, Cihat Yel*

Ankara Numune Education and Training Hospital, Emergency Department, Ankara

**Objective:** Although bicycle is an two-wheel transportation vehicle it can cause a broad range of injuries from serious head trauma to soft tissue injury and leads to mortality and morbidity. We aimed to evaluate the bicycle induced injuries and determine the preventive measures.

**Materials-Methods:** This retrospective study was conducted at Ankara Numune Training and Research Hospital between January 2008 and July 2012 on 293 patients who were admitted to emergency department with bicycle injury.admitted to emergency department (ED). Age and gender of patients, mechanism of accident, existence of personal protective measures, the injured part of the body, Glasgow Coma Scala (GCS) score, Revised Trauma Score (RTS), radiographic findings, requested consultations, duration of hospitalization, season that the accident occur and rates of average cost was recorded. Patients divided into two groups as age between 0-14 and age over 14 and divided into four groups according to mechanism of injury as bicyclist, bicycle passenger, pedestrian hit by bike and driver/passenger of car colliding with bicycle.

**Results:** Of patients two hundred and thirty eight (12%) were male and 55 (18.8%) were female. Patients were between 5-86 years,average age of all patients were  $32.0\pm 14.5$ . Male gender was statistically significant ( $p<0,001$ ).According to the age groups 18 (6,1%) were <14 years and 275 (93,8%) were >14.

A hundred and fifty of accidents (51.19%) were bicyclist, 83 (28.32%) were pedestrian hit by bike, 56 (19.11%) were driver/passenger of car colliding with bicycle and 4 (1.36%) were bicycle passenger. Non of the survivors had protective measures such as helmets, gloves, goggles and kneepads.

While highest RTS was 7.8 lowest was 0. Average of RTS value was found  $7.1\pm 1.7$ . Most of the injuries were observed at upper and lower limbs where least were at abdomen (Table 2).

**Keywords:** bicycle, injuries, trauma



## OP 24

**Relationship between CO intoxication and Argyrophilic nucleolar organizing region associated protein synthesis**

Serdar Colakoglu<sup>1</sup>, Ayhan Saritas<sup>2</sup>, Recep Erozt<sup>3</sup>, Murat Oktay<sup>4</sup>, Kursat Oguz Yaykasli<sup>3</sup>, Ayhan Akozt<sup>5</sup>, Ertugrul Kaya<sup>6</sup>, Hayati Kandis<sup>2</sup>

<sup>1</sup>Anatomy Department, School of Medicine, Duzce University, Duzce, Turkey

<sup>2</sup>Emergency Medicine Department, School of Medicine, Duzce University, Duzce, Turkey

<sup>3</sup>Genetic Department, School of Medicine, Duzce University, Duzce, Turkey

<sup>4</sup>Patology Department, School of Medicine, Duzce University, Duzce, Turkey

<sup>5</sup>Emergency Medicine Department, School of Medicine, Ataturk University, Erzurum, Turkey

<sup>6</sup>Pharmacology Department, School of Medicine, Duzce University, Duzce, Turkey

**Objective:** Carbon monoxide (CO) is a colorless, odorless, tasteless and non-irritating gas which can cause acute and chronic poisoning deaths. It effects the oxygen carrying capacity of the Hb molecule by binding to Hb. Nucleolar organizing regions (NORs) are genetic loci on chromosomes that are composed of ribosomal DNA and proteins, some of which are argyrophilic. The NOR located on the secondary constrictions of the five pairs of acrocentric chromosomes, and can be stained with silver when they active. Therefore it is one of the most reliable method currently used to visualize nucleoli in interphase nuclei.

**Materials-Methods:** 18 rats who exposed CO and 6 control were included in the study. The animals were sacrificed 7 days after CO intoxication and lung tissues were obtained. Lung tissues were embedded in paraffin blocks and sectioned at 5 micron thickness. AgNOR staining was carried out according standard protocol. One hundred nuclei per individual were evaluated, and total AgNOR number/ total nuclear number (TAN/TNN) and total AgNOR area/nuclear area (TAA/NA) for each nucleus were analyzed using an image analyzing program.

**Results:** Although CO exposing groups (1000 ppm, 3000 ppm and 5000 ppm) had significantly higher for TAA/NA values (%) and AgNOR number than control group ( $p < 0.05$ ), the differences among CO exposing groups for both values were not meaningful ( $p > 0.05$ ).

**Conclusion:** AgNORs values increased depending on the increase of CO exposing of lung cells. In lung cells, AgNOR protein synthesis tends to increase during CO exposing may trigger the synthesis the some proteins that have protective role in the lung cells exposed by CO. So both of the AgNOR values might be used as an indirect indicator for evaluating the degree of cell damaged rate.

**Keywords:** Carbon monoxide, lung, AgNOR



## OP 25

### Diagnostic Value of Combined use of Heart-Type Fatty Acid Binding Protein and Ischemia Modified Albumin in Patients with Chest Pain that Have Normal Troponin I Levels in Initial Approach to the Emergency Department

Çetin Yaylalı<sup>1</sup>, Ayşe Bayrak<sup>2</sup>, Osman Karaoğlan<sup>3</sup>, Zeynep Karakaya<sup>4</sup>, Fatih Savran<sup>5</sup>, Şerafettin Demir<sup>6</sup>, Hümeyra Çiçekler<sup>7</sup>

**Objective:** İma and H-FABP are new markers in diagnosis of ACS in recent years. The usage of İMA for diagnosis of ACS in the ED was shown in many studies in the previous years. But studies are limited trop.I level normal patients. Our aim is to analyse diagnostic value of H-FABP and İMA in combination, in early diagnosis of ACS.

**Methods:** In a prospective 12 month study, 188 patients admitted to the ED with chest pain and suspected ACS were enrolled. on presentation blood samples were obtained for the measurement of biomarkers H-FABP and İMA and other cardiac markers as CK-MB and troponin. Patients (n=79) with higher Troponin levels were excluded. We use rapid, qualitative "point of care" type test, revealing H-FABP in blood. The patients were divided into two groups as ACS and (NCIP) non cardiac ischemic pain.

**Results:** H-FABP levels significantly were higher in ACS than the control group. ( $p < 0,05$ ) İMA levels were also higher in ACS group than the control group, but it wasn't statistically higher in patients with troponin I levels. Sensitivity of arrival H-FABP were %22,3 specificity % 89,7, PPV % 79,9 and NPV was %40,2. Sensitivity of İMA level was % 67,2, specificity % 41,0, PPV % 64 and NPV % 44,4. H-FABP and İMA combination sensitivity was % 76,5 and specificity % 35,8. PPV % 66,2, NPV was % 48,2, when the ECG results were added to combination of H-FABP and İMA sensitivity was % 91,2 and specificity was % 35,9 ( PPV 66,2 % and NPV 70 %.

**Conclusions:** In this study we evaluated İMA and H-FABP levels either on early diagnosis of ACS troponin negative patients. We suggest that usefulness of H-FABP and İMA in a combination with ECG is more sensitive and specific but not provide valuable information for ACS diagnosis.

**Keywords:** Heart-Type Fatty Acid Binding Protein, Ischemia Modified Albumin, Chest Pain, Acute Coronary Syndrome

## OP 26

### Dust events as a risk factor for hospitalization and mortality for Respiratory, cardiovascular and cerebrovascular diseases in Gaziantep

Behcet Al<sup>1</sup>, Mehmet Murat Oktay<sup>1</sup>, Suat Zengin<sup>1</sup>, Hasan Bayram<sup>2</sup>, Mustafa Bogan<sup>2</sup>

<sup>1</sup>emergency department of medicine school, Gaziantep university/Turkey

<sup>2</sup>chest department of medicine school, Gaziantep university/Turkey

**Objective:** Dust events are common air pollution events in parts of the world with arid, semi-arid, or desert areas. There is little research on the association between respiratory and cardiovascular health and dust events in places which are close to the deserts. We evaluated the effect of dust events on the cardiopulmonary and cerebrovascular events in Gaziantep city.

**Materials-Methods:** The records of 26571 patients admitted to Gaziantep University hospital with cardiopulmonary and cerebrovascular diseases were researched between March 2010 and March 2013. The demographic, diseases of patients with mortality were recorded. The results were compared with dust events time.

**Results:** Of patients, 55,4% were male, 44,6% were females. The percentage of cardiac, respiratory and neurological patients were 85,3%, 8,0% and 6,7% respectively. The mortality was 1%. The hospitalization and mortality was statistically significant in at dust events time.

**Conclusion:** The results show the health effects of dust events on respiratory, cardiovascular and cerebrovascular diseases hospitalizations, and the characteristic seasonal distribution of the health effects.

**Keywords:** Dust events, mortality, hospitalization, emergency department, diseases



## OP 27

**Can mean platelet volume and platelet levels predict severity of bone fracture?***Egemen Küçük<sup>1</sup>, Yusuf Yürümez<sup>2</sup>, Volkan Ergan<sup>3</sup>*<sup>1</sup>Sakarya University Training and Research Hospital, Department of Emergency Medicine Sakarya<sup>2</sup>Sakarya University, Faculty of Medicine, Department of Emergency Medicine Sakarya<sup>3</sup>Sakarya University, Training and Research Hospital, Department of Orthopaedics Sakarya**Objective:** In this study, we aimed to determine changes in mean platelet volume (MPV) and platelet values, according to effect of bone fractures to vital functions.**Materials-Methods:** In this study 152 patients were included retrospectively, who was admitted to our emergency department between 04/01/2013-06/30/2013 dates. Patients were 18 years and older, without additional diseases and history of chronic drug use, any multiple organ injury at the same time and had at least one fracture. The effect of fractures to the vital functions (fracture severity) were determined by New Turkish Penal Code Bone Fractures Calculation Guide. Fractures, were classified as LIGHT (1), MEDIUM (2-3) and HEAVY (4-5-6) according to effects to the vital functions. For each patient, hemoglobin, hematocrit, platelets, MPV and white blood cell (WBC) levels were recorded. Data were analyzed using SPSS version 16.0. Pearson's correlation analysis and Chi-square test was used. Statistical significance was defined as  $P < 0.05$ .**Results:** The mean age of the patients was  $48.4 \pm 2.3$  years old. The value of MPV are  $6,53 \pm 0,37$ ,  $7,22 \pm 0,87$ ,  $7,39 \pm 1,22$ ,  $7,57 \pm 1,23$ ,  $7,88 \pm 0,93$ ,  $7,25 \pm 1,37$  respectively. The value of platelets are  $311,85 \pm 77,05$ ,  $260,42 \pm 61,51$ ,  $257,53 \pm 74,10$ ,  $230,40 \pm 73,18$ ,  $234,00 \pm 55,30$ ,  $195,75 \pm 41,79$  respectively. Hemoglobin, hematocrit levels, and WBC count were not significantly different in bone fracture groups. MPV levels were increased significantly, but platelet levels were decreased significantly with the degree of bone fractures ( $p < 0.05$ ).**Conclusion:** In the process of healing of fractures, inflammation in the foreground within the first few hours. There is increasing evidence supporting the important role of MPV as a marker of inflammation. The number and diameter of circulating platelets depends on the severity of inflammation. In this study, we found that, MPV values were increased and platelet values were decreased with increasing severity of fractures. In conclusion, we claim that MPV and platelet levels are useful follow-up marker for bone fracture severity.**Keywords:** Fractures, Mean Platelet Volume, Platelet



## OP 28

### The Effects of a Combined Treatment of Lipid Emulsion and Conventional Therapy on Tissues of Rats Poisoned with Methyl Parathion

*Afsin Emre Kayipmaz<sup>1</sup>, Betül Gulalp<sup>2</sup>, Sibel Benli<sup>2</sup>, Nurzen Sezgin<sup>3</sup>, Attila Dagdeviren<sup>4</sup>, Fatma Helvacioğlu<sup>4</sup>, Betül Akbuga<sup>2</sup>, Didem Bacanlı<sup>5</sup>*

<sup>1</sup>Emergency Department, Turkish Ministry of Health Sivas Numune Hospital, Sivas, Turkey

<sup>2</sup>Department of Emergency Medicine, Faculty of Medicine, Baskent University, Ankara, Turkey

<sup>3</sup>Department of Biochemistry, Faculty of Medicine, Baskent University, Ankara, Turkey

<sup>4</sup>Department of Histology and Embryology, Faculty of Medicine, Baskent University, Ankara, Turkey

<sup>5</sup>Experimental Animals Breeding and Research Center, Faculty of Medicine, Baskent University, Ankara, Turkey

**Objective:** The aim of this study was to determine the effects of a combined treatment of atropine, pralidoxime, and a lipid emulsion in rats poisoned with methyl parathion, which is an organophosphate with lipophilic properties.

**Materials-Methods:** A total of 21 Sprague-Dawley rats were used in the study and were divided equally into three groups. The first group was given 0.24 mg/kg methyl parathion orally, the second group was given 0.24 mg/kg methyl parathion followed by a repeated dose of 0.05 mg/kg atropine (2.2 mg total) and 40 mg/kg pralidoxime, and the third group received 0.24 mg/kg methyl parathion followed by 3 ml/kg lipid emulsion, and then this group was given the same dose of atropine and pralidoxime as was the second group. At the end of the study, tissue samples from the blood, brain, parotid gland, heart, kidney, liver, pancreas, ovary and stomach were taken for examination by electron microscopy.

**Results:** The rats that were treated with the lipid emulsion had a decreased expansion of glial feet involved in the structure of the blood-brain barrier when compared to the rats that were given only methyl parathion. In addition, the microvilli were preserved in the bile canaliculi and Disse's space in the rats that were treated with the lipid emulsion, while they were effaced in the other two groups. Also, the edema was not observed in the connective tissue between the pancreatic acini in the group treated with the lipid emulsion.

**Conclusion:** Rats poisoned with methyl parathion and treated with a lipid emulsion had a greater decrease in toxicity in the liver, brain and pancreas when compared to rats receiving only conventional therapy.

**Keywords:** Emergency Medicine, lipid emulsion, lipophilic organophosphate

## OP 29

### Venovenous extracorporeal membrane oxygenation in pediatric intensive care: early experiences of a newly founded program in Turkey

*Nilüfer Yalındağ Öztürk<sup>1</sup>, Koray Ak<sup>2</sup>, Nilgün Erkek<sup>2</sup>, Selim İşbir<sup>1</sup>, Sinan Arsan<sup>1</sup>*

<sup>1</sup>Marmara Üniversitesi Pendik Eğitim ve Araştırma Hastanesi, Pediatri ABD

<sup>2</sup>Marmara Üniversitesi Pendik Eğitim ve Araştırma Hastanesi, Kardiyovasküler Cerrahi BD

**Objective:** Extracorporeal membrane oxygenation (ECMO) is a unique life support modality offered to patients unresponsive to optimal medical therapy. The objective of this study is to evaluate early experiences with ECMO support in a tertiary Turkish pediatric intensive care unit (PICU).

**Materials-Methods:** We retrospectively evaluated a total of four VV- ECMO supported patients between March 2012 and March 2013 in Marmara University PICU. We report data regarding demographics, laboratory and diagnostic information, and the clinical course of the patients.

**Results:** Three males and 1 female from 5 months to 4 years of age (mean 1,62 ±1,43 years) with a mean weight of 9,75 kg (±3,59) were supported with VV-ECMO for severe respiratory failure unresponsive to maximum medical therapy. Three patients had comorbid conditions such as bronchopulmonary dysplasia, IPEX syndrome, acute lymphocytic leukemia. All patients were moribund before initiation of ECMO, with one patient being cannulated under active resuscitation. The mean pH was 6,98 (±0,15), oxygenation index 51,15 (±13,53) and mean lactate 5,3 (4,01mmol/l). All patients were cannulated in the PICU by the cardiovascular surgeon. Mean ECMO and intensive care duration was 13,5 days (±4,03) and 31,25 days (±3,96) respectively. Bleeding was the most common complication (50%), and needed temporary discontinuation of anticoagulation in two patients. Three patients (75%) were weaned from ECMO; and one patient (25%) was discharged in good health without sequela.

**Conclusion:** ECMO use in Turkey is very new. Initial experiences build the learning curve of the institutions, and our early results are encouraging. We think it is possible to improve the outcome of patients who need ECLS support with close collaboration of cardiothoracic surgeon and intensivist, along with dedicated nursing care and perfusionist on demand, despite limited resources. Giving time to heal to the right patient at the right time is the key to success.

**Keywords:** Extracorporeal life support, extracorporeal membrane oxygenation, pediatric intensive care, respiratory failure



## OP 30

### The Importance of Vena Cava Inferior Diameter In The Differential Diagnosis of Patients Who Have Applied To An Emergency Department With Dispnea

*Adnan Yamanoğlu<sup>1</sup>, Nalan Gökçe Çelebi Yamanoğlu<sup>2</sup>, İsmet Parlak<sup>3</sup>, Pelin Pınar<sup>3</sup>, Ali Tosun<sup>4</sup>, Neslihan Satılmış Siliv<sup>3</sup>, Alper Akgür<sup>5</sup>*

<sup>1</sup>Haseki Training and Research Hospital, İstanbul

<sup>2</sup>Beykoz State Hospital, İstanbul

<sup>3</sup>Izmir Bozyaka Training and Research Hospital, İzmir

<sup>4</sup>Şanlıurfa Mehmet Akif Ersoy Training and Research Hospital, Şanlıurfa

<sup>5</sup>Gaziantep Dr. Ersin Arslan State Hospital, Gaziantep

**Objective:** Can be VCI diameter useful differential diagnosis of dyspnea caused by

**cardiac or pulmonary diseases? And we aimed to determine the most convenient longitudinal method.**

**Materials-Methods:** Patients was admitted with chief complaint of dyspnea. This study is single centered, prospective, observational study. These patients are divided two groups who has dyspnea by originated cardiac or pulmoner diseases. VCI diameter measured during inspiration and expiration with B-Mod and M-Mod and calculated caval index and compared in both groups. The specificity, sensitivity and likelihood ratios were calculated for differential diagnosis in both groups.

**Results:** 74 patients have been accepted which have inclusion criteria with mean age 72,8. M-Mod VCI maximum diameter are for more than 19,4 mm sensitivity is %81,3, specificity is %85,4, +PPV %81,2, -NPV %85,4(+LR 5,5, -LR 0,21) and M-Mod VCI minimum diameter measurements are more than 10,7 mm sensitivity is 84,4, specificity is % 92,7, +PPV %90,0, -NPV 88,4 (+LR 11,5, -LR 0,16) and M-Mod caval indeks value less than %52,0, sensitivity is %84,4, specificity is %85,7, +PPV %81,8, -NPV % 87,8(+LR 5,9, -LR 0,18) are found diagnostic differential diagnosis in patient with dyspnea which caused by cardiac diseases from pulmoner diseases. B-Mod VCI maximum diameter for more than 18,3 mm sensitivity is %81,3, specificity is %73,8, +PPV % 70,3, -NPV % 83,8(+LR 3,10, -LR 0,25) and B-Mod VCI minimum diameter more than 9,0 mm sensitivity is %84,4, specificity is %92,9, +PPV % 90, -NPV % 88,6(+LR 11,8, -LR 0,16) and B-Mod CI less than % 50,5, sensitivity is % 84,4, spesicivity is %95,5, +PPV % 87,1, -NPV % 88,4(+LR 8,8, -LR 0,17).

**Conclusion:** VCI diameter in dyspneic patients can be useful, fast, easy, accessible, cheap

way to differentiate cardiac or pulmonary etiology. İnspiration diameter(minimum) of VCI in B-mod can be more successful than other VCI diameters and calculations.

**Keywords:** differential diagnosis of dyspnea, inferior vena cava ultrasonography, emergency department, dyspnea, sonography



## OP 31

### Investigation of acute ischemic stroke patients who were applied to the emergency department, demographically, clinically and etiologically

*Ermcan Yıldırım, Gökçe Ozbay Yenice, Barış Akçahüseyn, Neslihan Siliv, Ismet Parlak*

Izmir Bozyaka Training And Research Hospital

**Objective:** Stroke, according to the definition of World Health Organization, without any apparent reason other than vascular causes, disruption of blood flow to the brain as a result of loss of function of focal cerebral signs and symptoms characterized by rapid settlement, neurologic and cerebral symptoms have lasted longer than 24 hours or loss of function in clinical syndrome. Approximately 85% of strokes are ischemic, 15% are hemorrhagic. In this study, we aimed to evaluate patients who applied to the emergency department with acute ischemic stroke and neurology inpatients demographic characteristics and risk factors.

**Materials-Methods:** Our study was a retrospective, cross-sectional, hospital-based clinical study. It composed 330 patients, admitted to the neurology service with a diagnosis of ischemic cerebrovascular disease, from 209,644 Emergency Department patients who applied to Izmir Bozyaka Research and Training hospital between the date 1 January 2011 and 31 December 2011. Of these patients, 16 were Transient Ischemic Attack, 3 were Subarachnoid Hemorrhage, and 4 were dispatched from other hospitals, 2 were intracerebral hemorrhage, 13 were due to the inability of patient data were excluded from the study. 291 patients were included in the study.

**Conclusion:** The mean age was  $70.03 \pm 12.3$ , 46.4% of sex ratios were male ( $n=135$ ) and 53.6% were female ( $n=156$ ) of 291 patients included in the study. About 1.4% of all strokes were ischemic strokes under the age of 40. In our study we found that hypertension was the comorbid disease in accordance with the literature. Diabetes mellitus, coronary artery disease, atrial fibrillation, history of cerebrovascular disease were other risk factors. Age and underlying risk factors had great importance in hospital mortality of patients with ischemic stroke. In our study, the mortality rate of atrial fibrillation was statistically significant ( $p=0.044$ ), in accordance with the literature.

**Keywords:** Ischemic stroke, emergency services, risk factor

## OP 32

### The frequency and diagnosis of mesenteric ischemia in patients (over 65 years old) who admitted to emergency medicine with abdominal pain, an prospective study

*Burak Gün, Saylav Bora, Vermi Degerli, Gökhan Elçin, Ismet Parlak*

Izmir Bozyaka Training And Research Hospital

**Objective:** Acute mesenteric ischemia (AMI) is a rare but highly mortal (60-80%) (because its diagnosed very late) pathology of emergency. Its occur especially in elderly patients with comorbid disease. Delays in diagnosis increase the risk of mortality. In this study, we took over 65 years old patients who admitted with abdominal pain to our emergency service.

**Materials-Methods:** In a 5 month period we took over 65 years old patients who admitted our emergency service with abdominal pain and that we decided AMI in our differential diagnosis. Standardize the manner in which these patients were asked to basic and advanced laboratory and radiologic investigations. We analyse the comorbidities which support our diagnosis in pathologic and radiologic diagnosed AMI.

**Results:** 676 patients were included in this study throughout 72953 patients. Between this patients, for 34% ( $n=230$ ) patients with suspicion of AMI we had done further investigation and research. For 66% ( $n=446$ ) of patients we decided to make other investigations for differential diagnosis of abdominal pain. D-dimer is 84.6% sensitive and 47.9% specific in patients with AMI diagnosis. In this study we found the mortality of AMI 46.2%. AMI patients who diagnosed with CT has togetherness with AF and high level of D-dimer. This percentage is higher than other comorbid illness. AMI make highest D-dimer, therefore patients with AF and D dimer higher than 1000ng/ml deserve further examination.

**Conclusion:** To avoid loss of time for less complication and mortality. In patients over 65 years old who admitted with abdominal pain, especially who has comorbidity like HT, DM, AF with high level of D-dimer, multi-detector CT angiography is recommended as a priority

**Keywords:** acute mesenteric ischemia, atrial fibrillation, d-dimer



## OP 33

**The effects of ketamine, propofol, and ketofol on endotoxemia-induced endoplasmic reticulum stress profile in kidney***Derya Gokcinar<sup>1</sup>, Ahmet Cumaoglu<sup>2</sup>, Kadriye Kahveci<sup>1</sup>, Leyla Guler<sup>1</sup>, Adem Guler<sup>3</sup>, Afife Ayla Kabalak<sup>1</sup>*<sup>1</sup>Ulus State Hospital, Department of Anesthesiology, Ankara, Turkey<sup>2</sup>Erciyes University, Faculty of Pharmacy, Department of Biochemistry, Kayseri, Turkey.<sup>3</sup>Gulhane Military Medical Academy, School of Medicine, Department of Cardiovascular Surgery, Ankara, Turkey.

**Objective:** In mammalian cells, inflammation cause the accumulation of unfolded proteins in the endoplasmic reticulum (ER) lumen. This condition is referred to as "ER stress". Propofol and ketamine are used for hypnosis in clinic practice; however their effects in ER stress induced by LPS are unknown. The present study aimed to investigate the effects of ketamine, propofol, and ketofol (1:1 mixture of ketamine-and propofol) on the ER stress profile in kidney tissue.

**Methods:** We induced endotoxemia in Wistar albino rats via intravenous injection of LPS (15 mg kg<sup>-1</sup>). The rats were randomly divided into 5 groups: control (received only sterile saline; endotoxemia was not induced), LPS only, LPS + ketamine (10 mg·kg<sup>-1</sup>·h<sup>-1</sup>), LPS + propofol (10 mg·kg<sup>-1</sup>·h<sup>-1</sup>), LPS + ketofol (5 mg·kg<sup>-1</sup>·h<sup>-1</sup> ketamine + 5 mg·kg<sup>-1</sup>·h<sup>-1</sup> propofol). Kidney tissue samples were collected 3 h following induction of endotoxemia. Glutathione S-transferase alpha (GST-α), C/EBP homologous (CHOP), p-protein kinase R-like endoplasmic reticulum kinase (p-PERK), X-box binding protein 1 (XBP1), Inositol-requiring enzyme 1α (IRE-1α) and B-Tubulin in kidney tissue were determined via quantitative real time polymerase chain reaction (qPCR).

**Results:** LPS resulted in a decrease in the rate of GST-α/B-Tubulin. LPS + ketamine or LPS + propofol more reduced the rate of GST-α/B-Tubulin than LPS. Ketofol attenuated the decreasing of GST-α/B-Tubulin. LPS increased CHOP/B-Tubulin, p-PERK/B-Tubulin, XBP1/B-Tubulin and IRE-1α/B-Tubulin. However, LPS + ketamine, LPS + propofol or LPS + Ketofol decreased CHOP/B-Tubulin, p-PERK/B-Tubulin, XBP1/B-Tubulin or IRE-1α/B-Tubulin.

**Conclusions:** We suggest that ketamine, propofol or ketofol may protect kidney by reducing endoplasmic reticulum stress in the endotoxin-induced acute kidney injury.

**Keywords:** Kidney, ketamine, propofol, ketofol, ER stress

## OP 34

**Can effective esophagus compression be made with cricoid pressure?***Mine Parlak, Fevzi Cengiz, İsmet Parlak, Murat Yaşar Özkalkanlı, Bülent Erdur, Nagehan Damar, Vildan Akpınar, Burcu Horsanlı, Neslihan Siliv, İbrahim Can Ayık*

Izmir Bozyaka Training And Research Hospital

**Objective:** Cricoid pressure or Sellick Manoeuvre is a traditional method used to prevent contents in the stomach from going into the trachea during rapid sequence intubation. If esophagus is not effectively compressed with cricoid pressure, it is notified that it cannot protect the patient from aspiration. Although cricoid pressure is widely used in clinical practice, RSI is an often questioned method. We aimed at making contributions to the literature on this issue.

**Materials-Methods:** During this study, we recorded the effectiveness of the compression made on the esophagus by applying cricoid pressure which was displayed by fiberoptic endoscopy device following the treatment of the patients during which diagnostic upper gastrointestinal endoscopy was applied to the patients by effectively applying sedation analgesia in the endoscopy unit. While endoscopy process held esophagus at the pharynx at a comfortably visible level, the anaesthesia specialist gripped the cricoid cartilage with his thumb and forefinger from both sides and pressed, the compression of esophagus by being pressed between the cricoid cartilage and vertebra. Process was recorded by an endoscopy camera. The compression of esophagus had been recorded as fully or partially compressed.

**Results:** The average age of 125 patients was 53,8 ± 15, 86 and %68,8 of them were women. It had been found out that 118 patients were fully compressed, 5 were partially compressed, 2 patients were not compressed. Since in 94,4% of the cases esophagus was fully compressed, for the group who were partly compressed or not compressed, no statistically meaningful evaluation was made with regard to the effect of BMI, thiromental distance, hyomental distance, neck structures and the mallampati scores.

**Conclusion:** We have found out that in 94,4% of the cases esophagus was fully compressed by cricoid pressure on the patients to whom we applied cricoid pressure (5 sec) under sedation-analgesia. We observed that the cricoid pressure was an effective and reliable method when carried out suitably.

**Keywords:** cricoid pressure, sedation analgesia, esophagus



## OP 35

### Inter-rater and Intra-rater Reliability of Near-infrared Spectroscopy in ED among the Elderly

*Atif Bayramoğlu, Murat Saritemur, Ayhan Akoz, Mucahit Emet*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Turkey

**Objective:** Near-infrared spectroscopy (NIRS) is a light-based technology, a non-invasive method for monitoring oxygen availability and utilization by the tissues. Reliability may be defined as the ratio of variability between subjects or objects to the total variability of all measurements in the sample.

**Materials-Methods:** This is a prospective observational trial aiming to measure inter- and intra-rater reliability in elderly patients who admitted to emergency room. Measurements which performed for interrater consecutive, for intrarater with an interval of 30 minutes were performed by two faculty member who were emergency medicine specialist charge of the department of Emergency Medicine (MS and AA), with Covidien INVOS TM 5100C Cerebral/Somatic oximeter. Patients who were 60 years old and over and whose GCS scale was 15 were included. Exclusion criteria were trauma patients, patients whose GCS was below 15, arrest or intubated patients. Coefficient Correlation (ICC) was used for statistical analysis of reliability.

**Results:** The inter-rater ICC for right and left part of the head (ICC:0.842, 95%CI: 0.606-0.890,  $P<0.0001$  and ICC:0.881, 95%CI: 0.668-0.907,  $P<0.0001$ ), for right and left hemithorax (ICC:0.964, 95%CI: 0.413-0.836,  $P<0.0001$  and ICC:0.945, 95%CI: 0.147-0.761,  $P<0.0001$ ), and for right and left abdomen (ICC:0.942, 95%CI: 0.924-0.979,  $P<0.0001$  and ICC:0.924, 95%CI: 0.854-0.995,  $P<0.0001$ ) were all excellent. Moreover, the intra-rater ICC for right and left part of the head (ICC:0.791, 95%CI: 0.702-0.917,  $P<0.0001$  and ICC:0.825, 95%CI: 0.775-0.937,  $P<0.0001$ ) and for right and left part of abdomen (ICC:0.960, 95%CI: 0.890-0.969,  $P<0.0001$  and ICC:0.923, 95%CI: 0.856-0.960,  $P<0.0001$ ) were excellent. The intra-rater ICC for right and left hemithorax was good (ICC:0.689, 95%CI: 0.932-0.981,  $P<0.0001$  and ICC: 0.549, 95%CI: 0.897-0.971,  $P=0.007$ ).

**Conclusion:** Overall our results showed that the intra-rater and inter-rater reliability of INVOS was excellent for measuring brain and abdominal oxygenation with NIRS. While the inter-rater reliability of measuring thoracic oxygenation was excellent, the intra-rater reliability of measuring thoracic oxygenation was good.

**Keywords:** NIRS, Interrater reliability, Intrarater reliability

## OP 36

### Prognostic Value of RDW in Critically Ill Patients and Comparison with Intensive Care Unit Scoring Systems

*Başar Cander<sup>1</sup>, Emin Fatih Vişneçli<sup>1</sup>, Zerrin Defne Dünder<sup>1</sup>, Ali Dur<sup>2</sup>, Abdullah Sadık Girişgin<sup>1</sup>, Mehmet Gül<sup>1</sup>*

<sup>1</sup>Emergency Department, Meram Medicine School, University of Necmettin Erbakan

<sup>2</sup>Emergency Department, University of Bezmi Alem

**Objective:** The critical patient is defined as one with unstable life signs and requiring supportive treatment and has unfavorable general condition. It is important to know the prognosis of patient and perform immediate management. Our study was to determine the relation between prognosis and RDW, also to compare the results with scoring systems in patients who presented to emergency department (ED) and admitted to critical care unit (CCU).

**Materials-Methods:** During study period, 647 patients were admitted to CCU and 147 of who was included in the study. The vital signs, laboratory results including complete blood count, biochemistry and arterial blood gas with lactate level were recorded. The scoring systems including APACHE-II and SOFA were calculated. The results of hospitalization in terms of CCU and all admission were recorded.

**Results:** The patient who admitted at CCU for less than 7 days had been admitting at hospital for a shorter period ( $p<0.001$ ). The relation had statistically importance between mortality in 28 days and 3 months and APACHE II ( $p<0.001$ ), SOFA ( $p<0.001$ ). There was no relationship between mortality and RDW values at hours 0 and 48, and mean RDW values. Also results showed that the correlation between SOFA score at 48 th hour and mean value of RDW ( $p=0.01$ ) was statistically significant. There was no relationship between APACHE II, SOFA scores, and RDW values at hours 0 and 24.

**Conclusion:** SOFA and APACHE II scoring systems are widely accepted and used in practice. Their effectiveness were demonstrated in detecting prognosis of critically ill patients. It was found that RDW values had no role in predicting prognosis. However there is requirement for further research though all of our results.

**Keywords:** critical patient, RDW, APACHE II score, SOFA Score, intensive care unit

## **POSTER PRESENTATIONS**



PP 001

### A Rare Complication of honeybee sting: A Case of cerebral infarction

*Serhat Kahraman<sup>1</sup>, Ilker Kaya<sup>2</sup>, Ibrahim Mumcuoğlu<sup>3</sup>*

<sup>1</sup>emergency department, gaziosmanpasa univercity,tokat. turkey

<sup>2</sup>cardiovascular surgery, state hospital, tokat, turkey

<sup>3</sup>neurology, state hospital, tokat, turkey

**Objective:** Member of the family of bees stinging Hymenoptera Insecta class. These are «yellow jacket», «Hornet» and «wasp» formed by members of the vespid («wasp»), honeybee «and bumble bee» consists of members apis (honey bee), including two family. The most common reaction that leads to allejik yellow winged bee, honey bee and wasp. Activating an estimated 100 million cases are reported each year Hymenoptera. As a rare complication of multiple cerebral infarction resulting in hypersensitivity to bee sting present a case of vasculitis.

**Case:** 29 year old female patient after a bee sting emergency by service consciousness, was admitted with complaints of nausea and vomiting. There were no known medical history any disease. Physical examination was superficial breathing hypotensive. There was excessive sweating. available in multiple brain infarcts on MRI was taken. the patient was intubated and intensive care units. follow-up time of 72 have died.

**Conclusion:** Immunological reactions to bee sting is a worldwide prevalence of 0.3-3%

Edema, local allergic reactions such as erythema or pruritus, urticaria, angioedema, anaphylactic shock, acute myocardial infarction, acute pulmonary hemorrhage, Gravis görülebilir.Miyastenia systemic reactions such as acute renal failure, peripheral neuropathy, encephalomyelitis, optic neuritis, cerebral infarction, parkinsonism, trigeminal neuralgia, pontine hemorrhage, thalamic and mesencephalic haemorrhage, subarachnoid hemorrhage, Guillain Barre Syndrome, a rare neurological complications

Bee venom, histamine, thromboxane, leukotrienes, and other inflammatory mediators include vasoactive amines. Patofizyoloik stroke associated with known mechanisms. Anaphylaxis induced hypotension or release of mediators, exogenous administration of adrenaline may be caused by vasoconstriction and platelet aggregation secondary. Play a role in the pathogenesis of myocardial infarction in the coronary vessels reported similar vasoconstriction, acute myocardial infarction, and 4 times the reported result of a bee sting. Cerebral infarction may be caused by a similar mechanism.

**Keywords:** bee sting, cerebral infarction, anaphylaxis



PP 002

**Suicide cases and emergency department facilities: Meta-analysis and cost-analysis**

*Kenan Ahmet Türkdöğän<sup>1</sup>, Abuzer Coşkun<sup>2</sup>, Fatma Mutlu Kukul Güven<sup>2</sup>, Sevki Hakan Eren<sup>2</sup>, İlhan Korkmaz<sup>2</sup>, Cemil Civelek<sup>1</sup>, Ertan Sönmez<sup>1</sup>, Oğuz Karahan<sup>3</sup>, Özgür Sögüt<sup>1</sup>*

<sup>1</sup>Bezmialem Üniversitesi Tıp Fakültesi Acil Tıp Anabilimdalı

<sup>2</sup>cumhuriyet üniversitesi tıp fakültesi acil tıp Anabilimdalı

<sup>3</sup>Dicle Üniversitesi Kalp Damar Cerrahisi Anabilimdalı

**Objective:** Suicide cases are most critic and distressed patients for emergency clinics. The most important reason of this condition is difficulty of providing required clinical collaboration immediately. At the other hand, these cases should be investigated detailed for personal reintegration and developed social dynamics.

**Materials-Methods:** Organophosphate poisoning, alcohol and drug intoxication, hanging and self-immolation cases who admitted to hospital between 2007 January and December 2011, were retrospectively evaluated. Birth date, hospital admission date, hospitalization cost, admitted clinic and waiting period in emergency service was evaluated for each patient.

**Results:** The most suicide events were detected in patients (n:227, 28.7%) who were born at January and the less suicide attempt were detected in patients (n:30, 3.8%) who were born at December. Suicide events were drawn increasing trend by years. However, despite the increased number of events, cost analyses were insignificant between years (except 2007-2008). One hundred and twenty two (15.4%) of patients were followed up in intensive care unit, 639 (80.8 %) of patients were followed in emergency clinic observation room and 30 (3.8%) of the patients were followed up in psychiatry clinic. The total cost was detected as 665,44\$, in patients who were followed up in intensive care unit; the total cost was detected as 204,09\$ in patients who were followed up in emergency clinic observation rooms and the psychiatry clinic follow up costs were detected as 186,85\$.

**Conclusion:** Emergency departments are important clinics for suicide cases both initial diagnosis and following-up with application most of treatment modalities. Especially, many of the suicide case can be observed in emergency department observation rooms if advanced psychiatry supporting or prolonged monitoring & ventilation is not essentially required. Thus, can be reduced hospitalization costs and provide rapid intervention for suicide cases.

**Keywords:** Suicide, cost, clinical follow up, emergency observation facility



PP 003

**Traumatic central cord syndrome: case report**

*Yahya Kemal Günaydin<sup>1</sup>, Zerrin Defne Dündar<sup>2</sup>, Erkut Özbulut<sup>3</sup>, Nazire Belgin Akıllı<sup>1</sup>, Ramazan Köylü<sup>1</sup>, Ahmet Çağlar<sup>1</sup>, Başar Cander<sup>1</sup>*

<sup>1</sup>Konya Training and Research Hospital, Department of Emergency Medicine, Konya, Turkey

<sup>2</sup>Necmettin Erbakan University School of Medicine, Department of Emergency Medicine, Konya, Turkey

<sup>3</sup>Konya Training and Research Hospital, Department of Neurosurgery, Konya, Turkey

**Objective:** Central cord syndrome (SCS) is the most frequent incomplete traumatic cervical cord syndrome and was first defined by Schneider in 1954. Motor impairment, which is especially significant in the upper extremity, is characterized by sensory disorders and urinary dysfunction below the level of the lesion. Treatment may include medical or surgical techniques. Prognosis is usually good.

**Case:** A 65-year-old male patient was brought to our emergency clinic with complaints of extremity weakness and reported that he had fallen the previous day and hit his head. He had a history of hypertension. The following were observed in his physical examination: BP:150/70, pulse:75/min., A:38.5, SS:14/min. He had ecimosis in the nasal dorsum and sensitivity increase in the cervical vertebrae. The neurological examination revealed 3/5 and 2/5 loss of power in the upper and lower extremities, respectively. Deep tendon reflexes were reduced. No pathological reflex was observed. He hadn't urinated in 1 day. No pathological finding was observed in laboratory examinations other than CK:2267 and urea:75. No focus suggestive of fever could be detected. CRP and procalcitonin levels were normal. Radiographies, brain tomography, and brain diffusion MRI were normal. The CK and urea were believed to be increased due to the crush injury, and the patient was administered isotonic fluid and paracetamol. The CK and urea levels regressed, and the fever was normalized. However, cervical MRI was performed since the patient still did not urinate, and the loss of power continued. The cervical MRI revealed pressure on the spinal cord between C3-C4, protrusions between C3-C7, and flattening in the cervical axis (Figure). The patient was then referred to the brain surgery department. He was then directed to another health facility with a diagnosis of traumatic central cord syndrome and myelitis.

**Conclusion:** In order to obtain better neurological response in traumatic SCS, early diagnosis is very important. Therefore, it is one of the discriminative diagnoses in patients admitted to emergency units with cervical spine or head trauma.

**Keywords:** Syncope, trauma, paralysis

PP 004

**A rare cause of acute abdominal pain. Mesenteric panniculitis**

*Bülent Kaya, Orhan Bat, Özlem Akça*

Kanuni Sultan Suleyman Training And Research Hospital, Department of General Surgery

**Objective:** Mesenteric panniculitis characterized by inflammation and fibrosis of small and large bowel mesentery. Approximately 90% of cases affect the mesentery of small bowel. The etiology of disease is not fully understood. In this report, we presented a patient who was admitted to emergency department with acute abdominal pain and diagnosed as mesenteric panniculitis.

**Case:** A 45 years old male patient presented to emergency department with acute abdominal pain in last 3 days. His medical history was unremarkable. The routine laboratory tests were within normal limits except a mild leucocytosis (Wbc:13000 K/UL). The abdominal ultrasonography was normal. The abdominal computed tomography was revealed mesenteric inflammation of small intestine. The patient was diagnosed as mesenteric panniculitis. The patient was treated with diclofenac sodium (intramuscular) twice a day. He was discharge after five days of treatment without any complaint.

**Conclusion:** Mesenteric panniculitis is a rare disorder. It may be presented as acute abdomen. Its etiology is unknown. Although it is most commonly presented as abdominal pain it may also cause intestinal obstruction or perforation. Anti-inflammatory drugs are primary treatment of disease. Steroids and radiotherapy can be beneficial in resistant cases.

**Keywords:** Acute abdomen, mesenteric panniculitis, anti-inflammatory treatment



## PP 005

**Idiopathic cerebral venous thrombosis: case report**

*Yahya Kemal Günaydin<sup>1</sup>, Gül Tuncel<sup>2</sup>, Lütfullah Altıntepe<sup>3</sup>, Nazire Belgin Akıllı<sup>1</sup>, Ramazan Köylü<sup>1</sup>, Mehmet Yortanlı<sup>1</sup>, Başar Cander<sup>1</sup>*

<sup>1</sup>Konya Training and Research Hospital, Department of Emergency Medicine, Konya, Turkey

<sup>2</sup>Konya Training and Research Hospital, Neurology Clinic, Konya, Turkey

<sup>3</sup>Konya Training and Research Hospital, Department of Nephrology, Konya, Turkey

**Objective:** Cerebral venous thrombosis is an interesting and difficult disease due to the variability of its clinical symptoms and findings. It may be observed at any age. It is difficult to diagnose at an early stage. Large sinuses, such as the superior sagittal sinus, are the most frequently affected body sites. Systemic inflammatory diseases and hereditary and acquired coagulation disorders are the most common etiological factors. It may not be detected in nearly 30% of patients. Clinical spectrum may vary from papillary oedema and headache to focal deficit, seizure or coma. Magnetic resonance and venography are the first step imaging techniques, and intravenous heparin administration is the first step therapy.

**Case:** A 28-year-old woman was directed from Karaman National Hospital to our emergency unit due to sudden impairment of consciousness. There was no disease or drug usage present in her history. She was confused, and GCS was 10 upon physical examination. Her vital parameters were stable. Pathological reflexes were negative. No pathological finding was detected in laboratory examinations. Drug search tests were negative. The following examinations were performed in a nephrology polyclinic due to a 2 days increase in her fibrinogen level: ANA, Anti-ds-DNA, C3, C4, protein c and s levels and factor 5 levels. They were all normal. The brain tomography images were normal. The patient was then referred to the nephrology and neurology clinics. Many thrombus were detected in the left veins in an MRI of the brain. The patient was hospitalized in the emergency critical intensive care unit with a diagnosis of idiopathic cerebral venous thrombus and given treatment. The patient regained consciousness 3 days later and was referred to the neurology clinic. She recovered after a 5-day follow-up and was discharged.

**Conclusion:** Cerebral vein thrombosis may appear in many different neurological situations. A misdiagnosis is probable in patients without a focal neurological finding. CVT pre-diagnosis may be considered in patients with recent onset, reoccurring headache, or focal neurological findings. The radiological examination should be performed quickly, and treatment should be started as soon as possible.

**Keywords:** Idiopathic, confused, thrombus

## PP 006

**Acute viral hepatitis with hepatitis A and B concomitance**

*Yahya Kemal Günaydin, Ekrem Taha Sert, Ramazan Köylü, Nazire Belgin Akıllı, Bora Çekmen, Başar Cander*

Konya Training and Research Hospital, Department of Emergency Medicine, Konya, Turkey

**Objective:** Hepatitis A infection is a worldwide, viral infection transmitted via fecal oral route. It is observed frequently in children, particularly in developing countries and adults in developed countries. Hepatitis B infection, on the other hand, is a viral infection transmitted via sexual route, body fluids or blood. Concomitance of these two infections is extremely rare since the transmission routes and ages of onset are different. Acute hepatitis A may be observed as a super infection in patients with chronic hepatitis B and C infections. We aimed to present a case with concomitant hepatitis A and B infections.

**Case:** A 26-year-old male patient was admitted to our emergency unit with complaints of fatigue, nausea, and inappetence for 4 days and an additional complaint of yellowness in the eyes for 2 days. He was taken to the observation room with a pre-diagnosis of jaundice. The patient had no feature in his medical or family history. He was conscious, oriented and cooperated during the physical examination. His vital parameters were stable. Sclera and skin were yellow in colour. Other systemic examinations were normal. Laboratory findings were as follows: alanine aminotransferase (ALT): 1733 U/L, aspartate aminotransferase (AST): 590 U/L, prothrombin time (PT): 10.9 sec (%80), active partial thromboplastin time (aPTT): 36.6 sec (n: 20-36), INR: 1.1, lactate dehydrogenase (LDH): 385 U/L, gamma glutamyl transferase (GGT): 229 U/L, total bilirubin: 9.9 mg/dl and direct bilirubin: 7 mg/dl. Hepatitis indicators revealed HBs Ag positivity, anti HBs negativity, anti HBe positivity, anti HBe negativity, anti HAV IgM positivity, and anti HAV IgG negativity. The patient was then referred to the infectious diseases clinic with the diagnosis of acute hepatitis A and B infections. The patient was hospitalized in the infectious diseases clinic for therapy and follow-up.

**Conclusion:** Concomitance of acute hepatitis A and B infections is an extremely rare situation; however, it has a similar biochemical and clinical course to other acute viral hepatitis cases.

**Keywords:** Acute hepatitis, Hepatitis B, Hepatitis A



PP 007

**Toxic Neuropathy Of Shoe-Industry Workers: Two Case Report**

*Halil Dogan, Dogac Niyazi Ozucelik, Osman Avşar Gül, Cem Simsek, Alper Gok*

Bakirkoy Dr. Sadi Konuk Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** N-Hexan is a substance used as solvent for adhesives and cleaning agents which used in industries such as printing, textile, furniture and shoe manufactory. This type of neuropathy is commonly seen among individuals employed in shoe and bag factories with inadequate ventilation. By representing these two case report, we wanted to emphasize that n-hexane related neuropathy should be thought in patients having symptoms of muscle weakness in emergency services.

**Case:**

**Case 1:** A 29 years-old male who has been working shoe factory, was brought to the emergency service due to the inability to walk and symptoms of progressive weakness and hypoesthesia in lower extremities. The symptoms have begun 4 days ago, weakness aggravated and patients were unable to walk in the end. Weakness was present in lower extremities (4/5), absent deep tendon reflexes in lower extremities. Glove stocking hypoesthesia in lower extremities.

**Case 2:** A 30 years-old male who has been working shoe factory, was brought to the emergency service due to the inability to walk and symptoms of progressive weakness and hypoesthesia in lower extremities. The symptoms have begun 4 days ago, weakness aggravated and patients were unable to walk in the end. Weakness was present in lower extremities (4/5), absent deep tendon reflexes in lower extremities. Glove stocking hypoesthesia in lower extremities.

After 3 days of observation in clinic, the laboratory results was normal. The electroneuromyography findings were reported as mixed demyelinating and axonal motor polyneuropathy in the lower extremities. On the 4th day of observation, patients were discharged with the suggestion of change in work conditions

**Conclusion:** Patients who are diagnosed as polineuropathy in emergency service should be questioned about the work they do and especially possibility of chemical exposure. It should be asked if any of other employees having the same symptoms as well.

**Keywords:** N-Hexan, Neuropathy, Shoe Industry

PP 008

**Tracheostomy in the Emergency Department: A Case Report**

*Yahya Kemal Günaydin, Bora Çekmen, Mustafa Önder Gönen, Ramazan Köylü, Nazire Belgin Akıllı, Aysel Çakmak, Başar Cander*

Konya Training and Research Hospital, Department of Emergency Medicine, Konya, Turkey

**Objective:** Tracheostomy; if staying mandatory, is a surgical procedure is usually done on an emergency basis. Tracheostomy is opened 2nd and 3rd tracheas through to open enables the inclusion of the patients breathing. In this case we want to share a tracheostomy patient which can't be able to intubated in Emergency Department.

**Case:** 35 year old male patient with shortness of breath and impaired consciousness due to the growing for three days was brought to the emergency service. In his history, He had malignant neoplasm and xeroderma pigmentosum on his facial skin for three years. He had operated three times for malignant neoplasm and implanted artificial lower and upper palate. Moreover, 5 days ago pulmonary clinic with a diagnosis of pneumonia patients had given antibiotic treatment. Physical examination: tansion: 80/40 mmHg, pulse: 145, fever: 38,5°C, respiratory rate: 40/minute, saturation of oxygen: 85 percent. Glasgow Coma Scale was 9. There was bilateral diffuse lung crackles and rhonchi. Laboratory results are WBC: 17500K/uL, BUN: 88mg/dL, Creatinin: 1,5 mg/dL, CRP: 230 mg/mL and procalcitonin: 5,4 ng/mL resulted. Arterial Blood Pressure was pH: 7,28, spO2: 82, pO2: 47, pCO2: 58, HCO3: 24,3 resulted. IV saline infusion started to the patient. The patient can not be able to intubated wherefore implanted artificial lower and upper palate closed to the oral airway. Therefore emergency tracheostomy was opened and provided to mechanical ventilation. Brain and thoracic CT was scanned. Bilateral minimal pleural effusion and pneumonic infiltration on the upper lobes of the lung. Patient was consulted to The thoracic Disease Department. The patient was diagnosed pneumosepsis and started therapy in emergency critical care unit. The patient was viewed in intensive care for a week and developed multiple organ failure and septic shock and died.

**Conclusion:** Endotracheal intubation is mostly used for respiratory disorders, impairment of consciousness and ensure the safety of the airway. But emergency tracheostomy is necessary very rarely. Emergency physicians must know and use emergency tracheostomy to the case which oral airway is totally closed.

**Keywords:** Tracheostomy, Emergency, Intubation



## PP 009

**One-year experience of Pulmonary Thromboembolism in the Emergency Department***Aynur Yurtseven<sup>1</sup>, Sinan Yıldırım<sup>2</sup>, Fatih Büyükçam<sup>3</sup>*<sup>1</sup>Aynur Yurtseven, Sincan Nafiz Körez State hospital, Department of Emergency Medicine, Ankara<sup>2</sup>Sinan Yıldırım, Ağrı state hospital, Department of Emergency Medicine, Ağrı<sup>3</sup>Fatih Büyükçam, Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine

Pulmonary thromboembolism (PTE) in order to examine the approach to the emergency department in a year is considered preliminary diagnosis of pulmonary embolism patients enrolled in the study. All patients with clinically defined to determine risk stratification scores are calculated. Genova and Wells were recorded. In this prospective study was carried out. Pulmonary embolism (PE), a total of 119 suspected cases of 58 men and 61 women enrolled in study. Mean age was  $69.35 \pm 2.16$ . In patients suspected of PE; dyspnea, chest pain, cough, the most commonly identified cause of arrival. On physical examination; tachypnea, tachycardia, and signs are often detected. The most common risk factors include age, respectively. As risk factors, history of previous surgery in 13 patients and a new, seven patients newly hemoptysis, 5 patients had a history of malignancy. Ratio of these risk factors was higher in women than men. Laboratory findings, no significant difference was found between patients with emboli that and haunting. Radiological findings were frequently detected in the right lung atelectasis and pleural effusion. 36 of the patients (30.2%) patients had normal chest X-ray. Doppler ultrasonography in 16 of the 33 patients had deep venous thrombosis in the lower extremities. Taken CTPA cases, 37 (31%) patients were diagnosed with PE. Genova clinical probability score is evaluated by a score of PE. Wells testing the 119 cases embolism 14 (37.84%) were high, 20 (54.05%) were intermediate and 3 (11.8%) were low clinical probability, Wells score legislation 6 (16.22%) per cent higher, 21 (56.76%) were intermediate, and (27.3%) low in probability. As a result, the clinical diagnosis of PE is an important step in determining the possibility

**Keywords:** Pulmonary thromboembolism, diagnosis, clinical prediction rules, emergency service

## PP 010

**Spontaneous pneumomediastinum***Halil Doğan, Dogan Niyazi Ozucelik, Isık Melike Tas, Tufan Akın Giray, Sanem Yıldırım, Deniz Algedik*

Bakırköy Dr. Sadi Konuk Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Pneumomediastinum or air in the mediastinum may originate from the esophagus, lungs, or bronchial tree without any apparent precipitating factor. Spontaneous pneumomediastinum is an uncommon, self-limiting condition.

**Materials-Methods:** We retrospectively reviewed the case notes of all patients admitted to Bakırköy Dr. Sadi Konuk Eğitim Araştırma Hastanesi Emergency Service with pneumomediastinum from december 2011 to january 2013.

**Results:** There were four men and two women. The mean age was  $32,67 \pm 25,55$  years (range 17–82 years). The etiology was unclear in two of patients. One of them admitted to hospital after shooting air gun to his face. Another one had history of swallowing her metal dental and one of them had history of eating solid foods and the last patient had fallen to sea.

The commonest presenting complaint was chest pain (usually retrosternal) and dyspnea. Two of patients presented with facial swelling. One of them was brought to hospital with cardiopulmoner arrest. All of patient had normal vital sings except respiratory arrest patient. Subcutaneous emphysema and pneumopericardium presented in all patient except one of them

With the exception of the arrest, all of other patients had normal laboratory values.

The pneumomediastinum was visible of chest x-ray on 5 patients. Computed axial tomografi of the chest was done. The finding of pneumomediastinum on CT was associated with subcutaneous emphysema and pneumopericardium for 5 patient in. A contrast swallow was done in 3 patients. All of them had negative esophagogastroduodenoscopy finding.

The patients were not allowed oral nutrition for 24–48 hrs. All patient treated successfully except one of them. They had no problem.

**Conclusion:** Pneumomediastinum is an uncommon self-limiting benign condition. Our experience with spontaneous pneumomediastinum suggests limiting the use of swallow studies, antibiotics, and dietary restriction to allow for early discharge and better use of hospital resources

**Keywords:** Pneumomediastinum, Subcutaneous emphysema, pneumopericardium, dyspnea



PP 011

**Colonic rupture after colonoscopy complicated with intra-abdominal abscess**

*Bülent Kaya, Nuri Alper Şahbaz, Orhan Bat, Yiğit Mehmet Özgün, Suat Can Ulukent*

Kanuni Sultan Suleyman Training And Research Hospital-Department of General Surgery

**Objective:** Colonic rupture is a very rare clinical entity. We presented a patient who was admitted to emergency department with acute abdomen after colonoscopy and diagnosed with colonic rupture.

**Case:** A 70 years old male patient admitted to emergency department with signs of peritonitis. He had colonoscopy about 8 hour before. In abdominal CT there was subdiaphragmatic air. The patient was operated with diagnosis of colonic perforation. In exploration, the sigmoid colon was ruptured with about 80% of circumference of colon was detached. There was also 1 cm and 0.5 cm perforations in descending colon. Left hemicolectomy with transverse colostomy was performed. The splenectomy was performed due to intraoperative injury. The patient was re-operated due to intraabdominal abscess 4 days after first operation. The patient was followed up in ICU after second operation.

**Conclusion:** Although colonic perforation may be seen after colonoscopy, colonic rupture (tearing of colonic wall with detachment) is very rare. It can be challenging pathology for emergency surgeons.

**Keywords:** acute abdomen, colonoscopy, colonic rupture

PP 012

**Evaluation of Workload Parameters Affecting Emergency Department Handovers**

*Necati Salman<sup>1</sup>, Bekir Tonga<sup>1</sup>, Erdem Cevik<sup>2</sup>*

<sup>1</sup>Emergency Service of Maresal Cakmak Military Hospital / Erzurum

<sup>2</sup>Emergency Service of Van Military Hospital

**Objective:** Patient handover is an important procedure that potential problems of flowchart may cause an increase of patient morbidity and mortality. Aim of this study is to detect the unnecessary handover rates and to determine the effects of workload parameters of emergency department handovers at Maresal Cakmak Military Hospital

**Materials-Methods:** We took the records of emergency service shifts (patient appeals, biochemistry, radiology and microbiology analysis, consultations, referrals, admissions, handovers), and the records of patients handed over for 72 days. We asked the physicians on duty to choose a cause for every patients handed over (policlinic appeal, disability to consultation, medical diagnose process, transportation problems, managerial problems). Data were collected into Excel spreadsheet and statistical analyses were performed using SPSS 15 statistical software.

**Results:** At 72 days 1362 patients appealed to emergency service shifts, 41 patients handed over. Hand over causes were medical diagnose process at 35 (85,4 %) patients, non-medical diagnose process at 6 (14,6 %) patients. Correlation analyses showed that consultation number was significantly associated with number of patients handed over but shift period, patient appeal number, total analyses number, referrals or admissions numbers were not significantly associated.

**Conclusion:** Our study shows that non-medical diagnose processes are causes of handovers like medical diagnose processes at emergency departments. However workload parameters; shift period, patient appeal number, total analyses number, referrals or admissions number were not significantly associated with handovers on the contrary of expecting outcomes. On the other hand consultation number was associated with handovers at emergency department. This result shows that the emergency department handovers' importance are relevant to the patients' various clinic presentations.

**Keywords:** Workload, Handover, Emergency Service



## PP 013

**An uncommon case: Pure Orbital Superior Wall Blowout Fracture**Yalcin Bayram<sup>1</sup>, Necati Salman<sup>1</sup>, Mehmet Ak<sup>1</sup>, Erdem Cevik<sup>2</sup><sup>1</sup>Maresal Cakmak Military Hospital/ Erzurum<sup>2</sup>Van Military Hospital / Van

**Objective:** Blowout fractures arise when an object whose dimension is about an orbital caliber and which is not penetrant hits the orbital area. Orbital wall fractures in which orbital rims are intact are named "Pure Blowout" fractures, and orbital wall fractures which are associated with orbital rims are named "Unpure Blowout" fractures. We present a pure blowout orbital roof fracture case.

**Case:** A 21-year-old male patient arrived at emergency service with complaints of swelling, ecchymosis and pain to the left eye. The patient was conscious, with vital signs being stable. In his story, he mentioned that he had been punched in his left eye 7 hours before. In the physical examination, periorbital edema and ecchymosis were observed. At ophthalmology consultation, there wasn't any emergent ophthalmologic pathology. Radiograph (Waters view) shows discontinuity at the medial part of the left orbital roof, with emphysema in the left orbit and complete opacification of the right maxillary sinus. Thin slice (0.67mm thickness) multidetector CT showed a left orbital roof fracture with displaced fragments, emphysema in the orbit, and slightly inferior displacement of the orbital globe. At plastic surgery consultation, the patient followed-up for 3-months and recovered without any problem.

**Conclusion:** Anatomic studies showed that the weakest areas on the orbital walls are lamina papyracea of ethmoid in the medial and infraorbital groove in inferior. Hence orbital roof fractures constitute only 1–5% of all the facial bone fractures. Most of these are unpure blowout fractures, also including the superior orbital rim. Plain radiographs may cause 50% of false negative evaluations due to bone superposition so CT evaluation should not be overlooked at suspected orbital superior wall blowout fracture cases.

**Keywords:** Blowout Fracture, punch, emergency service

## PP 014

**The Level of Neutrophil Gelatinase-Associated Lipocalin In Carbon Monoxide Poisoning**Ali Düzgün<sup>1</sup>, Polat Durukan<sup>2</sup>, Murat Koyuncu<sup>3</sup>, Ömer Salt<sup>4</sup>, Seda Özkan<sup>5</sup>, Sebahattin Muhtaroglu<sup>6</sup><sup>1</sup>AKSARAY STATE HOSPITAL, DEPARTMENT OF EMERGENCY MEDICINE, AKSARAY TURKEY<sup>2</sup>ERCIYES UNIVERSITY MEDICAL FACULTY DEPARTMENT OF EMERGENCY MEDICINE, KAYSERI TURKEY<sup>3</sup>KARABUK UNIVERSITY MEDICAL FACULTY DEPARTMENT OF EMERGENCY MEDICINE, KARABUK TURKEY<sup>4</sup>YOZGAT STATE HOSPITAL DEPARTMENT OF EMERGENCY MEDICINE, YOZGAT TURKEY<sup>5</sup>DISKAPI YILDIRIM BEYAZIT TRAINING AND RESEARCH HOSPITAL DEPARTMENT OF EMERGENCY MEDICINE, ANKARA TURKEY<sup>6</sup>ERCIYES UNIVERSITY MEDICAL FACULTY DEPARTMENT OF CLINICAL BIOCHEMISTRY, KAYSERI TURKEY

**Objective:** There is a need for a new clinic-compliant parameter in CO poisoning. That's why; we aimed to obtain a new clinic-compliant parameter in diagnosis and follow-up of CO poisoning. Within this study, it was investigated whether there is any relationship between clinical severity of CO poisoning and the level of Neutrophil Gelatinase-Associated Lipocalin (NGAL).

**Materials-Methods:** 50 patients between 18 and 65 years old who applied to Emergency Service and got CO poisoning diagnosis, and who have no previous chronic disease history, were involved in this single-centered prospective study. As control group, 30 healthy individuals having no chronic disease history and getting no pathological finding diagnosis in physical examination were involved. The study was conducted between December 2008 and December 2009. COHb, lactate and NGAL levels of patients were examined in 0th, 6th, 12th and 24th hours. For control group, only NGAL levels were examined for just 1 time. They were classified as mild, moderate, and severe according to clinic examination findings. The relationship between parameters taken in determined hours and groups was evaluated.

**Results:** While the level of COHb in all groups at 0th hour was high, it was seen that it significantly decreased through treatment. But no significant difference was observed among the clinic groups ( $p>0.05$ ). The level of lactate at 0th hour was determined to be high in all groups, but a significant decrease was observed with treatment. But no significant difference was observed among the clinic groups ( $p>0.05$ ). When considering NGAL, no significant difference was detected among the clinic groups ( $p>0.05$ ).

**Conclusion:** COHb and lactate levels are the most important parameters being used in diagnosis and follow-up in carbon-monoxide poisoning. Long time after exposure, and obtaining oxygen treatment change COHb and lactate level seriously. COHb levels' normality doesn't exclude the diagnosis of CO poisoning.

**Keywords:** Carbon-monoxide poisoning, Lactate, Neutrophil Gelatinase-Associated Lipocalin



PP 015

**Acute Effects of Post Hydrazine Exposure: Case Series & Review of Literature**

*Necati Salman<sup>1</sup>, Erdem Cevik<sup>2</sup>, Huseyin Sinan<sup>2</sup>*

<sup>1</sup>Maresal Cakmak Military Hospital/ Erzurum

<sup>2</sup>Van Military Hospital / Van

**Objective:** Hydrazine exposure has both acute and chronic effects in human. As irritation of the eyes, nose, and throat, dizziness, headache, nausea, pulmonary edema, seizures, coma; hydrazine exposure as vapour inhalation may cause hepatotoxicity in humans reported at literatures. We present a case report focusing on the acute hepatotoxic effects.

**Case:** Seven flight technicians exposure hydrazine accidentally. Mean age was 35.71 year. The technicians followed up with sequence liver function tests for 45 days to monitor the trend of hepatotoxicity. Two technician had abnormal values. During this period, any of the technicians had any typical symptoms of hepatitis. After 45 days period; patients informed about hepatotoxic and controls finished.

**Conclusion:** Hydrazine exposure is an potential risk factor on systems. After exposure; detailed physical examination should be administered and sequence transaminase levels should be followed up in order to diagnose acute hepatotoxicity.

**Keywords:** Hydrazine, hepatotoxicity, transaminitis

PP 016

**Comparison of hyperpronation and supination-flexion techniques in children presented to emergency department with painful pronation**

*Murat Güzel<sup>1</sup>, Ömer Salt<sup>2</sup>, Mehmet Tevfik Demir<sup>1</sup>, Hizir Ufuk Akdemir<sup>1</sup>, Polat Durukan<sup>3</sup>, Anil Yalçın<sup>1</sup>*

<sup>1</sup>SAMSUN TRAINING AND RESEARCH HOSPITAL DEPARTMENT OF EMERGENCY MEDICINE, SAMSUN TURKEY

<sup>2</sup>YOZGAT STATE HOSPITAL, YOZGAT TURKEY

<sup>3</sup>ERCIYES UNIVERSITY MEDICAL FACULTY DEPARTMENT OF EMERGENCY MEDICINE, KAYSERI TURKEY

**Objective:** Radial head subluxation (RHS), also known as pulled elbow, dislocated elbow or nursemaid's elbow, is one of the most common upper extremity injuries in young children and a common reason of Emergency Department (ED) visits. To compare supination of the wrist followed by flexion of the elbow (the traditional reduction technique) to hyperpronation of the wrist in the reduction of radial head subluxations (nursemaid's elbow) maneuvers in children presented to Emergency Department with painful pronation and determine which method is less painful by children.

**Materials-Methods:** This prospective randomized study involved a consecutive sampling of children between 1-5 year-old who presented to the Emergency Department with painful pronation. The initial procedure was repeated if baseline functioning did not return 20 minutes after the initial reduction attempt. Failure of that technique 30 minutes after the initial reduction attempt resulted in a cross-over to the alternate method of reduction.

**Results:** When pain scores before and after reduction were compared between groups to determine which technique is less painful by children, no significant difference was found between groups.

**Conclusion:** It was found that in the reduction of radial head subluxations, the hyperpronation technique is more effective in children who presented to emergency department with painful pronation compared with supination-flexion. However, there was no significant difference between these techniques in terms of pain.

**Keywords:** Emergency department, child, pulled elbow, nursemaid's elbow, pain



PP 017

**A Very Rare Entity In Emergency Department: Traumatic Fracture of Hyoid Bone and Thyroid Cartilage Deplation**

*Ömer Salt<sup>1</sup>, Polat Durukan<sup>2</sup>, Bahadır Taşlıdere<sup>2</sup>*

<sup>1</sup>YOZGAT STATE HOSPITAL DEPARTMENT OF EMERGENCY MEDICINE, YOZGAT TURKEY

<sup>2</sup>ERCIYES UNIVERSITY MEDICAL FACULTY DEPARTMENT OF EMERGENCY MEDICINE, KAYSERI TURKEY

**Objective:** Hyoid bone fractures secondary to blunt trauma other than strangulation are rare accounting for only 0.002 per cent of all fractures. Both the hyoid bone fracture and thyroid cartilage deplation is very very rare. It is generally associated with suicidal hanging. The world literature reports a few cases. Surgical intervention involves airway management, treatment of associated pharyngeal perforations, and management of painful symptomatology. The importance of hyoid fracture, however, rests not with the rarity of it, but with the lethal potential of missed diagnosis.

**Case:** A 53-year-old male was a frontseat, lap belt-non-restrained passenger was brought in to the emergency department (ED) by rescue ambulance because of a motorvehicle accident. His glaskow coma score (GKS ) was 15. No expanding hematoma, pulsatile mass, crepitus, or subcutaneous air was noted. A plain X-ray of the lateral neck indicated a fracture of the hyoid bone. Other trauma X rays had no abnormality. After that a non-contrasted computerized tomography (CT) scan demonstrated the fractured body and left greater cornu of the hyoid and deplation of the left part of the thyroid cartilage. The patient was evaluated with direct laryngoscopy, which revealed as normal.except throid cartilage deplation. He was discharged after 3 days of observation without any complication or sequelae.

**Conclusion:** Hyoid bone fractures, in isolation or in conjunction with laryngotracheal complex injuries, are rare. Both the hyoid bone fracture and thyroid cartilage deformity is very rare. The rarity of this fracture results, firstly, from the hyoid bone being well protected by the mandible. Prognosis is good, except for rare late complications such as dysphagia, crepitus by neck flexion, and pseudoaneurysm of the external carotid artery. Patients must be observed 48-72 hours against respiratory distress risk. Cases are managed individually with decisions made on the basis of associated injuries, symptoms, and potential or actual complications.

**Keywords:** trauma, hyoid bone fracture, thyroid cartilage deplation

PP 018

**Dyspnea At Emergency Department; ARDS**

*Banu Karakus Yilmaz<sup>1</sup>, Fatih Comez<sup>1</sup>, Ahmet Kutur<sup>1</sup>, Suleyman Solak<sup>1</sup>, Erdem Cevik<sup>2</sup>, Hatice Dogan<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service of Van Military Hospital

**Objective:** Acute respiratory distress syndrome is an non responsive to oxygene therapy acute respiratory insufficiency syndrome characterized with diffuse bilaterally non cardiogenic pulmonary infiltration. We present a case of patient admitting to emergency department with complaint of dyspnea, non responsive to oxygen therapy and followed up at intensive care unit.

**Case:** 42 year old women with normal medical history admitted to emergency department with the complaint of dyspnea and hemoptysis. At initial examination; respiratory sounds bilaterally equal, coarsened and attenuated at basal zones. Initial laboratory results; Arterial blood gases; ph: 7,42, Po2: 55, pco2 28, So2:89, WBC:10.82, D-dimer:2792, and other laboratory results were within the normal range. At thorax CT angiography scan, there was no findings of pulmonary embolism but bilaterally simetric diffuse consolidation areas and peripheral converging nodulary pattern were compatible with probable Goodpasture Syndrome, PAN or pneumonia. After oxygene therapy arterial blood gases results; Ph:7,47, pO2:63, Pco2:27,so2:93. Further laboratory results; p-anca (-), c-anca (-), anti-ENA (-), anticardiolipin IGM and IGG (-). At intensive care follow-up parenteral moxifloxacin therapy started. At the second day of hospitalisation patient's general condition improved. Control thorax CT scan demonstrates ground glass appearance; more prevalent and central localized at left; insignificant and converging from place to place at right. Compared to the previous tomography consolidated areas were decreased near-totally on the right and significantly on the left. Patient referred to the pulmonary and respiratory diseases department. Patient followed five days with ampicilin-sulbactam, claritromycin, ipratropium bromide anhydrous, salbutamol, budesonide therapy and discharged upon the improvement of general condition

**Conclusion:** As most frequent etiologic factors of respiratory distress at emergency department, astma and COPD attacks, we usually treat without admission and discharge; ARDS may be an etiologic factor requiring intensive care admission even at patients with normal medical history.

**Keywords:** Dyspnea, Emergency Department, ARDS



PP 019

**Enemy At The Street; Ecstasy**

*Banu Karakus Yilmaz<sup>1</sup>, Ahmet Kutur<sup>1</sup>, Erdem Cevik<sup>2</sup>, Hatice Dogan<sup>1</sup>, Orhan Kaya<sup>1</sup>, Murat Carus<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** The «3-4 methylenedioxyamphetamine»MDMA users refers to emergency departments with various reasons: hyperthermia, vomiting, agitation, aggression, hyperephidrosis, palpitation, dyspnea etc. Patients history and suspicion are the most important step on assessment of differential diagnosis. Particularly adolescent and young adult admissions with mentioned symptoms to emergency departments should suggest MDMA and other similar agents on differential diagnosis. Purpose of this case presentation is to emphasize this point.

**Case:** A 18 year old male patient brought to emergency department with complaint of aggression after usage "Tasmania devil" pills in the morning hours. At initial examination BP: 110/70 mmHg, pulse: 111 bpm, respiratory rate: 22 /min, body temperature: 36,5 GCS:13/15 (agitation), pupil was isocoric and bilateral mydriatic, pupillary reflex was +/- and indirect pupillary reflex was +/- . ECG was sinus tachycardia. At laboratory tests; ph:7,14, pco2:59,6, Lactat:12,4, WBC:17340. 100 % oxygen by reservoir mask and iv hydration treatment started. After 12 hours emergency department follow-up, patients' physical and laboratory status (ph:7,42, pco2:40,4, Lactat:1,4) changed for better and than discharged.

**Conclusion:** Increase of MDMA and similar substance use in adolescents and young adults is obvious. Particularly up to 47 % drop in ecstasy prices in the last few years and only 9 % of all ecstasy dealt with by legislators facilitates access to such substances. Therefore its clear that the problem previously occurs more often than thought.

**Keywords:** Ecstasy, emergency department, agitation

PP 020

**One Finding One Diagnosis: Fahr Syndrome**

*Banu Karakus Yilmaz<sup>1</sup>, Yasemin Celik<sup>1</sup>, Ozlem Uzun<sup>1</sup>, Hatice Dogan<sup>1</sup>, Mehmet Sam<sup>1</sup>, Erdem Cevik<sup>2</sup>, Yasar Sever<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** Fahr syndrome is a rare neurological disorder characterized by bilateral simetric intracranial calcium deposit and neuropsychiatric symptoms.

**Case:** 43 year woman presented to emergency department with complaints of headache, vertigo, fears and syncope. She described amnesia during faith symptoms. At medical history she had similar symptoms and psychiatric problems however did not have any other comorbid diseases. At initial examination BP:110/70 mmHg, pulse: 76 bpm, respiratory rate: 15 per minute. ECG:normal, and there wasn't any pathologic finding. Laboratory results were normal (Ca:9,05). Computerized brain tomography images shows bilateral basal ganglial calcification (Picture 1). Patient's CBT image findings were regarded as compatible with Fahr's syndrome, and the patient considered as idiopathic Fahr's syndrome.

**Conclusion:** Patients presented to emergency department having complaints of neurologic and pschiatric symptoms should make the doctor think about potential intracranial pathologies. In the presence of seizures, syncope and amnesia computerized brain tomography should be performed and quickly evaluated. Acute pathologies should be excluded and the treatment initiated immediately. Although Fahr syndrome is a very rare disease, it should be considered with detection of bilateral calcsification at CBT.

**Keywords:** Fahr Syndrome, brain tomography, emergency imaging



## PP 021

**Very Typical Case Of Myositis Ossificans On Screening**

Banu Karakus Yilmaz<sup>1</sup>, Ozlem Uzun<sup>1</sup>, Fatih Comez<sup>1</sup>, Hatice Dogan<sup>1</sup>, Abdurrezzak Teken<sup>1</sup>, Erdem Cevik<sup>2</sup>, Yasemin Celik<sup>1</sup>

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** In this presentation we present a myositis ossificans case, even though rarely encountered at emergency department its' radiologic image is very diagnostic.

**Case:** A 37 year old woman presented to emergency department, on myositis ossificans follow up from age 4, with complaint of abdominal pain, fever, nausea and vomiting. At initial examination blood pressure:130/70 mmHg, pulse:92 beap per minute, respiratory rate: 22 per minute, body temperature:38, tenderness at right upper and lower quadrants with palpation, defense and rebound signs (+). Other systemic examinations were normal. Laboratory Results: urea:100,6, kreatinin:2,63, ALT:17, AST:18, GGT:77, LDH:350, CRP:119,22. Abdominal CT images demonstrates possible calculer images at gall bladder, common arthritic changes of all joints at survey areas (coxofemoral, sacroiliac, facet) (Picture-1,2) and heterotropic calcifications at muscular areas (Picture-3).

**Conclusion:** Even though myositis ossificans is a rare disease at emergency departments, its classic clinical specialities and radiologic images should reminder us as an possible differential diagnosis.

**Keywords:** Myositis Ossificans, abdominal pain, emergency department

## PP 022

**Foreign Body In The Duodenum; Dessert Spoon**

Banu Karakus Yilmaz<sup>1</sup>, Ozlem Uzun<sup>1</sup>, Yasemin Celik<sup>1</sup>, Hatice Dogan<sup>1</sup>, Erdem Cevik<sup>2</sup>

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** In most instances in which indigestible foreign bodies are swallowed, the objects will pass uneventfully through the entire intestinal tract of either children or adults. The possibility of ulcerative penetration by sharp, elongated or pointed objects in the intestinal tract, however, necessitates careful and continued observation in every case. So long as the intruder keeps moving downward, there is little danger. The proposes of this case is focusing on early diagnose and retrieval of foreign bodies

**Case:** 25 year women presented to emergency department with complaint of abdominal pain. Her history revealed five years ago, swallowed a dessert spoon for suicide. At physical examination, she had right upper and lower quadrant abdominal pain on palpation and the other systemic physical examination was normal. Abdominal graphy image showed right paraumbilical localized dessert spoon (Picture-1). Patient consulted with and than performed endoscopy by General Surgery. A part of foreign body located at duodenum (Picture-2). The patient underwent surgery to remove the foreign body and the dessert spoon removed. Patient followed up in good general condition than discharged without any complication.

**Conclusion:** Some foreign bodies stay asymptomatic at body, while some of them may cause complications. Foreign bodies at abdomen has higher morbidity and mortality. Therefore abdominal foreign body should be questioned from the history of patients with abdominal pain, and abominal foreign body possibility should be kept in mind.

**Keywords:** Foreign Body, Duodenum, abdominal pain



PP 023

**A dangerous drug for suicide: Isoniazid**

*Erdem Cevik, Oytun Dora*

Van Military Hospital / Van

**Objective:** Isoniazid (INH) is an antibiotic used to treat infection with *Mycobacterium tuberculosis*. Acute INH toxicity frequently manifests as altered mental status or seizures. It can result in death if untreated. Parenteral pyridoxine administration is an effective method.

**Case:** A 21-year-old man had taken 6000 mg isoniazid pill form with the intention of committing suicide 1 hour ago. GCS was 15 and physical examination was normal. A nasogastric catheter was administered and gastric lavage was performed followed by the administration of activated charcoal. 5 g. pyridoxine administered intravenously. His blood gas values and liver function tests were normal on admission. He hospitalized and followed-up at internal medicine service. After two day he discharged and followed from polyclinic.

**Conclusion:** Seizures, altered mental status and metabolic acidosis is the most common complication of INH intoxication. Emergency physicians must remember this complications, started the pyridoxine and make rigorous clinical follow-up.

**Keywords:** Isoniazid, suicide, emergency department

PP 024

**Atypical gunshot injury to the chest: a case report**

*Banu Karakus Yilmaz<sup>1</sup>, Erdem Cevik<sup>2</sup>, Nedim Uzun<sup>1</sup>, Muhammed Yazer Sever<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** The incidence of bullet wounds in civilian trauma has increased in many parts of the world. A lot of gunshot patient arrive to emergency department and evaluated by emergency physicians. Atypical gunshot wounds were reported in the literature as known. We represent an unusual and nonfatal accidentally gunshot wound to the chest.

**Case:** A 43-year-old male was admitted to the emergency department with pain and bleeding on his chest. At the admission he had no idea about what happened. He said that while he was walking on the street he had pain on his chest and then realized bleeding. At physical examination there was a single gunshot wound, hyperemia around the bullet entry hole at 10 cm medial of right nipple and a linear hiperemia from bullet entry hole to supraumbilical area (Picture 1). Vital sings were stable. Chest X-Ray was taken and bullet was seen on epigastric area. Pointed side of bullet was looking towards to bullet entry hole. Then iv contrast thorax and abdomen ct were performed and bullet was seen in the anterior wall of abdomen at right upper quadrant (Picture 2-3). Intrathoracic or intraabdominal penetration was not reported. After clinical and laboratory follow-up patient was stable and admitted to the General Surgery Service for follow-up. Operation was planned an appropriate time for foreign body and then patient discharged.

**Conclusion:** Atypical gunshot injuries depends on different things like; firearm used, ricochet, intermediate targets, silencers. We think that our case caused by ricochet. It was an accidentally shot and there is no comprehensive studies about that in the literature. Accidentally gunshot injuries in the devolving countries can be much more then developed countries.

**Keywords:** gunshot, emergency department, atypical



## PP 025

**A Uncommon Fracture at Emergency Department; Cuboid fracture***Erdem Cevik*<sup>1</sup>, *Tolgahan Atci*<sup>2</sup>, *Banu Karakus Yilmaz*<sup>2</sup>, *Yahya Ayhan Acar*<sup>3</sup><sup>1</sup>Emergency Service, Van Military Hospital / Van<sup>2</sup>Bagcilar Research and Training Hospital / Istanbul<sup>3</sup>Emergency Service, Etimesgut Military Hospital / Ankara

**Objective:** The cuboid bone is located between the base of the foot and the ankle and contributes to much of the movement and weight management of the foot. Cuboid fractures is uncommon in adults. They can occur through direct or indirect mechanisms. Direct injuries occur by direct blow or high energy crush injuries. However, fractures to the cuboid may be slim and can be misdiagnosed as ankle sprains. At this case we will underline the advanced evaluation of mid foot injuries.

**Case:** A nineteen-year-old man was admitted in emergency department after the car accident. He said that car wheel ran over his foot. He was complaining about pain and swelling on his foot. There was ecchymosis, tenderness and pain with palpation on her foot. There was no fracture line at X-ray (picture 1). Computed tomography showed fracture at cuboid bone (picture 2). The patient treated with short leg cast for six week.

**Conclusion:** Mid foot fractures are often difficult to detect due to overlapping bone outlines and associated dislocations. CT scans may be needed to confirm the diagnosis and emergency physicians could be evaluate these fractures with other imaging protocols if the x-ray is not diagnostic.

**Keywords:** Cuboid bone, fracture, emergency department

## PP 026

**Fracture at ulna but where is fracture line?***Erdem Cevik*<sup>1</sup>, *Tolgahan Atci*<sup>2</sup>, *Banu Karakus Yilmaz*<sup>2</sup>, *Yahya Ayhan Acar*<sup>3</sup><sup>1</sup>Emergency Service, Van Military Hospital / Van<sup>2</sup>Bagcilar Research and Training Hospital / Istanbul<sup>3</sup>Emergency Service, Etimesgut Military Hospital / Ankara

**Objective:** The plastic deformation often observed in children's long bone fractures is due largely to the complex nature of the molecular and histologic aspects of pediatric bone. Deformation of the bone due to longitudinal stress. It is often seen in children ages 2-5. The two most commonly involved bones in plastic deformation, are ulna and radius. At x ray we could see bowing of one or both bones of the forearm, especially when compared to the normal side. Lateral view is usually best at demonstrating bowing. If child is < 4 years old and angulations < 20 degrees will usually remodel. Over 4 years of age, frequently requires surgical correction. The purpose of this case is to report the plastic deformation of ulna.

**Case:** A two year old child was admitted in emergency department after falling down while he was walking. He was complaining about pain in his arm. There was pain with palpation and swelling. There was no fracture line at AP graphy (Picture 1). At lateral view there was bowing at ulna (Picture 2). This view was demonstrative for plastic deformation. The patient treated with long arm splint for one week and after that followed up with long arm cast for three week. After follow up his wrist motion was normal.

**Conclusion:** If plastic deformation is omitted bone remain bowed. Emergency physicians recognize the plastic deformation and treat like fracture.

**Keywords:** plastic deformation, fracture, emergency department



PP 027

**Tillaux fracture: How can I recognize?**

*Erdem Cevik<sup>1</sup>, Tolgahan Atci<sup>2</sup>, Banu Karakus Yilmaz<sup>2</sup>, Yahya Ayhan Acar<sup>3</sup>*

<sup>1</sup>Emergency Service, Van Military Hospital / Van

<sup>2</sup>Bagcilar Research and Training Hospital / Istanbul

<sup>3</sup>Emergency Service, Etimesgut Military Hospital / Ankara

**Objective:** A Tillaux fracture is a Salter-Harris III type fracture through the anterolateral aspect of the distal tibial epiphysis, with variable amounts of displacement. Fractures involving the distal tibia constitute about 11% of all epiphyseal injuries and about 4% of all ankle injuries. Typically occurs between age 12 to 14. Mechanism of injury is thought to be due to an external rotation force. Severe pain over the anterior aspect of the ankle is the common symptom. X-ray can be used for diagnose and CT can determine degree of displacement. Closed reduction and long leg cast for 6-8 week could be used for treatment.

**Case:** A twelve year old woman was admitted in emergency department after falling down while she was running. She was complaining about pain in her ankle. There was tenderness and pain with palpation. X-ray showed a fracture through the physis and epiphysis of the distal tibia (picture 1) and computed tomography showed minimal separation of fracture (picture 2). The patient treated with long leg cast for six week.

**Conclusion:** Early diagnosis and treatment is important because of the complications like as degenerative arthritis and avascular necrosis.

**Keywords:** Tillaux fracture, emergency department, trauma

PP 028

**Disastrous complication of percutaneous intra-abdominal abscess drainage. Inadvertent drainage through small intestine**

*Bülent Kaya, Nimet Süslü*

Kanuni Sultan Suleyman Training and Research Hospital, Department of General Surgery

**Objective:** Percutaneous abscess drainage has become a very popular treatment modality for intra-abdominal abscess. We presented a patient with a serious complication of percutaneous abscess drainage, insertion of catheter into the small intestine.

**Case:** A 30 years old women has childbirth with cesarean section. After 9 days, she presented with high fever, abdominal pain and dispnea. In physical examination, rebound tenderness was detected. There was wound infection as well. The patient was explored with the diagnosis of acute abdomen. There was infected fluid in Douglas pouch. There was no intestinal perforation. The abdominal cavity was cleaned and drained. After 4 days, there was abscess formation in left side of intra-abdominal cavity in abdominal USG. The percutaneous abscess drainage was performed under USG. The intestinal fluid was detected coming from abdominal drain 3 days after drainage procedure. The patient had also signs of peritonitis. The abdominal CT showed the percutaneous catheter inside the small intestine. The patient was re-explored. The catheter was detected inside the jejunum. The catheter was removed. Proximal and distal jejunostomy was performed.

**Conclusion:** Intestinal insertion of percutaneous catheter is a serious complication. Early intervention is mandatory.

**Keywords:** Intraabdominal abscess, percutaneous drainage, intestinal injury



## PP 029

**Study of the Nasal Septum Deviation of in Patients suffering from Chronic Obstructive Pulmonary Disease (COPD) applying to Emergency Unit***Tarik Ocak<sup>1</sup>, Arif Duran<sup>1</sup>, Özlem Kar Kurt<sup>2</sup>, Tayfun Apuhan<sup>3</sup>, Abdülkadir Küçükbayrak<sup>4</sup>*<sup>1</sup>Abant İzzet Baysal Üniversitesi Tıp Fakültesi, Acil Tıp AD, Bolu, Turkey<sup>2</sup>Abant İzzet Baysal Üniversitesi Tıp Fakültesi, Göğüs Hastalıkları AD, Bolu, Turkey<sup>3</sup>Abant İzzet Baysal Üniversitesi Tıp Fakültesi, Kulak Burun Boğaz Hastalıkları AD, Bolu, Turkey<sup>4</sup>Abant İzzet Baysal Üniversitesi Tıp Fakültesi, Enfeksiyon Hastalıkları AD, Bolu, Turkey

**Objective:** One of the most important functions of the nose is respiration. The nose is not only a pass way to lower respiratory ways; it is also related to pulmonary functions. In the etiology of lower respiratory ways disease, the important role of upper respiratory way obstruction has been studied. However in patients with COPD, there are no sufficient studies about the frequency of nasal septum deviation. The aim of our study was to determine the frequency of nasal septum deviation in patients diagnosed COPD.

**Material Method:** 50 patients between 15 and 50 years applying to the emergency unit of the Faculty of Medicine of Abant İzzet Baysal University who have been diagnosed COPD have been included in the study. 54 other patients applying to the hospital for a disease other than COPD have been included in the study as the control group. A complete endoscopic otorhinolaryngology examination has been performed on all patients by an otorhinolaryngology specialist. The septum deviation has been recorded according to the description of Baumann I et al.

**Observations:** 24 patients (48%) of the patients applying to emergency unit for COPD are men, 26 patients (52%) are women, and 28 patients (51.9%) of the healthy patients are men against 26 (48.1%) women. The mean age is 62.42±13.1 in COPD group and 62.68±14.69 in the healthy group. The frequency of septal deviation in COPD group is 33 (66%) against 21 (38.9%) in the healthy group and a statistically significant difference has been observed (p<0.05). A statistically significant difference has been observed (p<0.05) for the frequency of septal deviation types in COPD and healthy group.

**Results:** In a study performed on limited sick and healthy people applying to the emergency unit, the septal deviation in COPD group is significant compared to the healthy group.

**Keywords:** Nasal septum deviation, chronic obstructive pulmonary disease, emergency unit

## PP 030

**Our Experience in Percutaneous Endoscopic Gastrostomy***Mustafa Sit<sup>1</sup>, Nurettin Kahramansoy<sup>1</sup>, Umit Yasar Tekelioglu<sup>2</sup>, Tarik Ocak<sup>3</sup>*<sup>1</sup>Abant İzzet Baysal University, Medical School, Department of General Surgery, Bolu, Turkey<sup>2</sup>Abant İzzet Baysal University, Medical School, Department of Anesthesiology and Reanimation, Bolu, Turkey<sup>3</sup>Abant İzzet Baysal University, Medical School, Department of Emergency Medicine, Bolu, Turkey

**Objective:** Enteral nutrition is essential for critically ill patients for energy intake, body resistance, protection of gastrointestinal flora and prevention of translocation. We aimed in this study to present indications and complications of PEG and the follow up data of the patients in our hospital.

**Methods:** We retrospectively evaluated the data of 81 patients that planned to perform PEG in endoscopy unit of General surgery clinic of Abant İzzet Baysal University Hospital between 2010 January and December 2012.

**Results:** Forty-two (56%) of 75 patients were male and 33 (44%) were female. Mean age was 62+/-22.47 years. Primary diseases of the patients were cerebrovascular diseases in 45 (60%), laryngeal carcinoma in 4 (5.3%), eosophageal carcinoma in 2 (%2.6) hypoxic ischemic encephalopathy in 9 (12%), posttraumatic encephalopathy in 3 (4%), respiratory failure in 10 (13.3%), neurobeçet in 1 (1.3%), and lymphosarcoma in 1 (1.3%) patients. Mean follow up period was 263+/-254.4 days. Four (5.3%) patients died within 1 month, and 8 (10.6%) patients died within 3 months after PEG operation. None of the patients died associated with PEG and complications.

**Conclusion:** PEG is a safe and effective intervention because it does not require general anesthesia, may be performed in a short period of time bedside or in endoscopy unit. It should be used effectively because it has low mortality and complication (major or minor) rates.

**Keywords:** Percutaneous endoscopic gastrostomy, indications, enteral nutrition



PP 031

**Paracetamol cardiotoxicity**

*Halil Dogan, Dogac Niyazi Ozucelik, Irem Yavuz, Cem Şimşek, Tufan Akın Giray*

Bakirkoy Dr. Sadi Konuk Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Paracetamol is considered a safe analgesic and antipyretic drug. The possibility that an overdose of paracetamol might be directly cardiotoxic has been the subject of few reports. Cardiac toxicity has also been speculated to be a serious complication in paracetamol poisoning.

**Case:** A 17 year old woman was brought to emergency department after ingesting 20 tablets, each 250 mg paracetamol, 1 hour previously. She was not previously known to have any psychiatric problems and this was her first episode. She was brought to the emergency department (ED) at 11pm. She was asymptomatic except a chest pain lasting for 30 minutes at arrival. Her blood pressure was 110/70 mm Hg, pulse rate was 90 beats/minute and respiratory rate was 16/minute. Physically there were no abnormalities but her ECG showed sinus rhythm, there was ST segment depression in leads D2, D3, aVF, ST segment elevation in lead aVL, T wave inversion in leads V1-6. Her cardiac enzyme levels increased progressively. Serum paracetamol level done at ED about 4 hours post ingestion was 59 mcg/dl. The liver function tests and the prothrombin time remained normal but cardiac enzymes increased. Gastric lavage was done and activated charcoal administered in the ED. She was started on Intravenous N acetyl cystein (IV NAC) in the ED about 1 hour after the episode. She didn't develop renal or hepatic failure. On day 2 her cardiac enzymes improved and ECG return to normal. The patient was discharged well on the second day of hospitalisation.

**Conclusion:** This report describes that a low level of paracetamol intoxication may cause cardiac toxicity. General experience suggests that paracetamol cardiotoxicity has rarely been clinically significant, it may have been overlooked. We would suggest an ECG be taken on admission and in paracetamol intoxication.

**Keywords:** Paracetamol, Cardiotoxicity, intoxication

PP 032

**Ketofol for Shoulder Reduction**

*Erdem Cevik<sup>1</sup>, Yahya Ayhan Acar<sup>2</sup>*

<sup>1</sup>Emergency Service, Van Military Hospital / Van

<sup>2</sup>Emergency Service, Etimesgut Military Hospital / Ankara

**Objective:** Most of the fractures and dislocations are reduced in the emergency setting. These procedures can be painful and distressing for the patient. Procedural sedation and analgesia (PSA) is the use of analgesic, dissociative, and sedative agents to relieve the pain and anxiety associated with diagnostic and therapeutic procedures performed in various settings. The combination of ketamine and propofol, referred to by the portmanteau "ketofol," is currently all the vogue. Adding ketamine to propofol makes up for propofol's lack of analgesic effect while permitting a lower dose of each agent. Moreover, the two agents are complementary in their adverse effect profiles – propofol lowers blood pressure and pulse whereas ketamine raises both. The aim of this case is to call attention the effectiveness of ketofol for adult PSA in the emergency service.

**Case:** A 23-year-old male arrived at emergency service with complaints of pain and limitation of movement to the right shoulder. His vital signs was stable and there were no additional injury. Humeral head was palpated anteriorly and the patient resist abduction and internal rotation. Neurovascular examination was normal. Radiograph shows anterior dislocation of shoulder (Picture 1). Reduction of the shoulder was performed with sedation and analgesia. Ketofol (1:1 mixture of ketamine 10 mg/mL and propofol 10 mg/mL in Single-syringe) was administered intravenously by using titrated. Reduction was successful and recovery time was 20 minutes. All vital signs were stable during the procedure and patient satisfaction was good. Velpau bandage performed and the patient discharged from emergency service.

**Conclusion:** Ketofol procedural sedation and analgesia is effective and appears to be safe for painful procedures in the ED. Recovery was rapid, and staff and patient were highly satisfied. This combination could be used by emergency physician at appropriate patients.

**Keywords:** Sedation and analgesia, Ketofol, Shoulder reduction



## PP 033

**Low energy trauma and calcaneus fracture***Erdem Cevik<sup>1</sup>, Ferhat Cuce<sup>2</sup>*<sup>1</sup>Emergency Service, Van Military Hospital / Van<sup>2</sup>Radiology Service, Van Military Hospital / Van

**Objective:** Tarsal bone fractures account for about 2% of all adult fractures. Of these, 60% are calcaneus fractures. The heel bone is often injured in a high-energy collision where other parts of the skeleton are also injured. Conventional radiographic examination consists of axial and lateral views of the calcaneus and an antero-posterior (AP) view of the foot. CT is the modality of choice for calcaneus fractures. Coronal and axial views are generally obtained. Involvement of the subtalar joint can be clearly appreciated, and CT enables optimal evaluation of calcaneal widening. Treatment is surgical or nonsurgical. At our case simple twisting injury result in the calcaneus being cracked and treated with cast.

**Case:** A forty two year old woman was admitted in emergency department after twisting her ankle. She was complaining about pain in her ankle. There was tenderness and pain with palpation at anterior of lateral malleolus. X-ray showed a fracture at anterior process of calcaneus (picture 1) and computed tomography showed that fracture line lie to calcaneo-cuboidal surface (Sanders type 1 fracture) (picture 2). The patient treated with short leg cast for six week.

**Conclusion:** Some calcaneus fractures can occur with low energy. Emergency physicians should recognise these fractures and they must know diagnose and treatment procedures.

**Keywords:** calcaneus fracture, emergency department, low energy trauma

## PP 034

**Bedside Ultrasonography and Pneumothorax***Erdem Cevik<sup>1</sup>, Ferhat Cuce<sup>2</sup>*<sup>1</sup>Emergency Service, Van Military Hospital / Van<sup>2</sup>Radiology Service, Van Military Hospital / Van

**Objective:** Pneumothorax is defined as the presence of air or gas in the pleural cavity (ie, the potential space between the visceral and parietal pleura of the lung), which can impair oxygenation and/or ventilation. Pneumothorax was with chest radiography, typically performed with the patient in the supine position so as to preserve cervical spine immobilization. However, this method is grossly inadequate for detecting pneumothoraxes, with sensitivities as low as 36–48% in some studies. Over the past 15 years, the use of bedside ultrasonography (USG) in the emergency department (ED) has revolutionized patient care. The overall sensitivity of transthoracic ultrasonography for the diagnosis of pneumothorax ranged from 58.9% to 100%, and the specificity ranged from 94% to 100%. We present this case to underline the importance of the bedside USG at the diagnosis of pneumothorax.

**Case:** A 28-year-old male patient presented to ED complaining of chest pain, dyspnea, cough and sputum. His complaints started two days before and there was no fever. His chest pain and dyspnea were exacerbated with effort. SPO<sub>2</sub> was %88 at admission and other vital signs were stable. On physical examination lung sounds were decreased at right side of the thorax. At bedside USG the pleural sliding and comet-tail artifacts were absence. M mode USG showed stratosphere sign at right hemithorax (Picture1). At left hemithorax pleural sliding and comet-tail artifacts were seen and at M mode showed seashore sign (Picture2). On the chest radiogram, at right hemithorax bronchovascular arborization couldn't seen (Picture3). Tube thoracostomy was performed to the patient and followed by thorax surgery.

**Conclusion:** Ultrasound is the perfect modality and cost-effective in the ED for critical patients evaluation. The presence of lung sliding (or the seashore sign) excluding the diagnosis of pneumothorax. Emergency physicians can use bedside USG while they manage the emergent patients.

**Keywords:** Bedside Ultrasonography, Pneumothorax, Emergency department



PP 035

**A Rare and important fracture: Talus**

*Erdem Cevik<sup>1</sup>, Tolgahan Atci<sup>2</sup>, Banu Karakus Yilmaz<sup>2</sup>, Yahya Ayhan Acar<sup>3</sup>*

<sup>1</sup>Emergency Service, Van Military Hospital / Van

<sup>2</sup>Bagcilar Research and Training Hospital / Istanbul

<sup>3</sup>Emergency Service, Etimesgut Military Hospital / Ankara

**Objective:** Talus is a primary connection between the bones of the ankle, a fractured talus can severely limit the ability to walk and bear weight. Talus fractures most often result from a fall from a height, or a severe impact to the foot, such as those caused by a car or motorcycle accident. Pain and swelling is the most common symptoms of fracture. X-ray can be used for determine the fracture. If there is suspicion CT could be used. Immobilization is sufficient for small fractures. More severe fractures require surgery.

**Case:** A ten year old man was admitted in emergency department after the car accident. He said that car wheel ran over his foot. There was swelling and pain above the foot and limitation of motion in the ankle. Radiography showed a fracture of the talus (picture). The patient treated with cast for six week.

**Conclusion:** Osteonecrosis, or avascular necrosis, is a problem that is found commonly in the talus. Because of these complications emergency physicians diagnose this fracture and treated the patients immediately.

**Keywords:** Talus, ankle injury, fracture

PP 036

**Bilateral distal radius and unilateral ulna fracture**

*Erdem Cevik<sup>1</sup>, Tolgahan Atci<sup>2</sup>, Banu Karakus Yilmaz<sup>2</sup>, Yahya Ayhan Acar<sup>3</sup>*

<sup>1</sup>Emergency Service, Van Military Hospital / Van

<sup>2</sup>Bagcilar Research and Training Hospital / Istanbul

<sup>3</sup>Emergency Service, Etimesgut Military Hospital / Ankara

**Objective:** In children, distal radius fractures are the most common location of physeal injuries, comprising approximately 1/5 of all physeal fractures. The mechanism of injury is typically a low-energy fall onto an outstretched hand or a high-energy mechanism commonly associated with a motor vehicle accident or fall from a height. Only a few case reports describe bilateral distal radius fractures in athletes and children. The purpose of this paper is to report the bilateral distal radial fracture and unilateral ulna fracture patient.

**Case:** A thirteen year old man was admitted in emergency department after falling down while he was playing at playground. He was complaining about pain in his wrist. There was swelling and pain with palpation. X-ray showed a fracture at bilateral distal radius which was angulated to dorsal of wrist and non-displaced fracture at right distal ulna (picture 1-2). The patient treated with long arm cast for six week. After follow up his wrist motion was normal.

**Conclusion:** Bilateral distal radius fractures may occur in skeletally immature patients as a result of a low-energy mechanism with minimal associated injuries. The fracture pattern and treatment are similar to those for a unilateral distal radius fracture in this age group. At emergency department these patients managed as unilateral fracture patients and if trauma mechanism is with high energy other organ injuries should be investigated.

**Keywords:** radius, fracture, emergency department



## PP 037

**A immediate diagnose: Slipped capital femoral epiphysis***Erdem Cevik<sup>1</sup>, Tolgahan Atci<sup>2</sup>, Banu Karakus Yilmaz<sup>2</sup>, Yahya Ayhan Acar<sup>3</sup>*<sup>1</sup>Emergency Service, Van Military Hospital / Van<sup>2</sup>Bagcilar Research and Training Hospital / Istanbul<sup>3</sup>Emergency Service, Etimesgut Military Hospital / Ankara

**Objective:** Slipped capital femoral epiphysis (SCFE) is one of the most important pediatric and adolescent hip disorders encountered in medical practice. Although SCFE is a rare condition, an accurate diagnosis combined with immediate treatment is critical. The condition is diagnosed based on a careful history, physical examination, observation of the gait/walking pattern, and X-rays of the hip. Treatment should be immediate. Treatment is primarily operative internal fixation. The goal is to prevent complications such as avascular necrosis (AVN). We presented this case to draw attention and discuss this important disease.

**Case:** A eleven year old man was admitted to emergency department because of his left hip pain which was started two days ago after a football match. He was limping while he was walking. At his physical examination left femur rotation was painful. At anteroposterior hip radiograph klein line (The klein line is drawn straight up the superior aspect of the femoral neck. This should intersect the epiphysis. If not, then it is likely an SCFE) was positive (picture 1). At frog leg radiograph straight line through the center of the femoral neck proximally was not at the center of the epiphysis (Picture 2). Patients were operated on with a diagnosis of SCFE (Picture 3).

**Conclusion:** Early diagnosis and treatment of SCFE is important. Because avascular necrosis is the most common complication of this disease and it can be avoided with early surgery.

**Keywords:** Slipped capital femoral epiphysis, klein line, pediatric trauma

## PP 038

**Osteogenesis Imperfecta Type 1 Diagnosed At A Young Age: Extremity X -Ray Findings***Ferhat Cuce<sup>1</sup>, Kemal Kara<sup>2</sup>, Erdem Cevik<sup>3</sup>*<sup>1</sup>Van Military Hospital, Department of Radiology, Van, Turkey<sup>2</sup>GATA Haydarpasa Training Hospital, Department of Radiology, İstanbul, Turkey<sup>3</sup>Van Military Hospital, Department of Emergency, Van, Turkey

**Objective:** Osteogenesis imperfecta (OI) is a genetic disorder. Some adults with very mild OI may not have been diagnosed as children. Approximately 25% of children with OI are born into a family with no history of the disorder. In these cases, the genetic defect occurred as a spontaneous mutation.

**Case:** A 21- year- old male patient was admitted with the complaint of gait disturbance. He had back and limb pain accompanying both limb deformities. The blue sclera is noticeable in physical examination. In his history, there were many broken and healed bone fractures during childhood. In both of the blue sclera and history of the bone fractures suggested possible affection by OI. Severely bowed and enlarged both tibia shaft with cortical thickening was seen on X -ray images.

**Conclusion:** Osteogenesis imperfecta is the result of collagen type I genes mutations. Production of a decreased amount of collagen fibrils is associated with nondeforming OI type I. Types II, III and IV are deforming types of OI and arise based on mutations affecting the structure of collagen.

**Keywords:** Osteogenesis Imperfecta, X -Ray Findings, fractures



PP 039

**Ruptured Pulmoner Hydatid Cyst Mimicking Diaphragma Elevation**

*Ferhat Cuce<sup>1</sup>, Huseyin Sinan<sup>2</sup>, Erdem Cevik<sup>3</sup>, Mustafa Ilker Inan<sup>4</sup>*

<sup>1</sup>Van Military Hospital, Department of Radiology, Van, Turkey

<sup>2</sup>Van Military Hospital, Department of General Surgery, Van, Turkey

<sup>3</sup>Van Military Hospital, Department of Emergency, Van, Turkey

<sup>4</sup>Van Military Hospital, Department of Pulmonary Medicine, Van, Turkey

**Objective:** Too many of hydatid cysts are asymptomatic and occur frequently in liver and lung. Rarely, cysts settle in such as muscle, bone, kidney, brain and spleen.

**Case:** A 24 year old male patient was admitted to emergency department after blunt trauma. The complaint of the patient was chest pain increased by inspiration. In physical examination; respiratuar sounds were decreased at the base of the left lung. The chest X-ray showed a big, thin walled radyolucent area in the left lower lung field which had air - fluid level. The left hemidiafraghma's contour could not selected in this area and this air -fluid level was estimated to be a diaphragma elevation. But thorax CT was performed to exclude diaphragma injury. Patient admitted to thorax surgery and operated.

**Conclusion:** The pulmonary hydatid cyst is usually solitary( 72 %) and most commonly appears in the lower lobe of the right lung. Ruptured pulmonary hydatid cyst is often difficult to diagnose and it may be misdiagnosed as pneumonia, tuberculosis, lung abscess, tumor, or pneumothorax.

**Keywords:** Pulmoner Hydatid Cyst, rupture, blunt trauma, emergency department

PP 040

**Suppurative Thoracoabdominal Lymphadenitis In Elderly Patient Mimicking Lymphoma**

*Ferhat Cuce<sup>1</sup>, Kemal Kara<sup>2</sup>, Muzaffer Saglam<sup>2</sup>, Sebahattin Sari<sup>3</sup>, Guner Sonmez<sup>2</sup>, Erdem Cevik<sup>4</sup>*

<sup>1</sup>Van Military Hospital, Department of Radiology, Van, Turkey

<sup>2</sup>GATA Haydarpasa Training Hospital, Department of Radiology, İstanbul, Turkey

<sup>3</sup>Ankara GATA Training Hospital, Department of Radiology, Ankara, Turkey

<sup>4</sup>Van Military Hospital, Department of Emergency, Van, Turkey

**Objective:** Despite the clinical and radiological knowledge and experience, the differential diagnose of the lymph node pathology is difficult. Age is the most important factor in predicting the probability of whether the lymphadenopathy is due to a benign or malignant lesion.

**Case:** An 79-year-old male was admitted to emergency department with 10 days history of epigastric and back pain, vomiting and high grade fever. On examination, he was toxic and febrile. The contrast enhanced thoracoabdominal computed tomography(CT) for the differential diagnosis of malignancy showed multiple mediastianal lymphadenitis and especially in the upper abdomen retroperitoneal lymphadenitis. Antibiotic therapy started to the patient and hospitalized.

**Conclusion:** Lymphadenitis arising in subjects over 50 years old, the enlargement is neoplastic 60 % of the time. Acute suppurative lymphadenitis is a rare process in this age group.

**Keywords:** Suppurative Lymphadenitis, Elderly Patient, Lymphoma



## PP 041

**Geriatric patient admissions to emergency department with trauma**

*Abdulkadir Akturk<sup>1</sup>, Akkan Avcı<sup>2</sup>, Muge Gulen<sup>3</sup>, Mehmet Oguzhan Ay<sup>2</sup>, Ferhat Icmel<sup>4</sup>, Salim Satar<sup>2</sup>*

<sup>1</sup>Şanlıurfa Education and Research Hospital, Department of Emergency Medicine, Şanlıurfa, Turkey

<sup>2</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Yunus Emre State Hospital, Department of Emergency Medicine, Eskişehir, Turkey

<sup>4</sup>Ankara Atatürk Education and Research Hospital, Department of Emergency Medicine, Ankara, Turkey

**Objective:** The aim of this study is to reveal the demographic characteristics, causes of trauma, physical examination findings, the presence of fractures and the status of the outcome of the geriatric trauma patients admitted to the emergency department.

**Materials-Methods:** This study covers all the cases over 65 years who were admitted to emergency department with trauma between September 1 2011-31 August 2012. The demographic characteristics of the patients such as, age, gender, date of application and as well as the causes of trauma, physical examination findings and outcome situation in the emergency department were evaluated.

**Results:** Total 175 patients were included to the study, 57.72% were female. The most common cause of trauma in both gender was falls. This rate was 91.1% in female and 8.9% in male patients. 40.6% of the female patients and 27% of the male patients were admitted to the hospital before because of any trauma. The most common form of trauma according to exposed body localization in both gender was extremity traumas. 30 female patients (29.7%) and 13 male patients (17.6%) had fracture in limbs. 78.3% of all patients were discharged from the emergency department and 21.7% of the patients were hospitalised. None of the patients were died and referred to another institutions from emergency department. Total 38 patients were hospitalised, 32 of them were discharged, 2 of them were referred to another institution, and 4 of them were died. 26 of 38 hospitalised patients had undergone surgery while 20 of them were orthopedic surgeries.

**Conclusion:** Most of the geriatric trauma patients constitute of traffic accidents and falls from height. These injuries can lead to serious morbidity and mortality in elderly people, and these problems can be prevented significantly by giving information and education to family members and caregivers in terms of preventive measures.

**Keywords:** Geriatrics, trauma, emergency

## PP 042

**Adult trauma patient admissions to emergency department**

*Sema Puskulluoglu<sup>1</sup>, Ayca Acikalın<sup>2</sup>, Mehmet Oguzhan Ay<sup>3</sup>, Nalan Kozacı<sup>4</sup>, Akkan Avcı<sup>3</sup>, Muge Gulen<sup>5</sup>, Salim Satar<sup>3</sup>*

<sup>1</sup>Cukurova Dr. Askim Tufekci State Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>4</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

<sup>5</sup>Yunus Emre State Hospital, Department of Emergency Medicine, Eskişehir, Turkey

**Objective:** We aimed to determine demographic characteristics, etiology, morbidity and mortality rates and prognosis of adult trauma patients admitted to emergency medicine department.

**Materials-Methods:** Patients over the age of 18, who admitted to emergency medicine department with «General Body Trauma» (GBT) between 1 March 2011-31 August 2011, were included in this study. Demographic data, data regarding etiological factors causing trauma, outcome of the patients in the emergency department, departments to which patients are hospitalized and outcome of patients in those departments were recorded in the standard data entry form. SPSS 16.0 package program was used for statistical analysis of data.

**Results:** During the study period, 12.29% of 110.495 patients, admitted to the emergency department, were having GBT. Simple extremity injury ranked first among etiological factors (38.28%) and falls was in second place (31.7%). Extremity trauma was observed mostly (55.58%). Glasgow coma scales (GCS) were between 13-15 in 99.71% of the patients. 9.6% of patients with GBT had a CT scan and 84.5% of CT scans were evaluated as normal and cranial CT was the most requested one. Only 6% of the patients were hospitalised. 0.9% of all GBT patients died.

**Conclusion:** The general body traumas often consist of simple injuries. These patients can be discharged with a complete medical history and careful physical examination. The time and labor allocated to patients with severe and multiple traumas can be increased by reducing rate of unnecessary medical tests and waste of time.

**Keywords:** Trauma, emergency, mortality



PP 043

**Evaluation of Violence Against Emergency Department Physicians**

*Beliz Teomete, Ferhat Icmel, Havva Şahin Kavaklı, Gül Pamukçu Günaydın, Alp Şener, Gülhan Kurtoğlu Çelik*

Ankara Atatürk Education and Research Hospital Department of Emergency Medicine

**Objective:** In this study, our goal is to evaluate the problems that cause the growing violence against emergency department physicians and health workers, through the eyes of emergency department physicians. We would like to assist any future effort that intends to eliminate the problems related to violence to ensure safer work environments.

**Materials-Methods:** The study was designed descriptive and cross sectional, it was conducted between April 15, 2013 -July 15, 2013. Information was gathered by survey method. There were 25 multiple choice questions in the survey. The survey was filled out by face to face interview if the participant was working in a hospital in Ankara. Participants that lived outside Ankara and worked in university hospitals, training and research hospitals and state hospitals filled out the survey by email. 1309 emails were sent, 249 people replied and were included in the study.

**Results:** A total number of 505 individuals were included in the study. 339 (%67.4) of them were male, 164 (%32.6) of them were female. 494 (%98.6) of them has witnessed violence against physician or healthcare worker at least once during their career and 414 of them has been victim of such violence directly. The number of people who experienced violence more than 10 times were 151 (%36.7). %60.6 (n=251) of participants stated that their social life was negatively affected, %54.8 (n=227) experienced decreased job satisfaction or felt distanced for their profession after being subject to violence. There was also statistically significant relationship between being subject to violence and the hospital in which the victim works. ( $\chi^2= 22.236$ ;  $p=0.000$ ). the number of patients were significantly different between these hospitals ( $\chi^2= 98.522$ ;  $p<0.001$ ).

**Conclusion:** Our results show that violence in emergency departments against physicians has reached high numbers and these high numbers are affecting and job satisfaction in physicians.

**Keywords:** Violence, Emergency Department, Physicians

PP 044

**The Investigation of Hemogram and Biochemistry Parameters in Trauma Patients**

*Ahmet Fatih Kahraman, Havva Şahin Kavaklı, Alp Şener, Ferhat Icmel, Yavuz Otal*

Ankara Atatürk Education and Research Hospital Department of Emergency Medicine

**Objective:** Hemoglobin and hematocrit are commonly used parameters in following trauma patients for hemorrhagic shock in clinical practice. The aim of this study is to investigate the changes in parameters such as hemoglobin, hematocrit, AST, and ALT and their reliability in following trauma patients.

**Materials-Methods:** We analyzed the data of 259 patients who admitted to the emergency department because of motor vehicle accident, motorcycle accident, fallen from high, and pounding for a period of 6 months, retrospectively. The data included demographic data, hemoglobin, hematocrit, AST and ALT values in admission and in the follow up, tomographical findings, the need for hydration and blood transfusions.

**Results:** In our study, we observed a statistically significant decrease in hematocrit and hemoglobin levels in patients who received only liquid. In addition, the decrease in hemoglobin and hematocrit values was statistically significant in the patients with hemorrhagic injury as a subgroup. Therefore, decreased Hb and Hct levels should primarily be evaluated as an indicator of bleeding in patients with multiple trauma. Our results also suggest that AST and ALT values are useful indicators of liver injury. Hemoglobin levels decreased by 10% in the group without injury, whereas the decrease was 6% in the group with injury. The decreases in Hb and Hct levels in the patients who didn't received fluid between the measurements were 4.1% and 4.7%, respectively. When ALT and AST are used together the sensitivity was 91.5% and the specificity was 45.6% in predicting a liver injury. The reason for low degree of specificity may be that these two parameters may increase due to other viscera. We didn't observed any significant change in the ALT and AST levels between the measurements in admission and the follow up.

**Conclusion:** We suggest that intermittent use of these parameters in the follow up of liver injury is not useful.

**Keywords:** Trauma, Hemogram, Biochemistry Parameters



PP 045

**Penetrating vena cava injury with a bullet**

*Korkut Bozan, Mehmet Ozgur Erdogan, Sahin Colak, Gokhan Tas, Baris Alper*

Haydarpaşa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Abdominal vascular injuries commonly result from penetrating trauma. Abdominal vena caval injuries are mostly found in young male patients by penetrating trauma. The inferior vena cava is the most commonly injured retroperitoneal vascular structure. Mortality of this type injury is still high. The three factors that are associated with survival are initial hemodynamic condition, occurrence of spontaneous tamponade of the caval injury; and location of vascular laceration. Inferior vena cava (VCI) injuries are potentially serious injuries. VCI injuries are associated with high mortality despite advances in prehospital and in-hospital critical care due to delayed or inadequate volume resuscitation, difficulty of diagnosis and technical surgical problems. We present a VCI penetrating injury associated with pulmonary and hepatic laceration

**Case:** 42 years old male was admitted to ED with a gunshot wound on paraspinal region. Initial blood pressure was 90/70mmHg. Heart rate was 122. Patient had weak breath sounds on right side and abdominal tenderness. FAST revealed massive peri-hepatic and right pleural fluid. Tomography scan revealed right hemo-pneumothorax, peri-hepatic fluid and bullet in anterior region of liver (Figure 1-2). Exploratory laparotomy(EL) showed pulmonary injury, hepatic laceration and retro-hepatic VCI laceration. Patient had cardiopulmonary arrest during EL and had no response to cardiopulmonary resuscitation.

**Conclusion:** Patients with VCI injuries commonly die in the scene or admitted to ED's in hemorrhagic shock. VCI injuries are commonly diagnosed in exploratory laparotomy and have high mortality in exploratory laparotomy. Generally mortality is related with hemorrhagic shock. These injuries are commonly associated with multi-organ injuries. Mortality rates are reported up to 79%. Mortality is associated with multi-organ injuries, inadequate blood transfusion, location of vascular injury, delay in admission and surgical intervention. ED physician has to know the management of injuries to main vascular structures.

**Keywords:** injury, vena cava, mortality

PP 046

**Munchausen syndrome**

*Fatma Burcu Doganc, Mehmet Ozgur Erdogan, Sahin Colak, Sezin Aktas, Gokhan Tas*

Haydarpaşa Numune Training and Research Hospital, Department of Emergency medicine, Istanbul, Turkey

**Objective:** Munchausen syndrome is a rare psychiatric disorder in which patients inflict on themselves an illness or injury for the primary purpose of assuming the sick role. We report a case of 21 year old man with munchausen syndrome.

**Case:** A 21 year old man presented at the emergency department with weakness for a long time and any further complaints. Patient stated that he had a periodic type of renal disease and he was treated with dialysis twice and underwent renal biopsy. Physical examination was normal with initial vital signs were in normal ranges.

**Patients initial laboratory findings (Table1) were extremely out of normal ranges. Due to very abnormal findings, tests were repeated with new blood samples. Second samples were sent to laboratory with a nurse. Second laboratory findings was normal (see table 1). When we said that the test results were normal, the patient became angry. After a while, patient accepted that he has put 2 drops of urine in every blood sample and left the hospital immediately. Laboratory technician make the examination again with droppin two drops of urine and the exams was the similar with the patient's first examination.**

**Conclusion:** In Munchausen syndrome, patient states different diseases for hospitalisation and surgical interventions. Recording the Munchausen sendrome patients in hospital systems is important.

**Keywords:** Munchausen syndrome, dialysis, renal failure



PP 047

**Splenic infarction**

*Fatma Burcu Doganc, Mehmet Ozgur Erdogan, Sahin Colak, Baris Alper, Mustafa Ahmet Afacan*

Haydarpasa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Splenic infarction is a rare disease. There are various etiologic factors for splenic infarction. It is generally related with vascular and thromboembolic disorders. Usually no treatment is required, surgical intervention may be necessary in severe cases. In this case a 41 year old male using anticoagulant treatment for aortic valve replacement with splenic infarction is presented.

**Case:** 41 year old male admitted to the emergency department with abdominal pain, nausea, and vomiting. He was taking warfarin for the last 5 years due to aortic valve replacement. Patient's vital signs revealed blood pressure: 120/70 mmhg, heart rate:97 bpm, axillary temperature: 37,2 °C, breath rate:14 breath per minute. Patient had abdominal tenderness in left upper quadrant. INR was 1,26 (N:0,80-1,2 second) and the other laboratory test results were in the normal ranges. There was no pathological findings in abdominal ultrasonography. Abdominal computed tomography revealed a hypodense triangular configured lesion in lower part of spleen (Figure 1). Patient was hospitalized for observation due to splenic infarction. Patient was discharged from general surgery 4 days later without any surgical intervention.

**Conclusion:** Splenic infarction is a rare disease. The diagnosis is difficult and it should be considered in the differential diagnosis of patients with the story of thromboembolic disorders and using antiplatelet treatment.

**Keywords:** splenic infarction, abdominal pain, thromboembolic events

PP 048

**Analysis of pharmaceutical poisonings**

*Ozgun Kosenli<sup>1</sup>, Salim Satar<sup>2</sup>, Mehmet Oguzhan Ay<sup>2</sup>, Aybike Kosenli<sup>3</sup>, Ayca Acikalin<sup>4</sup>, Nalan Kozaci<sup>5</sup>, Muge Gulen<sup>6</sup>, Alim Cokuk<sup>7</sup>*

<sup>1</sup>Tarsus State Hospital, Department of Emergency Medicine, Mersin, Turkey

<sup>2</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Tarsus State Hospital, Department of Internal Medicine, Mersin, Turkey

<sup>4</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>5</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>6</sup>Yunus Emre State Hospital, Department of Emergency Medicine, Eskisehir, Turkey

<sup>7</sup>Kirklareli State Hospital, Department of Emergency Medicine, Kirklareli, Turkey

**Objective:** This study aimed at the epidemiological analysis of the patients diagnosed with pharmaceutical poisoning in our Emergency Department.

**Materials-Methods:** Patients 18 years and over, diagnosed with pharmaceutical poisoning in our Emergency Service between December, 1 2009 and December, 31 2010 were included in this study.

**Results:** Total 1507 patients were included to this study and 70.3% of them were female. Statistically significantly, spring and summer months were determined to be associated with higher number of cases ( $p=0.02$ ). Poisonings have been determined to occur more frequently with multiple pharmaceutical intake (43.1%) and for suicidal intent (93%). The mean duration of arrival at emergency department was found as  $2.28 \pm 2.2$  hours. While 1277 (84.7%) patients directly applied to the emergency services, 230 (15.2%) patients were referred from another medical institution. No treatment or intervention had been applied to 29 (12.6%) out of 230 referred patients, in the referring health institution. While 57% of the patients were treated and discharged from emergency service, 647 (43%) patients were admitted to the emergency critical care unit. The mean length of hospital stay was  $1.65 \pm 1.44$  days. 627 (96.91%) of these patients discharged from the hospital after the termination of their treatment, 18 of them were referred to another health institution and only 1 patient was dead on arrival in the emergency department, and no patient died in Emergency Department due to poisoning.

**Conclusion:** Our study determined that the patients were mostly female, admitted to the Emergency Department due to multiple pharmaceutical intake for suicidal intent in spring and summer. Almost all of them were discharged from the Emergency Department after their treatment and observation.

**Keywords:** Pharmaceutical poisoning, emergency, toxicology



PP 049

**Head trauma cases**

*Alim Cokuk<sup>1</sup>, Nalan Kozaci<sup>2</sup>, Mehmet Oguzhan Ay<sup>3</sup>, Ayca Acikalin<sup>4</sup>, Meltem Seviner<sup>5</sup>, Salim Satar<sup>3</sup>*

<sup>1</sup>Kirkilareli State Hospital, Department of Emergency Medicine, Kirkilareli, Turkey

<sup>2</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>4</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>5</sup>Hatay State Hospital, Department of Emergency Medicine, Hatay, Turkey

**Objective:** In this study, we aimed to determine the epidemiological characteristics, morbidity and mortality rates of patients admitted to the emergency with head trauma.

**Materials-Methods:** In this study, ambulatory and hospitalized patients over the age of 18 brought to the Emergency Department because of head trauma between 01.12.2009 - 31.12.2010 were analyzed retrospectively. Patient data were recorded to standard data entry form.

**Results:** 5200 patients were included in this study. The average age of the patients was  $39.97 \pm 16.66$  years. 4682 patients (90 %) were discharged from the emergency department. The most common reason for admission to the emergency department was falls (41.81 %) in the discharged patients. 518 (10 %) patients were hospitalized. Gender of these patients was 110 female (21.24%) and 408 male (78.76%). 256 patients (48.35%) were injured as a result of a traffic accident. 201 (38.8%) of the cerebral CT were reported as normal and 89 (17.2%) of the cerebral CT were reported as traumatic subarachnoid hemorrhage (SAH) in hospitalized patients. The fracture of lumbar spine (12 %) was detected as an additional pathological disease in patients. 75 patients hospitalized because of head trauma (14.5%) had died (1.44 % of all patients). Cervical spine fracture was the most common (14 patients, 18.68 %) additional pathology in patients who died. Thoracic trauma was detected as the second most common (13 patients, 17.33 %) additional pathology.

**Conclusion:** This study will help emergency physicians to approach with head trauma patients and contribute to their clinical experiences. Specific emergency trauma protocols of our country can be created after more detailed studies.

**Keywords:** Head trauma, epidemiology, emergency

PP 050

**Pediatric trauma cases**

*Gokmen Tambay<sup>1</sup>, Salim Satar<sup>2</sup>, Nalan Kozaci<sup>3</sup>, Ayca Acikalin<sup>4</sup>, Mehmet Oguzhan Ay<sup>2</sup>, Muge Gulen<sup>5</sup>, Selen Acehan<sup>6</sup>*

<sup>1</sup>Necip Fazil State Hospital, Department of Emergency Medicine, Kahramanmaraş, Turkey

<sup>2</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

<sup>4</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>5</sup>Yunus Emre State Hospital, Department of Emergency Medicine, Eskişehir, Turkey

<sup>6</sup>Mersin State Hospital, Department of Emergency Medicine, Mersin, Turkey

**Objective:** The purpose of this study is to determine the prognosis of the demographic characteristics, etiology, morbidity and mortality rates of the pediatric trauma patients admitted to emergency department.

**Materials-Methods:** Pediatric patients who have been brought to the emergency department of a training and research hospital between 1st January- 31th December 2010 due to trauma have been included to this study. The demographic data of the patients have been analyzed statistically.

**Results:** Of the 18936 patients, 12096 boys and 6840 girls have been included to this study. The mean was  $8.11 \pm 5.19$  in boys and  $6.89 \pm 5.04$  in girls. The most common age for trauma was 7-14 (36.15%) and it has been stated that the pediatric trauma cases have been mostly admitted in Spring and Summer months. Extremity injuries (42.40%) and falls (40.67%) were stated as the most etiologic causes. 815 of the patients have been hospitalized. 353 cases (43.31%) received surgical intervention while 462 (56.69%) cases received only medical treatment. The causes of death in pediatric trauma patients were: 10 (47.62%) due to traffic accidents, 5 (23.81%) due to falls, 5 (23.81%) due to burns and 1 (4.76%) due to drowning. It has been stated that 13 (61.90%) cases were male and 8 (38.10%) patients were girls of a total 21 cases resulting in death.

**Conclusion:** Most of the pediatric traumas occurred due to falls or simple extremity injuries. and seen between the 7-14 age group. The most common etiologic cause of deaths in pediatric trauma patients were traffic accidents.

**Keywords:** Pediatric trauma, emergency, demographics



PP 051

**Analysis of judicial cases**

*Meltem Seviner<sup>1</sup>, Nalan Kozaci<sup>2</sup>, Mehmet Oguzhan Ay<sup>3</sup>, Ayca Acikalın<sup>4</sup>, Alim Cokuk<sup>5</sup>, Muge Gulen<sup>6</sup>, Selen Acehan<sup>7</sup>, Meryem Genc Karanlık<sup>8</sup>, Salim Satar<sup>3</sup>*

<sup>1</sup>Hatay State Hospital, Department of Emergency Medicine, Hatay, Turkey

<sup>2</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>4</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>5</sup>Kirklareli State Hospital, Department of Emergency Medicine, Kirklareli, Turkey

<sup>6</sup>Yunus Emre State Hospital, Department of Emergency Medicine, Eskisehir, Turkey

<sup>7</sup>Mersin State Hospital, Department of Emergency Medicine, Mersin, Turkey

<sup>8</sup>Ceyhan State Hospital, Department of Emergency Medicine, Adana, Turkey

**Objective:** In this study, we aimed to analyze the demographic and epidemiological features, life-threatening nature of the forensic reports, the status of simple medical intervention and outcomes of judicial cases admitted to emergency department.

**Materials-Methods:** Judicial cases who admitted to the emergency department between 01.12.2009 - 31.12.2010 were included in this study.

**Results:** Of the 5870 judicial cases, 63.78 % were male and 36.22 % were female. Mean age of patients were  $33.75 \pm 12.4$  years. Traffic accident (27.3 %), intoxication (24.3 %) and to be beaten (17.6 %) were the first three judicial events. Traffic accidents were seen in males between 26-33 ages mostly and intoxications were seen in females between 18-25 ages commonly. The most reason of injuries were limb injuries with 2404 cases. 73.3 % of patients were discharged and 26.3 % of patients were hospitalized. 0.3% of forensic cases (19 patients) died in the emergency department, 0.1% (4 patients) died before hospital admission. Death was mostly seen as traffic accidents and fall from height. When forensic reports were evaluated, 28.8 % of males and 11.3 % of females were not resolved with simple medical intervention. Only 3336 (56.8%) forensic reports of all forensic cases were stated in a life-threatening situation. 21.1 % of the patients with a life-threatening situation of the current was life-threatening.

**Conclusion:** Forensic cases are most commonly seen in young adult males. Although the danger of life were determined in 21% of the patients, the mortality rate was only 0.3 %. The lifethreatening condition is necessary to define in reports, but in nearly half of the forensic reports it is not written. In order to prevent the victimization of individuals and unnecessary loss of benefits, the physicians also must write appropriate, clear and understandable forensic reports as well as the best treatment responsibility.

**Keywords:** Emergency, judicial cases, epidemiological



PP 052

**Effects of methyl parathion exposure on the ovaries**

*Deniz Aka Satar*<sup>1</sup>, *Ozgul Tap*<sup>2</sup>, *Mehmet Oguzhan Ay*<sup>3</sup>

<sup>1</sup>Adana Numune Education and Research Hospital, Andrology Laboratory, Adana, Turkey

<sup>2</sup>Cukurova University, School of Medicine, Department of Histology and Embryology, Adana, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

**Objective:** In our study, we aimed to investigate histopathological effects of chronic methyl parathion exposure on ovaries at electron microscopic level.

**Materials-Methods:** In this study, Wistar albino type, adult, female rats with an average weight of 190-250 g were used. 30 female rats, included in this study, were divided into 3 groups. Group I received only saline and was evaluated as the control group, whereas Group II received 1/50 percent of LD50 dose of methyl parathion and Group III received 1/20 percent of LD50 dose of methyl parathion every day at 130 pm orally by gavages during two estrus cycles (8 days). The rats at proestrus stage on the morning of 9th day of the study underwent bilateral ovariectomy. Ovarian tissues of the control and drug groups were examined under the electron microscope; primordial and growing follicles were included in the evaluation, however, corpora lutea were excluded taking into account the presence of remaining regressive corpora lutea from the previous cycles.

**Results:** Following examination of ovarian tissues of rats exposed to 1/50 and 1/20 percent of LD50 dose of Methyl parathion at electron microscopic level, it was detected that significant structural changes had occurred in developing follicles and ovarian stroma in both drug groups, and that primordial follicles had not been affected significantly from methyl parathion but necrosis had been developed in oocyte and granulosa cells of developing follicles, and that in 1/20 group in addition to these changes, apoptotic changes had been found in granulosa cells of developing follicles.

**Conclusion:** As a result of chronic exposure to methyl parathion, rat ovaries are significantly affected and follicular development is impaired. This state may explain the cause of infertility due to chronic pesticide exposure.

**Keywords:** Methyl parathion, infertility, ovaries

PP 053

**Retrospective Analysis of Patients Who Admitted to the Emergency Service with Orthopedic Injuries**

*Gokhan Ersunan*<sup>1</sup>, *Mustafa Uslu*<sup>2</sup>, *Yavuz Gece*<sup>2</sup>, *Yavuz Katirci*<sup>3</sup>, *Hayati Kandis*<sup>4</sup>, *Ozlem Bilir*<sup>1</sup>, *Ayhan Saritas*<sup>4</sup>

<sup>1</sup>Department of Emergency Medicine, School of Medicine, Recep Tayyip Erdoğan University, Rize, Turkey

<sup>2</sup>Department of Orthopedic, School of Medicine, Duzce University, Duzce, Turkey

<sup>3</sup>Emergency Medicine, Ankara Teaching and Research Hospital, Ankara, Turkey

<sup>4</sup>Department of Emergency Medicine, School of Medicine, Duzce University, Duzce, Turkey

**Objective:** The purpose of this study is to determine the demographic characteristics of forensic reported patients who entered to emergency service with orthopedic injuries, the problems of doctors responsible for these people's treatment and to contribute the extremity trauma data literature in our country during 12 months.

**Materials-Methods:** Between 1 January 2010 - 31 December 2010; In the Duzce University School of Medicine Research and Training Hospital Emergency Department Treated and examined 600 patients who were forensic reported and have orthopedics injuries (soft tissue injury, fractures, dislocations, tendon injury, skin and subcutaneous incision, vascular- nerve injuries and amputations) were analyzed from computer datas and forensic reports. Quantitative data were presented with mean ± standard deviation, while qualitative data were presented as frequencies and percentages. For the analysis of categorical variables Chi-square test (and / or Fishers exact test) was chosen.

**Results:** 468 patients (78%) were male and 132 (22%) were female. The mean age was 33.7 ± 17.7 (minimum 1, maximum 87). 162 patients (27.0%) were hospitalized. Patients hospitalized mostly in the orthopedics clinic (n = 90, 55.6%), the plastic surgery (n = 57, 35.2%) secondly followed. Considering the relationship between the sexes with the mechanism of injury, all of the types of injuries were seen more frequently in males, and this difference was statistically significant (p <0.001). A large number of patients discharged from the emergency department (n = 431, 71.8%), 2 (0.3%) patients were unfortunately lost.

**Conclusion:** Extremity trauma cases brought to the emergency room for trauma has to be known by a special case by medical doctors, more comprehensive medical history should be taken and physical examination should be done systematically not only for the extremities. Also the following or needing control in early period patients with extremity trauma and associated traumas should not be avoided from hospitalization.

**Keywords:** Orthopedic injury, multiple trauma, emergency service



PP 054

**Floating Forearm: Perilunar and Elbow Dislocation Without a Fracture**

*Hayati Kandis<sup>1</sup>, Istemi Yucel<sup>2</sup>, Ayhan Saritas<sup>2</sup>, Harun Gunes<sup>2</sup>*

<sup>1</sup>Department of Emergency Medicine, School of Medicine, Duzce University, Duzce, Turkey

<sup>2</sup>Department of Orthopedic, School of Medicine, Duzce University, Duzce, Turkey

Traumatic perilunar and elbow dislocation is rarely seen together. There are only a few reported cases in the literature. Limitation of joint movement, deformity and pain are generally the presenting symptoms. A case of perilunar and elbow dislocation without fracture admitted to the emergency department due to a traffic accident and treated with closed reduction after sedoanalgesia and benefited from closed reduction.

**Keywords:** Closed reduction, Elbow dislocation, Perilunar dislocation

PP 055

**Charcot's Foot**

*Hafize Titez<sup>1</sup>, Ayse Guler<sup>2</sup>, Yavuz Katirci<sup>3</sup>, Hayati Kandis<sup>2</sup>, Gokhan Ersunan<sup>4</sup>, Ayhan Saritas<sup>2</sup>*

<sup>1</sup>Department of Internal Medicine, School of Medicine, Duzce University, Duzce, Turkey

<sup>2</sup>Department of Emergency Medicine, School of Medicine, Duzce University, Duzce, Turkey

<sup>3</sup>Emergency Medicine, Ankara Teaching and Research Hospital, Ankara, Turkey

<sup>4</sup>Department of Emergency Medicine, School of Medicine, Recep Tayyip Erdoğan University, Rize, Turkey

Charcot's arthropathy which occurs due to loss of pain and proprioceptive sensation is a chronic, destructive joint disease affecting bone, joint and soft tissues. Although it may be seen as a part of many diseases which cause peripheral neuropathy, most common cause of it is diabetic neuropathy. In this article a case with neuropathic arthropathy of right foot occurring due to diabetic neuropathy is presented, and current literature is reviewed.

**Keywords:** Arthropathy, foot, neuropathy

PP 056

**A Rare Cause of Trauma in the Elderly: Mobitz Type-II Second-Degree Atrioventricular Block**

*Hayati Kandis<sup>1</sup>, Sami Karapolat<sup>2</sup>, Ismail Erden<sup>3</sup>, Melik Candar<sup>1</sup>, Ayhan Saritas<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, School of Medicine, Duzce University, Duzce, Turkey

<sup>2</sup>Department of Chest Surgery, School of Medicine, Duzce University, Duzce, Turkey

<sup>3</sup>Department of Cardiology, School of Medicine, Duzce University, Duzce, Turkey

Cardiac rhythm problems are frequently seen in the geriatric population, and they can experience trauma after syncope. A 78-year-old female was examined for thoracic trauma after falling. With a history of b-blocker use, arterial blood pressure measured 60/30 mmHg and pulse rate was 30 bpm. Electrocardiogram showed a Mobitz type-II second-degree atrioventricular block. There was no response to atropine, so a transcutaneous external pacemaker and after that a transvenous pacemaker were applied. On the 4th day, the pacemaker was removed and the patient was discharged.

**Keywords:** Geriatrics, Thoracic injuries, Rib fractures, Atrioventricular block



## PP 057

**Cyanide Intoxication: A Case Report**

*Recep Dursun, Yenal Karakoç, Ercan Gündüz, Yılmaz Zengin, Mustafa İçer, Hasan Mansur Durgun, Murat Orak*

Dicle University Medical Faculty Emergency Medicine Department, Diyarbakir

**Introduction:** Cyanide is a rapid absorbable and powerful poison; even in small doses can cause death in minutes. It is used in many industrial fields; such as mining, chemical industries and agriculture. Recently, its use in gold mining and its environmental toxicity is on the agenda of our country.

**Case:** 20 years old female patient was brought to our clinic after drinking a sip of cyanide in his jewelry shop by 112 emergency team. In physical examination of patient, general condition was good, she was consciousness, Glasgow coma score was 15. Arteriyal blood pressure was 120/80 and pulse rate of 90 beats/minute, respiration rate of 14 breaths/min and 97% oxygen saturation at room air; no significant pathology was detected in the laboratory examination. ECG showed sinus rhythm. Patient's gastric lavage had started at the scene and continued in our service, then active charcoal was given. Blood cyanide level was >2.0 mg/L. 5 g hydroxycobalamin brought from Ankara could be given 5 hour after poisoning. The patient was discharged after fourth day.

**Discussion:** Cyanide inhibits mitochondrial cytochrome oxidase enzyme and disrupts cellular utilization of oxygen lead to cellular hypoxia. Poisoning by oral consumption is a slow process and patient's recovery is sometimes possible. Therefore, the initiation of support and specific treatment as quickly as possible is important. In this case, although effective support treatment was started quickly; the specific antidote treatment could not be begun.

**Keywords:** Cyanide, Intoxication, Antidote

## PP 058

**The relationship between thyroid hormone levels and mortality in old patients hospitalised in intensive care unit**

*Yagmur Topal<sup>1</sup>, Ahmet Sebe<sup>2</sup>, Mehmet Oguzhan Ay<sup>3</sup>, Ayca Acikalin<sup>2</sup>, Meryem Genc Karanlık<sup>4</sup>, Metin Topal<sup>3</sup>, Muge Gulen<sup>5</sup>*

<sup>1</sup>Tarsus State Hospital, Department of Emergency Medicine, Mersin, Turkey

<sup>2</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>4</sup>Ceyhan State Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>5</sup>Yunus Emre State Hospital, Department of Emergency Medicine, Eskisehir, Turkey

**Objective:** In this study, we aimed to determine the relationship between thyroid hormones, serum albumin and mortality of the patients over the age of 55 hospitalised to intensive care unit from emergency department.

**Materials-Methods:** This study was planned as a prospective, randomized study and the patients hospitalized to intensive care unit from emergency medicine department were enrolled in this study following ethics committee approval. Standard data collection form was formed to collect the data in a standard way. After the confirmation of the patients and their relatives, we included 48 (65,8) male, 25 (34,2) woman and totally 73 patients to our study. Blood samples were taken from each patient, thyroid hormones and albumin levels were studied in our laboratory.

**Results:** There was no statistically significant difference in mean ages and genders of patients who died and survived. Mean duration of hospitalization in died patient group was lesser than survived patients group but there was no statistically significant difference between groups. There was a statistically significant association between mortality and the low albumin. According to the Kaplan-Meier Survival Analysis of the patients with low or high levels of fT3 were found to be shorter median life expectancy. No significant relationship was found between mortality and fT4, TSH.

**Conclusion:** According to the low albumin levels and the Kaplan-Meier Survival Analysis, patients with low or high levels of fT3 were found to have shorter median life expectancy. Albumin and free T3 measurements were determined to be used in the mortality estimation of the patients hospitalised to intensive care unit.

**Keywords:** Intensive care unit, thyroid hormones, mortality



PP 059

**Paroxysmal atrial fibrillation after hyperbaric oxygen therapy**

Gokhan Celbek<sup>1</sup>, Behic Volkan Boz<sup>2</sup>, Sabri Onur Caglar<sup>3</sup>, Leyla Yilmaz Aydin<sup>4</sup>, Hayati Kandis<sup>2</sup>, Ayhan Saritas<sup>2</sup>

<sup>1</sup>Department of Internal Medicine, School of Medicine, Duzce University, Duzce, Turkey

<sup>2</sup>Department of Emergency Medicine, School of Medicine, Duzce University, Duzce, Turkey

<sup>3</sup>Department of Cardiology, School of Medicine, Duzce University, Duzce, Turkey

<sup>4</sup>Department of Chest Disease, School of Medicine, Duzce University, Duzce, Turkey

Hyperbaric oxygen (HBO) is widely accepted as a treatment for air or gas embolism, carbon monoxide (CO) poisoning, clostridial myonecrosis, crush injuries, and thermal burns. To the best of our knowledge, after HBO therapy, atrial fibrillation (AF) has not been reported in the literature yet. We herein describe a case of AF that occurred in a woman who had taken HBO therapy for CO poisoning. The 78-year-old female patient was admitted to the emergency department with loss of consciousness. Carboxyhemoglobin value at arterial blood gases was found to be 42.6% and was thought to be CO poisoning. Electrocardiography (ECG) was normal sinus rhythm. Hyperbaric oxygen therapy was planned. After the HBO therapy, ECG showed AF. Her rhythm returned to the normal sinus rhythm after amiodarone treatment. Physicians should keep in mind that HBO treatment could contribute to AF, and all patients' ECG should be monitored before and after HBO therapy.

**Keywords:** HBO, CO, AF

PP 060

**N-Acetyl cysteine and erdosteine treatment in acetaminophen-induced liver damage**

Ayhan Saritas<sup>1</sup>, Hayati Kandis<sup>1</sup>, Davut Baltacı<sup>2</sup>, Umran Yildirim<sup>3</sup>, Halil Kaya<sup>4</sup>, Ali Karakus<sup>5</sup>, Serdar Colakoglu<sup>6</sup>, Ramazan Memisogullari<sup>7</sup>, Ismail Hamdi Kara<sup>2</sup>

<sup>1</sup>Department of Emergency Medicine, School of Medicine, Duzce University, Duzce, Turkey

<sup>2</sup>Department of Family Medicine, School of Medicine, Recep Tayyip Erdoğan University, Rize, Turkey

<sup>3</sup>Department of Pathology, School of Medicine, Duzce University, Duzce, Turkey

<sup>4</sup>Department of Emergency Medicine, School of Medicine, Harran University, Sanliurfa, Turkey

<sup>5</sup>Department of Emergency Medicine, School of Medicine, Mustafa Kemal University, Hatay, Turkey

<sup>6</sup>Department of Anatomy, School of Medicine, Duzce University, Duzce, Turkey

<sup>7</sup>Department of Biochemistry, School of Medicine, Duzce University, Duzce, Turkey

**Objective:** This study is aimed to investigate the efficacy of erdosteine usage in acetaminophen-induced liver damage and to compare it with N-acetyl cysteine (NAC) in the treatment and prevention of liver toxicity due to overdose of acetaminophen.

**Materials-Methods:** The rats were separated into the following six groups of seven rats each: control group; acetaminophen (1 g/kg, orally); acetaminophen (1 g/kg, orally) þ erdosteine (150 mg/kg/day, orally); acetaminophen (1 g/kg, orally) þ NAC (140 mg/kg loading dose, followed by 70 mg/kg, orally); NAC (140 mg/kg loading dose, followed by 70 mg/kg, orally); erdosteine (150 mg/kg/kg, orally), subsequently. In all the groups, potential liver injuries were evaluated using biochemical and hematological analyses, oxidant-antioxidant parameters and histopathological parameters.

**Results:** In acetaminophen-treated group, levels of alanine aminotransferase (ALT), aspartate aminotransferase (AST), total oxidant status (TOS) in the blood, prothrombin time (PT) and international normalized ratio (INR) were significantly increased when compared with controls. However, total antioxidant capacity (TAC) and glutathione (GSH) levels were decreased in group treated with acetaminophen, when compared with control group. Levels of AST, ALT and TOS, PT and INR were decreased in groups treated with NAC and erdosteine after acetaminophen administration, but the levels of TAC and GSH were increased. Histopathological improvements were observed in the groups treated with NAC and erdosteine after acetaminophen administration.

**Conclusion:** The present study demonstrated that, in the prevention of liver damage induced by acetaminophen intoxication, an early treatment with a single dose of erdosteine was beneficial instead of NAC administration.

**Keywords:** Liver toxicity, total oxidant status, total antioxidant capacity, poisoning, paracetamol



PP 061

**Levofloxacin induced hepatotoxicity and death**

Muge Gulen<sup>1</sup>, Mehmet Oguzhan Ay<sup>2</sup>, Akkan Avci<sup>3</sup>, Ayca Acikalin<sup>3</sup>, Ferhat Icme<sup>4</sup>

<sup>1</sup>Yunus Emre State Hospital, Emergency Medicine Service, Eskisehir, Turkey

<sup>2</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>4</sup>Ataturk Education and Research Hospital, Department of Emergency Medicine, Ankara, Turkey

**Objective:** Drug-induced hepatotoxicity is a major cause of hepatocellular injury in patients admitting to emergency services with acute liver failure. Hepatic necrosis may be at varying degrees from mild elevations in transaminases to fulminant hepatitis, and even death. In this case report, we aimed to draw attention to the antibiotic-induced hepatotoxicity and death.

**Case:** The case of a 53 year old female patient with toxic hepatitis due to levofloxacin and multiple organ failure secondary to toxic hepatitis is presented. Patient suffered itching, redness, and rash after receiving a single dose of 750 mg levofloxacin tablets for pulmonary infection 10 days ago. Skin lesions had regressed within three days, but desquamation formed all over the body. After the fifth day of drug intake, complaints of abdominal pain, vomiting, and yellowing in skin color had started. The patient was referred to our emergency department with these complaints ten days after drug intake. Patient was thought as a candidate for liver transplant, but cardiopulmonary arrest occurred, and the patient was died before the patient could be referred to a transplant center.

**Conclusion:** This case is important because hepatotoxicity and death due to levofloxacin is uncommon in the literature.

**Keywords:** Levofloxacin, hepatotoxicity, multiple organ failure

PP 062

**Effects of antidotal therapy on testis tissue in acute organophosphate poisoning**

Umut Gumusay<sup>1</sup>, Ahmet Sebe<sup>2</sup>, Deniz Aka Satar<sup>3</sup>, Mehmet Oguzhan Ay<sup>4</sup>, Mustafa Yilmaz<sup>5</sup>, Sait Polat<sup>6</sup>, Ufuk Ozgu Mete<sup>6</sup>

<sup>1</sup>Cukurova Dr. Askim Tufekci State Hospital, Emergency Medicine Service, Adana, Turkey

<sup>2</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Andrology Laboratory, Adana, Turkey

<sup>4</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>5</sup>Necip Fazil State Hospital, Emergency Medicine Service, Adana, Turkey

<sup>6</sup>Cukurova University, School of Medicine, Department of Histology and Embriology, Adana, Turkey

**Objective:** Organophosphorus compounds which is widely used as insecticides in agriculture has toxic effects on testis tissue. Although there are many studies regarding toxic effects of organophosphorus compounds on ultrastructural changes in the testis tissue, there are no studies indicating whether these effects are reversible with treatment or not at electron microscopic level. This study was performed to clarify whether these effects are reversible with treatment or not.

**Materials-Methods:** In this prospective, controlled, electron microscopic animal study, Wistar albino adult male rats were divided into 3 groups. 1st group received only isotonic sodium chloride. 2nd and 3rd groups received lethal dose of [(LD50) = 30 mg / kg] Methamidophos. 3rd group were treated with atropine and pralidoxime after cholinergic signs had evolved.

**Results:** In testicular tissue samples of rats in 2nd group; thickness of membrana propria and electron density of Sertoli cells increased, giant lipid droplets, agranuler endoplasmic reticulum vacuolization, dense mitochondria, findings of cytoplasmic lysis in most of the tubules, arrest in spermatogenic cells, immature release to lumen and apoptotic changes were observed. In samples of 3rd group; degenerative changes in testicular tissue were similar to the 2nd group, and no significant structural improvement were seen after treatment.

**Conclusion:** Our study revealed that acute exposure to Methamidophos causes important degenerative changes in all elements of testicular tissue; and those structural degenerative changes are not reversible with antidotal therapy in the acute phase.

**Keywords:** Methamidophos, poisoning, organophosphate, testis, infertility



PP 063

**Socio-demographic characteristics and psychiatric analysis of the patients admitted to emergency department with suicide attempt via drug intake**

*Ufuk Saracoglu<sup>1</sup>, Yuksel Goke<sup>2</sup>, Mehmet Oguzhan Ay<sup>3</sup>, Akkan Avci<sup>3</sup>, Meliha Zengin Eroglu<sup>4</sup>, Muge Elarslan Kara<sup>5</sup>, Mehmet Canacankatan<sup>6</sup>, Mediha Dogan<sup>7</sup>, Selen Acehan<sup>3</sup>*

<sup>1</sup>Burdur State Hospital, Emergency Medicine Service, Burdur, Turkey

<sup>2</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>4</sup>Osmaniye State Hospital, Psychiatry Service, Osmaniye, Turkey

<sup>5</sup>Iskenderun State Hospital, Emergency Medicine Service, Iskenderun, Turkey

<sup>6</sup>Tarsus State Hospital, Emergency Medicine Service, Mersin, Turkey

<sup>7</sup>Medicana International Hospital, Emergency Medicine Service, Istanbul, Turkey

**Objective:** In this study, it was aimed to determine the socio-demographic characteristics and psychiatric analysis of the patients admitted to emergency department due to suicidal poisoning.

**Materials-Methods:** This prospective study was started after the approval of ethics committee. Patients over the age of 18, agreed to participate in our study, and who admitted to the emergency department with conscious suicidal behavior between 01 January 2009 - 01 January 2011 were enrolled in this study. All patients were asked and answered the standardized questionnaire created to determine the socio-demographic characteristics and possible underlying psychiatric pathologies after treatment.

**Results:** A total of 122 patients were enrolled in the study. The vast majority of the patients were consisted of female gender (68.9%), in the 18-24 age group, single, unemployed, graduate from elementary or high school, a member of a large family including 4-5 people, with a monthly income below TL 1,000, and the individuals were found to be in economic distress. Chronic systemic disease, psychiatric disorders, and suicide attempts in the past, and a family history of suicide attempts were statistically significantly increased the assets of suicidal thinking. Most of the patients were diagnosed as depression and anxiety disorders, and they were recommended to use psychiatric drug therapy and psychiatric follow-up support to come again.

**Conclusion:** Suicide motion, a method that is applied as a result of the social, economic, familial and psychiatric problems, with which individual faces, is a way of expressing oneself or a way of alternative solution according to the individual. Through the support given to individuals having suicide tendency, a decrease in suicide risk among the mentioned people can be actualized. For this purpose, the socio -demographic features of patients attempted suicide must be well known and must be evaluated by psychiatry.

**Keywords:** Emergency, poisoning, suicide, psychiatry



## PP 064

**Prognostic Relationship Between Complete Blood Count Parameters and Transient Ischemic Attack, Ischemic Stroke and Hemorrhagic Stroke**

*Ferhat Icme<sup>1</sup>, Nuretin Özgür Doğan<sup>2</sup>, Yücel Yüzbaşıoğlu<sup>1</sup>, Pervin Sarıkaya<sup>1</sup>, Mehmet Oğuzhan Ay<sup>3</sup>, Müge Gülen<sup>3</sup>*

<sup>1</sup>Atatürk Education and Research Hospital, Department of Emergency Medicine, Ankara/Turkey

<sup>2</sup>Kocaeli University School of Medicine Department of Emergency Medicine Kocaeli/Turkey

<sup>3</sup>Numune Education and Research Hospital, Department of Emergency Medicine, Adana/Turkey

**Objective:** We investigated the relationship between complete blood count parameters such as leukocyte, neutrophil, lymphocyte, monocyte, platelet counts, red blood cell distribution width (RDW), platelet distribution width (PDW), and mean platelet volume (MPV) values and transient ischemic attack (TIA), ischemic stroke and hemorrhagic stroke

**Materials-Methods:** A total of 215 patients including 171 with ischemic stroke, 24 with hemorrhagic stroke (non-traumatic subarachnoid hemorrhage and intraparenchymal hemorrhage) and 20 with TIA, along with 60 healthy volunteers were enrolled in the study. Leukocyte, neutrophil, lymphocyte, monocyte, and platelet counts, and RDW, PDW, and MPV values of the TIA, ischemic stroke and hemorrhagic stroke patients were compared with the control group, and between the groups themselves.

**Results:** The mean age of patients was 67.5 (min 22 - max 96), while 138 (64.2%) patients were over the age of 65. Men constituted 53% of all patients. MPV levels of the ischemic stroke group were significantly higher than the control group (median values of 9.7 and 9.4) ( $p = 0.003$ ). The number of neutrophils in the TIA group was significantly higher than the ischemic stroke group ( $p = 0.011$ ) and the hemorrhagic stroke group ( $p = 0.014$ ). Leukocyte levels were significantly higher in the TIA group than the control group ( $p = 0.037$ ).

**Conclusion:** MPV may be an important indicator of prognosis in ischemic stroke, whereas leukocyte and neutrophil counts may be important prognostic indicators of TIA. There were no significant differences in the complete blood count parameters that we studied for the hemorrhagic stroke group.

**Keywords:** Stroke, Transient ischemic attack, Complete blood count parameters, Prognosis

## PP 065

**The Relationship of Oxidative Stress Parameters with Infarct Volume and National Institutes of Health Stroke Scale in Ischemic Stroke**

*Ferhat Icme<sup>1</sup>, Özcan Erel<sup>2</sup>, Zeynep Saral Öztürk<sup>1</sup>, Tolga Öz<sup>1</sup>, Akkan Avcı<sup>3</sup>, Salim Satar<sup>3</sup>, Karabekir Özcan<sup>4</sup>*

<sup>1</sup>Atatürk Education and Research Hospital, Department of Emergency Medicine, Ankara/Turkey

<sup>2</sup>Atatürk Education and Research Hospital, Department of Biochemistry, Ankara/Turkey

<sup>3</sup>Numune Education and Research Hospital, Department of Emergency Medicine, Adana/Turkey

<sup>4</sup>Atatürk Education and Research Hospital, Department of Radiology, Ankara/Turkey

**Objective:** Our study aims to investigate the relationship between the ischemic lesion volume effective in predicting the prognosis and National Institutes of Health Stroke Scale (NIHSS) with oxidant and antioxidant levels.

**Materials-Methods:** The study included 34 patients with ischemic stroke and 34 volunteers with no active diseases. Total Oxidant Status (TOS), Total Antioxidant Status (TAS), thiol, paraoxonase, sparaoxonase and arylesterase were measured in blood samples collected on admission from patients diagnosed with ischemic stroke. The Oxidative Stress Index (OSI) was calculated. The same oxidative stress parameters were measured in the control group and compared with the patient group. The oxidative stress parameters were compared with the NIHSS calculated on admission of patients and the infarct volume calculated in the diffusion-weighted magnetic resonance imaging performed in the first 72-96 hours.

**Results:** TOS and OSI value was significantly higher in the case group than the control group. Paraoxonase, arylesterase, thiol values were significantly lower in the case group than the control group. The TAS and sparaoxonase values differed significantly between the case and control groups. There was a significant negative correlation between the NIHSS value and the paraoxonase value and sparaoxonase value. There was no significant correlation between the NIHSS value and the infarct volume and the TAS, TOS, OSI, arylesterase, thiol values.

**Conclusion:** We conclude that the weighing of the balance oxidative stress against oxidants could be effective in the pathogenesis of ischemic stroke but that oxidative stress could not be sufficient alone in predicting the prognosis of strokes.

**Keywords:** Oxidative stress, ischemic stroke, infarct volume, NIHSS



PP 066

**Anaphylactic Reaction Due to Diclofenac Injection**

*Sahin Colak, Mehmet Ozgur Erdogan, Turker Karaboga, Gokhan Tas, Hayati Kandis*

Haydarpaşa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Anaphylaxis associated with non-steroid anti-inflammatory drugs is rarely seen. These drugs are commonly sold over the counter. Severity of a drug related allergic reaction is unpredictable. We present an anaphylaxis due to intramuscular diclofenac injection.

**Case:** 68 years old male was admitted to ED for upper right abdominal pain. The patient was diagnosed as cholelithiasis with biliary colic. Patient did not require a surgical intervention and 75 mg intramuscular dose of diclofenac was administered to the patient to provide pain relief and patient was discharged. Ten minutes after injection of the drug, patient was admitted with syncope to ED. Upon admission, he was unconscious, with tachydyspnea, tachycardia (170/min), BP 50/30 mmHg, a filiform pulse. The patient had widespread rubor and uvula edema. Parenteral 45.5 mg feniramin maleat and 0.25 mg adrenaline was administered. Patient was observed for 12 hours. He was informed about diclofenac allergy and discharged.

**Conclusion:** Anaphylaxis may occur with a widespread used drug diclofenac. Anaphylaxis is a serious hypersensitive systemic reaction, in which there is a multi-system involvement and hypotension as well as respiratory problems. As it may lead to mortality, ED physicians has to be know the management of anaphylaxy.

**Keywords:** anaphylaxy, diclofenac, biliary colic

PP 067

**Pediatric Spinal Fractures**

*Sezin Aktas, Mehmet Ozgur Erdogan, Sahin Colak, Mehmet Kosargelir, Züleyha Agabeyli, Hayati Kandis*

Haydarpaşa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Thoracolumbar spinal fractures are relatively uncommon in pediatric population. % 1-10 percentile of all spinal trauma are seen in children. Due to factors involving the maturing spine, fractures and dislocations of the lower cervical spine are relatively rare.

**Case:** Six year old patient was administered to emergency department duo to fall from one meter. At his physical examination he has pain on lomber area with palpation and he had no neurological deficits. There was compression fracture at L3 on his lomber computeded tomografi (CT) (Figure 1). The second patient was a fife year old boy who has fallen from two meters. He had a normal physical examination. He only had mild tenderness on his thoracal spinal region. On his spinal CT there was compression fracture on T7 vertebrae (Figure 2). These two patients had no neurological symtoms, they were treated with external fixation.

**Conclusion:** Younger children up to 8 years old are more vulnerable to upper cervical vertebrae traumas while children older than 8 years more frequently develop thoroolumber injury patterns. serious injuries are rare cases. Age does not only correlate with the frequency of spinal injury, but also with the mechanism, level and type.

**Keywords:** spine, trauma, injury, children



## PP 068

**A Garden Fence in Abdomen**

*Turker Karaboga, Mehmet Ozgur Erdogan, Sahin Colak, Ozge Daghan, Yeter Ozbey, Hayati Kandis*

Haydarpaşa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** As gluteal area has a muscular and fatty texture, traumas of gluteal area are generally underestimated. Penetrating trauma to the buttock is an injury with potential mortality.

**Case:** 23 years old female has fallen onto a garden fence in sitting position while escaping from a dog. Patient was admitted to ED with a penetrating foreign object in her left gluteal area. She was rescued from the scene with equipment of fire brigade. Initial blood pressure was 130/85 mmHg. Heart rate was 105/minute. Initial laboratory findings revealed that hemoglobine was 8,36. Abdomen CT scan revealed a foreign object lying from the left iliac crest into the pelvis (figure 1-2). In the exploratory laparotomy, no intraabdominal injury was found. The fence was extracted by the ortopedist. Patient was discharged on the third day of surgery.

**Conclusion:** Gluteal region is divided into upper and lower zones by determining whether entry occurred above or below the greater trochanters. Penetrant gluteal injuries may be fatal due the existence of retroperitoneal area and abdominal organ injuries. These can be complex injuries. Penetration of the gluteal region is a potentially life threatening injury. A high index of suspicion, repeated careful evaluation and early exploratory laparotomy is mandatory to decrease morbidity and mortality.

**Keywords:** buttock, penetrating injury, abdomen

## PP 069

**A case of acute atrial fibrillation due to Disulfiram-ethanol reaction**

*Nalan Kozacı<sup>1</sup>, Faruk Güngör<sup>1</sup>, M. Oğuzhan Ay<sup>2</sup>, Asım Arı<sup>1</sup>, Volkan Çelebi<sup>1</sup>*

<sup>1</sup>antalya eğitim araştırma hastanesi

<sup>2</sup>adana numune eğitim araştırma hastanesi

**Objective:** In this paper, acute AF (DER) following administration of Disulfiram (Antabuse) secretly given to a 35 years old male patient with a history of chronic alcoholism by his mother was presented.

**Case:** A 35-year-old male patient with a history of chronic alcoholism admitted to emergency department with complaints of tachycardia and feeling of faint that began during alcohol intake. There was no chest pain and shortness of breath. From patient's medical history, it was learned that the patient had an interrupted alcohol addiction treatment. The patient was conscious, fully cooperated and oriented and restless in general examination. Blood pressure was 110/70mmHg and heartbeat was 145 beats / min., and other vital signs of the patient were normal. Physical examination revealed cardiac tachyarrhythmia and other systemic examinations were normal. High ventricular response atrial fibrillation was detected on ECG. Echocardiography was performed to the patient before the treatment. No structural abnormality was found on ECHO. So, Disulfiram-alcohol reaction induced acute AF was considered. Application of pharmacologic cardioversion decision was taken. For this purpose, 4 tablets of 150mg Propafenone were given orally. After about 1 hour, AF returned to sinus rhythm. No arrhythmia occurred during follow-up. All lab results of patient, who was investigated for anemia and thyroid function tests during the period of follow-up in the emergency department, were normal. With normal clinical findings, the patient was discharged after 8-hours of follow-up.

**Conclusion:** In our case, Disulfiram had been given secretly by patient's mother. Acute AF due to Disulfiram-ethanol reaction had developed in our patient. Sinus rhythm was achieved by terminating acute AF with p.o. administered 600 mg Propafenone.

**Keywords:** Disulfiram, atrial fibrillation, Propafenone



PP 070

**Can venous blood gas values be used instead of arterial blood gas values in respiratory alkalosis?**

*Nalan Kozacı, Faruk Güngör, Inan Beydilli, M. Nuri Bozdemir, Can Akyol*

antalya eğitim araştırma hastanesi

*Objective: In this prospective study; correlation between pH, pCO<sub>2</sub>, pO<sub>2</sub>, bicarbonate (HCO<sub>3</sub>), and base excess (BE) values of arterial and venous blood gas samples of patients with respiratory alkalosis were compared and use of venous blood gas samples in patients with respiratory alkalosis in clinical practice was evaluated.*

Materials-Methods: Ninety patients with respiratory alkalosis were enrolled in this study. Arterial and venous blood gas samples of patients enrolled in the study were drawn simultaneously in room air without administering any treatment after admitting to the emergency department.

Results: Correlation was significant between the results of pH, PaCO<sub>2</sub>, HCO<sub>3</sub> and BE (respectively, r: 0.764, r: 0.839, r: 0.843, r: 0.883) in arterial and venous blood gas samples (p = 0.001). Patients included in the study were divided into three groups according to the values of PaO<sub>2</sub> in arterial blood gas sample. A statistically significant correlation (r: 0.540, P = 0.001) between arterial-venous blood gas samples of patients with only PO<sub>2</sub> = 60mmHg (O<sub>2</sub> saturation <90) was detected amongst these three groups.

Conclusion: in follow-up of patients with respiratory alkalosis, if O<sub>2</sub> saturation is  $\geq 90$ ; pH, pCO<sub>2</sub>, HCO<sub>3</sub> and BE in venous blood gas sample can be used instead of arterial blood gas sample. If patient's O<sub>2</sub> saturation <90; pH, pCO<sub>2</sub>, HCO<sub>3</sub>, BE and also PaO<sub>2</sub> values in venous blood gas sample can be used instead of arterial blood gas sample.

Keywords: respiratory alkalosis, arterial - venous, blood gas

PP 071

**Attention to Bupropion while cessation of smoking**

*Banu Karakus Yilmaz<sup>1</sup>, Erdem Cevik<sup>2</sup>, Yasemin Celik<sup>1</sup>, Hatice Dogan<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Bağcılar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** In last years bupropion is currently sold on the pharmacy as a drug to promote the cessation of smoking. The purpose of this two case was to draw attention to bupropion side effects because of its side effects while using for cessation of smoking.

**Case-1:** A 36-year-old woman was admitted to the emergency department due to acute change in mental status after taking 3.75 g sustained release bupropion two hours ago. Initial blood pressure was 140/80 mm Hg, heart rate was 105 beats per minute and glasgow coma scale was 14. Electrocardiography (ECG) revealed sinus tachycardia. Patient agitated and confused while initial physical examination. After than patient taken to observation room and nasogastric tube was fastened. Gastric lavage found no pill fragment returned. Patient hospitalized intensive care unit (ICU) because of seizures risk. In ICU, patient had hallucinations and one time tonic-clonic seizure occurred. After six days patient discharged.

**CASE-2:** A 31-year-old man was admitted to the emergency department due to an acute change in mental status after taking 9 g. sustained release bupropion four hours ago. Initial blood pressure was 110/80 mmHg, heart rate was 96 beats per minute and glasgow coma scale was 14. In initial physical examination, patient was agitate. Patient was taken to observation room and nasogastric tube was fastened. No pill fragment found in gastric lavage. After than in observation room, patient had seizure and for treatment iv midazolam was given. Patient hospitalized ICU because of seizures risk. In ICU, patient had seizure one time. After three days patient discharged.

**Conclusion:** Bupropion used for depression treatment for a long time but in recent it is started to use for the cessation of smoking. We believe that, before using the drug, doctors select patients attentively and inform the patients about the drug side effects.

**Keywords:** Bupropion, cessation of smoking, intoxication



## PP 072

**Shoulder pain at emergency medicine; spinal cord infarction**

Banu Karakus Yilmaz<sup>1</sup>, Erdem Cevik<sup>2</sup>, Hatice Dogan<sup>1</sup>, Yasemin Yilmaz<sup>1</sup>, Ozlem Uzun<sup>1</sup>

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** Spinal cord infarction (SCI) is an infrequent disease, varying in its presentation, severity, and outcome from patient to patient. This makes it often a diagnostic challenge for clinicians, and with a paucity of interventions and treatments. The manifestations of SCI depend on the spinal level and type of artery affected. Patients present as acute paraplegia or quadriplegia, spinothalamic sensory loss, and abnormal bladder function. We will review of the literature about spinal cord infarction with an unknown cause of spinal cord case.

**Case:** A 16 year old woman was admitted to our hospital because of her left shoulder pain and weakness at left upper extremity. On admission she had a paresis of the left leg graded 2/5 on the medical research council (MRC) scale. At brain CT there was generalized parenchymal edema. After an hour her muscle strength was 0/5 at left upper extremity, 2/5 at left lower extremity. Patient referred to diffusion MR (DWI) after these findings and there was not acute infarct at DWI. While she was following cardio-pulmonary arrest developed. After two minute spontaneous circulation return. Patient admitted to the ICU and she was quadriplegic at there. Follow-up cervical-cranial MR 13 days after admission showed a longitudinal T2 hyperintense signal from C1 to T2 (Picture). After 50 day follow up patients discharged from hospital with home ventilator and she was consciousness and quadriplegic. At 6 month control her left upper extremity muscle strength was 4/5 on MRC.

**Conclusion:** Spinal cord infarction is a rare disease and these patients can apply with atypical symptoms. Emergency physicians make the necessary tests for the diagnosis of this disease and treatment should begin immediately.

**Keywords:** spinal cord infarction, emergency department, shoulder pain

## PP 073

**A rare cause of pneumomediastinum; trachea rupture**

Banu Karakus Yilmaz<sup>1</sup>, Erdem Cevik<sup>2</sup>, Caner Celik<sup>1</sup>, Ahmet Kutur<sup>1</sup>

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** Pneumomediastinum is the presence of air or gas in the mediastinum. The etiology of pneumomediastinum is multifactorial. The more common suspicious etiological factors of SPM involve asthma exacerbations, infection, and coughing related valsalva maneuvers. The mortality and morbidity associated with pneumomediastinum are generally attributable to underlying disease states. Spontaneous pneumomediastinum is usually a self-limited condition that rarely produces significant or life-threatening symptoms. Subcutaneous air is not pathognomic of pneumomediastinum but the presence of subcutaneous crepitations suggests free air is present within the thoracic cavity. Chest radiography usually reveals a pneumomediastinum. Chest CT scanning may be used to diagnose pneumomediastinum not visualized on chest radiography and provide additional diagnostic information regarding the presence of coexisting illness, such as perforated esophagus. In general, most patient with pneumomediastinum (PM) are asymptomatic, and the natural course is for the pneumomediastinum to spontaneously resolve. But some of them need mechanical ventilation or surgical treatment.

We present pneumomediastinum in 22-years old healthy male patient caused by cough, a rarely etiologic factor for pneumomediastinum.

**Case:** A 22-year-old male patient presented to emergency department complaining of chest pain, dyspnea and palpitation after a cough during football match. His vital signs were stable. On physical there was subcutaneous emphysema and edema over the neck and there was stridor. On re-evaluation of the chest radiogram, suspected mediastinal air was noted (Picture 1). The thoracic computed tomography (CT) showed air in mediastinum and widespread emphysema in cervical tissue (Picture 2). Patient diagnosed pneumomediastinum and admitted to ICU. In the following days, pneumomediastinum resolved spontaneously with supportive therapy and patient discharged.

**Conclusion:** When a patient with dyspnea and subcutaneous emphysema after coughing is seen, pneumomediastinum should be kept in mind with respect to differential diagnosis by emergency physicians.

**Keywords:** pneumomediastinum, cough, trachea rupture



PP 074

**Stabbing injury to vertebra; a case report**

*Banu Karakus Yilmaz<sup>1</sup>, Erdem Cevik<sup>2</sup>, Sultan Enhos<sup>3</sup>, Fatih Comez<sup>1</sup>, Mehmet Sam<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

<sup>3</sup>Department of General Surgery, Bagcilar Research and Training Hospital / Istanbul

**Objective:** Most penetrating spinal cord lesions are caused by gunshot wounds. Stabbing injuries to the spinal cord are much less common. These may be inflicted by a variety of implements, including knives, axes, ice picks, screwdrivers, and glass fragments. The aim of this case is to call attention the vertebral stabbing injury with knife and association with thorax and abdominal injury.

**Case:** A 26-year-old man was admitted to emergency department complaining of chest pain and dyspnea which was started after penetrating trauma with knife. Vital signs were stable at admission. At physical examination there was 1 cm long incision at 10 cm inferomedial of right scapula and minimal bleeding from incision. Neurovascular examination was normal. At laboratory tests there was no abnormality. The x-ray showed a knife which was penetrating to T11 vertebra corpus (Picture1). At thoracoabdominal CT there was hemothorax and pneumothorax at left lung and rupture of the diaphragm and the air around the left kidney at retroperitoneum. There was hiperdens foreign body (knife?) at corpus of T11 and pneumorrhachi (air in spinal canal). Patient operated with thorax surgery and neurosurgery. Foreign body was removed and tube thoracostomy was performed to the patient. Patient followed-up in thorax surgery clinic and discharged.

**Conclusion:** Penetrating injury at low thoracic zone could include damage in abdomen and thorax and midline injury may be owned by spinal cord. These patients must be evaluated with all of these injuries by emergency physicians.

**Keywords:** Stabbing injury, pneumorrhachi, penetrating trauma

PP 075

**Knowledge level of nurses about current adult cardiopulmonary resuscitation guideline and the effect of theoretical and practical education on to long-term memory**

*Yahya Ayhan Acar<sup>1</sup>, Erdem Çevik<sup>2</sup>, Elif Kuş<sup>3</sup>, Nilü Dalgın<sup>3</sup>, Orhan Çınar<sup>4</sup>*

<sup>1</sup>Emergency Department, Etimesgut Military Hospital, Ankara, Turkey

<sup>2</sup>Emergency Department, Van Military Hospital, Van, Turkey

<sup>3</sup>School of Medicine, Gulhane Military Medicine Faculty, Ankara, Turkey

<sup>4</sup>Department of Emergency Medicine, Gulhane Military Medicine Academy, Ankara, Turkey

**Objective:** American Heart Association Cardiopulmonary Resuscitation (CPR) guideline implemented major changes in CPR as shifting A-B-C to C-A-B in 2010. Aim of this study is to evaluate the current CPR knowledge level of nurses and effect of theoretical and practical educations in long term memory.

**Materials-Methods:** In a public hospital 52 nurses were applied a ten questioned survey about current CPR knowledge level. In answers, current and previous options were given. Some volunteers of them were given theoretical (n=32) and practical (n=14) educations by the same educator. Same survey was applied just after theoretical education and six months later. Data were analysed via SPSS package programme.

**Results:** Mean correct answers before education, after education and six months later were 5.58±1.89, 8.97±0.97, and 5.50±1.56 respectively. There was a statistically significant increase in correct answers shortly after theoretical education. (p<0.01, Z=-4.57, Wilcoxon test) This increase worsened after six months and any difference was not detected from pre-educational status. (p=0.21, Z= -1.26, Wilcoxon test). Practical education also did not effect correct answers after six months and there was not any statistically significant difference. (p=0.77, Mann-Whitney U test).

**Conclusion:** Neither theoretical nor practical education give a rise to long term knowledge levels. CPR educations should be repeated in short periods as considering the difficulties to change the old memories. Especially it looks hard to pass out "look-listen-feel" from one's mind.

**Keywords:** Cardiopulmonary resuscitation (CPR), education, knowledge, nurse



PP 076

**Acute psychotic symptoms in emergency department due to benzydamine hydrochloride abuse***Yahya Ayhan Acar<sup>1</sup>, Mustafa Kalkan<sup>2</sup>, Ridvan Çetin<sup>2</sup>, Erdem Çevik<sup>3</sup>, Orhan Çınar<sup>4</sup>*<sup>1</sup>Emergency Department, Etimesgut Military Hospital, Ankara, Turkey<sup>2</sup>School of Medicine, Gulhane Military Medicine Faculty, Ankara, Turkey<sup>3</sup>Emergency Department, Van Military Hospital, Van, Turkey<sup>4</sup>Department of Emergency Medicine, Gulhane Military Medicine Academy, Ankara, Turkey

**Objective:** Benzydamine hydrochloride (BH) is a locally-acting nonsteroidal anti-inflammatory drug that especially used for pain relief and anti-inflammatory treatment of inflammatory conditions of the mouth and throat. BH overdose can cause stimulation of central nervous system, halucinations and psychosis. We reported a young man presented to the emergency department with psychotic symptoms due to BH abuse.

**Case:** A twenty-year-old man was admitted to emergency department with the complaint of acute visual halucinations as seeing bugs. His vital signs were all in normal ranges. Any abnormality in physical examination did not detected. ECG was normal sinus rhythm and laboratory tests were all in normal ranges also. He received 20 benzydamine hydrochloride (Tantum®) dragees the day before with alcohol. It was thought that it was a suicidal attempt at first sight, then it was learned that BH was misused with alcohol as deliriant. The patient was referred to the Psychiatry clinic for further evaluation.

**Conclusion:** Misuse of BH is popular among teenagers and they usually learn deliriant effect of BH from friends and internet. Normal dose of BH may cause side-effects in patients who has psychiatric disorder history. Usage BH with alcohol is another way of abusing. Psychotic symptoms were reported after abuse or overdose of BH and emergency physician should consider these side effects in prescribing and patient evaluation.

**Keywords:** Benzydamine hydrochloride, acute psychosis, abuse, alcohol

PP 077

**Industrial staple removal from finger with a medical staple scissors: Case report of a useful technique***Yahya Ayhan Acar<sup>1</sup>, Erdem Çevik<sup>2</sup>, Ufuk Ünsal<sup>3</sup>, Orhan Çınar<sup>4</sup>*<sup>1</sup>Emergency Department, Etimesgut Military Hospital, Ankara, Turkey<sup>2</sup>Emergency Department, Van Military Hospital, Van, Turkey<sup>3</sup>School of Medicine, Gulhane Military Medicine Faculty, Ankara, Turkey<sup>4</sup>Department of Emergency Medicine, Gulhane Military Medicine Academy, Ankara, Turkey

**Objective:** Some special techniques for specific foreign bodies are reported. In this case report we present the removal of industrial staple from finger with a medical staple scissor.

**Case:** A twenty-year old man was admitted to ED with a staple in his left index finger. Staple was a result of occupational injury from carpenter's workshop. Staple was not associated with bone but nailed firmly. It was removed easily with a medical staple scissors. Any complication was not observed.

**Conclusion:** Industrial staple machines have high ejection pressure and used widely in many industries. These injuries have potential morbidity and even mortality. Preventive precautions must be applied strictly but for injured cases specific removal devices for all sizes must be stored at workplaces and EDs. This technique should be considered by physicians in staple removal and special devices should be manufactured for its purpose.

**Keywords:** Staple, staple scissors, occupational accident



PP 078

**The relationship between TNF- $\alpha$ , BNP, IL-1 levels and the severity of clinical envenomation in snake bites**

*Muge Elarslan Kara<sup>1</sup>, Mehmet Oguzhan Ay<sup>2</sup>, Yuksel Gokel<sup>3</sup>*

<sup>1</sup>Iskenderun State Hospital, Emergency Medicine Service, Iskenderun, Turkey

<sup>2</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

**Objective:** In this study, we aimed to investigate the relationship between TNF- $\alpha$ , BNP, IL-1 levels and the severity of clinical envenomation in snake bites.

**Materials-Methods:** Patients admitted to emergency department with snake bite between April 2009 and May 2011 were enrolled in this prospective study. These patients were staged according to their clinical findings, and TNF- $\alpha$ , BNP and IL-1 levels were compared on the application time and on the 12th hour after medical treatment.

**Results:** Totally 30 patients were included to the study. We determined that in 17 of 30 patients had been made improper first aid such as tight turns, incision and suction. At the time of administration 17 patients were in Stage 1, 8 patients were in Stage 2, and 5 patients were in Stage 3. Fortyseven vial antivenom was administration to these patients. No complication was seen because of antivenoms and no patient died because of envenomation. The increase of TNF- $\alpha$ , BNP and IL-1 levels within the application time and 12th hour after the treatment was statistically significant ( $p < 0.05$ ). While the stage of the clinical envenomation increased, TNF- $\alpha$ , BNP and IL-1 levels increased too.

**Conclusion:** The low-dose anti-venom treatment was found to be effective in the treatment of snake bites. TNF- $\alpha$ , BNP and IL-1 levels can show the severity of clinical envenomation in snake bites.

**Keywords:** Snakebite, TNF- $\alpha$ , BNP, IL-1, emergency

PP 079

**Abdominal Necrotizing Fasciitis Associated with Severe Clinical Table**

*Mustafa Sit<sup>1</sup>, Tarik Ocak<sup>2</sup>, Arif Duran<sup>2</sup>, Furkan Erol Karabekmez<sup>2</sup>, Ayse Cetin<sup>2</sup>*

<sup>1</sup>Abant Izzet Baysal University, Medical School, Department of General Surgery, Bolu, Turkey

<sup>2</sup>Abant Izzet Baysal University Medical Faculty, Department of Emergency Medicine, BOLU-TURKEY

<sup>3</sup>Abant Izzet Baysal University Medical Faculty, Department of Plastic, Reconstructive and Aesthetic Surgery, BOLU-TURKEY

Necrotizing fasciitis is characterized by progressive tissue necrosis and a life-threatening severe soft-tissue infection of skin, subcutaneous tissue and fascia. The etiology includes trauma, surgery and injection. In this report, we aimed to present a morbid obese female patient diagnosed with incarcerated umbilical hernia and subsequent severe necrotizing fasciitis during follow-up and discuss with the literature.

**Case:** A 60 years old, morbid obese woman who was followed up by another clinic with a diagnosis of abdominal cellulite for 10 days and was referred to our clinic because of foul-smelling necrotic wound in the anterior abdominal wall. The patient complained for 10 days of increasing abdominal pain, nausea, vomiting and shortness of breath, gas-of defecation, redness, discoloration and foul-smelling discharge on abdominal wall. A large infected necrosis area was obvious on anterior abdominal wall and subcutaneous emphysema detected between neck and inguinal area. Incarcerated umbilical hernia, subcutaneous emphysema and pneumo-pericardium and pneumo-mediastinum detected on urgent thorax and abdominal CT. Patient was taken into the operation room for debriment under the emergency conditions. A large excision performed on necrotic abdominal wall. There was intestine and omentum in incarcerated hernia bag. A double gun ileostomy performed. After intra-abdominal wash out with saline, a Bogota bag was applied for the closure of the fascia defect and surgical procedure was finished. She followed up in the intensive care unit.

**Conclusion;** Despite it is rare; necrotizing fasciitis is an aggressive clinical condition that may cause mortality. Early diagnosis and aggressive surgical debriment may reduce the mortality rate. We think that in case of morbid obesity, advanced diagnostic tools should be performed to make a proper diagnosis and not miss out a serious clinical entity like a necrotizing fasciitis.

**Keywords:** Necrotizing fasciitis, morbid obese, intensive care unit



PP 080

**Verapamil toxicity: an unusual case report**

*Selim Bozkurt, Fatma Betül Güzel, Mehmet Okumuş, Vesile Daraoğlu, Selçuk Bekaroğlu, Atakan Savrun*

Kahramanmaraş Sutcu İmam Universty, Medical Faculty, Department of Emergency Medicine, Kahramanmaraş, Turkey

**Objective:** Calcium channel blockers are frequently used medication in treatment of supraventricular arrhythm and hypertension. Average toxic dose of verapamil is 2708mg for adults. In cases of toxic dosage intake, it causes metabolic acidosis hyperglycemia, hypotension, AV blocks. In addition to that, for long term user patients, when taken double dose, possible hypotension and bradycardia are reported. This case is the report of 3 years user patient who accidentally took double dose of antihypertensive agents active ingredients verapamil.

**Case:** Patient is a sixty three year old woman who suffers from dizziness, nausea, weakness. Patient only has a history of hypertension and diabetes mellitus. Patient was currently using Tarka forte pill 1x1 (240mg Verapamil + 4mg Trandolapril) and oral antidiabetic. Patient reported that she took 2 doses of Tarka within an hour of each other before symptoms beginning. Patient in general condition was moderate and conscience. Blood pressure 70/40 mmHg, pulse 63beats/min and breathing 12/min. Other system examination was natural. ECG was in normal sinus rhythm. Patient showed no signs of pericardial tamponade and left ventricular dysfunction in her echocardiography and EF was normal. 1000ml saline given due to her hypotension. Blood pressure showed no sign of improvement. Laboratory results showed glucose 231mg/dl, BUN 26mg/dl, hemoglobin 10,2gr/dl, pH; 7,29 HCO<sub>3</sub>; 18 mmol/l, Lactate 4 (0,4-2) mmmol/l. Other results was normal. We thought that hypotension and bradycardi was due to overdose of calcium channel blocker, therefore two hours after application of the patient, we gave 20cc calcium gluconate. After the application of calcium gluconate, patient's blood pressure climbed up to 100/70mmhg, pulse of the patient showed no improvement. Patient has taken to emergency observation unit. While in emergency observation unit, follow-up showed no descent and pulse was stabil at 50-60beats/min. Patient released after 12hours of observation.

**Conclusion:** Overdose of antihypertensive agent should be considered for hypotensive chronic antihypertensive user patients in emergency services. In regards to this patient use of calcium gluconate was successful.

**Keywords:** Calcium gluconate, Hypotension, Calcium channel blocker

PP 081

**Retroperitoneal hematoma after femoral artery puncture**

*Bülent Kaya, Orhan Bat, Yiğit Mehmet Özgün, Suat Can Ulukent, Nuri Alper Şahbaz, Özer İlkül*

Kanuni Sultan Süleyman Training And Research Hospital-Department of General Surgery

**Objective:** Femoral artery puncture for blood gas analysis is a common procedure. It has some complications such as bleeding, pseudoaneurysm, arteriovenous fistula and infection. Bleeding is the most common puncture site complication, the incidence being as high as 15% to 20%. We presented a patient with abrupt decrease in hemoglobin level after femoral artery puncture. A huge retroperitoneal hematoma formation was detected.

**Case:** A 80 years old male was admitted to emergency department with dyspnea and accepted to intensive care unit. The patient was taking coumadin 5 mgr orally. The femoral arterial puncture was performed for blood gas analysis. The hemoglobin level was dropped to 5 gr/L after puncture. The abdominal CT revealed a huge retroperitoneal hematoma. The patient was managed successfully with conservative measures including bed rest, transfusion with blood and fresh frozen plasma.

**Conclusion:** Although the femoral artery puncture is a simple procedure it can be associated with serious complications like life-threatening bleeding

**Keywords:** femoral artery puncture, bleeding, retroperitoneal hematoma



PP 082

**Sudden Death Due to Voluntary Lighter Fluid Inhalation: A Case Report**

*Umit Yasar Tekelioglu<sup>1</sup>, Tarik Ocak<sup>2</sup>, Abdullah Demirhan<sup>1</sup>, Alim Erdem<sup>3</sup>, Vildan Tekelioglu<sup>4</sup>, Hasan Kocoglu<sup>1</sup>*

<sup>1</sup>Department of Anesthesiology and Reanimation, Abant Izzet Baysal University Medical School, Bolu, TURKEY

<sup>2</sup>Department of Emergency Medicine, Abant Izzet Baysal University Medical School, Bolu, TURKEY

<sup>3</sup>Department of Cardiology, Abant Izzet Baysal University Medical School, Bolu, TURKEY

<sup>4</sup>Department of Internal Medicine, Abant Izzet Baysal University Medical School, Bolu, TURKEY

Hydrocarbons are primarily consisting of carbon and hydrogen molecules. Butane, which is a kind of hydrocarbon compound, may be abused by inhalation and thus lead to addiction. In this study, we aimed to present and discuss, in parallel to literature, a 19 year old patient who inhaled lighter fluid and who presented with lung haemorrhage, hypoxia and acute coronary syndrome.

**Case:** A 19 year old male was found unconscious in his room with a 270 ml lighter fluid tube containing "butane". First aid to the patient was provided by emergency assistance team who reached the place within 3.5 minutes. The team started the resuscitation on the patient who was gasping and in cardiopulmonary arrest. Following the intervention that lasted 45 minutes, the rhythm of the patient returned. In the neurological examination, pupils were isochoric with no light reflex bilaterally, and the Glasgow Coma Scale Score was 4 (E1M2V1) intubated. Auscultation of the lungs was positive for bilateral coarse rales, and haemorrhagic fluid was aspirated from the endotracheal tube of the patient with frequent intervals. Electrocardiography (ECG) showed sinus rhythm and an elevation at the ST segments of the V3-V4 derivations. Repeated cranial CT on the 4th day of hospitalization demonstrated signs of cerebral edema with diffuse effacement of the cerebral sulci. 150 ml of 20% mannitol infusion 6 times/day was started as anti-oedema treatment. The patient died at the 27th day of the hospitalization due to multi organ failure.

In conclusion, inhalation of lighter fluid whose incidence in the adolescent age group has increased nowadays, may lead to fatal results by affecting vital organs such as lungs, brain and heart. Our case exemplifies presentation and the severity of the events that can be seen in such a case.

**Keywords:** Sudden death, lighter fluid inhalation, butane

PP 083

**An experience of emergency medicine research associate programme in Turkey**

*Yahya Ayhan Acar<sup>1</sup>, Mikail Burak Aydın<sup>2</sup>, Erdem Çevik<sup>3</sup>, Bekir Conker<sup>2</sup>, Okan Dalak<sup>2</sup>, Orhan Çınar<sup>4</sup>*

<sup>1</sup>Emergency Department, Etimesgut Military Hospital, Ankara, Turkey

<sup>2</sup>School of Medicine, Gulhane Military Medicine Faculty, Ankara, Turkey

<sup>3</sup>Emergency Department, Van Military Hospital, Van, Turkey

<sup>4</sup>Department of Emergency Medicine, Gulhane Military Medicine Academy, Ankara, Turkey

**Objective:** Research associate (RA) programmes have been implemented for last twenty years. Some studies reported that these programmes could have positive effects on articles both number (increase from 2 to 20 annually) and quality. (Hollander, Valentine et al. 1997; Hollander and Singer 2002) RA programmes have not become widespread in Turkey.

**Case:** Eight medical faculty student, one emergency associate professor and two emergency physicians started joint studies in 2012-2013 season. RA programmes of different countries especially USA examined, periodic meetings were held, anticipations of students, academic member and physicians evaluated, basic research applications were done and an e-mail group was set up for rapid communication. Currently, there are finished, continued and planned researches of the members of this RA programme.

**Conclusion:** Proper use of resources may have synergistic effects on personal and institutional fields. It was predicted that RA programme establishment in Turkey can increase the quality, number and cost-effectiveness of researches on emergency medicine. Additionally, students can have a chance of daily practice in emergency and gain a perspective of academic career opportunities.

**Keywords:** Research associate programme, emergency medicine, education



PP 084

**Thyroid nodule diagnosis by emergency ultrasound examination in patient with chest pain and palpitation**

*Yahya Ayhan Acar<sup>1</sup>, Erdem Çevik<sup>2</sup>, Mustafa Aparcı<sup>3</sup>*

<sup>1</sup>Emergency Department, Etimesgut Military Hospital, Ankara, Turkey

<sup>2</sup>Emergency Department, Van Military Hospital, Van, Turkey

<sup>3</sup>Cardiology Department, Etimesgut Military Hospital, Ankara, Turkey

**Objective:** Thyroid nodules can be palpable only in case of 4-7% but up to 70% can be identified with ultrasound examination (US). Acute airway obstruction was reported after spontaneous hemorrhage into thyroid nodule. Current study reports a thyroid nodule diagnosis with emergency US examination as a non-cardiac cause of palpitation.

**Case:** A 21-year old man was admitted to ED with chest pain and palpitation. His vital signs were as follows; blood pressure: 130/80 mmHg, pulse rate: 118 per minute, SaO<sub>2</sub>: 96% and temperature: 36.7 °C. His cardiac examination did not reveal any murmur or thrill except a regular tachycardia. ECG revealed sinus tachycardia. There was not any structural or functional abnormality related to cardiac valves, ventricles and atria on bedside emergency echocardiography. Thyroid pathology was considered as a cause of palpitation and US examination with linear probe (6-13 MHz) showed a nodule (16x22mm) and hypertrophic thyroid gland. In laboratory tests; Hgb, Htc, T3, T4 and TSH measurements were all in normal ranges. After cardiology consultation any cardiac pathology did not detected and patient referred to Endocrinology clinic for further evaluation.

**Conclusion:** Many EDs have US devices and emergency physicians are capable of US examination especially for FAST application. Recent studies have shown that US applications in ED have promising potential to widen many different areas (diagnosis of bone fractures, mid-gut volvulus diagnosis in ED etc.) In this case, patient with chest pain and palpitations was diagnosed as thyroid nodule with emergency US examination. If available, EPs should consider US examination as a diagnostic tool. This can improve health care services and can be an effective guide in accurate and fast diagnosis.

**Keywords:** Thyroid nodule, emergency ultrasound, imaging, palpitation

PP 085

**Potassium permanganate ingestion as a suicide attempt**

*Sebnem Eren Çevik<sup>1</sup>, Onur Yesil<sup>1</sup>, Tuba Cimilli Ozturk<sup>2</sup>, Ozlem Guneyse<sup>3</sup>*

<sup>1</sup>Umraniye Training and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey

<sup>2</sup>Fatih Sultan Mehmet Training and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey

<sup>3</sup>Kartal Lutfi Kırdar Training and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey

**Objective:** Severe caustic ingestions are uncommon events in most emergency departments; however they can produce devastating damage. The corrosive effects of potassium permanganate ingestion on the gastrointestinal tract and the eye may be secondary to the formation of potassium hydroxide, a strong alkaline corrosive.

**Case:** A sixty eight year old female patient was admitted to our Emergency Department after ingestion of 3 tablets of 250 mg potassium permanganate as a suicide attempt. The physical exam revealed brown stained lesions in the oropharynx and the other system examinations. Gastroenterology and general surgery consultations were made. Emergency endoscopy (most authors propose a time span of 24 hours) was performed by the gastroenterologist after the third hour of ingestion. Emergency endoscopy revealed multiple superficial (Grade I-II) lesions on the esophagus and cardia which were considered secondary to the caustic substance.

**Conclusion:** Potassium permanganate is a simply obtainable, over the counter oxidant. The strong oxidizing action of potassium permanganate causes burns depending on the concentration and amount of local irritation and it causes liquefaction necrosis. Ingestion of dilute solutions can cause brown staining of the mouth and throat, sore throat, abdominal pains, vomiting and dysphagia. In our patient, brown staining and lesions were determined in the oral cavity and dysphagia was the major complaint. The mainstay in the treatment of potassium permanganate is supportive [2,4] and the immediate priority is to secure the airway. There is a risk of perforation in insertion of nasogastric tube. Emergency endoscopy is an important tool used to evaluate the location and severity of injury to the esophagus, stomach and duodenum after caustic ingestion. Patients with signs and symptoms (vomiting, drooling, stridor or dyspnea) of intentional ingestion should undergo endoscopy within 12 to 24 hours to define the extent of the disease.

**Keywords:** Potassium permanganate, emergency endoscopy, caustic ingestion



PP 086

**Acute loss of vision due to fresh thrombus on bicuspid aortic valve of a young man diagnosed by emergency echocardiography**

*Yahya Ayhan Acar<sup>1</sup>, Mustafa Aparcı<sup>2</sup>, Mustafa Civelekler<sup>3</sup>, Adem Güler<sup>4</sup>, Murat Yalçın<sup>5</sup>*

<sup>1</sup>Emergency Department, Etimesgut Military Hospital, Ankara, Turkey

<sup>2</sup>Cardiology Department, Etimesgut Military Hospital, Ankara, Turkey

<sup>3</sup>Ophthalmology Department, Etimesgut Military Hospital, Ankara, Turkey

<sup>4</sup>Department of Cardiovascular Surgery, Gulhane Military Medicine Academy, Ankara, Turkey

<sup>5</sup>Department of Cardiology, Gulhane Military Medicine Academy, Ankara, Turkey

**Objective:** The most common reason for painless sudden visual loss is ischemia. Many conditions can cause acute visual loss as thromboembolic events. Emergency echocardiography can guide physicians and shorten diagnosis time.

**Case:** A 23-year old man was admitted to emergency service with the complaint of sudden loss of visual acuity on the left eye just initiated a few hours ago. He has not any remarkable complaint or medical history. His vital signs were measured as; BP: 110/65 mmHg, pulse: 67 beat per minute, SaO<sub>2</sub>: 96% and body temperature: 36.1°C. In physical examination, a systolic ejection murmur was auscultated on the right and left 2nd intercostal areas of sternum radiated back to lower sternum. Also, loss of direct pupil response to light stimulus on the left eye was detected. Patient was referred to ophthalmology and diagnosed the signs of embolism of retinal artery by the observation of paleness on the retinal area due to arterial embolism. Then the patient was evaluated by short sight echocardiography at bedside by emergency physician. Limited mobility and also fibrocalcific degenerative changes of aortic valve were observed. Cardiologist confirmed this diagnosis and the patient transferred to cardiovascular surgery clinic just in two hours. A fresh thrombus was detected by transesophageal echocardiography (TEE) and the patient went aortic valve replacement.

**Conclusion:** Initial documentation of acute visual loss and the fibrocalcific degenerative changes on aortic valve by a bedside echocardiography at short sight imaging as a probable etiology for thromboembolism certainly guided the right triage and effective management of patient. Training of emergency physicians and utility of short sight echocardiography effectively and rapidly guide the management of patients with thromboembolisms, acute chest pain, and signs of acute heart failure.

**Keywords:** Emergency echocardiography, loss of vision, retinal artery occlusion

PP 087

**Neuroradiologic findings in dengue encephalitis**

*Sebnem Eren Cevik<sup>1</sup>, Muge Ozhabes<sup>2</sup>, Oya Durmus Cakir<sup>1</sup>, Ozlem Guneyse<sup>3</sup>*

<sup>1</sup>Umraniye Training and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey

<sup>2</sup>Medistate Kavacik Hospital, Istanbul, Turkey

<sup>3</sup>Kartal Lutfi Kirdar Training and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey

**Objective:** Viral encephalitis is one of the infectious disease emergencies that can cause significant patient morbidity and mortality. Dengue is a mosquito-borne viral infection. Dengue virus is although considered as a non-neurotropic virus but recently various neurological manifestations including encephalitis, myelitis, peripheral neuropathy and myositis have been reported.

**Case:** A 61 year old male patient without any systemic disease known was admitted to our Emergency Department (ED) with aphasia. Glasgow Coma Scale was 11(E4V1M6). On neurologic exam, right hemiparesis and deviation of eyes to left side were demonstrated. CT scan showed low density signals in left thalamus, and MRI showed T2 prolongation, expansion and edema in bilateral thalami. MRI also revealed signal changes in bilateral lentiform, caudate nuclei and putamen which were more pronounced on the left. Diffusion MRI also showed signal changes in bilateral thalami and signal changes that appropriate to acute ischemic lesion in right centra semiovalia. LP had revealed clear CSF, pandy (++) , 10 leucocytes (90% PNL), 106mg/dl protein, 74mg/dl glucose and blood glucose was 129mg/dl simultaneously. ELISA, IFA and PCR tests with the provisional diagnoses West Nile virus, Dengue virus, Eastern equine encephalitis virus and Togavirus. The final diagnosis was Dengue virus.

**Conclusion:** According to the researches dengue virus causes sporadic cases in Aegean Region. Dengue virus has been regarded as a non-neurotropic virus. However there are reports describing neurological involvement in dengue virus infection. In this case we report clinical, radiological and neurological findings in a patient admitted to an ED of a secondary care hospital, so as to learn about the neurological spectrum of dengue virus encephalitis.

**Keywords:** Dengue, viral encephalitis, neuroradiologic findings



PP 088

**A different cause of mimicking acute abdomen findings in the emergency department: ingestion of codeine and caffeine combinations**

*Sebnem Eren Cevik<sup>1</sup>, Onur Yesil<sup>1</sup>, Tuba Cimilli Ozturk<sup>2</sup>, Ozlem Guneysef<sup>3</sup>*

<sup>1</sup>Umraniye Training and Researh Hospital, Emergency Medicine Clinic, Istanbul, Turkey

<sup>2</sup>Fatih Sultan Mehmet Training and Resarch Hospital, Emergency Medicine Clinic, Istanbul, Turkey

<sup>3</sup>Kartal Lutfi Kirdar Training and Resarch Hospital, Emergency Medicine Clinic, Istanbul, Turkey

**Objective:** Codeine and caffeine combinations are the drugs frequently used in symptomatic treatment of upper respiratory tract infections. These drugs are generally over the counter and easily attainable.

**Case:** A 24 year old male patient was admitted to our Emergency Department with a sudden beginning abdominal pain. It was learned that he ingested total of 15 codeine and caffeine combination tablets. At the time of arrival his vital signs were normal and Glasgow Coma Score was 15 (E4V5M6). The physical exam revealed diffuse abdominal tenderness and rebound. He was consulted to a surgeon and abdominal pain was interpreted an adverse affect of ingestion of codeine and caffeine combinations. Abdominal pain attacks continuing 2 to 3 hours, followed by painless periods, were recurred.

**Conclusion:** Codeine often causes gastrointestinal cramping and pain. It is known that decreased gastrointestinal motility is a common finding with therapeutic use and overdose of opioids. Severe cases may develop ileus. Increased biliary tract pressures and choledochoduodenal sphincter spasm occur with therapeutic dosing of many opioids. Toxic effects of caffeine and paracetamol also include vomiting, abdominal pain. It is known that codeine, caffeine combinations both cause abdominal pain as an adverse effect and abdominal findings can be confused with acute abdomen. Therefore the story and the serial abdominal examinations have significant role in diagnosis and management.

**Keywords:** codeine, caffeine, abdominal pain

PP 089

**Traumatic injuries due to blast exposure**

*Tolga Turan Dündar<sup>1</sup>, Mehmet Yiğit<sup>2</sup>, Mehmet Hakan Seyithanoğlu<sup>1</sup>, Serdar Çevik<sup>1</sup>, Enes Akkaya<sup>1</sup>, Eda Karayel<sup>2</sup>*

<sup>1</sup>Bezmialem Vakif Üniversitesi Tıp Fakültesi Nöroşirurji ABD

<sup>2</sup>Bezmialem Vakif Üniversitesi Tıp Fakültesi Acil Tıp ABD

**Objective:** Over the last few years, thousands of soldiers and an even greater number of civilians have suffered traumatic injuries due to blast exposure, largely attributed to improvised explosive devices in terrorist and insurgent activities.(1) But, in daily practice, we rarely see these cases in our emergency room.

**Case:** A 22-year-old Syrian male patient has been exposed to an explosion in his country.

Four days after the explosion, a hospital near the countries border before then have been shipped to İstanbul.It has been stated that no contact occurred with any explosive part and he was injured due to bomb explosion.

The patient was hospitalized due to cranial, facial and thoracic trauma. Thorax tube was inserted and it was removed after the treatment. Thereafter he was transferred to our hospital due to his cranial and orbital pathologies.

There was approximately 3 cm linear incision in the left frontal region with cerebrospinal fluid (CSF) discharge.

Glasgow coma scale of the patient was 13. (E3M6V4) The right eye light reflex was positive. The left bulbus oculi was perforated and infected. He had 3+ neck rigidity.

The respiratory sounds were normal but there were thoracic tube incision scars.

The external system examination was normal.

In the Brain CT and MR imaging, segmental fracture on the frontal, zygomatic and temporal bones, no continuity of the optic nerve and deteriorated globus integrity were detected.

In the frontal brain lobe, the meninxes were observed to have been contrasted in favor of meningoencephalitis.

The patient was interned in the intensive care unit for infection treatment, CSF fistula repair and removal of the necrotic tissues.

**Conclusion:** Additionally, the treatment costs of the patients outside the health system poses a great problem. As well as the complicated trauma, we also have to deal with the problem of the treatment costs.

**Keywords:** Blast Injury, Detonation, Polytrauma, Traumatic Brain Injury;



PP 090

**Snake-bite: a Case Report**

*Taşkın Özdeş<sup>1</sup>, Tarık Ocak<sup>2</sup>, Bahadır Kumral Kumral<sup>3</sup>, Arif Duran<sup>2</sup>, Mansur Kürşad Erkuran<sup>2</sup>*

<sup>1</sup>Abant İzzet Baysal University, Medical Faculty, Department of Forensic Medicine, Bolu, Turkey

<sup>2</sup>Abant İzzet Baysal University, Medical Faculty, Department of Emergency Medicine, Bolu, Turkey

<sup>3</sup>Namık Kemal University, Medical Faculty, Department of Forensic Medicine, Tekirdağ, Turkey

Snakebites are an important cause morbidity and mortality especially in our rural areas and highlands. Local and systemic symptoms occur in the patient according to severity of the toxin. Edema, hematoma and gangrenous lesions may occur as local findings. Fever, nausea, vomiting, circulatory collapse, light jaundice, delirium, convulsion, and coma may occur as systemic findings. Death may occur within 6 – 48 hours due to secondary infections, disseminated intravascular coagulation (DIC), neurotoxicity, acute renal failure, and intracranial hemorrhage.

Victim is an adult male who lived in rural area of our city. He first applied to district hospital due to snakebite and then forwarded to our hospital. When he applied to emergency service of our hospital, he was in good condition in general, admitted and hospitalized into emergency service. During his examination, two teeth impression due to snakebite on left foot outer malleolus level, and erythema, swelling and hyperthermia along with left thigh and leg were observed. Peripheral pulses were open and other system examinations were normal. Anti-serum and support treatment performed during the treatment process.

In conclusion, although it is encountered especially in East and Southeast Region of our country, snakebite is seen in rural areas of West Black Sea Region as well. Treatment should start with anti-serum as soon as possible in the case of snakebite. It should be observed carefully in terms of early and later complications. Otherwise the death or permanent damage may occur.

**Keywords:** Snakebite, critical care unit, erizipel

PP 091

**Hepatorenal Syndrome developing in relation with the Utilization of Reishi Fungus**

*Tarık Ocak<sup>1</sup>, Arif Duran<sup>1</sup>, Yavuz Katırcı<sup>2</sup>, Mansur Kürşad Erkuran<sup>1</sup>, Bekir Barış Kurt<sup>1</sup>*

<sup>1</sup>Abant İzzet Baysal University, Medical Faculty, Department of Emergency Medicine, Bolu, Turkey

<sup>2</sup>Ankara Training and Research Hospital, Department of Emergency Medicine, Ankara, Turkey

**Introduction:** The Red Reishi fungus also known as Immortality Mushroom, is the oldest fungus known and used in Chinese and Japanese traditional medicine. The vegetal drugs produced from this fungus type are known to treat diseases such as cardiovascular diseases, diabetes. In our presentation, we aimed to discuss a case of hepatorenal failure associated to the utilization of reishi fungus.

**Case:** A 64 year-old male patient applied to the emergency unit for palpitation, dyspnea and anuria for 2 days, and mentioned that he experienced a consciousness change and a loss of attention. As he refused medical treatment in spite of his heart condition, the patient started to use 400mg/dayX2 dose of reishi fungus extract for 1.5 months. The obtained values are: BP:80/40mmHg, P:140/minute, F:36.80C, SS:24/minute, sO<sub>2</sub>:90, ACG; pH:7.17, pCO<sub>2</sub>:13mmHg, pO<sub>2</sub>:99mmHg, HCO<sub>3</sub>:4.7mmol/L, BE: -23,8mmol/L, sO<sub>2</sub>:96%. The laboratory results were: glucose:271mg/dl, urea:137mg/dl, creatinine:3.67mg/dl, AST:7855U/L, ALT:5269U/L, GGT:126U/L, LDH>7500U/L, Tbil:2.29mg/dl, Na:127mmol/l, K:4.3mmol/l, INR:3.05, PT:29.7sec, aPTT:36.5sec, WBC:21.22, Hgb:13.2, Plt:185, Hct:41.9. The laboratory results of the previous day were: creatinine:1.7mg/dl, urea:104mg/dl, Na:133mmol/L, K:4.4mmol/L, INR:1.5, PT:16.8sec, Tbil: 1.4mg/dl, AST:96u/l, ALT:97u/l, hepatitis markers were negative, WBC:22.8, Hgb:15.4, Hct:46.6, Plt:218. We observed a fulminant type hepatorenal failure compared to the previous day. The patient has been hospitalized in intensive care unit and a treatment with 20mg/hour dopamine infusion, 80cc/hour heparin-10% dextrose infusion, 2 amp/hour NaHCO<sub>3</sub> infusion, 1 amp/day K-vit, 2 units/day TDP, 4X6 mU crystallized penicillin and NAC loading has been started. Hemodialysis has been started for 2 hours per day and a polyuria urine discharge has been triggered by hydration. The renal functions of the patient became normal at the 3rd day and he was discharged at the 7th day.

**Results:** Public education and legal sanctions shall be stated to prevent people who refuse treatment from using herbal drugs which present promotive advertisement.

**Keywords:** Reishi fungus, herbal, hepatorenal failure



## PP 092

**A Rare Cause of Abdominal Pain: Rupture Of Splenic Artery Aneurysms***Ayhan Sarıtaş<sup>1</sup>, Ahmet Tekinsoy<sup>1</sup>, Ozgur Inegol<sup>1</sup>, Fahri Halit Besir<sup>2</sup>, Ramazan Buyukkaya<sup>2</sup>, Hayati Kandis<sup>1</sup>*<sup>1</sup>Department of Emergency Medicine, School of Medicine, Duzce University, Duzce, Turkey<sup>2</sup>Department of Radiology, School of Medicine, Duzce University, Duzce, Turkey**Objective:** We want to notify a case of splenic artery aneurysm rupture which admitted to our emergency department (ED) with abdominal pain and syncope.**Case:** A 57 years old female patient without any known disease was brought to ED. She was told that she had passed out while working in the field under sun about 2 hours ago. She was conscious, oriented and cooperative, she had no complaints except epigastric pain. Casual examination of abdomen; outside the epigastric region there wasn't defense or rebound. She had TA values of 70/40 mmHg, heart rate 100 beats/min. Electrocardiography was in normal sinus rhythm. There was no pathological finding in her chest and abdominal radiography. Despite the IV hydration TA values were declining. Dopamine 5 mcg/kg was initiated. Her laboratory findings were all normal except an Hgb value of 10.7 and Hct of 32.8. Free fluid was seen in the abdominal cavity in the patient's bedside ultrasound. Thoracoabdominal contrast-enhanced computerized tomography was performed and showed approximately 7x6 cm in size, properly limited, portal venous phase contrast enhanced splenic artery aneurysm rupture compatible with the view of the fluid collection. Meanwhile the second Hgb value of 7.2 was seen and she was given erythrocytes suspension. She was consulted to cardiovascular surgery. Angiography was performed to confirm the diagnosis and the patient was operated under emergency conditions. Splenic artery was clamped and her spleen was removed by general surgeon. She was followed in anesthesia intensive care unit for three days until she died due to multiorgan failure.**Conclusion:** In ED, we come across abdominal pain and syncope very common and so underlying vascular pathologies must be considered. Also the serial physical examination and the patient's severity of clinical signs did not comply with the treatment initiated should push us to think again and again.**Keywords:** Splenic artery aneurysm rupture, abdominal pain, syncope

## PP 093

**A rare hematologic syndrome in critical care, the Hemaphagocytic syndrome; presentation of the case***Arif Duran<sup>1</sup>, Tarık Ocak<sup>1</sup>, Aytekin Alçelik<sup>2</sup>, Mansur Kürsad Erkan<sup>1</sup>, Yavuz Katırcı<sup>3</sup>*<sup>1</sup>Abant İzzet Baysal University, Medical Faculty, Department of Emergency Medicine, Bolu, Turkey<sup>2</sup>Abant İzzet Baysal University Medical School, Department of Internal Medicine, Bolu, TURKEY<sup>3</sup>Ankara Training and Research Hospital, Department of Emergency Medicine, Ankara, Turkey**Introduction:** The Hemaphagocytic syndrome (HS) belongs to the group related to the macrophages among the histiocytose group disease. HS represents a clinical syndrome that is the inflammatory response phenotype of different situations rather than one single disease. HS may develop in relation with malignancy, metabolic disease, immune insufficiency, and collagen tissue-associated disease in addition to viral, bacterial, fungal, and parasitic disease. Prolonged fever and hepatosplenomegaly are major observations. Anemia and thrombocytopenia develop early as a laboratory sign.**Case:** A 74 year-old women patient has been transferred by another hospital to the emergency unit due to nausea-vomiting, inappetance, stomachache and swelling in legs lasting for 3 days. TA:100/54 mmHg, Nb:112/min, fever:37.1°C and the respiration was normal, there was no defense-rebound, and splenomegaly has been observed. The pulses of the patient were open heart rhythmic, and pretibial (+++) edema has been determined. In the USG of the stomach, splenomegaly (170mm) has been observed. Laboratory values; Glu:46mg/dL, urea:167mg/dL, LDH:4134U/L, T.bil:1.86mg/dL, D.bil:1.3mg/dL, CRP:240.6mg/dL, D.dimer:9.42mg/dL, WBC:7300count/L, Hg:7.4g/dL and Plt:15000count/L. The serum ferritin of the patient was >2000ng/ml. The patient has been treated in intensive care due to the general malfunction and the somnolence. In intensive care, fever was 37.2-38 °C under 1x500mg evofloxacyne and 4x1 gr ampicillin-sulbactame treatments. D.bil. (4.91mg/dL) and T.bil (6.37mg/dL) increased. The 2nd day of hospitalization, 1U ES and 6U randomized thrombocyte have been given. At the 5th day of hospitalization, the patient died by VF during daily monitoring in intensive care.**Result:** HS shall be evaluated with the history, the physical features and the required laboratory analyses. Total blood count, liver function tests, triglycerides, ferritin, fibrinogen tests may be helpful for the diagnosis. The differentiating diagnosis may be achieved by infections such as EBV, CMV, leukemia, malignancies such as lymphoma, autoimmune, metabolic and other disease in the histiocytose group.**Keywords:** Jaundice, anemia, thrombocytopenia, splenomegaly, fever



PP 094

**Acute Ischemic Cerebellar Infarct: A Case Report**

*Behic Volkan Boz<sup>1</sup>, Fatih Guneyusu<sup>1</sup>, Semih Guneyusu<sup>1</sup>, Feyza Bezirgan<sup>2</sup>, Hayati Kandis<sup>1</sup>, Ayhan Saritas<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, School of Medicine, Duzce University, Duzce, Turkey

<sup>2</sup>Department of Family Medicine, School of Medicine, Duzce University, Duzce, Turkey

**Objective:** Cerebrovascular diseases are the most common disorders of brain and %1,5-4,2 of these diseases are cerebellar infarcts. The average patient age is 65 years and it is two times more common among men. The complaints to emergency department are balance disorder, dizziness and nausea and vomiting. In this article, an acute cerebellar infarct with peripheral facial palsy symptoms is reported.

**Case:** A 72 year-old male presented to emergency department with acute facial asymmetry, nausea, vomiting and inability to close right eye. In his medical history, the patient was diagnosed essential hypertension and ischemic cerebrovascular disease. When vital signs were checked, tension arterial was 150/80 mmHg, SpO2 was %95, fever was 36,90C and heart rate was 94 beats/min. Normal sinus rhythm was viewed in electrocardiography. In physical examination; pupils were isochoric, bilateral direct and consensual light reflexes were normal, he was conscious, orientated and co-operative. GCS: 15. His facial examination was significant for facial drooping of affected half and he was not unable to close his right eye. Lip junction was deviated to left. There was no sign of motor and sensory deficit, dysdiadochokinesia, balance disorder. The planter reflex was bilaterally flexor. There were no symptoms due to meningeal irritation. His speech was fluent. Peripheral facial neuropathic symptoms were prominent and nausea and vomiting were treatment-resistant so the patient tested with cranial diffusion magnetic resonance imaging. Ischemic cerebellar infarct was revealed and the patient was hospitalized.

**Conclusion:** Ischemic cerebrovascular diseases are one of the common complaints in emergency department among geriatric population. Acute and undiagnosed nausea-vomiting in geriatric male patient with weak cerebellar symptoms and remarkable neuropathic signs can lead the emergency department clinician to diagnose cerebellar infarct, with a detailed medical history, physical examination.

**Keywords:** MRI, Cerebellar infarct, Emergency

PP 095

**Intralipid emulsion treatment: a case series**

*Sebnem Eren Cevik<sup>1</sup>, Emine Gaffari<sup>1</sup>, Ozlem Tosun Giritli<sup>1</sup>, Seckin Bahar Sezgin<sup>1</sup>, Tanju Tasyurek<sup>1</sup>, Ozlem Guneyysel<sup>2</sup>*

<sup>1</sup>Umraniye Training and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey

<sup>2</sup>Kartal Lutfi Kirdar Training and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey

**Objective:** Intravenous lipid emulsion (ILE) is a life saving treatment in lipophilic drug intoxications. We present a case series involving ten patients with different drug intoxications and they were all administered ILE for the treatment.

**Case:** Our case series involved 5 patients with amitriptyline intoxication, one patient with metoprolol ingestion, one patient with nifedipine ingestion, one patient with lamotrigine and sertraline ingestion as a suicide attempt; and also a patient with smoking bonsai. ILE treatment improved Glasgow Coma Scale (GCS) or blood pressure and pulse rate or both of them according to the drug type. In two patients complications occurred. In one of the two, in biochemical tests amylase and lipase values were increased and she was hospitalized with the diagnosis of minimal pancreatitis. In the other patient, probable ILE treatment-related infiltration occurred in lungs. In two patients troponin-I levels were increased probably related with the drugs ingested and one of these two patients who admitted with amitriptyline intoxication was exitus.

**Conclusion:** The history of ILE treatment is not so far. The first report of the successful utilisation of lipid emulsion to counteract a drug toxidrome was in 1962. In our case series, we used ILE for different lipophilic drugs and in different indications. We achieved satisfactory results. According to these results, we think that ILE treatment is a life saving agent in lipophilic drug intoxications and should be used in unconscious patients who have cardiac symptoms but no history of a specific drug ingestion.

**Keywords:** Intralipid emulsion, lipophilic drug, intoxication



## PP 096

**Analysis of cerebral oxygenation with Near Infrared Spectrophotometry in carbon monoxide intoxication***Asim Kalkan, Gokhan Ersunan, Ozlem Bilir, Ozcan Yavasi, Kamil Kayayurt, Murat Ziyen, Aydin Coskun*

Recep Tayyip Erdogan University Faculty of Medicine Department of Emergency Medicine

**Summary Aim:** This study investigated the applicability of cerebral oximetry in carbon monoxide (CO) poisoning by assessing cerebral oxygenation in patients presenting with CO intoxication. **Materials-Methods:** Eighteen patients exposed to CO gas and with high blood carboxyhemoglobin (COHb) levels were included. Patients' cerebral saturations (ScO<sub>2</sub>) were measured using near infrared spectroscopy (NIRS) on an INVOS 5100c (cerebral oximetry) device. Minimum and maximum ScO<sub>2</sub> values from the right and left frontal regions on arrival at the emergency department were recorded. Blood CO levels were compared with those of a normal control group. Results were compared using Wilcoxon's test. **Results:** Mean blood CO-Hb values were 29.3% ± 6.7%. ScO<sub>2</sub> values in the right frontal region at time of application to the emergency department were 59.0 ± 4.0 and left frontal values 60.9 ± 5.1. Blood COHb levels in the normal control group were 70.6 ± 4.2 in the right frontal region and 70.6 ± 4.2 in the left frontal region. There was a statistically significant difference between the patient and control group ScO<sub>2</sub> values (p<=0.005). **Conclusion:** Monitoring patients with near infrared spectrophotometry (NIRS) can provide important information about their cerebral oxygenation. While blood COHb level measurement is still the best method for diagnosing CO intoxication, low ScO<sub>2</sub> values measured using NIRS, a non-invasive technique, can also indicate CO intoxication. NIRS can be used by emergency physicians to support the diagnosis of these patients.

**Keywords:** carbon monoxide, intoxication, cerebral oximetry, cerebral oxygenation

## PP 097

**"Heart Attack" in the course of lithium overdose***Asim Kalkan<sup>1</sup>, Selman Yeniocak<sup>2</sup>*<sup>1</sup>Recep Tayyip Erdogan University Faculty of Medicine Department of Emergency Medicine<sup>2</sup>Haseki Education and Research Hospital, Dept. of Emergency Medicine,

**Introduction:** Lithium overdose can be associated with cardiac toxicity, especially in those with underlying heart disease. Toxic levels of serum lithium were associated with cardiotoxic effects changing from simple ECG disorders to dysrhythmias, cardiomyopathy and even acute myocardial infarction (AMI). This report describes a patient with AMI accompanied by high blood levels of lithium.

**Case:** A 62-year-old woman was admitted to emergency department due to weakness and acute chest pain. Her EKG revealed ST elevation in leads DI, aVL and V5-6, with a ventricular rate of 80 bpm. Blood chemistry and complete blood count were within normal limits. Blood lithium level was measured as 2.3 mmol/L (N: 0.5-0.8 mmol/L), and Troponin I level was 0.892 ng/mL (N: 0-0.01 ng/mL). Coronary angiography revealed normal findings concurrent with resolution of electrocardiographic abnormalities following elimination of lithium. The clinical course in the intensive care unit was uneventful and she was discharged on the 7<sup>th</sup> day.

**Conclusion:** Lithium intoxication should be considered in the differential diagnosis, especially in elderly patients on lithium therapy who are admitted to the emergency department with chest pain.

**Keywords:** Lithium, overdose, lithium toxicity, acute myocardial infarction, cardiotoxicity



PP 098

**An assessment of the use of Near Infrared Spectrophotometry (Cerebral Oximetry) in predicting return of spontaneous circulation in out-of-hospital cardiac arrest**

*Asim Kalkan, Gokhan Ersunan, Ozlem Bilir, Ozcan Yavasi, Kamil Kayayurt, Murat Ziyen, Aydin Coskun*

Recep Tayyip Erdogan University Faculty of Medicine Department of Emergency Medicine

predicting return of spontaneous circulation in out-of-hospital cardiac arrest

**Aim:** We assessed out-of-hospital cardiac arrest patients' cerebral oxygenation during cardiopulmonary resuscitation (CPR) using near infrared spectrophotometry (NIRS). We evaluated the relation between a rise in patients' cerebral saturation values between the start and end of CPR and return of spontaneous circulation.

**Materials-Methods:** Twenty-three patients with unwitnessed out-of-hospital cardiac arrest and brought to our emergency department by emergency ambulance were evaluated. Cerebral saturations from time of start of CPR were measured using NIRS. CPR was performed for a maximum of 30 min. The relation between cerebral saturations in patients with or without return of spontaneous circulation was then evaluated.

**Results:** Twenty-three patients, 12 (52.2%) female and 11 (47.8%) male, with a mean age of  $64.09 \pm 13.66$  were included. A correlation was determined between a rise in cerebral saturation measured throughout CPR and the return of spontaneous circulation ( $p < 0.001$ ).

**Conclusion:** Patients whose cerebral saturation values measured with NIRS rise during CPR have a higher post-resuscitation survival rate. Monitoring of patients during CPR with this non-invasive technique may be a good method for predicting return of spontaneous

**Keywords:** out-of-hospital cardiac arrest, near infrared spectrophotometry, cerebral saturation

PP 099

**Diagnostic value of white blood cell and neutrophil count in acute appendicitis**

*Alper Nuri Şahbaz<sup>1</sup>, Orhan Bat<sup>1</sup>, Özlem Akça<sup>1</sup>, Suat Can Ulukent<sup>1</sup>, Özer İlkül<sup>1</sup>, Gözde Metin Bat<sup>2</sup>, Bülent Kaya<sup>1</sup>*

<sup>1</sup>Kanuni Sultan Süleyman Training And Research Hospital Department of General Surgery

<sup>2</sup>Haydarpaşa Numune Training And Research Hospital

**Objective:** Appendicitis is the most common acute surgical disease of the abdomen. In this study, diagnostic value of WBC count and neutrophil count in acute appendicitis was investigated.

**Materials-Methods:** The patients who underwent appendectomy with a clinical diagnosis of acute appendicitis were studied retrospectively. According to the results of histopathological examination of the appendix, patients were divided into 3 groups, Group (1) normal appendix (negative appendectomy); Group (2) uncomplicated inflamed appendicitis (catarrhal and phlegmonous appendicitis) and Group (3) with complicated appendicitis (perforated and gangrenous appendicitis).

**Results:** There were total of 159 patients in study group. There were 11 patients in Group 1, 126 in Group 2 and 22 in Group 3 respectively. The mean age was  $22.55 \pm 8.88$  (8-37) in Group 1  $21.26 \pm 10.25$  (4-53) in Group 2 and  $25.42 \pm 13.72$  (9-57) in Group 3. The sensitivity of WBC was 67.5% and neutrophil count was 60.1%. The specificity of WBC was 36.3% and neutrophil count was 90.9%.

**Conclusion:** The sensitivity of both WBC and neutrophil count was found insufficient as a diagnostic test in this study. Specificity of WBC was very low for diagnosing acute appendicitis. When compared to WBC, the neutrophil count has higher specificity for acute appendicitis.

**Keywords:** Acute appendicitis, WBC count, neutrophil count



## PP 100

**Ear foreign body, throttle**

*Birdal Yıldırım, Ülkü Karagöz, Ethem Acar, Halil Beydilli*

Sitki Koçman Mugla University Education and Research Hospital, Department of Emergency Medicine,

**Introduction:** There are many diseases that enters the ear ear / fleeing foreign bodies are examples of these. Escaping the ear most foreign bodies, a number of small substances such as beads, the more likely a small, fly -like insects that are not too large creatures escape from the ear, the ear into a large living / escape much more rare cases. Sometimes you may not be any symptoms of foreign bodies in the ear. Some objects, such as food stuffs or insects, pain, redness or current may cause. Hearing loss, tying the object depends on how much the ear canal. Forms the basis of the treatment of foreign body removal from ear to ear completely.

We report the case of a creature that size with the ear, showing very unexpected aimed to draw attention to the issue.

**Case:** Hospital emergency department with a 18 year old female patient was admitted complaining of pain in the ear.On physical examination, a foreign body in the external auditory canal was completely filled to seen, but what is. Was aspirated from the patient's body is removed from the path of the outer ear to ear size was found to be a butterfly is considered to be large Relieved patient was discharged after removal of the foreign body.

**Conclusion:** Emergency physician should assess the patient detail, from ear to ear body should remove the foreign body detection.

**Keywords:** ear, foreign body, throttle

## PP 101

**Syndrome of 3rd Finger Compartment due to Chick Inoculation Pistol**

*Tarı̇ Ocak<sup>1</sup>, Arif Duran<sup>1</sup>, Mansur Kürşad Erkurun<sup>1</sup>, Furkan Erol Karabekmez<sup>2</sup>, Burçin Balaban<sup>1</sup>, Mehmet Şakir Maltaş<sup>1</sup>*

<sup>1</sup>Abant İzzet Baysal University, Medical Faculty, Department of Emergency Medicine, Bolu, Turkey

<sup>2</sup>Abant İzzet Baysal University Medical Faculty, Department of Plastic, Reconstructive and Aesthetic Surgery, BOLU-TURKEY

**Introduction:** As a result of pressure increase in limited body spaces, the pressure on vessel-nerve basis may lead to the Compartment Syndrome. It is approximately 40% around tibia and fibula in lower extremity. In upper extremities, there are 3 compartments: flexor, extensor, and mobile. It is occasionally possible to observe the compartment syndrome in hand region. In our presentation, we aimed to present the compartment syndrome of left 3rd finger developing in chicks submitted to inoculation pistol in Bolu which is a city presenting a high potential of chicken production.

**Case:** A 28 year-old male patient working on inoculation of chicks in a chicken farm applied to the emergency unit of the hospital for a pain, swelling, rubor, movement limitation in left 3rd finger. He explained that 6 hours before his application; he was picked by the needle of the pistol he used for chick inoculation. In the examination, a swelling-rubor and movement limitation in articulation has been observed in left 3rd finger. Moreover, the feedback capillary circulation has been determined as 4 seconds. The patient explained that he suffered from itching, tingling and intense pain. No squelettal pathology has been observed in direct radioscopy. A surgical intervention as paramedian longitudinal incision covering skin-under skin tissues has been performed by Plastic Surgery clinic due to the risk of Compartment Syndrome. As a result of the surgical intervention, the capillary feedback circulation decreased down to less than 2 seconds and that the pain, the inertia have decreased. In the 5th day of the operation, the wound of the patient has been fixed in the absence of infection and symptoms.

**Result:** Despite the Compartment Syndrome is especially observed in the region of lower and upper extremities including the long bones, it may also appear in fingers and toes.

**Keywords:** Chick inoculation pistol, finger, compartment syndrome



PP 102

**Bilateral Mandibula Condyle Fracture developing after Drop of Bicycle**

*Mansur Kürsüd Erkan<sup>1</sup>, Veysel Yurttaş<sup>2</sup>, Arif Duran<sup>1</sup>, Tarık Ocak<sup>1</sup>, Mehmet Sakir Maltas<sup>1</sup>*

<sup>1</sup>Abant İzzet Baysal University, Medical Faculty, Department of Emergency Medicine, Bolu, Turkey

<sup>2</sup>Abant İzzet Baysal University, Medical Faculty, Department of Otorhinolaryngology, Bolu, Turkey

**Introduction:** Mandibular fractures are rare in children compared to adults. This is mostly the result of drop and bicycle accidents. Cervical vertebra and cranial wounds are associated with these fractures. As the mandibular bone may be fractured at many locations at the same time, other fracture lines shall be especially determined when a fracture is observed. This study was about a children presenting bilateral mandibular condyle fracture and applying to the emergency unit for limited mandibular movement and pain following drop fo bicycle.

**Case:** A 7-year old boy applied to the emergency unit for mandibular pain and movement limitation following drop of bicycle. He explained that he hurt the sharp part of his mandibular to a rigid floor. He was conscious and oriented, and the vital values were stable. A 2-3 cm skin cut was observed on the mentum. Sensitivity has been detected in bilateral temporomandibular articulation palpation and the abeslang test was positive. No other traumatic lesion has been observed in the systemic examination. While no pathology has been observed in direct imaging, a fracture showing a minimal displacement at the temporomandibular articulation of the bilateral mandibular condyle has been detected in maxillofacial tomography (Figure 1). No surgery has been planned for the patient evaluated by the ortorhinolaryngology department but medical monitoring has been previewed.

**Result:** Even if it is not frequent, it is possible to observe mandibular fracture in children. However, bilateral condyle fractures as more rarely seen. The clinic examination and imaging techniques shall be handled more carefully in children patients experiencing mandibular trauma.

**Keywords:** Bicycle accident, children, bilateral mandibular condyle fracture

PP 103

**Shoulder Dislocation developing during Epileptic Seizure**

*Mansur Kürsüd Erkan<sup>1</sup>, Arif Duran<sup>1</sup>, Cengiz Isik<sup>2</sup>, Tarık Ocak<sup>1</sup>, Husnu Onder<sup>1</sup>*

<sup>1</sup>Abant İzzet Baysal University, Medical Faculty, Department of Emergency Medicine, Bolu, Turkey

<sup>2</sup>Abant İzzet Baysal University Medical Faculty, Department of Orthopedics and Traumatology, BOLU-TURKEY

**Introduction:** Due to its large movement capacity, shoulder articulation is the most frequently dislocated part of the body. It is classified according to the dislocation orientation of the humerus head. The most frequently observed dislocation is anterior shoulder dislocation, but posterior, inferior or superior dislocations are also possible. The dislocations may result from sportive wounding, traffic accidents, drops. The study was about a left shoulder dislocation as a result of muscle contraction during epileptic seizure.

**Case:** A 24 year-old male patient diagnosed epileptic, applied to the emergency unit explaining that he was expecting a seizure. He was conscious and oriented, and the vital values were stable. The patient declared he was epileptic for 10 years, that he used drugs regularly but also that he did not take his drugs for the last days. During the physical examination, he get through a 2-3 minutes generalized tonic clonic seizure. The seizure has been controlled with the required treatment. However, an applet sign has been observed in the shoulder of the patient. Pain and limitation has been determined in shoulder articulation movement. Anterior shoulder dislocation has been detected in direct graphy. Shoulder articulation reduction has been performed using the modified Hypocrite technique under conscious sedation. The shoulder has been submitted to controlled movement. The situation was evaluated by a new direct imaging. The patient has been discharged applying a VelpEAU bandage in the absence of pathology.

**Results:** Articulation dislocation may be observed in relation with epileptic seizure or drop, but shoulder dislocation may also due to muscle contraction during seizure. Repeated examination of patients experiencing tonic clonic generalized seizure for trauma or articulation dislocation is really important.

**Keywords:** Epileptic seizure, shoulder dislocation, sedoanalgesia



## PP 104

**Asymptomatic Ruptured Aberrant Right Subclavian Artery (Arteria Lusoria)***Kemalettin Erdem<sup>1</sup>, Ahmet Ozden<sup>2</sup>, Mansur Kürşad Erkurun<sup>3</sup>, Tanık Ocak<sup>3</sup>, Bahadır Dağlar<sup>1</sup>*<sup>1</sup>Abant İzzet Baysal University, Medical Faculty, Department of Cardiovascular surgery, Bolu, Turkey<sup>2</sup>Abant İzzet Baysal University Medical Faculty, Department of Radiology, BOLU-TURKEY<sup>3</sup>Abant İzzet Baysal University, Medical School, Department of Emergency Medicine, Bolu, Turkey

**Introduction:** Aberrant right subclavian artery (ARSA) is amongst the most common aortic arch anatomic anomalies. The incidence of ARSA in the general population is in the range between 0.1–2.3%. It emerges as fourth branch of the proximal descending aorta. Clinically, many patients with ARSA are asymptomatic. However, dysphagia, shortness of breath, and chest pain may be the first symptoms because of compression. ARSA are tend to rupture. In acute ruptured ARSA cases, the mortality rate is reported as high as 50%. Therefore, it should be electively repaired as soon as it was discovered. We present a patient admitting at emergency room with shortness of breath caused by ruptured ARSA.

**Case:** A 65-year-old male patient was referred to our hospital for sudden onset of shortness of breath and chest pain. His medical history had an abdominal aortic aneurysm about six years ago. His vital findings were normal. Laboratory findings showed leukocytosis (white blood cell count was 12 000/mm<sup>3</sup>, hemoglobin was 14.5gr/dl. About four hours after the admittance to the hospital, ecchymosis occurred on his anterior neck region. The patient reported no discomfort on swallowing and did not have any history of previous important chest trauma or injury. A ruptured aberrant right subclavian artery (ARSA) was demonstrated by computed tomography-angiography and magnetic resonance angiography (Figure 1,2,3). To the best of our knowledge, this is the first case report of a patient presenting with ecchymosis on anterior neck region with acute onset due to the ruptured ARSA.

In conclusion; treatment of a non-aneurysmatal or ruptured ARSA depends on patient's status, anatomical relationship to neighboring organs, characteristics of the lesion within the ARSA, and complaints of the patient. However, open surgery using a bypass or re-implantation is inevitable in young healthy patients that accept open conventional surgery.

**Keywords:** Aberrant subclavian artery, asymptomatic ruptur, surgery

## PP 105

**A Rare Cause Of Altered Mental Status: The Morel–Lavallée Syndrome***Bençü Mutlu<sup>1</sup>, Ömerül Faruk Aydın<sup>1</sup>, Senem Biçakççı<sup>1</sup>, Evrim Gül<sup>2</sup>, Özlem Güneysel<sup>1</sup>*<sup>1</sup>Kartal Dr. Lütfi Kırdar Eğitim Araştırma Hastanesi<sup>2</sup>Elazığ Eğitim Araştırma Hastanesi

**Objective:** Altered mental status is a common clinical condition with a wide and varied diagnosis. Morel–Lavallée Syndrome is rare but may be caused by a serious hemorrhage concluding with hemorrhagic shock.

**Case:** A 76 year old male presented with the acute onset of altered mental status. Family members reported that the patient was being less interactive and more anxious than usual. Vital signs at the time of admission were stabil. He was conscious and cooperated but was disoriented. His Glasgow Coma Scale score was 15. He was anxious and fidgety. Extremity examination revealed an ecchymosis along the lateral right femoral region, a soft, fluctuant mass just inferior to the ecchymosis and a short leg splint. No laceration or ulceration was present. Bullous lesions were present on the ecchymotic areas (Figure 1). The patient was hospitalized for a talus fracture caused by the traffic accident 2 days before.

Laboratory results were as follows; hemoglobin:7.7g/dl, hematocrit: 22.5 (2 days before his hemoglobin level was 13.4 g/dl, hematocrit was 39.3). Two units RBC preparations were immediately transfused. After transfusion, laboratory results were as follows: hemoglobin: 9 g/dl, hematocrit: 26.5.

The diagnosis was confirmed with magnetic resonance (MRI) which revealed that a well-margined, T2 hyperintense, lenti-form collection, between the subcutaneous fat and fascia (Figure 2). The lesion measured 45 mm in dimension. The patient was admitted to orthopedic surgery ward.

**Conclusion:** Hemorrhagic shock has occurred with altered mental status in a 76 year-old male patient with Morel–Lavallée Syndrome. Altered mental status occurred after hemorrhagic shock. The syndrome caused by post-traumatic shearing of the hypodermis from the underlying fascia. Physical examination, MRI and USG is the mainstay of diagnosis and treatment includes both surgical and minimally invasive modalities.

**Keywords:** Morel–Lavallée Syndrome, altered mental status, hemorrhage



PP 106

**The Relation Between Oxidative Stress Parameters and Ischemic stroke and Hemorrhagic Stroke**

*Ferhat Icme<sup>1</sup>, Özcan Ereli<sup>2</sup>, Akkan Avci<sup>3</sup>, Salim Satar<sup>3</sup>*

<sup>1</sup>Atatürk Education and Research Hospital, Department of Emergency Medicine, Ankara/Turkey

<sup>2</sup>Atatürk Education and Research Hospital, Department of Biochemistry, Ankara/Turkey

<sup>3</sup>Numune Education and Research Hospital, Department of Emergency Medicine, Adana/Turkey

**Objective:** The aim of this study is to investigate the significance of oxidative stress parameters in the pathogenesis of ischemic stroke and hemorrhagic stroke, and investigate the effects on prognosis by using National Institutes of Health Stroke Scale (NIHSS).

**Materials-Methods:** A sum of 96 patients including 74 patients with ischemic stroke, and 18 with hemorrhagic stroke (Nontraumatic subarachnoid hemorrhage and intraparenchymal hemorrhage, and 75 volunteers were enrolled in the study. After the diagnosis of stroke was confirmed by physical examination and cerebral CT scan, blood samples were collected and Total Oxidant Level (TOL), total antioxidant level (TAL), paraoxanase, stimulating paraoxanase, aryl esterase and thiol levels were measured. The same parameters were measured in the volunteer group.

**Results:** No statistically significant differences were found between the ischemic stroke group and volunteer group in terms of TAL, paraoxanase and sparaoxanase ( $p > 0.05$ ). TOS and OSI levels were significantly higher in the ischemia group, than the control group ( $p < 0.05$ ). Arylesterase and thiol levels were significantly lower in the ischemia group, than the control group ( $p < 0.05$ ). TAL, paraoxanase, sparaoxanase, arylesterase and thiol levels did not differ significantly between the hemorrhagic stroke group and the control group ( $p > 0.05$ ). TOL and OSI values were significantly higher in hemorrhagic stroke group ( $p < 0.05$ ). No significant correlation was found between NIHSS score and TAL, TOL, OSI, paraoxanase, arylesterase, sparaoxanase and thiol levels ( $p > 0.05$ ).

**Conclusion:** Oxidative stress may be effective in the pathogenesis of both ischemic stroke and hemorrhagic stroke in terms of oxidants. Antioxidants have no effect in the pathogenesis of hemorrhagic stroke whereas they may have a partial role in ischemic stroke. We do not think oxidative stress has any effect in determining prognosis in either type of stroke.

**Keywords:** Oxidative stress, ischemic stroke, hemorrhagic stroke, National Institutes of Health Stroke Scale

PP 107

**Atropa Belladonna Fruit Intoxication**

*Mansur Kürsüd Erkan, Tarık Ocak, Arif Duran, Bekir Baris Kurt*

Abant İzzet Baysal University, Medical Faculty, Department of Emergency Medicine, Bolu, Turkey

**Introduction:** Atropa belladonna belongs to Atropa which is a sub-group of Solanaceae. The most important component of the leaves and fruits of Atropa belladonna is alkaloid derivative. The alkaloid derivatives are; L-Hyoscyamin at 80-90% and is converted into atropine. People and especially children eat its black fruits and get poisoned. The intoxication develop as anticholinergic syndrome observations associated to the competitive blockage of the acetylcholine binding area of the postganglionic muscarinic parasympathetic receptors and the muscarinic receptors of the central nervous system. In this study, we exposed the emergency approach for a patient who has lost conscious following important consumption of Atropa belladonna fruit.

**Case:** A 57 year old male patient applied to the emergency unit for burning, dryness, respiratory troubles and has been discharged after examination and treatment. The patient exposed agitated and aggressive behavior. His relatives explained that the patient ate a black colored fruit with grape shape at noon and that these symptoms developed then. In the physical examination of the patient; his general situation was intermediary, he had confused consciousness and presented agitation. Fever:37.8, RR:32, P:140/min, BP:145/85 mmHg and sO<sub>2</sub>:95%. The patient presented rubor especially in his face, dryness in mouth mucosa, and pupillar dilatation. Sinus tachycardia has been detected in the ECG. After a normal lung graphy and blood results, the possibility of intoxication associated to a plant presenting anticholinergic features has been proposed and the patient has been hospitalized in intensive care unit for treatment. At the end of the second day, the patient recovered. He has been discharged from the hospital at the 4th day.

**Results:** The detailed anamnesis of the patient shall be obtained, plants containing atropine which leads to excitability, confusion, somnolence, or coma without known reason shall be taken into consideration for the distinctive diagnosis.

**Keywords:** Intoxication, anticholinergic syndrome, atropa belladonna



## PP 108

**Frontal Bone Fracture As a Result of Pepper Gas Capsule Injury***Abdulkadir İnce, Abdullah Sadık Girişgin, Mustafa Çalık, Kadir Özsviri, Cemal Zeren*

Gaziosmanpaşa Taksim Eğitim Araştırma Hastanesi

**Objective:** Head trauma is mostly seen between 15 and 30 years olds, and it is seen in men 2 to 4 times more than in women. A powerful force upon the skullcap causes compression fracture. Depending on the magnitude of the force, brain tissue can have contusion, duramater can have perforation or there can be local brain damage. Anterior wall of frontal sinus is two times more resistant against traumas compared to other bones of face. Fracture localization and displacement, the condition of duramater and brain tissue, frontal sinus drainage system's participation to the injury is decisive in the treatment. In non-displaced fractures, if nasofrontal duct is in good condition, generally patients would be clinically observed and tomography controls would be performed without operation.

**Case:** 39 years old, male was presented to the emergency department because he was hit with a capsule of pepper spray 10 minutes ago. Physical examination: There was a 3x3x3 cm skin laceration on glabella and frontal sinus anterior wall fracture could be seen with inspection. Patients vitals: Blood pressure: 120/80 mm Hg, pulse:80/minutes, GCS:15. In cranial CT scan, multiple-piece displaced fracture that continues to the basal including anterior and posterior walls of frontal sinus could be seen. Frontal hemispherical fissure and left cerebral hemisphere had appearance correlated with subarachnoid hemorrhage. After neurosurgery consultation the patient was transferred to another hospital and he was discharged after 4 days with conservative treatment and plastic surgery control.

**Conclusion:** It is important to keep in mind that forceful head traumas can cause bone fractures but it may not show neurological deficits related to localization. Moreover, tear of duramater could be seen and some complications could occur later. However besides the severity of the fracture, injury region and other pathology presence is also important in planning the treatment.

**Keywords:** brain surgery, capsule of pepper spray, head trauma, tomography

## PP 109

**Clinical, Labatauary or Imaging in Apendicitis Diagnosis***Mustafa Çalık, Kadir Özsviri, Abdulkadir İnce, Cemal Zeren, Abdullah Sadık Girişgin*

Gaziosmanpaşa Taksim Eğitim Araştırma Hastanesi

**Objective:** The aim of this study is to call attention to cases which were diagnosed as acute appendicitis with laboratory and imaging techniques without clinical symptoms.

**Case:** 24 years old male. The patient presented to the Emergency Department at early hours of morning with stomach pain, nausea and vomiting that has been present for the last 12 hours. The anamnesis of the patient had similar pains before and alcohol intake in the previous day. In physical examination; abdomen was comfortable, there was no defense and rebound. There was epigastric sensitivity with deep palpation. In laboratory examination leukocytes were 18300, full urinalysis and biochemical evaluation was normal. There was no abnormality in X-rays. Despite proton-pump inhibitor, metaclopramide and hidration treatments, patient's complaints did not decrease. As a result, ultrasonography was performed. After seeing an image of 11.1 mm diameter which was correlated with acute appendicitis, a general surgery consultation was requested. Leukocytes were 18500 in control hemogram of the patient. In the general surgery consultation, examination evidence was not correlated with acute appendicitis, therefore an abdominal CT with contrast was performed. Although abdominal CT was well correlated with acute appendicitis, patient was denied surgical operation by general surgery department because there was no examination evidence. The patient was kept in observation with narcotic analgesic and colchicine drugs. However the patient's complaints did not decrease and in controls his leukocytes were 21900 after keeping him in emergency department for nearly 20 hours. Finally the patient was accepted to the surgery department and they performed operation on the patient. Operation diagnosis was retrocecal appendicitis.

**Conclusion:** Clinical and physical examination is important in appendicitis diagnosis. However especially retrocecal appendicitis can be seen without clinical evidence or with atypical clinical evidence. In such cases it is necessary to trust radiological and laboratory evidence.

**Keywords:** analgesic, appendicitis, surgery, ultrasonography



PP 110

**Is the negative appendectomy rate changed?**

*Bülent Kaya, Alper Nuri Şahbaz*

Kanuni Sultan Süleyman Training and Research Hospital Department of General Surgery

**Objective:** Appendicitis is one of the most common abdominal emergency requiring surgical intervention. The purpose of this retrospective study was to evaluate the incidence of negative appendectomy.

**Materials-Methods:** A total of 159 patients who had appendectomy during the study period were analyzed. All operations were performed by experienced surgeons. The histopathological reports were available for all patients. Data relating to age, sex, clinical symptoms and signs, laboratory investigations, operative findings and procedures, and postoperative follow-up were obtained. All the specimens were examined and reported on by pathologists.

**Results:** There were 148 patients with phlegmonous or perforated appendicitis. There were 11 patients with negative appendectomy. The negative appendectomy rate was 6.9%. There were 3 women and 8 men among patients with negative appendectomy. The mean age was  $22.5 \pm 8.8$  (8-37). The mean Leukocyte count was  $11.284 \pm 3021$  (8000-16700).

**Conclusion:** The negative appendectomy rate was reported in between 15-33% in literature. Our negative appendectomy rate was 6.9%. This low negative appendectomy rate may be explained by experience of surgeons, clinical follow-up of patients with suspicious for appendicitis and using advanced imaging techniques.

**Keywords:** acute abdomen, acute appendicitis, negative appendectomy

PP 111

**A case of giardia intestinalis gastroenteritis mimicking a cute appendicitis**

*Yakup Aksoy<sup>1</sup>, Yusuf Emrah Eyi<sup>2</sup>, Salim Kemal Tuncer<sup>2</sup>, Ümit Kaldırım<sup>2</sup>, Ali Osman Yıldırım<sup>3</sup>, Şükrü Ardiç<sup>4</sup>*

<sup>1</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

<sup>2</sup>Emergency Department, Gülhane Medical School, Ankara

<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital

<sup>4</sup>Emergency Department, Elazığ Military Hospital, Elazığ

**Objective:** We want to present an interesting case of gastroenteritis which was thought as an acute appendicitis firstly and then it's understood to be giardia intestinalis gastroenteritis after laboratory tests and imaging.

**Case:** A 20 year old male patient presented to our emergency polyclinic with weakness, abdominal pain, loss of appetite, nausea, and diarrhea. He informed in his story that the pain had started about 24 hours before and increased in time. Also he had defecated 3 times during this period. On examination body temperature was 37 oC degree, pulse count was 72/ min. and arterial tension was 110/85 mm hg. In auscultation bowel sounds was about 15 /min. There were minimal and volitional defense, sensitivity in entire of abdomen but especially in the right lower quadrant of the abdomen and rebound positivity. The other systems' examination was normal. White blood cell count was  $9.4 \times 10^3/\mu\text{L}$  and c-reactive protein level was 1,7 mg/L. Urine test was normal. Chest X-ray was normal but there was dense gas in bowel on abdominal x-ray. Abdominal USG of patient who had been estimated as an acute appendicitis case was normal. Computerized Tomography of abdomen was also normal. However giardia intestinalis cysts have been detected in gaita microscopy test. Then the patient was diagnosed with giardia intestinalis gastroenteritis and was hospitalized. The patient was followed with anti-diarrhea, anti-amebial and replacement fluid therapy. The abdominal pain have vanished and the patient was nearly normal with this treatment in two days.

**Conclusion:** Giardia intestinalis gastroenteritis can mimic the pain of an acute appendicitis. The emergency clinic must bear in mind this and must protect patients against unnecessary surgery.

**Keywords:** Abdominal pain, Acute Appendicitis, Gastroenteritis, Giardia intestinalis



## PP 112

**A mortal combination of gastric and duodenal perforation**

Mehmet Yasar<sup>1</sup>, M.fuat Çetin<sup>1</sup>, Bulent Kaya<sup>2</sup>

<sup>1</sup>Duzce University Medical Faculty Department of General Surgery

<sup>2</sup>Kanuni Sultan Suleyman Training and Research Hospital Department of General Surgery

**Objective:** The perforation risk of peptic ulcer disease is approximately 5-10%. We are presenting a patient with gastric and duodenal perforation found in exploratory laparotomy.

**Case:** A 83 year old male patient admitted to emergency department. He complained of abdominal pain. In physical examination, rebound tenderness and muscular rigidity was detected. There was free abdominal air under right diaphragm in abdominal x-ray. The patient was operated. In exploration there was gastric perforation about 2-3 cm in diameter and a second perforation 1 cm in diameter in duodenum. The perforated areas repaired with primary suture and omentoplasty. In operation the patient had cardiac arrest. Although CPR was performed the patient was died intraoperatively.

**Conclusion:** The gastric and duodenal perforation at the same time is a rare pathology. It can be mortal and its etiology should be investigated.

**Keywords:** acute abdomen, gastric perforation, duodenal perforation, mortality

## PP 113

**Anaphylaxia due to Ecballium Elaterium**

Turker Karaboga, Mehmet Ozgur Erdogan, Gokhan Tas, Sahin Colak, Korkut Bozan, Hayati Kandis

Haydarpasa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Ecballium elaterium is also known as squirting cucumber or exploding cucumber. It is a traditional widely used plant to cure sinusitis. Patient dilutes the juice of the plant and inhales it. This may have adverse effects like upper airway obstruction, edema, anaphylaxis, and shock. We report an anaphylaxia due to Ecballium Elaterium

**Case:** 41 years old male was admitted to ED with dyspnea. Upon examination, he was suffering from bilateral periorbital edema and widespread urticaria. Blood pressure was 150/90 mmHg. Heart rate was 98/minute. Patient had uvula edema and bronchospasm. The patient had no atopic incidences and any chronic diseases, before. 2000 ml isotonic fluid was administered. Feniramin 45,5 mg i.v., 0,3 mg Epinefrin i.m. was also administered as the initial treatment. The patient, was discharged after 12 hours of observation.

**Conclusion:** It has been reported that Ecballium elatrium, which is used to treat rhinosinusitis traditionally, may cause serious allergic reactions including angioedema. The juice of the plant is commonly used by patients for the plants' strong anti-inflammatory effect. Our patient had administered the juice of Ecballium elaterium drop by drop into his nose. The extract caused severe upper airway obstruction and dysphagia. Emergency department physicians must know the side-effects of plants widely used as traditional drugs.

**Keywords:** Ecballium Elaterium, anaphylaxia, traditional drugs, emergency



PP 114

**At eight years old, foreign body of nose**

*Birdal Yıldırım, Ülkü Karagöz, Ethem Acar, Halil Beydilli*

Sıtkı Koçman Mugla University Education and Research Hospital, Department of Emergency Medicine

**Objective:** Healthy lung function and breathing through the nose for a healthy body is essential. If nasal congestion and quality of life of patients and cause an increase in health problems in the longer process of dissolution. There are many problems that can cause nasal congestion. Nostrils fleeing / forgotten foreign bodies among these reasons, and most patients with mental retardation has been observed in young children. The longer the patient comes to the fore removal of infective symptoms, infections and related problems may lie not exceeding

With the presentation of this case, even if we have not mental retardation, nasal foreign bodies in children, and in the emergency department aimed to emphasize the importance of thorough physical examination.

**Case:** 8 year old male patient with persistent fever for the last few days, runny nose and was admitted to our emergency department with complaints of fatigue. The examination is the fire 38.5, serous nasal discharge, except for the normal. History of runny nose, and throat was learned that the last few weeks. One patient was a hole in the nasal foreign body x-ray taken artifact directly observed. the foreign bodys is removed from the patient who has no have mental retardation in the emergency department, similar to the size of the object was found to be 2 magnets. The patient was discharged with prescribed therapy.

**Conclusion:** Taking a detailed history of all patients from the emergency department, physical examination, and to act accordingly afraid to take radiographs;be important steps in the treatment of many diseases, should be kept in mind.

**Keywords:** foreign body, nose, eight years old

PP 115

**Prilocaine can cause methemoglobinemia**

*Birdal Yıldırım, Ülkü Karagöz, Ethem Acar, Halil Beydilli*

Muğla Eğitim Araştırma Hastanesi Acil Tıp Kliniği

**Does Liposaction methemoglobinemia ?**

Methemoglobin and hemoglobin - oxygen dissociation curve of O<sub>2</sub> can not move the slide to the left leads to the award of the tissues more difficult O<sub>2</sub>. Can be seen as congenital or acquired methemoglobinemia. Acquired methemoglobinemia have been reported after exposure to several counts. One of these agents commonly used in clinical practice, which is a local anesthetic prilocaine.

Accumulation of excess fat removal with vacuum technique of liposuction collected. Depending on the size of the area to be operated during a liposuction procedure used pirilokain. Pirilokain used at the end of this process has to be taken back.

In this report, after local anesthesia with prilocaine improved with treatment and support for developing a case of acquired methemoglobinemia is presented

**Case:** 20 year old female patient emergency department with shortness of breath, chills, chills and fatigue - admitted with the complaint. Triage assessment of the value of the arterial blood pressure 130/80 mmHg, Pulse: 140 min / pulse, respiratory rate is 40/min identified and was accepted ED. Built a special center liposuction procedure the patient was learned today. During the transaction process, a total of 300 mg of prilocaine applied is reached, the doctor had not to be taken 50 mg. Patient's blood gas values: Fmeth1 40 %, Fmeth2: 32.2, Fmeth3: 31.1 methemoglobinemia patient diagnosed measured and IV hydration, ascorbic acid, oxygen, methylene blue, 50 mg of 10 % initiated. Be consulted by the Internal hospitalized patients discharged from the hospital two days later was discharged.

**Conclusion:** Liposuction local anesthesia with prilocaine in many cases, including emergency physicians should keep in mind the diagnosis of methemoglobinemia should immediately and appropriate tests.

**Keywords:** methemoglobinemia, prilocaine, liposuction



## PP 116

**Fall from bicycle: monteggia fracture type IV**

*Ramazan Güven, Inan Beydilli, Ibrahim Toksul, Mehmet Nuri Bozdemir, Omer Harun Sagnic, Faruk Güngör, Asım Arı*

Antalya Education and Research Hospital, Emergency Medicine, Antalya

**Objective:** A Monteggia fracture is a fracture of the proximal ulna coupled with a radial head dislocation. Monteggia fractures account for 0.4% of all forearm fractures. Monteggia type IV is fracture radial and ulnar shaft with dislocation of radial head. Monteggia Type IV fractures are extremely rare. The mechanism is one of forced pronation.

**Case:** 10 year-old boy presented at the emergency department due to fall from bicycle. He had no relevant medical history. On physical examination, he has a prominence over the left radial head. There were no symptoms of neurovascular compromise and no evidence of skin compromise or breach. There is full flexion and extension. Radiographs of the left elbow and forearm revealed a type IV Monteggia lesion.

**Conclusion:** All Monteggia fracture-dislocations require an urgent orthopedic assessment. Type IV Monteggia fractures have been treated by both closed and open techniques. Reduction is always required. Delayed or missed diagnosis is the most frequent complication.

**Keywords:** bicycle, monteggia, type IV

## PP 117

**An occupational injury device: woodworking machine**

*Ramazan Güven, Ali Vefa Sayrac, Mustafa Kesaplı, Mehmet Nuri Bozdemir, Omer Harun Sagnic, Vedat Kirpat, Asım Arı*

Antalya Education and Research Hospital, Emergency Medicine, Antalya

**Objective:** Occupational injury is an accident that occurs during performance of a job assigned by the employer. Woodworkers face risks of immediate and severe injury from accidents with equipment. Woodworking operations can be very dangerous, particularly when workers use machines improperly or without proper safeguards.

**Case:** A 62-year-old man was admitted to the emergency department with large and deep incision on the dorsum of the right hand. He is a woodworker. His right hand was injured by woodworking machine. His 2th and 3th metacarpal bones were fractured. Furthermore, tendon of extensor digitorum dorsal, tendon of extensor indices dorsal and interosseus muscles of right hand were lacerated. The patient admitted to emergency surgery service.

**Conclusion:** Occupational injuries are common health problems constituting an important share among all types of injuries in terms of morbidity and mortality. Safeguards are essential for protecting workers from these preventable injuries.

**Keywords:** injury, occupational, woodworking



PP 118

**An elderly patient with type II odontoid fracture**

*Ramazan Güven, Inan Beydilli, Ibrahim Halil Toksul, Faruk Güngör, Asım Arı, Omer Harun Sagnic, Vedat Kırpat*

Antalya Education and Research Hospital, Emergency Medicine, Antalya

**Objective:** Most commonly odontoid fractures are caused by motor vehicle accidents and falls. Odontoid fractures account for 15% of all cervical spine fractures. Type II fractures accounting for the majority of these injuries. The elderly patient cohort (>70 years) most commonly receive these injuries in low energy trauma such as falls from a standing height. Odontoid fractures are typically associated with low rates of acute neurologic deficit.

**Case:** A 85-year-old woman was referred to our emergency medicine service after a road traffic accident. The chief complaint was tenderness of neck on the atlantoaxial (C1-C2) joint. Neurological examination and all other systems were normal. She did not use any drugs or medication. Her pulse was 68 beats per min and her blood pressure was 110/70 mmHg. A non-contrast Computed Tomography (CT) was obtained to evaluate spine integrity. Computed tomography imaging showed a type II odontoid fracture.

**Conclusion:** Odontoid fractures, despite intact neurological examination, should come to mind when patient who admitted to emergency medicine service with tenderness of C1-C2 after trauma. patient with persistent neck pain and negative plain radiographs should undergo CT imaging of the cervical spine.

**Keywords:** elderly patient, odontoid, type II

PP 119

**Why are recurrent emergency service presentations important?**

*Funda Karbek Akarca, Yusuf Ali Altuncı, Ercüment Umdü, Murat Ersel, Selahattin Kıyan*

Ege University Faculty of Medicine, Department of Emergency Medicine, Izmir/TURKEY

**INTRODUCTION:** Transient ischemic attack (TIA), is a transient neurological dysfunction due to the focal ischemia of the brain, spinal cord or retina. With this case report we aim to emphasize that in patients who present to the emergency department with recurrent TIA, the vascular pathology should be diagnosed and treated before stroke happens.

**CASE:** 74 year old female with a medical history of hypertension presented to the emergency department with a transient facial droop. The patient was observed in the emergency department 2 days ago for a TIA, and externated with the advice of neurology outpatient follow-up. Physical examination revealed right hemihypoesthesia on the face (which was an old sequela of a facial paralysis) and bradyarrhythmia on cardiac auscultation. The patient was observed under monitorization because of a slow ventricular response atrial fibrillation. There were no electrocardiographic changes or cardiac enzyme anomalies during observation. Cardiology consultant suggested anticoagulant therapy and avoiding drugs that may cause bradyarrhythmia. Cranial computerized tomography (CT) showed no acute radiopathology. Neurology consultant suggested antithrombotic and anticoagulant therapy, and neurology outpatient follow-up. The patient had repeated TIA, so craniocervical angio CT was planned for further research, which revealed a mix atherosclerotic plaque at the bulbous segment of the left internal carotid artery, with a thrombus filling the lumen, causing a secondary luminal preocclusive stricture (Image 1). The case was admitted to cardiovascular surgery ward for carotid artery endarterectomy (CEA).

**CONCLUSION:** Patients with recurrent TIA are at high risk for stroke. Doppler ultrasound or CT anjio should be performed to find the etiology, and treatment should be started as soon as possible to prevent stroke.

**Keywords:** Transient ischemic attack, CT anjio, emergency recurrent administration



## PP 120

**Acute Carbamazepine Intoxication**

*Funda Karbek Akarca, Ayşe Ece Tavas, Şadiye Mıdık, Özgür Özen, Selahattin Kıyan*

Ege University Faculty of Medicine, Department of Emergency Medicine, Izmir, Turkey

**INTRODUCTION:** Carbamazepine is an antiepileptic drug that is used for simple partial seizures, complex partial seizures, trigeminal neuralgia and bipolar affective disorder. The mechanism of action is by blocking the sodium channels. It is metabolized in the liver and its metabolite is also active, which causes the symptoms to be long-lasting in case of toxicity.

**CASE:** 22 year old male patient with a history of ulcerative colitis was brought to the emergency department with drug intoxication of unknown time and drug name. Initial vitals were as follows: blood pressure 112/72mmHg, cardiac pulse 122/dk, pulse oxygen saturation at room air 94%. He was pale, cold and perspiring. Glasgow coma scale was E2M5V1 so the patient was intubated to secure the airway. Blood glucose levels, electrocardiogram, arterial blood gas and routine lab tests revealed normal results. The empty drug boxes that were brought to the emergency department belonged to a non-steroid antienflammatory drug, an antibiotic and an antiepileptic – carbamazepine. Serum carbamazepine levels were 25 mcg/mL (normal range 4-12 mcg/mL). During the observation period, hypotension not responding to fluid replacement ensued, and the patient was started on inotropic treatment. 4 hours of carbon-filtered hemoperfusion was carried out for 3 consecutive days, and serum carbamazepine levels gradually dropped, while inotropes became no more necessary and the Glasgow coma score developed to 15 and finally the patient was extubated. The patient totally recovered without sequelae.

**CONCLUSION:** Carbamazepine intoxication has the potential to cause serious outcomes. In a patient who presents to the emergency department with hypotension, low Glasgow come score and unknown drug ingestion, carbamazepine toxicity should be kept in mind.

**Keywords:** Carbamazepine intoxication, emergency department, treatment

## PP 121

**Urethral Injury without hematuria**

*Sercan Yalçınlı, Funda Karbek Akarca, Yusuf Ali Altunçı, Murat Ersel, Selahattin Kıyan*

Ege University Faculty of Medicine, Department of Emergency Medicine, Izmir, Turkey

**Introduction:** Urethral trauma should be diagnosed early and treated correctly. Undiagnosed or undertreated urethral injury will cause long term sequelae due to urethral strictures.

**Case:** 10 year old male, on whom a concrete wall collapsed, was referred to our emergency department from another facility for femur fracture. Initial vitals were Blood pressure 89/50mmHg, cardiac pulse 130 bpm, pulse oxygen saturation at room air 98%, and Glasgow Coma Scale was 15. His left leg was in a cast and he had pelvic tenderness. There was no blood in the urethral meatus, scrotal hematoma, peri neal ecchymosis or rectal hematoma. The initial FAST showed no significant findings except urinary bladder distention. Macroscopic hematuria was seen following urinary catheterization. The urinary catheter was slowly withdrawn and retrograde urethrography (Image-1) and abdominopelvic CT (Image-2, Image-3) were performed, which revealed extraperitoneal contrast outside the confines of the normal bladder. Multiple fractures at the sacrum, both superior pubic rami, left femoral neck and minor trochanter. The patient was admitted to the pediatric surgery ward and suprapubic bladder drainage was performed

**Conclusion:** Our patient had none of the symptoms and findings of urethral injury. The haematuria developing after foley catheterization and co-existing pelvic fractures drew us to suspect urethral injury. Emergency medicine physicians should keep in mind that urethral injury may be present in high-energy trauma patients with pelvic fractures who lack the typical findings of urethral injury.

**Keywords:** Urethral injury, hematuria, trauma management



PP 122

**Traumatic aortic dissection**

*Atif Bayramođlu, Abdullah Koçak, Ayhan Aköz, Murat Saritemur, Serdar Yaşar, Mustafa Uzkeser*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Aortic dissection is characterized by an intimal flap dividing the aortic channel into false and true lumens. Although blunt chest trauma to the thoracic aorta usually gives rise to aortic rupture, resulting in a false aneurysm, it can sometimes lead to an aortic dissection. Traumatic dissection of the thoracic aorta is a life-threatening condition that requires rapid and accurate diagnosis. In most of cases associated with severe characteristic chest, back or abdominal pain described as "tearing" character. Therefore, the important factor is to identify the aortic injury in the blunt chest trauma

**Case:** 30 years old male patient was admitted to the emergency department in vehicle traffic accident. His blood pressure was 95/54 mmHg, pulse rate was 120/min., oxygen saturation (SpO<sub>2</sub>) was %94. On further evaluation, there was abnormal posture his left and right femoral area and there was positional abnormality on his left upper extremity. Tenderness was present on his abdomen. He has no dyspnea. His chest auscultation was normal. The X-rays showed us he has left and right femoral shaft fractures and humeral shaft fracture. On his computed tomography (CT) there was liver laceration, traumatic subarachnoid hemorrhage and traumatic aortic dissection.

**Conclusion:** Traumatic aortic dissection is a rare condition. For this reason, in the patient has high energy traumatic aortic dissection should not be overlooked.

**Keywords:** aortic injury, aortic dissection, blunt chest trauma

PP 123

**A rare cause of acute abdomen; Burkitt's Lymphoma**

*Bünyami Özođlu<sup>1</sup>, Abdullah Kısaođlu<sup>1</sup>, Murat Saritemur<sup>2</sup>, Atif Bayramođlu<sup>2</sup>, Ayhan Aköz<sup>2</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of General surgery Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Lymphomas forms 1% of all tumors of the gastrointestinal tract. In order of frequency, it seen in stomach, small intestine, and colon-rectum, respectively.

**Case:** Seventeen-year-old male patient, admitted to the emergency clinic with abdominal pain began epigastric and then radiating to right lower quadrant of the abdomen. Abdominal ultrasonography obtained from the patient showed perforated appendicitis, periintestinal fluid around the cecum and lymph nodes that the largest one with size 25 \* 18 mm. The patients with acute abdominal pain underwent emergency surgery and there was a mass lesion, soft in consistency with palpation, filled the inside of and had almost completely obstructed the lumen about 4-5 cm proximal to the cecum. It was performed ileotransvers right hemicolectomy and end-to-side anastomosis to patient was operated under emergency conditions. There was no other pathology was described into abdomen. The result of microscopic examination of the specimen reported as Burkitt's lymphoma.

**Conclusion:** The diagnosis of Intestinal lymphomas with routine radiological procedures is difficult. It may be confused with some clinical signs such as acute appendicitis. It should be performed required surgical intervention before the development of complications

**Keywords:** Gastrointestinal tract, burkitt lenfoma, acut abdomen



PP 124

**Prognostic factors in perforated gastric cancers: 36 cases**

*Bünyami Özoğlu<sup>1</sup>, Abdullah Kısaoğlu<sup>1</sup>, Sabri Selçuk Atamanalp<sup>1</sup>, Atif Bayramoğlu<sup>2</sup>, Mehmet İlhan Yıldırğan<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of General surgery Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

*Objective: Among all gastric perforations, 10-16% occur in gastric cancer patients. Surgical treatment in these patients varies depending on factors such as tumor stage, resectability and presence of generalized peritonitis. We reviewed the clinicopathological features and surgical results in our experience.*

**Materials-Methods:** The data of 36 patients undergoing surgery in our clinic for gastrointestinal perforation and known as malignant during the operation and/or confirmed histopathologically, were investigated retrospectively.

**Results:** The time interval between the initiation of symptoms and surgery was a mean of 21.4 hours and surgery was performed within 24 hours in 20 cases. The most frequent site of the tumors was the antrum. Twelve cases had diffuse peritonitis. Eighteen underwent resection and eighteen underwent primary repair. Complications developed in sixteen cases and the most common complication was wound site infection. Six patients died. The presence of concomitant disease, diffuse peritonitis and albumin level less than 2.5 g/dl were found to be significant for mortality.

**Conclusion:** Gastric cancer perforations are rare and usually found in advanced stage tumors. These cases are hard to diagnose and surgical procedure to be performed should be chosen according to factors associated with mortality.

**Keywords:** Gastric cancer, perforation, mortality

PP 125

**Laparoscopic splenectomy due to splenic injury after colonoscopy: a case report**

*Bünyami Özoğlu<sup>1</sup>, Abdullah Kısaoğlu<sup>1</sup>, Atif Bayramoğlu<sup>2</sup>, Salih Kara<sup>1</sup>, Nurhak Aksungur<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of General surgery Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Perforation and bleeding is the most common complications after colonoscopy. Spleen hematoma is an extremely rare complication. There are less than 100 case reports in the literature on this issue. In the present study, We wanted to present treatment splenic hematoma developed after colonoscopy by a laparoscopic splenectomy.

**Materials-Methods:** In this study, One patient who splenic hematoma developed after colonoscopy and evaluated in the emergency department in 2013 is presented.

**Results:** 68 year old woman was admitted to the emergency department with abdominal pain. It was performed colonoscopy due to rectal bleeding one day ago.

There were no signs defense and rebound on physical examination the patient who suffer from stomach pain in the time of admission. The results of the patients blood count was as follows: hemoglobin 12.1 mg / dl, leukocytes 16000/mm<sup>3</sup>, platelets 349000/mm<sup>3</sup>, International Normalised Ratio(INR) 1.46 and creatinine 3.1 mg / dl. There had a hematoma limited to the splenic parenchyma in the lower and upper abdominal computed tomography was taken. The patient's general condition was stable. Patients admitted to the general surgery clinic; hematological data and general condition remained stable during two weeks and Laparoscopic splenectomy was performed after approximately 2 weeks. Pneumococci and H. influenza vaccines is injected to the patient prior to surgery. The patients without any symptoms was discharged postoperative 6 days.

**Conclusion:** Splenic hematoma a relatively rare complication after colonoscopy. In this situation requiring urgent surgery, elective splenectomy can be made if the general condition and hematological data of the patient is stable.

**Keywords:** Laparoscopy, splenic injury, spleen hematoma



PP 126

**A rare cause of small bowel obstruction: Gallstone ileus**

*Bünyami Özoğul<sup>1</sup>, Abdullah Kısaoğlu<sup>1</sup>, Esra Dişçi<sup>1</sup>, Atif Bayramoğlu<sup>2</sup>, Sabri Selçuk Atamanalp<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of General surgery Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Gallstone ileus is an uncommon but important cause of bowel obstruction. 1-4% of bowel obstruction caused by gall bladder stone in patients over the age of 65.

**Materials-Methods:** We were evaluated two patients admitted to emergency department of University Faculty of Medicine with gallstone ileus and who underwent surgery at General Surgery Clinic.

**Results:** The ages of patients were 59 and 73, respectively, one was female and one was a male. Female patient complaints started 3 days prior, male patient complaints complaints started 4 days prior to hospital admission. Patients had abdominal pain, nausea, vomiting. Nevertheless, both patient complained about right upper quadrant pain, continued for at least 2 years. Leukocytes was high (respectively 10.1 / mL, 15.5/μL), male patients blood glucose value (153 mg / dl) and total blood bilirubin value (2.09 mg / dl), the calcium value of female patients (11.2mg/dl) was high. Other laboratory tests were normal. Direct X-rays was found to be air-fluid levels.

**Conclusion:** In tomography scan taken on admission reported that the gallbladder extends into the duodenum, was cholelithiasis, around the gallbladder was inflamed, was compatible with the view of a 24 mm stone at the left lower quadrant abdominal about female patients and that displayed on the gallbladder, edema and dilated bowel loops in the left lower quadrant abdomen, increased content and dilatation in other areas about male patients. Two stone which 3 and 5 cm diameter and obstructing the lumen of the bowel 80 cm distal to the ligament of treitz extracted with enterotomi and bowel primarily closed about female patients. Stone which 3 cm diameter and obstructing the lumen of the bowel 100 cm proximal to the ileocecal valves was resected with the limbs of bowel which becomes ischemic along about male patients. Postoperative, both of patients was discharged without problems.

**Keywords:** Gallstone, ileus, bowel obstruction

PP 127

**Incidental Subcapsular Hepatic Hematoma Following Endoscopic Retrograde Cholangiopancreatography (ERCP): Case Report**

*Abdullah Kısaoğlu<sup>1</sup>, Bünyami Özoğul<sup>1</sup>, Atif Bayramoğlu<sup>2</sup>, Sabri Selçuk Atamanalp<sup>2</sup>, Mecit Kantarci<sup>3</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of General surgery Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

<sup>3</sup>Ataturk University Medical Faculty Department of Radiology

**Objective:** Subcapsular hepatic hematoma is a rare complication developing after ERCP. Although the few available published cases of post ERCP subcapsular hepatic hematoma have reported abdominal pain as being the first symptom, our cases is striking in the fact that it was determined incidentally.

**Case:** A 34-year-old female patient who had an alkaline phosphatase(ALP) level of 228U/L (normal values 30-120U/L) and a gamma glutamyl transferase(GGT) level of 172U/L (normal value<38U/L) presenting with cholelithiasis had undergone endoscopic retrograde cholangiopancreatography(ERCP) and endoscopic biliary sphincterotomy through a guard wire 0.035 inches in diameter had a stone successfully removed from the common bile duct with a fogarty catheter at another hospital a day before. The asymptomatic patient was referred to our clinic when a 57x44 mm heterogenous, hyperechoic semi-solid lesion in the left lobe of the liver was detected postop on her followup abdominal ultrasonography(USG). This data was taken from the patients reports. Her vital signs and physical examination were normal. Abdominal computed tomography(CT) revealed a 55mm hyperdense subcapsular hematoma in the left lobe of the liver. Antibiotic therapy (ceftriaxone disodium) was given to the hemodynamically stable patient. She was discharged as she seemed hemodynamically stable and her laboratory tests did not reveal any significant changes. Seven weeks later, abdominal CT revealed that the hematoma in the left lobe of the liver had regressed to 8 mm in size.

**Conclusion:** Subcapsular hepatic hematoma is a very rare complication of ERCP and there are few available case reports in literature. However, hepatic, splenic and intestinal wall injuries (hematoma or hemorrhage), splenic avulsions and concurrent hepatic lacerations following diagnostic ERCP have also been reported. The initial symptom of subcapsular hepatic hematoma cases after ERCP has been reported as abdominal pain. Although our patient was asymptomatic, abdominal pain and hypotension developing after ERCP should suggest a subcapsular hepatic hematoma.

**Keywords:** Endoscopic retrograde cholangiopancreatography, Hepatic, Hematom, Complication



## PP 128

**Obturator Hernia, a Rare Cause of Small Bowel Obstruction: Case Report**

*Abdullah Kısaoğlu<sup>1</sup>, Bünyami Özoğlu<sup>1</sup>, Ihsan Yüce<sup>3</sup>, Atif Bayramoğlu<sup>2</sup>, Sabri Selçuk Atamanalp<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of General surgery Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

<sup>3</sup>Ataturk University Medical Faculty Department of Radiology

**Objective:** Obturator hernia is a rare hernia with high mortality and morbidity. We want to present a strangulated obturator hernia case that we suspected with existence of Howship-Romberg sign and clarified the diagnosis by abdominal and pelvic CT.

**Case:** 89 years old female patient is hospitalized to our clinic due to nausea, vomiting and hip pain continuing for ten days. The patient that had no previous abdominal surgery had given birth to 5 kids. Body weight was 44kg and body mass index (BMI) was 18.08kg/m<sup>2</sup>. Air-fluid levels were observed in supine abdominal radiography. The patient who had left hip and thigh pain, the pain was detected to increase with the extension and abduction of the thigh. This finding was thought to be Howship-Romberg sign and CT was performed. In CT, observation of dilated small bowel loops together with increased content and herniated small bowel loop inside obturator foramen definitive diagnosis of obturator hernia was confirmed. Emergency laparotomy by low middle line incision was made. 10cm of small bowel loop at the 150cm proximal of the ileocecal valve was observed herniated to left obturator canal and strangulated. Strangulated bowel loop has been resected. Obturator canal was repaired by application of retroperitoneal mesh. The patient had obvious regression of left hip and thigh pain and discharged at the 7th day with cure.

**Conclusion:** It is seen more common in old and thin multiparous women with large and big pelvic bones besides with a relatively horizontal obturator channel. Symptoms of obturator hernia are non specific. In literature, Howship-Romberg sign was reported to exist in 13-65% of the obturator hernia patients. Consequently, the reason of intestinal obstruction in thin and old female patients may be obturator hernia. CT that was performed in the preoperative period are essential for early diagnosis and emergency surgical treatment.

**Keywords:** Obturator hernia, Small bowel obstruction, Howship-Romberg sign, Computerized tomography

## PP 129

**Simultaneous superior mesenteric artery (SMA) thrombosis, dissection and saccular aneurysm**

*Atif Bayramoğlu<sup>1</sup>, Murat Saritemur<sup>1</sup>, Mücahit Emet<sup>1</sup>, Ömer Atış<sup>2</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of medical biology Erzurum Türkiye

**Objective:** Spontan dissection of SMA is a rare but potentially fatal disease. SMA aneurysms which may be saccular or fusiform are the third most common visceral artery aneurysms.

**Case:** A 75-year-old woman presented to the emergency department with recurrent abdominal pain and inability to defecate for days. She had COPD and hypertension under treatment. Her vital signs were normal. On physical examination, mild tenderness over the epigastrium without signs of peritonitis was observed. Laboratory tests and abdominal radiography were unremarkable. Contrast-enhanced CT revealed a thin flap of the SMA, which began from 6.8 cm after the orifice of the SMA and separated the SMA into two distinct lumina for 2-cm section. Thrombi were present throughout the lumen in the superior mesenteric artery. Luminal stenosis approximately %70 of SMA was also observed in just distal to the dissecting level. Thrombosed vessels, wall thickening and narrowing of the lumen showed continuity in the distal segments. Intestinal wall thickening and distension suggestive of ischemia were not observed in the bowel loops. Three-dimensional reconstruction demonstrated a saccular SMA aneurysm. No evidence of rupture was noted.

**Conclusion:** We treated our patient conservatively without anticoagulation. She has remained asymptomatic for weeks.

**Keywords:** SMA, dissection, saccular aneurysm



PP 130

**Domestic Violence**

*Kaan Yusufoglu, Mehmet Ozgur Erdogan, Sahin Colak, Mehmet Kosargelir, Özlem Süzer, Hayati Kandis*

Haydarpasa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Domestic violence is defined as physical, psychological or sexual violence within a family and is often perpetrated against women. Incidence of violence, including sexual and domestic abuse against women and girls, varies widely across the population in Turkey.

**Case:** 75-year-old female patient was admitted to ED for a high fall. Initial vital signs and FBG were normal. GCS was 15. Patient had multiple diffuse swelling and abrasion around her eyes and face. There were multiple abrasions on thoracic and abdominal region. There are wide and long two scars in her legs as if tied with a rope. There was a burn scar which seemed as a cigarette burn. In abdominal examination there was tenderness on right upper quadrant. When we asked her how her wounds happened, she told that she was tied to a chair by her grandson and remained in that position for four days. There were no abnormality in biochemical parameters except minimal elevation of LFTs. On ct scan there were no fractures, or organ damage. Patient was accepted as a domestic violence and patient was hospitalized in general surgery due to whole body trauma.

**Conclusion:** Domestic violence in elderly is an important problem in Turkey, as it is around the world. ED physicians have to be careful in suspicious cases. Patients commonly don't want to talk about the event. If the case of domestic violence can not be diagnosed by ED physician, patient would probably become a violence victim again and thus may suffer from severe health problems.

**Keywords:** domestic violence, geriatrics, trauma

PP 131

**To Research Of The Venous Blood Gas's Utility Replacing To Arterial Blood Gas In The Emergency Department**

*Ertan Bakoğlu<sup>1</sup>, Ali Sedat Kebapcıoğlu<sup>1</sup>, Sadık Girişgin<sup>2</sup>, Ahmet Ak<sup>3</sup>, İsmail Zararsız<sup>4</sup>*

<sup>1</sup>mevlana üniversitesi tıp fakültesi acil tıp abd konya

<sup>2</sup>necmettin erbakan üniversitesi meram tıp fakültesi acil tıp abd konya

<sup>3</sup>selçuk üniversitesi tıp fakültesi acil tıp abd konya

<sup>4</sup>mevlana üniversitesi tıp fakültesi anatomi abd konya

To Research Of The Venous Blood Gas's Utility Replacing To Arterial Blood Gas In The Emergency Department

Arterial puncture is often painful and carries the risk of complications such as local hematoma, infection, occlusion, embolization and ischemic injury. The arterial puncture itself can be technically more difficult than the venous puncture. In this study, we searched the utility of venous blood gas at emergency cases which less aggressive than arterial blood gas.

This study was applied on the patients having recourse to Meram Medical Faculty of Selçuk University Emergency Department. During this study, we got the permission from the patients or their relatives and also, interfered to the patients' treatment. All adult patients who required ABG sampling on the basis of their clinical presentation were eligible for the study. The venous and arterial samples pH, pCO<sub>2</sub>, HCO<sub>3</sub>, pO<sub>2</sub> and SO<sub>2</sub> were recorded.

Total of 247 patients (113 female (46%), 134 male (54%)) were involved prospectively in this study. Arterial and blood gas samples (exclude pO<sub>2</sub> and SO<sub>2</sub>) were strongly correlated, and there were only small mean differences between them.

We think that venous blood gas sample can be used for patients who have a possibility with metabolic disorders at emergency department. Venous blood gas samples can give information about respiratory functions as superficial.

**Keywords:** Arterial Blood Gas, Emergency Department, Venous Blood Gas



## PP 132

**The meningitis in the Emergency Room**

*Tolga Turan Dündar*<sup>1</sup>, *Mehmet Hakan Seyithanoğlu*<sup>1</sup>, *Fatih Aygün*<sup>2</sup>, *Serdar Çevik*<sup>1</sup>, *Fatih Çalış*<sup>1</sup>, *Mehmet Yiğit*<sup>3</sup>

<sup>1</sup>Bezmialem Vakıf Üniversitesi Nöroşirurji ABD.

<sup>2</sup>Bezmialem Vakıf Üniversitesi Çocuk Sağlığı ve Hastalıkları ABD.

<sup>3</sup>Bezmialem Vakıf Üniversitesi Acil Tıp ABD.

**Objective:** Admission to the emergency room due to fever is encountered frequently in the infant patient population. Streptococcus pneumoniae is the major bacteria responsible for morbidity and mortality in the childhood period. The case here is a 2-month baby who underwent decompressive craniectomy due to the intraparenchymal hemorrhage and brain edema occurring after meningitis.

**Case:** The 2-month baby with no previous health problem had been taken to another hospital due to fever lasting five days. It was hospitalized in the pediatric intensive care unit of our faculty due to meningitis and multiple organ failure. Its general condition was bad and it was also encephalopathic and restless. Its circulation had been deteriorated severely in addition to tachycardia with the maximum heart rate of 210/min, weakly palpable pulses and prolonged capillary refill period. The respiratory sounds were normal, breaths per minute were 70, the abdomen was mildly distended, and there was no organomegaly. The fontanel was strained and bulging. Its temperature was 38.0C. The patient was intubated. Cefotaxime and Vancomycin were started as antibiotics and adrenaline, noradrenaline and milrinone as inotropes. Hydrocortisone was loaded to the hypotensive patient and maintenance dose was started. Hemodiafiltration was started for the patient who could not urinate. General condition of the patient was good during the follow-up period. It was operated due to intraparenchymal hemorrhage and shift detected in the cranial CT. The areas of hemorrhage were cleaned and decompressive craniectomy was performed. Streptococcus pneumoniae grew in the blood culture and cerebrospinal fluid. The patient was extubated on the postoperative 3rd day.

**Conclusion:** This case has indicated that the diagnosis, treatment and follow-up of the pneumococcus meningitis progressing with high morbidity and mortality require advanced level of attention and knowledge, the decompressive surgery is an effective method in reducing the increased intracranial pressure and it can reduce the mortality.

**Keywords:** meningitis, emergency room, intracranial pressure, surgery

## PP 133

**Direct X-ray Detected Foreign Body; Clusters Of Denture Teeth, A Case Report**

*Aynur Yurtseven*<sup>1</sup>, *Nihat Danlı*<sup>2</sup>, *Sinan Yıldırım*<sup>3</sup>, *Ayhan Sümer Yaman*<sup>4</sup>, *Mehtap Kaynakçı Bayram*<sup>5</sup>

<sup>1</sup>Aynur Yurtseven, Sincan Nafiz Körez State Hospital, emergency department, Ankara

<sup>2</sup>Nihat Danlı, Sincan Nafiz Körez State Hospital, emergency department, Ankara

<sup>3</sup>Sinan Yıldırım, Ağrı State Hospital, emergency department, Ağrı

<sup>4</sup>Ayhan Sümer Yaman, Dışkapı Yıldırım Beyazıt Training and Research Hospital, emergency department, Ankara

<sup>5</sup>Mehtap Kaynakçı Bayram, Bitlis State Hospital, emergency department, Bitlis

Foreign body in the human body is seen in all age groups. Usually people are swallowing foreign body in the complaint as the first resort to the emergency room. In the United States, 1500 people per year of swallowing foreign body in the result of the die. Patients sometimes direct foreign body in the story instead of the other symptoms can come to the emergency department and the direct x-ray recognizable by chance. The literature review for adults, incidentally, is a recognized phenomenon of a foreign body is seen less often. In this case, abdominal pain admitted to the emergency department and as a result of the conducted analyses, abdominal foreign body had been identified as we have shown.

23-year-old man, abdominal pain along with nausea was starting in the last few hours, with the complaint was admitted to the emergency room. The patient's history, a feature was not there. The coming of the state-of-consciousness was open, GKS:15, heartbeat rhythmic, breathing sounds natural, abdominal examination was periumbilical sensitivity and the defender was not able to. TA: 125/76, Nb: 96/min, Fever 35,3 Celsius, with pulse SO2: 95, blood glukoz: 100 was calculated. Blood tests and direct x-ray was requested for investigate cause of abdominal pain and foreign body was found in colon. A detailed physical examination was performed, and the patient's 4 tooth prosthesis left of the upper half was made before was not in place were identified. Patients of foreign bodies out of the detected after three days.

In particular called risk factors in detecting foreign bodies in the emergency department is an important one. In this case is seen rarely, because patient was admitted another complaint and we identified a foreign body. We wanted to emphasize the phenomenon that direct radiography and a detailed physical examination is importance for diagnosis in the emergency department.

**Keywords:** Emergency medicine, Foreign body, X-ray



PP 134

### The Central and Peripheral Effects Vertigo at The Emergency Department

Aynur Yurtseven<sup>1</sup>, Nihat Danlı<sup>2</sup>, Ender Kaya<sup>3</sup>, Sinan Yıldırım<sup>4</sup>, Yahya Güvenç<sup>5</sup>

<sup>1</sup>Aynur Yurtseven, Sincan Nafiz Körez State Hospital, emergency department, Ankara

<sup>2</sup>Nihat Danlı, Sincan Nafiz Körez State Hospital, emergency department, Ankara

<sup>3</sup>Ender Kaya, Sincan Nafiz Körez State Hospital, emergency department, Ankara

<sup>4</sup>Sinan Yıldırım, Ağrı State Hospital, emergency department, Ağrı

<sup>5</sup>Yahya Güvenç, Sincan Nafiz Körez State Hospital, brain surgery department, Ankara

Vertigo is a frequent reason the emergency department and the differential diagnosis is difficult. Clarification of the underlying etiology of vertigo is very important to distinguish central and peripheral. Less than 5% of the patients evaluated in the emergency department is defined central reasons. The aim of this study in patients with vertigo in the emergency department, take a look at the differences between the peripheral and central vertigo and demonstrate the superiority of CT scan imaging technique to diagnose brain MRI, and some life-threatening diseases in the central system leading to emphasize the importance in terms of symptom be.

**Materials-Methods:** In this study, patients presenting of vertigo with complaints by taking at Sincan Nafiz Körez State hospital emergency department in april, may, june and july to and study is prospective curriculum. People with chronic neurological disease wasn't taken. Patients that 20 central vertigo and random times was received peripheral 20 vertigo were included in this study. Data analysis was used SPSS 17 program.

**Results and Conclusion:** Central vertigo average age was 63.15+11.65 and female/male ratio 11/9. Peripheral vertigo average age was 51.55+16.85 female/male ratio 8/12, respectively. Physical examination and laboratory findings according to the values of the between central and peripheral vertigo no significant differences were found. The patients of majority had nystagmus. 5 patients were seen dizarti (25%), 3 patients were seen dysphagia and diplopia with central vertigo. A patient mortality was observed in the group from central vertigo. Results of patients with central vertigo were detected with CT and MRI and ischemia was in 19 cases and hemorrhage was in a patient. Only 4 patients of the diagnosis was put with Cranial CT, the actual diagnosis was diagnosed with brain MRI.

**Keywords:** Emergency medical service, peripheral vertigo, central vertigo, MRI, CT

PP 135

### Investigation Of Patients Admitted To Access Emergency Service Times Consultant Specialists

Arif Duran, Hüsnü Önder

Abant İzzet Baysal University Medical School, Department of Emergency Medicine, Bolu, Turkey

**Objective:** The density at the emergency departments, can occur an increase on the mortality, dispatching, possibility of medical mistakes and working unwillingness through employees. The arrival time of the consultant physician is important among the causes of the long waiting time in emergency department. In this study, the factors that affect the process of emergency department consultant physicians reaching the patient are investigated prospectively.

**Materials-Methods:** 430 patients who referred adult emergency department and required consultation with the applicant for any reason to Abant İzzet Baysal University, Faculty of Medicine, Department of Emergency Medicine were included to our study between 01.08.2012 - 31.12.2012. The patient data were recorded to preformed study forms and statistically evaluated.

**Results:** 9369 adult patients were admitted to the emergency department between the stated dates and 430 of these patients were included in the study. Cardiology was the most commonly requested consultation (143 patients, 33.2%) and the median value of all the departments consultation response time was 40 minute (min: 3 minutes, max: 705 min). Introduction of the period, the reference form, general situation, urgency, patient age and the re-consultation were found to be effective on waiting times of patients in the emergency department ( $p < 0.05$ ). There was found to be a significantly positive correlation between cardiology, neurology, infectious diseases, general surgery, orthopedics, plastic and reconstructive surgery consultant physicians arrival time in the emergency department and the waiting time of patients in the emergency department ( $p < 0.05$ ).

**Conclusion:** The most important factors that affect the arrival times consultant physicians were found to be urgency of patient in internal medicine and time of admission in surgical medicine.

**Keywords:** Consultation, Waiting Time, Emergency Service, Emergency Medicine



PP 136

**Although Prophylactic Dose Clexane Developing Pulmonary Embolism, Deep Vein Thrombosis And Mesenteric Vein Thrombus: Case Report**

Güllü Ercan Haydar, *Ferhat Icme, Tolga Öz, Havva Şahin Kavaklı, Yavuz Otal, Alp Şener*

Ankara Atatürk Education and Research Hospital Department of Emergency Medicine

**Objective:** Current guidelines recommend that thrombolytics such as enoxaparine should be used at a dose of 40 mg up to 10-35 days after hip fracture, but the most recent researches have shown that the applied dose enoxaparine is not sufficient in the presence of obesity. In this case report we present a patient who was in bed rest due to traumatic fracture of the right acetabulum, and whom we diagnosed with deep vein thrombosis, pulmonary embolism, and thrombus in the superior mesenteric vein.

**Case:** Seventy- eight- year-old woman admitted to the emergency department with complaints of abdominal pain lasting for one day, and swelling and pain in both of the legs lasting for about one week. After questioning of history we learned that the patient was hospitalized after a motor vehicle accident, 20 days ago in another hospital due to fracture of the right acetabulum and she was discharged with enoxaparine 1 x 40 mg SC. The patient was approximately 95 kgs of weight. We identify in physical examination that bowel sounds were hypoactive and abdominal tenderness, rigidity and rebound were present. Homan's sign was positive in both lower limbs. Other physical examination findings were normal. Ultrasonographic examination of deep venous system of lower extremities showed presence of deep vein thrombosis As well as, pulmonary embolism was detected in the thoracic computed tomography, and abdominal computed tomography revealed dilatation in the bowel loops and pneumatosis intestinalis which suggest superior mesenteric vein thrombus. She was hospitalized in the intensive care unit. During follow-up the patient developed cardiac arrest

**Conclusion:** While we present this patient, we wanted to emphasize that patients condition of obesity should be considered for determining the dosage of thrombolytic therapy, especially in patients who were proposed mandatory bed rest as in our case.

**Keywords:** Prophylaxis, deep vein thrombosis, pulmonary embolism, superior mesenteric vein thrombus

PP 137

**A Complication of Central Venous Catheter Placement: Bilateral Neck Hematoma Causing Severe Upper Airway Obstruction**

Baris Alper, *Mehmet Ozgur Erdogan, Kaan Yusufoglu, Harun Ayhan, Sahin Colak, Hayati Kandis*

Haydarpasa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Subclavian, internal jugular and femoral veins are commonly preferred for central venous catheterisation. Femoral vein is not commonly preferred because of short-term applicability and infection risk. Similarly, subclavian vein is not generally preferred due to stenosis and fistula complications. Complications due to central venous catheters are reported to vary between 0-21 %. It is reported that non-infection complications are 1-7%. Early complications are hematomas, pneumothorax, nerve injury, air embolism, pericardial tamponade and arrhythmia. Stenosis and infections are common late complications. The rate of successful insertion is reported as 75-99 %. Recent studies reveal that, use of ultrasound reduces the rate of complications and number of placement attempts, and increases rate of successful catheterisation.

**Case:** 68-year-old female was diagnosed with acut kidney failure in external medical centre. Internal jugular venous catheter placement was tried for hemodialyses. Double-sided attempts failed. And she was referred to our ED. When she was admitted to ED, patient had stridor, dyspnea and tachycardia. ABG revealed 7.20 ph; 58 mmHg pCO2 and 53 mmHg pO2. In emergency CT scan, bilateral hematoma of the neck was diagnosed (Figure 1-3)and she was entubated to secure the air way. After intubation, femoral catheter was placed. The patient was hospitalized in ICU for severe upper airway obstruction due to neck hematoma.

**Conclusion:** In Turkey, emergency central catheters are placed by emergency medicine physicians. ED physicians should be aware of the complications and management of these complications. Ultrasound guided catheterisation increases the rate of success and when available, catheter should be placed with the aid of ultrasound.

**Keywords:** catheter, complication, neck, hematoma



PP 138

**A case of pulmonary emboli and organophosphate intoxication concomitance**

*Yahya Kemal Günaydin, Mehmet Yortanlı, Aysel Çakmak, Nazire Belgin Akıllı, Ramazan Köylü, Başar Cander*

Konya Training and Research Hospital, Emergency Medical Department, Konya, Türkiye

**Objective:** Concomitant presence of organophosphate intoxication and acute pulmonary thromboemboli is not a frequent situation. We aimed to present a patient, who was admitted to our clinics due to respiratory distress, diagnosed with acute pulmonary thromboemboli and organophosphate intoxication, and treated and followed up on in our emergency critical intensive care unit.

**Case:** A 68-year-old female patient was brought in by her relatives to our emergency clinic due to respiratory distress, diarrhea, vomiting, and general impairment. Her relatives reported that the farming area surrounding the patient's house was treated with pesticides. She had a history of rheumatoid arthritis and pulmonary emboli. The following was observed in her physical examination: BP: 80/40, pulse: 120/min, A: 37.5, S: 28/min. She was confused, and GCS was 14. She had rales over the middle zones in the lungs. Minimally diffuse sensitivity was present upon abdominal examination. The laboratory findings were: BC: 13500, D-Dimer: 4.2, CRP: 143 mg/l and procalcitonine: 2.6 ng/ml. The parameters of the arterial blood were pH: 7.38, sPO<sub>2</sub>: 88, pO<sub>2</sub>: 56.4, pCO<sub>2</sub>: 38.2 and HCO<sub>3</sub>: 20.3. Cardiac enzymes were normal. Cholinesterase level was 600 U/L. ECO findings were EF: 64%, PAB: 35 mmHg and a mild tricuspid insufficiency was observed. The contrasted thorax tomography revealed the appearance suggestive of emboli in the left main pulmonary artery and right segmentary pulmonary arterial branches. Furthermore, infiltration areas compatible with pneumonia were detected in the right apex. The patient was hospitalized in the emergency critical intensive care unit with the diagnosis of organophosphate intoxication and acute pulmonary thromboemboli. Consultation from the chest diseases department was obtained. Atropine, pralidoxime and heparin treatment was started. Antibiotics and nebulizer therapy were also started. During the follow-up period, the patient went into respiratory arrest. She was intubated and connected to a mechanical ventilator. She went into cardiac arrest in the first day of hospitalization. She was unresponsive to CPR and died.

**Conclusion:** Organophosphate intoxication and acute pulmonary thromboemboli are two distinct diseases associated with high mortality rates. Concomitance of these two diseases results in progressively worsening the clinical status and a high mortality rate.

**Keywords:** Organophosphate, intoxication, pulmonary emboli

PP 139

**Isolated paralysis of the oculomotor nerve: case report**

*Yahya Kemal Günaydin, Korhan İvedik, Ramazan Köylü, Nazire Belgin Akıllı, Levent Oktar, Başar Cander*

Konya Training and Research Hospital, Emergency Medical Department, Konya, Türkiye

**Objective:** The most frequent cause of isolated 3rd nerve paralysis is reported, in many studies, to be microvascular disease, such as DM and HT. In these diseases, paralysis is contributed to ischemia and feeding disorder in the nerve body due to the involvement of vasa vasorum that feed the nerve body. Nevertheless, the basillary site is one of the regions that the 3rd nerve might involve in an isolated manner. In this region, the most frequent causes of 3rd nerve paralysis are posterior communicating artery aneurysm and epidural or uncus herniation related to subdural hematoma. In this study, we aimed to present a case of isolated oculomotor nerve paralysis.

**Case:** A 74-year-old male patient was brought to our emergency clinic, by his relatives, due to complaints of vision loss and an inability to open the eyelid of his left eye. He had a history of hypertension, hyperlipidaemia, and DM. His vital parameters upon physical examination were stable. He was conscious, and GCS was 15. Upon neurological examination, he had ptosis of the left eye, and his left pupil was dilated. Light reflex was reduced in the left and anisocoria was present. No anomaly was observed in laboratory findings. Brain tomography and a subsequent diffusion brain MRI imaging were performed. He was referred to the neurology clinic. Then, angiography directed at the arteries and veins of the brain was performed. Imaging techniques revealed diffuse ischemic changes in only the brain stem. The patient was then hospitalized in the neurology clinic for treatment and follow-up. No additional pathology was observed for 5 days, and he was discharged.

**Conclusion:** Isolated paralysis of the oculomotor nerve is a very rare clinical situation. Usually the concomitant paralysis of the 3rd, 4th and 6th nerves is observed, the isolated involvement of these nerves is rare. The most frequent cause reported in literature is ischemia observed in the nerve body due to some microvascular diseases such as DM or HT, which is similar to our study.

**Keywords:** Ptosis, oculomotor, anisocoria



PP 140

**A Prospective Evaluation of Anterior Pituitary Functions in Football Players (Chronic Head Trauma)**

*Behçet Al<sup>1</sup>, Suat Zengin<sup>1</sup>, Mehmet Dogan<sup>1</sup>, Mesut Ozkaya<sup>2</sup>, Cuma Yildirim<sup>1</sup>, Emine Sarcan<sup>1</sup>*

<sup>1</sup>emergency department of medicine school, Gaziantep university/Turkey

<sup>2</sup>endocrinology department of medicine school, Gaziantep university/Turkey

**Objective:** This study aims to investigate the changes in anterior pituitary hormones in professional football players.

**Materials-Methods:** This study was carried out at the Department of Emergency Medicine, Faculty of Medicine, Gaziantep University between 01.01.2012 and 31.10.2012. The study included 51 professional football players (group 1) who suffered chronic head traumas (heading) and 21 healthy male volunteers (group 2) for comparison. Blood samples were collected from both groups and centrifuged to measure the Thyroid-Stimulating Hormone (TSH), Growth Hormone (GH), Follicle-Stimulating Hormone (FSH), Luteinizing Hormone (LH), Prolactin (PRL) and Adrenocorticotropic Hormone (ACTH) values. The samples were kept at -80 °C. The results were analyzed using SPSS version 18 and  $p < 0,005$  was considered to be statistically significant.

**Results:** GH values were 40%, and ACTH values were 12% below the normal range in football players. However, a comparison with the control group showed that this low level was statistically insignificant ( $p=0,284$ ). TSH was 10%, PRL was 6%, LH was 4% and ACTH was 6% over the normal range in football players. TSH, FSH, PRL and ACT values were found to be higher in football players compared with the control group. The high TSH and PRL hormone levels was statistically significant ( $p=0,001$ ). Gonadotropins and ACTH levels increased with longer playing times, but this increase was not statistically significant.

**Conclusion:** Playing professional football and heading the ball cause no significant changes in anterior pituitary hormones, except for the GH. No correlations exist between ball possession and hormonal changes.

**Keywords:** Football player, chronic head trauma, growth hormone, pituitary dysfunction

PP 141

**Plasma filtration in toxic hepatitis therapy due to parasetamol intoxication**

*Suat Zengin<sup>1</sup>, Mehmet Yilmaz<sup>2</sup>, Behçet Al<sup>1</sup>, Cuma Yildirim<sup>1</sup>, Mustafa Sabak<sup>1</sup>*

<sup>1</sup>emergency department of medicine school, Gaziantep university/Turkey

<sup>2</sup>hematology department of medicine school, Gaziantep university/Turkey

**Case:** A-18 years old male who took 500 mg x 30 tablets 8 hours ago by suicide admitted to ED. At admission time, he was conscious; fever 36,6 °C, pulse 83/min, breath 17/min, and blood pressure was 135/70 mmHg. In laboratory evaluation AST, ALT, bilirubine and quagulation profile levels were high (Table 1). The patient was performed n-asetil sistein (140 mg/kg) orally. Followed 6x70 mg/kg/h n-asetilsistein. After 24-48 hours AST, ALT, bilirubine and quagulation parameters carried on increasing. So, SPD was planned. The first SPD season carried on 420 min and 36,70 lt plasma was operated. 8 hours after first SPD operation the control AST, ALT, bilirubine and quagulation parameters decreased, but they were not enough (Table 1). The second SPD season was performed in thirty day of admission time (17,55 lt plasma was operated in 150 min). 8 hours after the second season the control levels of AST, ALT, bilirubine and quagulation parameters decreased to normal level. N-asetilsistein treatment carried on. All parameters came to normal level on the 5th days and the patient was discharged recovery.

The efficacy treatment of plasma filtration for toxic hepatitis due to drug toxication was discussed in present study. In plasma filtration; the blood is separated to plasma and blood cell by using plasma filtration. Plasma contained pathogen matters are distanced, instead of that matters fresh frozen plasma or albumin are performed by this method.

The patient was discharged with recovery. PF can be used in toxic hepatitis to clear the toxins that are solved in water or bind to albumin as an effective method.

**Keywords:** Paracetamol intoxication, toxic hepatitis, plasma filtration



PP 142

**Epidural empyema**

*Atif Bayramođlu<sup>1</sup>, Ayça Çalbay<sup>1</sup>, Zeynep Gokcan Çakir<sup>1</sup>, Mürteza Çakir<sup>2</sup>, Murat Saritemur<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of neurosurgery Erzurum Türkiye

**Objective:** Introduction: Brain and the spinal chord is covered with a membrane which have three lamina is the name is meninx. The external lamina of this membrane name is duramater, in the middle is arachnoid mater and the inside is pia-mater. Pia-mater covered the brain and spinal chord with all their details. Arachnoid mater skips over the gyrus. There is a null area between the skull bones and duramater and it calls epidural area. The epidural empyema is the purulent infection of epidural area. The epidural empyema is usually become after sinusitis, mastoiditis, meningitis, after penetrant trauma-incisional trauma or surgery.

**Case:** 23 years old women admitted to the ER with headache. Because of a brain tumor the patient had a surgery history. The general condition of the patient had been moderate, oriented-coopered. In vital signs TA:90/60 Pulse:109 Fever 36,8 Puls oks:%100. In neurologic examination there was no neuro-motor deficit, Babinski was (+) at the right side, fundus was normal, neck stiffness (+).In lab tests WBC:14300, HGB12,4, PLT:305000, Sedim:66, CRP:99,1. We saw epidural empyema on the right frontotemporal area in the brain CT. The patient had been hospitalized to the neurosurgery for the operation and abscess drainage.

**Conclusion:** Epidural empyema can make intra cranial over pressure and brain shift. Because of that, these patients must accepted emergency and the infective material remove with the surgery quickly. The antibiotherapy has to begin according to the sensitivity tests and culture antibiogram.

**Keywords:** Epidural empyema, brain CT, penetrant trauma

PP 143

**The hematoma of rectus abdominis**

*Atif Bayramođlu, Ayça Çalbay, Zeynep Gokcan Çakir, Ayhan Aköz, Şahin Aslan*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Anticoagulant drugs are used for the treatment of illness which have impaired blood stream like ischemic cerebrovascular event, pulmonary emboli, deep vein thrombosis and they used for the prophylaxis of thrombosis in atrial fibrillation and the patients who had been valve replacement. Doze of anticoagulants are prepared and controlled with the lab test of INR (international normalized ratio). This INR values are changes for different illness. (table 1)

**Case:** 78 year old women came with the bruising in her legs and arms. She had pain at the left side of abdomen, bloody urine, black and bad smelly feces. She had been using Coumadin for 10 years. Her doctor stopped the Coumadin doze and advice use fraxiparine 7 days ago but the patient used Coumadin and fraxiparine, simultaneously because of misunderstanding. The general condition of the patient had been moderate. Patient's TA:100/70, pulse:70, fever: 36,8 puls oks: 94. In our physical examination we found a mass which is 9 cm palpable below the chest. The patient had abdominal tenderness in all quadrants. In digital rectal examination melena was (+). In blood tests wbc.13,800 hgb 8,3 mcv 95 plt 189000 aptt 52,1 pt(sec) 99,6 pt 8 inr 9,83. in patinets contrast-enhanced abdominal CT we saw bleeding in muscles transversus abdominis, muscles rectus abdominis and the fascia's of these.(Picture 1-2)The patient had been admitted to the intensive care unit of internal medicine for the bleeding control.

**Conclusion:** Mis-used and having over doze of anticoagulants can make mortal bleedings on the body. Because of that the doze of anticoagulants must followed closely and carefully.

**Keywords:** Coumadin, hematoma of rectus abdominis, INR



## PP 144

**A Rare Diagnosis in a Patient with Headache**

*Yusuf Ali Altuncı, Elif Dilek Cakal, Özgür Özen, Murat Ersel, Selahattin Kıyan*

Department of Emergency Medicine, School of Medicine, Ege University, Izmir, Turkey

**Objective:** Headache is one of the most common complaints of all emergency department visits. In this case report we present cerebral venous thrombosis as a rare cause of headache.

**Case:** Twenty eight year old male, coumadinized for the last 6 years for former deep venous thrombosis(DVT), presented with headache for the last 7 days, which exacerbated during the last 24 hours. On arrival the vital signs were as follows, BP:115/58 HR:76 T:36°C Sat:99. Neurological examination revealed right arm and leg motor function 3/5, right Babinski positive. Glasgow coma score was E3M6V5. Brain CT showed that left transverse and sigmoid sinuses were hyperdense which is suggestive of SAH or thrombosis, reported as a hemorrhagic infarction in left temporo-occipital area. The patient became aphasic under observation. MRI showed acute venous infarction in left temporo-occipital area, and left transverse and sigmoid sinuses were obliterated. A midline shift of 5 mm to the right was present. The patient was admitted to neurology intensive care unit. The patient underwent decompressive craniectomy when his sleepiness, area of infarction and midline shift progressed. The patient was discharged with GCS:15, no lateralizing sign and minimal nominal aphasia.

**Conclusion:** In the absence of epidemiological studies, the estimated annual incidence of CVT is 3–4 cases per 1 million adults. Female-to-male ratio is 3 : 1. Inherited and acquired protrombic states, pregnancy and puerperium, oral contraceptive use, parameningeal infections are common risk factors in adults. Headache is the primary symptom. A noncontrast brain CT is abnormal only in 30% of CVT cases. The primary sign of acute CVT is hyperdensity of a cortical vein or dural sinus. In the patients presented with headache, vomiting, seizures and variable neurologic findings, particularly in younger female and in the presence of hypercoagulability, cerebral venous thrombosis must be suspected.

**Keywords:** Headache, cerebral venous thrombosis, emergency department

## PP 145

**A case of ileus with complaint of diarrhea**

*Atif Bayramođlu, Serdar Yařar, Zeynep Gokcan Çakır, Mustafa Uzkeser, Mu Saritemur*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Turkiye

**Objective:** Ileus is total or partial obstruction of the small intestine or colon. If this obstruction occurs in the colon, will not be gas and stool output. The obstruction if partial, fluid into the lumen of the intestine may result in diarrhea. Patient with ileus classically comes with complaint of abdominal bloating, abdominal pain, nausea, vomiting and cannot pass gas.

**Case:** 45 years old male patient admitted to the emergency service with complaining of abdominal pain and diarrhea has continued for two days. His general condition was moderate, oriented, cooperated. And he was confused. His blood pressure was 118/70 mmhg heart rate was 76/min., respiratory rate was 16/min. And his oxygen saturation was %98. On physical examination increase bowel sounds, tenderness in the periumbilical area defense and rebound was present in both lower quadrants. On his abdominal radiography air fluid levels and gas was present. After computerized tomography, (ct) was taken there was a matching sight with ileus, thickening of the intestinal wall was increased. There was no additional pathology. It was inserted nasogastric tube to the patient. The patient was hospitalized to the general surgery clinic.

**Conclusion:** Every patient complaining of diarrhea, abdominal examination should be done. Whether or not the fluid therapy responds should be evaluated. In patients with ileus should not be overlooked in patients who may be suffering from diarrhea.

**Keywords:** Ileus, obstruction, diarrhea



PP 146

**Never Forget Tetanus!!!**

*Sercan Yalçınlı, Elif Dilek Çakal, Yusuf Ali Altuncı, Funda Karbek Akarca, Selahattin Kıyan*

Department of Emergency Medicine, School of Medicine, Ege University, Izmir, Turkey

**Objective:** Vaccination reduced the incidence of most diseases. However, potentially mortal diseases are important to remember. We would like to present our case of tetanus.

**Case:** Sixty five years old male, with no known allergies or chronic disease except for CAD presented with inability to open mouth and drooling. One day earlier, he had received anti allergic treatment for the complaint of enlargement of tongue. When asked, he declared that he had a foot injury by a nail one week earlier and vaccinated for tetanus on the same day. The vitals were stabil on arrival and during observation. Physical examination was normal but limited jaw opening, masseter spasm and increased tonus in neck muscles. No deformity or crepitation were felt on temporomandibular joint, the x-ray was normal. Oral cavity was assessed by fiberoptic camera and no intraoral pathology found. The patient was diagnosed as tetanus and additional tetanus toxoid, tetanus immunoglobulin and antibiotic that covers anaerobes administered. He was admitted to ICU and his treatment continues under mechanical ventilation support on twenty first day.

**Conclusion:** Trismus is actually an inability to open the mouth because of masseter spasm but it is also used as limited jaw opening. The current annual incidence at about 0.2 cases per million in westernised countries. Deep penetrating, especially puncture wounds pose the highest risk for tetanus. Four types of clinical tetanus have been described as generalized, localized, cephalic and neonatal. Generalized tetanus is the most common form, the classic initial presenting symptom is trismus in 50 to 75% of patients. The diagnosis of tetanus should be made on clinical grounds alone, there are no laboratory tests to confirm or exclude the diagnosis of tetanus. Emergency physicians are in a unique and important position by the means of prevention and recognition of early symptoms of tetanus.

**Keywords:** Emergency Department, Tetanus, Trismus

PP 147

**Penetrating Neck Trauma By A Turban Pin**

*Selahattin Kıyan, Elif Dilek Çakal, Murat Ersel, Yusuf Ali Altuncı, Funda Karbek Akarca*

Department of Emergency Medicine, School of Medicine, Ege University, Izmir, Turkey

**Objective:** Turban pin is known for aspiration and ingestion in literature. We would like to present our patient with turban pin stabbing on the neck.

**Case:** The patient, on whose neck a turban pin without pearl had stabbed on the left side two days earlier presented with left shoulder pain. The vitals, airway, respiration and circulation were stabil on arrival, no peripheral vascular and neurologic deficit was revealed by physical examination. Oral intake and the rest of the examination were normal. The wound was 2 cm lateral to the anterior margin of left sternocleidomastoid muscle and on the upper edge of zone I according to Roon ve Christensen classification. No foreign body were seen on cervical x-rays but posteroanterior chest radiograph and left shoulder x-rays showed a foreign body on the medial border of humerus at level of surgical neck. No emergent operation planned by thoracic surgery and orthopedics. Outpatient follow-up was recommended.

**Conclusion:** Seemingly innocuous wounds may have potential for causing life-threatening injury because the neck contains a high concentration of vascular, aerodigestive and spinal structures in a relatively confined space. Initial airway and hemodynamic stabilization are always the primary concerns. Then the attention is turned to examination of wound itself. If the platysma muscle is completely intact, local wound repair is usually all that is required. If the platysma violated, establishment of wound location and determination of which neck zones are involved lead management, immediate surgical consultation is indicated. Operative challenges in zones I and III are usually not encountered in zone II. Therefore, selective operative management and mandatory exploration of penetrating injuries to zone II of the neck are equally justified and safe but the patient needs operative intervention in the presence of "hard signs".

**Keywords:** Emergency Department, Turban Pin, Penetrating Neck Injury



## PP 148

**Gastric cancer in young come with upper gastrointestinal bleeding**

*Abdullah Kısaoğlu<sup>1</sup>, Bünyami Özoğul<sup>1</sup>, Atif Bayramoğlu<sup>2</sup>, Salih Kara<sup>1</sup>, Sabri Selçuk Atamanalp<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of General surgery Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Gastric cancer, which have a poor prognosis, usually seen in the elderly and overall 5-year survival between 5-15%. Nevertheless patients with gastric cancer under the age of 40 are 2-8%. We want to present a 21-year-old cases of gastric cancer.

**Case:** A 21-year-old male patient who had an abdominal pain continued approximately for 2 years, anorexia and loss of 8 kilograms during last 4 months, hospitalized due to upper gastrointestinal bleeding. The patient expressed that apply different health facilities for two years and used gastric acidity suppressive drugs for 3 months, intermittently but had not seen benefit. He also expressed that several times, came black stole approximately before 6 months. He state that vomited blood three times in the last two days. There was no history of gastrointestinal tract cancer in his family history. On physical examination, vital signs was normal, skin and conjunctivae was pale and there was epigastric tenderness by palpation. Hemoglobin was 12.1g/dl, sedimentation was 80mm/h. The other laboratory tests was detected as normal. It was detected that ülsero-vegetative mass lesion starting from the proximal portion of the corpus and showing progress distally along the lesser curvature in the upper gastrointestinal endoscopy performed. Pathological examination of endoscopic biopsy was reported as adenocarcinoma. It was made total gastrectomy, D2 lymphadenectomy and Roux-en-Y esophagojejunostomy to patients. The patients was discharged at postoperative 7th day, after the chemotherapy is planned.

**Conclusion:** Incidence of gastric cancer, considered as advanced age disease, in the young people is increasing. In patients with dyspepsia not responding to treatment and weight loss, stomach cancer considered in the differential diagnosis, regardless of age. Not only in elderly patients with dyspepsia but also in younger patients endoscopy be the first choice in the differential diagnosis and early diagnosis of gastric cancer.

**Keywords:** gastric cancer, upper gastrointestinal bleeding, young

## PP 149

**Fournier's Gangrene: Nine-Year Retrospective Analysis**

*Abdullah Kısaoğlu<sup>1</sup>, Bünyami Özoğul<sup>1</sup>, Salih Kara<sup>1</sup>, Atif Bayramoğlu<sup>2</sup>, Nurhak Aksungur<sup>1</sup>, Sabri Selçuk Atamanalp<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of General surgery Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Fournier's gangrene (FG) is a disease characterized by fast-paced, synergistic, polymicrobial, often the scrotum, vulva, and genital or perianal region's necrotizing fasciitis

**Materials-Methods:** The record of 57 patients who underwent surgery for FG between 2004-2012 in our clinic, were reviewed in terms of age, sex, location of the wound, predisposing factors, isolated from microbial agents, surgical procedure, complications and mortality rate, retrospectively.

**Results:** 52(91.2%) of the patients were male. The mean age was 51.3 (21-74) years. Start time of complaints was 2-13 (average 4.7) days. While the most common complaints were pain in the perineal region, the most common symptoms were tanning of the skin, foul-smelling discharge, hyperemia and cyanosis. The primary site of infection was anorectal in 42 patients (73.7%), urogenital in 7 patients (12.3%), cutaneous in 6 patients (10.5%), and gynecological in 2 patients (3.5%). There was perianal abscess with 31 patients (54.4%). The most common risk factors associated were diabetes mellitus in 9 patients (15.8%), diabetes + smoke in 3 patients (5.3%). The most frequently isolated microbial agents were *Escherichia coli* in 29 patients (50.9%), *Staphylococcus aureus* in 19 patients (33.3%) and *Pseudomonas* in 11 patients (19.3%). Single or combination antibiotic treatment was applied. With surgical procedures, until there is viable tissue, aggressive debridement and drainage was performed. Average number of debridement was 2.7 (1-5). Additionally, Intestinal diversion was made. Stomata of patients with intestinal diversion closed after 3 months. Four patients (7.0%) died due to sepsis. Duration of stay in the hospital varied 7-59 days.

**Conclusion:** FG is a fast-paced and high death rate disease that requiring early diagnosis, early extensive surgical debridement and / or debridement and broad-spectrum antibiotics. The underlying diseases and risk factors must be considered. After obtaining healthy granulation tissue appropriate reconstructive surgery should planned.

**Keywords:** Fournier's Gangrene, sepsis, anorectal abscess



PP 150

**Painless Liver Abscess and Cholecystitis in Diabetic Patient: Case Report**

*Ferhat İcme, Güllü Ercan Haydar, Uğur Özku, Selçuk Coşkun, Gülhan Kurtoğlu Çelik, Gül Pamukçu Günaydın*

Ankara Atatürk Education and Research Hospital Department of Emergency Medicine

**Objective:** Neuropathy is one of the most important issues for diabetic patients on their quality of life. Diabetic patients can define pain in different ways because of the neuropathy. Some patients feel the pain more and some of them feel less or none. That's why sometimes we may encounter painless acute abdomen on which group of patients. In this case we present a diabetic patient with painless cholecystitis and multiple liver abscesses who admitted to our emergency service with chills.

**Case:** Fifty-three years old man admitted to the emergency service with chills and weakness for 4-5 days. Patients general condition was fine and vital signs was in normal limits. Abdominal and systemic physical examination was normal. The patient had anamnesis diabetes and he was using oral antidiabetic drugs for 3 years. On laboratory results were; WBC: 12100 K/ uL, blood glucose level: 660 mg/dl, AST: 1949 U/l, ALT: 1388 U/l, CRP: 20,2 procalcitonin level: 14,1. and minimal pericholecystic fluid had viewed the patients abdominal ultrasonography. On abdominal CT, abscess formation lesions detected which includes air-fluid levels, on segment 6-7 of liver. During follow-up the patients fever measured 38,2 ° C. Blood cultures were taken, antipyretic treatment, antibiotic treatment and symptomatic treatment for hyperglycemia were planned. On follow-up patients general condition got worsened and he transferred to the intensive care unit.

**Conclusion:** Cause of the neuropathy, diabetic patients may have pain perception disorder. Patients clinical condition and findings must be evaluated carefully.

**Keywords:** Diabetes, neuropathy, painless liver abscess

PP 151

**Spleen Infarct Developed After Cardioversion: Case Report**

*Nazire Belgin Akıllı<sup>1</sup>, Can Gökay Yıldız<sup>2</sup>, Bora Çekmen<sup>1</sup>, Ramazan Köylü<sup>1</sup>, Yahya Kemal Günaydın<sup>1</sup>, Hakan Akıllı<sup>2</sup>, Başar Cander<sup>3</sup>*

<sup>1</sup>Konya Training and Research Hospital, emergency department, Konya

<sup>2</sup>Necmeddin Erbakan University, Meram Medical School, cardiology department, Konya

<sup>3</sup>Necmeddin Erbakan University, Meram Medical School, emergency department, Konya

**Objective:** Cardioversion is an important part of treatment of atrial fibrillation. It poses some cardioversion risks. Here, a rare complication of such a cardioversion process is mentioned.

**Case:** A male patient with abdominal pain of a sudden start was brought to the emergency room. From his physical examination, with TA: 110/80 Nb: 73/min, he had some redness from defibrillator device in frontal thorax, sensitivity in periumbilical area. From his history, it was learnt that he was hospitalized the day before in cardiology room. It was learnt that with a normal echocardiography and transözofagial echocardiography (TEE), the patient was exposed to electrical cardioversion due to atrial fibrillation with rapid ventricular response and was turned sinus rhythm and later he was discharged with oral anticoagulant treatment but 8 hours after the cardioversion, the patient was hospitalized in our clinic with abdominal pain of a sudden start. According to abdominal CT, a hypodense appearance was observed to be associated with a large-size infarct extending into the area from spleen upper to mid Pol and hilar region. The patient with diagnosis of spleen infarct was consulted with general surgery. General surgery hospitalized the patient and treatment with LMWH and warfarin were started. He was discharged with oral anticoagulant on the fifth day of his hospitalization without any kind of surgery.

**Conclusion:** Electrical cardioversion is a method frequently used in the treatment of atrial fibrillation. After cardioversion, left atrium dysfunction paves the way for thrombus formation. Emboli generally occur 6 hours-6 days after cardioversion. In our case, a spleen infarct developed almost 8 hours after cardioversion, which is not encountered in literature. Although their TEEs are normal, patients having cardioversion must surely be warned in terms of cardioembolic complications and kept exposed to anticoagulation for at least four weeks.

**Keywords:** cardioversion, spleen infarct, thromboembolism



## PP 152

**Vertebral artery obstruction after cervical firearm injury: A case report**

Mehmet Gazi Boyacı<sup>1</sup>, Melih Yüksek<sup>2</sup>, Caner Sağlam<sup>2</sup>, Vecdi Cantürk<sup>3</sup>, Utkan Sevük<sup>4</sup>

<sup>1</sup>Department of Brain Surgery, Diyarbakır Research and Training Hospital, Diyarbakır, Turkey

<sup>2</sup>Department of Emergency Medicine, Diyarbakır Research and Training Hospital, Diyarbakır, Turkey

<sup>3</sup>Department of Neurology, Diyarbakır Research and Training Hospital, Diyarbakır, Turkey

<sup>4</sup>Department of Cardiovascular Surgery, Diyarbakır Research and Training Hospital, Diyarbakır, Turkey

Vertebral arteries are fairly well-protected against traumatic injuries through its hidden route at cervical transverse foramina. High energy trauma as the firearm wounds are foremost aetiology of penetrating vertebral artery injuries. Intimal injury, pseudoaneurysm, rupture, occlusion and dissection of vertebral arteries, local thrombosis or thromboembolism, arteriovenous fistula and transection of the arteries at the site of injury could eventuate and consequently the interruption of the blood flow could cause ischaemic complications.

In this case report we represent a 25 years old male patient with cerebellar infarction caused by the vertebral artery injury and compression of the transverse foramen due to firearm assault. For the accurate diagnosis and the successful therapy, the impact and the characteristics of the bullet should be well known.

**Keywords:** Cerebellar infarction, Cervical spine, firearm, Vertebral artery

## PP 153

**The Public's View of Increasing Violence towards Healthcare Staff in Emergency Departments**

Behçet Al, Emne Sarcan, Suat Zengin, Mehmet Doğan, Cuma Yildirim

emergency department of medicine school, Gaziantep university/Turkey

**Objective:** This study investigates the public's view of increasing violence in the healthcare sector, their position against violence, the underlying causes of violence and the possible ways to prevent violence.

**Materials-Methods:** This study was conducted between November 2012 and February 2013 in central Gaziantep by the Emergency Department of Medicine Faculty, Gaziantep University. A survey of 33 questions was administered to 1600 respondents close to the general structure of the population face to face. Chi-square and Yates correction Chi-square test were used.

**Results:** Of the respondents, 38.5% exercised violence at least once and 2% in more than five incidents throughout their lifetime. The most important causes underlying violence, according to the respondents, were the failure of the healthcare staff to perform their tasks (15.9%), the prolonged waiting times at hospitals (15%), media coverage encouraging violence (13.6%), and the politicians' remarks against healthcare staff (9.7%). 20.3% considered violence as a method of securing rights. What disturbed the respondents most (28%) was being unable to find someone who would listen to them. 13.3% believed that the doctors should be beaten/killed for non-surviving patients. 14.3% felt happy to hear that a healthcare staff was beaten or killed. The majority of the respondents who exercised violence or were more inclined to violence were men aged 24-30 and were poorly-educated.

**Conclusion:** It is remarkable that one in every ten respondents think that they should claim their rights themselves when they were mistreated. One of every five respondents believes that violence is a method of claiming rights. Being unable to find someone who would listen to them and being insufficiently informed about their patients were the most disturbing factors. One of every four respondents wanted the doctor to be beaten/killed for the non-surviving patient or felt happy to hear that a doctor was beaten or killed.

**Keywords:** Healthcare staff, violence, the public's view, media, politician



PP 154

**Impact of scorpion stings on electrocardiographic changes and relationship with body oxidant and antioxidant status**

*Behcet Al<sup>1</sup>, Pinar Yarbil<sup>1</sup>, Suat Zengin<sup>1</sup>, Suleyman Ercan<sup>2</sup>, Vedat Davutoglu<sup>2</sup>, Cuma Yildirim<sup>1</sup>*

<sup>1</sup>emergency department of medicine school, Gaziantep university/Turkey

<sup>2</sup>cardiology department of medicine school, Gaziantep university/Turkey

**Objective:** We investigated electrocardiogram changes due to scorpion stings and association between oxidative stress index, body oxidant/antioxidant system and the electrocardiogram changes.

**Materials-Methods:** Forty-four patients admitted to the emergency department for scorpion sting and control group of age and gender matched 20 persons were included. electrocardiograms promptly was taken in the most painful phases of patients. The heart rate, PR interval, QRS, prolonged Corrected QT Interval, corrected shortened QT interval, QT dispersion, corrected QpT value, minimum P wave duration, maximum P wave duration and P wave dispersion were measured.

**Results:** Of the 44 patients, half of them were male and the others were female. Average age of the patients was 45.22 ± 17.99. None of the patients required intensive care and none of them had limb losses. PR interval, UQTc, QTd, QpTc, Pmin values of the patients in electrocardiogram were higher (p <0.05). Difference between those with changed electrocardiogram and unchanged electrocardiogram in terms of the values of total antioxidant status, total oxidant status, and oxidative stress index, were not statistically significant (p > 0.05).

**Conclusion:** Scorpion stings is associated with an ECG changes including increased PR interval, QT dispersion, corrected QpT value and minimum P wave duration. The mechanism of this relationship is not related with the status of body oxidative stress index and body oxidant and antioxidant capacity. Increased QT dispersion warrants further study in terms of potential serious arrhythmias in scorpionism.

**Keywords:** Scorpion sting, electrocardiography, oxidative stress

PP 155

**Cutaneous anthrax patients: Evaluation of four family members**

*Kamil Tünay<sup>1</sup>, Havva Tünay<sup>2</sup>, Neşe Demirtürk<sup>3</sup>, Oya Oruç<sup>1</sup>, Talip Çevik<sup>4</sup>, Ahmet Boyacı<sup>2</sup>*

<sup>1</sup>Department of Emergency Medicine, Afyon Kocatepe University of Medical School, Afyonkarahisar, Turkey

<sup>2</sup>Department of Infectious Diseases and Clinical Microbiology, Afyonkarahisar State Hospital, Afyonkarahisar, Turkey

<sup>3</sup>Department of Infectious Diseases and Clinical Microbiology, Afyon Kocatepe University of Medical School, Afyonkarahisar, Turkey

<sup>4</sup>Department of Emergency Medicine, Afyonkarahisar State Hospital, Afyonkarahisar, Turkey

**Objective:** Anthrax is a zoonotic infectious disease caused by *B.anthraxis*. Declining with each passing day in our country is still an endemic disease. Cutaneous anthrax(CA) is the most common form and consists of approximately 95% of all cases of anthrax. In this study, 4 patients from the same family who admitted to the emergency department with a complaint of a painless and black colored wound on their hands are discussed and skin anthrax diagnosed.

**Case:** Four female family members who cut a cattle a week before were evaluated in the emergency department with a wound on their hands and fingers. The clinical findings were typical anthrax skin lesions in four family members (Figure 1). All of the patients hospitalized with the diagnosis of anthrax, and accepted to the infectious diseases clinic. On admission, the patients were afebrile, and vital signs were normal. The physical examinations were unremarkable. Routine blood analysis analysis were performed in all patients. The demographic and laboratory findings of the patients are shown in Table 1. All patients were successfully treated with penicillin G 800 000 IU 2x1 and the lesions resolved as a result of continuous antibiotic therapy within 10 days.

**Conclusion:** CA is a still important infectious disease in Turkey. Early and accurate diagnosis dramatically affects the prognosis of the disease. Suspicious skin lesions and recently animal contact history should be considered in patients.

**Keywords:** Cutaneous anthrax, B.anthraxis, zoonotic infectious



PP 156

**Hypericum perforatum overdose as a suicide attempt**

*Oya Durmus Cakir*<sup>1</sup>, *Sebnem Eren Cevik*<sup>1</sup>, *Ozlem Guneyse*<sup>2</sup>

<sup>1</sup>Umraniye Education and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey

<sup>2</sup>Lutfi Kirdar Kartal Education And Research Hospital, Emergency Medicine Clinic Istanbul, Turkey

**Objective:** Hypericum perforatum (St. John's wort), is a perennial herb from the family Hypericaceae. Extracts of the medicinal plant Hypericum perforatum are used for the treatment of mild to moderate depression, anxiety, insomnia, irritability, neurosis, migraines, dyspepsia, gastritis, inflammatory bowel disease, and sciatica.

**Case:** A 21-year-old female patient without any systemic disease was admitted to our Emergency Department (ED) with overdose of Hypericum perforatum. It was learned that she had ingested 90 tablets of 300 mg Hypericum perforatum for suicide attempt. Blood pressure measured in our ED was 130/80 mmHg, pulse rate 115 pulse/min. ECG demonstrated sinus tachycardia, with a rate 115 beaths/min. Liver function tests such as coagulation parameters were measured respectively in borderline high levels. The patient was followed up in the observation room in the ED for about 24 hours. Supportive treatment was applied. On the second day she was discharged and invoked to follow-up control.

**Conclusion:** Hypericum perforatum has been intensively studied on isolated tissue samples, using animal models and through human clinical trials. Hypericum perforatum preparations have relatively few adverse effects when taken alone at the recommended dosages. Its adverse effects are; phototoxicity, central nervous system depression, polyneuropathy, allergic reactions, hypertension and diarrhea. Toxic dose is unknown and observation is recommended. However, numerous interactions with other medications have been reported. Recent research shows these interactions result from the ability of Hypericum perforatum constituents to induce intestinal or hepatic enzymes that either remove drugs from the body or metabolize them to inactive forms. As in all herbal remedies, any individual is advised to consult his or her physician before taking Hypericum perforatum to confirm that the herb is the most efficacious remedy.

**Keywords:** St. John's wort, Hypericum perforatum, overdose, suicide

PP 157

**Intracranial hemorrhage or Fahr's disease?**

*Oya Durmus Cakir*<sup>1</sup>, *Sebnem Eren Cevik*<sup>1</sup>, *Ozlem Guneyse*<sup>2</sup>

<sup>1</sup>Umraniye Education and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey

<sup>2</sup>Lutfi Kirdar Kartal Education and Research Hospital, Emergency Medicine Clinic Istanbul, Turkey

**Objective:** Computed tomography features of extensive intracranial calcifications due to postoperative hypoparathyroidism are rarely reported in the literature. We presented the cranial computed tomography aspects and clinical features of a female patient with postoperative hypoparathyroidism who had intracranial calcifications after many years from thyroidectomy operation.

**Case:** A 69 year old female patient with past medical history of diabetes mellitus, hypertension, cronic obstructive lung disease and thyroidectomy (20 years ago) was admitted to our Emergency Department (ED) with paresthesia on her left side, urinary and fecal incontinence continued for 2 days. Blood pressure measured in our ED was 134/56 mmHg, pulse rate 100 pulse/min, respiration rate 30 breaths/min. ECG demonstrated sinus tachycardia. The neurological examination was unremarkable. On auscultation of respiratory system; bilateral rhoncus was heard. Laboratory studies included: 5.5 mg/dl serum calcium, 3.7 g/dl albumin, 2.2 pg/ml PTH, 0.16 TSH, 65 mg/dl alkaline phosphatase, 79 mg/dl blood urea nitrogen, 1.98 mg/dl creatinin, 10.1 mg/dl hemoglobin, 155 mg/dl glucose. Brain computed tomography showed diffuse, symmetric parenchymal calcifications involving the dentate nuclei, basal ganglia and periventricular white matter (Fahr's disease?) and gyral type hyperdense appearance involving bilateral occipital lobe (Subaracnoid hemorrhage?). The patient was treated with 0.5 µg calcitriol and 1000 mg calcium carbonate. After 12 days, her paresthesias resolved and serum calcium rose to 9.1 mg/dl.

**Conclusion:** Fahr's disease is a rare degenerative neurological disorder characterized by the presence of abnormal calcium deposition and associated cell loss in the areas of brain that control movement, including basal ganglia and cerebral cortex. Fahr's disease should be considered as a differential diagnosis in the presence of hemorrhagic findings in cranial computed tomography images.

**Keywords:** Fahr's disease, intracranial calcification, computed tomography, hypoparathyroidism



PP 158

**Bilateral Spontaneous Pneumothorax, Pneumomediastinum, and Subcutaneous Emphysema: Rare and Fatal Complications of Asthma**

*Zeynep Karakaya<sup>1</sup>, Şerafettin Demir<sup>2</sup>, Serkan Sagay<sup>3</sup>, Olcay Karakaya<sup>4</sup>, Şerife Özdinç<sup>5</sup>*

<sup>1</sup>Department of Emergency Medicine, İzmir Atatürk Training and Researching Hospital İZMİR TURKEY

<sup>2</sup>Department of Cardiology, Adana State Hospital, Adana, Turkey

<sup>3</sup>Department of Thoracic Surgery, Adana State Hospital, Adana, Turkey

<sup>4</sup>Department of Radiology, İzmir Bozyaka researching and training Hospital, İzmir, Turkey

<sup>5</sup>Department of Emergency Medicine, Afyon Kocatepe University, Afyonkarahisar, Turkey

**Objective:** Simultaneous bilateral spontaneous pneumothorax (SBSP) and pneumomediastinum are complications rarely observed synchronously during an acute asthma attack. It is a clinical condition that manifests itself with serious respiratory distress and must be rapidly diagnosed and treated.

**Case:** A 39-year-old male patient was brought to the emergency room with respiratory distress and chest pain. The patient's general condition was poor and his mental state was agitated. His BP was 100/60 mmHg; the heart rate was 130 bpm and his respiratory rate was 33 breaths per minute. The patient was cyanotic and the pulse oximeter revealed an oxygen saturation of 68%. Since the patient went into respiratory arrest and lost consciousness during the examination, a rapid endotracheal intubation was performed. In the auscultation of the lungs, reduced respiratory sounds were observed in both hemithoraces and the crepitation pointed to subcutaneous emphysema in the neck and shoulders. Posteroanterior lung radiograph and thoracic CT were requested. The images revealed bilateral pneumothoraces of 4 cm on the right and 5 cm on the left sides. A pneumomediastinum was observed around the heart, together with subcutaneous emphysema (Figures 1 and 2). Tube thoracostomy was applied to both lungs using 28 F thoracic drains. Chemical pleurodesis with talcum powder was performed on his lungs. When pulmonary expansion was observed during the follow up of the patient, his thoracic tubes were removed and he was discharged.

**Conclusion:** SBSP is a clinical condition that is treated according to the age, clinical status, and the underlying causes. Although it is usually benign in young patients, it may become life-threatening in advanced ages and in patients with limited pulmonary reserve, unless it is urgently managed. Misdiagnosis and delayed treatment can lead to tension pneumothorax, and the patient's death.

**Keywords:** Simultaneous bilateral spontaneous pneumothorax (SBSP), pneumomediastinum, asthma

PP 159

**Hydrocephaly due to a petroclival meningioma**

*Sezin Aktas, Mehmet Ozgur Erdogan, Sahin Colak, Abdullah Ibrahim, Baris Alper, Hayati Kandis*

Haydarpaşa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Posterior petrosal and petroclival meningiomas are rare, benign tumors, representing difficult tumours to be diagnosed and treated because of their location. Posterior fossa meningiomas account for 10% of all intracranial meningiomas, and petroclival meningiomas account for only 5% of posterior fossa meningiomas. The symptom of this meningiomas are headaches, dizziness, facial pain and numbness, hearing loss, tinnitus, cerebellar dysfunction, ataxia, diplopia, papilledema and moderate hydrocephalus.

**Case:** 72 year old female patient was administered to emergency department for loss of consciousness. In her history there are no chronic diseases. She had progressive difficulty of walking and motor dysfunction in last 6 months. In examination of the patient, the eyes were spontaneously open, makes nonpurposeful movement in response to noxious stimulation and no verbal responses. In the patients cranial CT there were no sign of neurological pathology but only moderate paraventricular hydrocephalus and 0.1x0.2 cm calcification on the right parapontin area. Contrast-enhanced MRI scan relieved hydrocephalus due to 3x2.2 cm parapontin mass lesion. The patient referred to neurosurgery. The mass removed after extraventricular drainage. In postoperative follows, the consciousness and verbal response of patient improved. Pathologic analyses revealed that the mass was a meningioma.

**Conclusion:** Petroclival meningiomas are difficult to diagnose. For it's unusual location, CT scanning, the first choice in acute neurologic disorders, can be insufficient. Contrast-enhanced MRI has the highest ability to detect and characterize meningiomas radiologically

**Keywords:** meningioma, hydrocephaly, MRI



## PP 160

**Lycopene prevents experimental priapism against oxidative and nitrosative damage***Osman Citci<sup>1</sup>, Fatih Oguz<sup>2</sup>, Ali Beytur<sup>2</sup>, Fazlı Polat<sup>3</sup>, Ramazan Altintas<sup>2</sup>, Hakan Oguzturk<sup>4</sup>*<sup>1</sup>Department of Pharmaceutical Toxicology, Faculty of Pharmacy, University of Inonu, Malatya, TURKEY<sup>2</sup>Department of Urology, Faculty of Medicine, University of Inonu, Malatya, TURKEY<sup>3</sup>Department of Urology, Faculty of Medicine, University of Gazi, Ankara, TURKEY<sup>4</sup>Department of Emergency Medicine, Faculty of Medicine, University of Inonu, Malatya, TURKEY

**Objective:** Priapism is a persistent and often painful penile erection in the absence of sexual stimulation. It can cause progressive fibrosis, edema and drying of the erectile tissue and then it can lead to erectile dysfunction. Previous studies suggested that, neuronal nitric oxide levels increased during the priapism. High NO levels can result in the formation of reactive oxygen species leading to oxidative stress in tissue and reproductive system.

**Aim:** The aim of this study was to evaluate oxidative and nitrosative effects caused by priapism in cavernosal tissue and serum, and determinate beneficial effects of lycopene on ischemic priapism.

**Material-Methods:** 32 rats were randomly divided into four groups and the first group being as the control. In the second group, experimental ischemic priapism was formed for an hour and then 1 hour reperfusion was provided. In the third group, lycopene was intraperitoneally given at the dose of 10 mg/kg. In the fourth group, lycopene were administered to rats with experimental priapism.

**Result:** Priapism caused a significant increase in TBARS and NO levels and a significant decrease in the levels of GSH, CAT, GPx and SOD in serum and cavernosal tissue of rats. However, lycopene significantly increased GSH, CAT, GPx and SOD levels but decreased formation of TBARS production and NO in rats with priapism.

**Conclusion:** Our findings indicated that ischemic priapism lead to significant oxidative and nitrosative damage in cavernosal tissue and serum samples of rats. However lycopene treatment eliminates these negative effects induced by priapism. For this reason, we suggested that lycopene may be used in the treatment of priapism.

**Keywords:** Priapism, Lycopene, Oxidative stress, Nitrosative stress, Cavernosal tissue

## PP 161

**What is the level of knowledge about defibrillator among pediatricians?***Halise Akça<sup>1</sup>, Nilden Tuygun<sup>1</sup>, Can Demir Karacan<sup>1</sup>, Ümmü Aydoğmuş<sup>1</sup>, Emine Polat<sup>2</sup>*<sup>1</sup>Dr. Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Department of Pediatric Emergency Medicine, Ankara<sup>2</sup>Dr. Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Pediatric Intensive Care Unit, Ankara

**Objective:** Cardiac emergencies such as life-threatening ventricular arrhythmias require immediate assessment and intervention with defibrillator. Therefore, all physicians should be aware of use of defibrillator. The objective of this study was to assess the knowledge of the use of manual and automatic external defibrillator among general pediatric physicians.

**Materials-Methods:** Between March and July 2013 a cross-sectional survey was conducted in eight tertiary care Pediatric Centers in Ankara, with participants selected randomly. Data of this study was collected by self administered questionnaire from general pediatric physicians about use of defibrillator. The data was analyzed by SPSS version 20.

**Results:** A total of 308 general pediatric physicians (201 pediatric residents and 107 pediatricians) were included in the study. Nearly 70% of the participants reported to have seen manual defibrillator and 7% automatic external defibrillator before. Forty percent and 2% of the participants had the opportunities for practice manual and automatic external defibrillator, respectively. Twenty percent of all participants feel competent on the use of defibrillator. A few of the physicians had received adequate training to use defibrillator, effectively (23% manual, 9% automatic external defibrillator). Knowledge about use of the device ranged from 38% to 80% of correct answers, with few differences between pediatric residents and pediatricians.

**Conclusion:** The need to use of a defibrillator is not common in children as adults. Thus, experience of defibrillator practice is not sufficient among pediatricians. The present study shows that need for greater awareness and training of how to use of a manual and automatic external defibrillator. We recommended that, training should be updated with defibrillator modals.

**Keywords:** defibrillator, pediatricians, questionnaire



PP 162

**Penetrating Orbitocranial Stab Wound and Optic Nerve Avulsion**

*Sezin Aktas, Mehmet Ozgur Erdogan, Korkut Bozan, Harun Ayhan, Sahin Colak, Hayati Kandis*

Haydarpaşa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Transorbital penetrating craniocerebral injuries due to stab wounds are rare penetrating head injuries in adults. The major causes of penetrating trauma are motor vehicle and bicycle accidents, followed by falls and assaults. This injury is associated with intracranial complications, such as brain abscess, meningitis, cerebrospinal fluid leakage, hemorrhage, neurological deficit, which indicates mortality and morbidity. An unusual case of intracranial penetration of a knife through the orbit is described.

**Case:** 54-year-old male admitted to emergency due to stabbing. He had a Glasgow coma score (GCS) of 14 and the vital signs were in normal ranges. Patient had a 1.5 cm stab wound between 3-4 intercostal space, 1.5 cm on the right medial suborbital area and edema on right periorbital area. The ipsilateral and contralateral light reflexes were both negative on the right eye. Ophthalmological examination revealed total injury of optic nerve. CT scan showed retrobulbar hemorrhage with subdural hemorrhage and subarachnoid hemorrhage (FIGURE 1). Ct scan revealed the total avulsion of optic nerve. The patient was hospitalized for intracranial hemorrhage. The late CT scans showed resolution of hemorrhages without interventional procedure. The eye was enucleated due to irreversible damage after ten days.

**Conclusion:** Occult transorbital intracranial penetrating injury is an unusual form of trauma that is associated with significant morbidity. It may also be associated with other intracranial injuries.

**Keywords:** stab wound, optic nerve, avulsion

PP 163

**Brachial Venous Thrombosis due to Multiple Vascular Access Attempts**

*Baris Alper, Mehmet Ozgur Erdogan, Sahin Colak, Harun Ayhan, Petek Çiğdem Karaca, Hayati Kandis*

Haydarpaşa Numune Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Upper extremity thrombosis is a rare clinical situation. Multiple alternatives for vascular access on upper extremity cause an increasing risk for thrombosis. Although venography is the gold standard, non-invasive and easily accessible color Doppler ultrasound is preferred as a diagnostic tool. Axillo-subclavian vein involvement is the most seen upper extremity thrombus caused by initiative of central catheter insertion. Besides anticoagulation therapy, fibrinolytic therapy has to be applied.

**Case:** 40-years-old male was admitted to ED with erythema and pain on the left arm. erythema was localized on axilla extending to the elbow. Patient underwent an appendectomy a week before and vascular access on the arm was tried six or seven times. Patient had sensitivity, edema, erythema on the left arm. Emergency department color Doppler ultrasound detected a 20 cm long thrombus on the left brachial vein and cellulite. Low molecular weight heparin therapy was administered and the patient was referred to vascular surgery for further observation.

**Conclusion:** Although upper extremity thrombosis is rare, it should be known that serious complications such as pulmonary embolism can occur. The diagnosis and treatment must be known by emergency physicians. Color Doppler ultrasound is a easy cheap diagnostic tool that can be chosen for emergency diagnose of upper extremity thrombosis.

**Keywords:** brachial vein, thrombosis, vascular access, doppler ultrasound



## PP 164

**Flash burns caused by the explosion of gas lighter**

*Salim Kemal Tuncer<sup>1</sup>, Abdulkemir Yapici<sup>2</sup>, Umit Kaldirim<sup>1</sup>, Yusuf Emrah Eyi<sup>1</sup>, Ibrahim Arziman<sup>1</sup>, Sukru Ardic<sup>1</sup>*

<sup>1</sup>Gulhane Military Medical Academy, Department Of Emergency Medicine, Ankara/Turkey

<sup>2</sup>Gulhane Military Medical Academy, Department of Plastic, Reconstructive and Aesthetic Surgery, Ankara/Turkey

**Objective:** Products containing volatile substances are cheap, easy of access and legal substances. Cigarette lighter gas contains butane (75-89%) and isobutane (5-25%). Butane is used as a fuel in lighters and as a propellant in aerosol products. Lighter gas inhalation causes euphoria and hallucinations. Because of accessing easily, abuse of lighter gas is popular among underage. Due to producing respiratory depression, acute respiratory distress syndrome and a direct effect on heart muscle it may cause sudden death. We present 4 cases with hand and facial burns due to explosion during refilling lighter fluid in car.

**Case:** Four male patients were admitted to emergency department with burns involving both hands and faces. According to history, during the refill of lighter fluid in their car, one of them lighted lighter to smoke afterwards hand and facial burns occurred due to explosion but probably they were breathing lighter gas. Physical examination revealed common blisters on both hands and face and second-degree burn covering 8% of body surface area in one patient. Physical examination revealed a second-degree burn involving both dorsal aspect of hands dominantly left one and a first-degree burn involving face in the other one. The remaining patients' physical examination revealed a first-degree burn involving both hands and face. Patient with 8% burn was hospitalized. Other patients' burn sites were applied dressing afterwards were followed as outpatients. No pulmonary complication was observed in the hospitalized patient and after 13 hospital days his burn wounds were epithelized. The other patients in outpatient follow-up were fully recovered after 7 days.

**Conclusion:** Turkey is around 5.1% of inhalant use. Lighter fluid can cause sudden death by direct toxic effect as well as burns concomitant inhalation injury due to gas explosion. Patients with this type of injury, especially in confined areas should be assessed in terms of inhalation injury.

**Keywords:** Volatile Substance Abuse, Lighter Gas, Explosion, Burn, Inhalation Injury

## PP 165

**Amsan syndrome**

*Atif Bayramođlu<sup>1</sup>, Abdullah Koçak<sup>1</sup>, Alpaslan Ünlü<sup>1</sup>, Murteza Çakır<sup>2</sup>, Zeynep Gökcan Çakır<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

<sup>2</sup>Ataturk University Medical Faculty Department of neurosurgery Erzurum Türkiye

**Objective:** AMSAN syndrome is Acute Motor Sensorial Axonal Neuropathy. It is a form of guillain barre syndrome which characterized by motor and sensory symptoms and by axonal damage rather than inflammation of the peripheral nerves-demyelination. In this form, the progression of muscle weaknesses is faster and more severe than the other forms. Recovery will be slow and most of the time insufficient, because of the slow nerve regeneration following axonal injury. It is thought that AMSAN syndrome is a heavier form of AMAN (Acute motor axonal neuropathy) syndrome. The incidence of AMSAN is about 1-2%.

**Case:** A 57 years old male patient admitted to the emergency room with the complaint of loss of power from the upper extremities, especially from the right arm first. The patient had diarrhea lasts about 10 days and ending before four days. On physical examination, power loss was present 3/5 ratio in the right upper extremity and 2/5 ratio in the left upper extremity. Sensory examination was normal. Motor and sensory loss did not in the lower extremities. Bilateral Babinski reflex was negative. Deep tendon reflexes were normative. The patient was consulted by neurology and hospitalized to the neurology clinic. AMSAN syndrome was diagnosed to the patient who developing quadriplegia at follow-up.

**Conclusion:** Patients with the syndrome of Guillain Barre does not always refer to classic signs, Sometimes They can apply with various forms. We aimed to present a patient suffer from AMSAN syndrome which is a rare disease.

**Keywords:** AMSAN, Guillain Barre, AMAN



PP 166

**Acute mountain sickness**

*Atıf Bayramoğlu, Abdullah Koçak, Zeynep Gokcan Çakır, Murat Sarıtemur, Ayhan Aköz, Mevlana Ömeroğlu*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Acute mountain sickness is pathological condition observed dependently to lack of oxygen at high elevations and altitude. It observed especially at mountaineers and skiers climbing at high altitudes and people flying at high altitudes without oxygen supply. Reduced partial pressure of oxygen against increased altitude is considered as the main reason of mountain sickness. We aimed to come to an altitude of 2000 above sea level and present disturbed patient.

**Case:** 41 years-old female patient was admitted to our emergency department with complaints of fatigue, dizziness and nausea. We are informed that the patient has arrived Erzurum from Izmir by plane. The patient did not have a known disease. Physical examination and vital signs were normal. No specifications in electrocardiogram and chest X-ray. The patient's laboratory findings were normal. The patient was given symptomatic treatment and oxygen support. Acetazolamide 3x250 mg / day per oral was supplemented. The patient was discharged from the emergency department with suggestions. As the patient has come from sea level and responded to acetazolamide; acute mountain sickness has been considered.

**Conclusion:** For acute mountain disease, theoretically, no serious problem is expected to occur up to 2400 meters, but especially in those with underlying heart and lung disease, serious problems can occur at lower altitudes. This is a disease which manifests itself with headache, dizziness, insomnia, nausea, vomiting, loss of appetite, shortness of breath, numbness, dizziness, vision loss and eye floaters as fuzziness from 6 to 72 hours after the ascending. So it must be diagnosed quickly and the should be descended to lower altitudes from the current height. If it is not possible to descend down, oxygen therapy should be applied.

**Keywords:** altitude, Acute mountain sickness, Acetazolamide

PP 167

**A Surprising Outcome of a Patient with Psychosis**

*Emine Polat<sup>1</sup>, Halise Akça<sup>2</sup>, Nilden Tuygun<sup>2</sup>, Bahtişen Topçu<sup>1</sup>, Hasibe Gökçe Çınar<sup>3</sup>, Can Demir Karacan<sup>2</sup>*

<sup>1</sup>Dr. Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Pediatric Intensive Care Unit, Ankara

<sup>2</sup>Dr. Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Department of Pediatric Emergency Medicine, Ankara

<sup>3</sup>Dr. Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Radiology Unit, Ankara

**Objective:** Air can be detected in a various anatomical regions during the course of some diseases. It is mostly seen as a pneumothorax and subcutaneous emphysema. Rarely unusual areas such as skull base and intraspinal region can be involved. In the majority of the patients, it is due to trauma, iatrogenic factors and Valsalva maneuver.

**Case:** A previously healthy 14-year-old male was brought with complaint of progressive respiratory distress. He had a poor general condition with no orientation and cooperation. He had a poor skin perfusion with delayed capillary refill time (4 seconds) with no detectable peripheral pulse beats and blood pressure. Heart and breath sounds were both faint. Wide subcutaneous emphysema and crepitations were noticed from scalp extending to inguinal region. Cranial, neck, chest and abdominal computed tomographies showed free air in several anatomical regions such as deep neck spaces, orbital cavities, mediastinum, retroperitoneum, spinal canal, scrotum and around femoral head. The parents noted that he has been social withdrawal and cognitive impairments for one year, and several episodes of crisis of shouting and squeezing his throat for one month. He was followed-up in pediatric intensive care unit with mechanical ventilation for 5 days.

**Conclusion:** Increased intra-alveolar pressure leads to rupture of a peripheral pulmonary alveolus. Thereafter, the air passes to mediastinum and then to retropharyngeal space and finally to epidural space. It was suggested that the symptoms and signs of the patient were depended on his shouting and squeezing his throat during psychotic episodes. During the course of psychiatric disorders, in the case of excessive shouting and self-harm as a result of squeezing the throat, beside subcutaneous emphysema, air existing in the various anatomical regions of the body should be kept in mind.

**Keywords:** emphysema, pneumomediastinum, pneumorrhachis



## PP 168

**Ascaris in gallbladder**

*Atif Bayramođlu<sup>1</sup>, Erdal Tekin<sup>1</sup>, Zeynep Gokcan akir<sup>1</sup>, Abdullah Koak<sup>1</sup>, Ayhan Aköz<sup>1</sup>, Abdullah Kısaođlu<sup>2</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Turkey

<sup>2</sup>Ataturk University Medical Faculty Department of General Surgery Erzurum Turkey

**Objective:** Intestinal parasites may infect to humans through water and foods contaminated with faeces, animals, parasites-containing raw or undercooked meats and going into skin of larvae contacted with ground. While there is no any finding in infected some people, it can be seen abdominal pain, cramps, constipation, gas and bloody diarrhea in some people. Parasites can immigrate to other parts of body except intestine, and cause pneumonia, appendicitis, pancreatitis and biliary obstruction. If it is suspected for intestinal parasites, parasite examination in stool should be made three days in a row.

**Case:** A 25 year old male patient was admitted to the emergency department with complaints of continuing fever for 3 days. Vital findings were measured; TA: 109/69 mm Hg, pulse rate: 98/min, saturation: %98 and fever: 39.1°C. In the examination, tonsils were normal view and listening to lungs was normal. There was not defensive rebound tenderness in abdominal examination. The patient had no complaints of diarrhea or constipation. Hemogram and urogram were normal. Patients biochemistry Results: were AST: 215, ALT: 222, GGT: 150, ALP: 160. The PA chest radiograph was normal. There was an appearance compatible with ascaris infection in gallbladder in USG done to the patient. A result of consultation done to patient in infectious disease clinic, Patient was admitted to hospital with a diagnosis of ascaris infection in gallbladder.

**Conclusion:** In this case, we aimed to emphasize that biliary obstruction is a rare complication may develop, and roaming feature of ascaris infestation.

**Keywords:** ascaris, gallbladder, intestinal parasites

## PP 169

**Asphalt burn**

*Atif Bayramođlu, Erdal Tekin, Murat Saritemur, Mevlana Ömerođlu, Zeynep Gökcan akir, Şahin Aslan*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Turkey

**Objective:** Asphalt is used for covering of roads and air ports, roof insulation and water resistance in water related structures. It has an adhesive feature. Also, it is used in paint industry, battery production, lining of water channels and bonding clay bricks. Asphalt is generally obtained as a product of oxidation of oil. Asphalt burn is mostly happen to men accidentally in work environment. Asphalt burn has high heat and is difficult to be cleaned due to its chemical composition. We aimed to present a patient, who consulted to our emergency department as asphalt bitumen was spilled on his face and arms.

**Case:** A 35 years-old male worker working in manufacturing of asphalt was brought to our emergency department because asphalt bitumen was spilled on his face, eye, hands and both arms. (Figures 1-4). The patient's vital signs were stable. WBC, which is one of his laboratory findings, was 11700. The other parameters were normal. Bitumen spilled on the patient's face and arms was cleaned with hydrogen peroxide and gas oil. The burn was dressed. Tetanus prophylaxis, antibiotherapy, analgesia and hydration was applied to the patient. He was then sent to the burn center.

**Conclusion:** Because of being sticky and hot, asphalt causes severe burns. It must be removed from the body quickly. Thus, the burn can cover on the less surface and it cause less cosmetic problems. In literature, it's seen that some specific drugs such as butter, sunflower oil, olive oil, alcohol, acetone, kerosene, aldehydes and unibase (sodium laurel sulphate) is used for removing bitumen from skin. Using the organic matter may lead to bacterial or fungal infection. Therefore, organic matter used must be removed from skin and be irrigated with plenty of water.

**Keywords:** burn, asphalt, dens liquid



PP 170

**Where is the bullet**

*Atif Bayramoğlu, Abdullah Koçak, Zeynep Gokcan Çakir, Mevlana Ömeroğlu, Mustafa Uzkeser, Ayhan Aköz*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Patients who were admitted to emergency department as being shot are generally examined and treated in trauma rooms and are hard-to-follow-up patients. In these cases, entry and exit holes of the bullet should be sought and further investigation should be asked depending on the clinical conditions.

**Case:** We report a case of attempted suicide of 14 year-old female patient rested his father's pump pellet gun to her mouth and had fired. The upper and lower lip inspection showed defective tissue loss. There was a fracture compatible view in the mandible and hard palate. Body did not have any other signs of trauma. In the cranial tomography; metallic appearance adjacent to the nasal bone cavity, partial fracture in palatum case in maxilla, multiple numbers of displaced fractures of the mandible, in the right nasal passage on the left, in the case palatum, foreign body in the lateral side of the right maxilla was observed. At concurrent tomography of the thorax and abdomen; at the level of the hull, a foreign body was present at left anterolateral vertebral corpus. Foreign bodies present in the stomach lumen localization of the abdomen. Our patient has been requested to have consultations at departments of plastic surgery, thoracic surgery and general surgery. Follow-up at departments of thoracic surgery, and general surgery was advised and patient was hospitalized in department of plastic surgery.

**Conclusion:** Gun-shot patients we evaluate in the emergency department should not be evaluated just by seek of the input and output of holes of bullets. We should never forget that tiny bullets such buckshot's may be encountered in different locations as a result of swallowing or migration.

**Keywords:** bullet, Gun-shot, entry and exit holes

PP 171

**Renal abscess**

*Atif Bayramoğlu, Erdal Tekin, Mevlana Ömeroğlu, Alpaslan Ünlü, Murat Saritemur, Zeynep Gökcan Çakır*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Renal abscess is a rare intra-abdominal infection. Abnormalities in urinary tract, chronic diseases such as diabetes mellitus, intravenous drug use, recurrent urinary tract infections, calculi, urinary tract attempts are predisposing factors. Hereby, we aimed to present renal abscess improved due to urinary stones and became a skin fistula.

**Case:** A 28 years-old male patient was admitted to the emergency department with complaints of right flank pain, discharge, and fever intermittently recurring for about a year. On physical examination, smelly purulent discharge from the right lumbar region, costovertebral angle tenderness was present on the patient. Blood pressure and pulse was normal and fever was 38.7C. Biochemical findings; albumin 1.7 g/dl, Na: 130mmol/L, Hgb 7.7g/dl, hematocrit: 22.6%, urogram readings; pH:5.0, WBC:25, WBC:7/HPF respectively. In USG; reduction in thickness of right renal parenchyma, and three renal stones with 5 cm, 2.5 cm, and 1.5 cm size were observed. Abdominal CT scans; at 1/3 lower part of the right ureter a hyper dense stone of 13x12 mm in size was observed. A stone proximal second grade dilatation was observed at the right ureter. During nephrectomy; colon repair by general surgery was observed to the patient who also has colon fistula as well. As no problems seen during postoperative follow-up, the patient was discharged.

**Conclusion:** E. coli, proteus, staph aureus are the most common etiological factors. More than one bacteria is responsible in %25 of cases. There is no specific findings. The most accurate diagnosis is made with tomography (CT). A delay in diagnosis and treatment is expected since long-term analgesic and antibiotic therapy is given to patients due to diagnosis of urolithiasis. Further delay may result in nephrectomy or mortality.

**Keywords:** Renal abscess, urinary tract, skin fistula



## PP 172

**A Rare Carbon monoxide Poisoning Cause; Narghile***Banu Karakus Yilmaz<sup>1</sup>, Erdem Cevik<sup>2</sup>, Hatice Dogan<sup>1</sup>, Ozlem Uzun<sup>1</sup>, Yasemin Celik<sup>1</sup>*<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** CO poisoning patients come emergency department because of different symptoms. Patients can have neurological (especially headache, confusion, ataxi, syncope) or cardiac complaints (chest pain, dysrhythmia, EKG differences). But CO poisoning hasn't specific symptoms. Because of this, in diagnosis story is the most important suspect for physician. For diagnosis COHb measurement must be. 100% O<sub>2</sub> is given for treatment and hyperbaric oxygen can be used for selected patient. Hookah smoking is a cause of CO poisoning. In this report, we want to emphasize that, in the different diagnosis of nonspecific neurological complaints CO poisoning must be considered.

**Case:** A 49-year-old man was admitted to ED because of nausea and presyncope which was started 40 minutes ago. He had smoked narghile in a open narghile café for 2.5 hours while watching football match. Physical examination was normal. Brain CT was normal. Venous blood gas analysis was planned because of narghile smoking history. Carboxyhaemoglobin (COHb) was 36.3%, biochemical markers and electrocardiographies were normal. After high flow oxygen inhalation therapy his COHb levels were decreased to 27.8%, 14.8% and 3.5% respectively. Then he was discharged.

**Conclusion:** In last years, smoking narghile become most popular between young people and CO poisoning because of narghile started to notify. We think that CO poisoning because of narghile is most common so physicians must remember this diagnosis.

**Keywords:** Carbon monoxide Poisoning, Narghile, Tobacco

## PP 173

**Monomorphic ventricular tachycardia during the ajmaline test***Onur Akpınar<sup>1</sup>, Kadir Kurt<sup>2</sup>, Mehmet Kanadaş<sup>3</sup>, Ayca Acikalin Akpınar<sup>4</sup>*<sup>1</sup>Medline Adana Hospital<sup>2</sup>Mersin Forum Hospital<sup>3</sup>Çukurova University Cardiology Department<sup>4</sup>Çukurova University Emergency Medicine Department

A 44-year-old male patient admitted with palpitations was diagnosed with tachycardia with wide QRS, but recovered after being treated with amiodarone. The patient's coronary angiography was normal. As the patient's resting

ECG was compatible with Brugada type 2, an ajmaline challenge test was scheduled. The infusion procedure was suspended following an observation of type 1 ECG findings in the 4th minute of infusion. Approximately 10-15 seconds later, a monomorphic ventricular tachycardia with a rate of 150 beats/minute developed. In the follow-up, the patient's heartbeat returned spontaneously to the sinus rhythm within 3-4 minutes. Polymorphic ventricular tachycardia or ventricular fibrillation tachyarrhythmias usually result in syncope or sudden cardiac death in cases of Brugada syndrome, while monomorphic tachycardia, as in our case, is rare. Here, we present a rare case of monomorphic ventricular tachycardia, which was observed during the ajmaline challenge test.

**Keywords:** ajmaline, brugada syndrome, electrocardiography



PP 174

**A Rare Ventricular Tachycardia at Emergency Department: LVOT**

*Hatice Dogan<sup>1</sup>, Erdem Cevik<sup>2</sup>, Banu Karakus Yilmaz<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** The most common form of «idiopathic» ventricular tachycardia (VT) localizes to the right ventricular outflow tract (RVOT) and is referred to as RVOT tachycardia. Although less common, tachycardia arising from the left ventricular outflow tract (LVOT) is also observed. Up to 90% of outflow tract VT is thought to originate from the right ventricle, mainly from the RVOT but also from other regions of the right ventricle, including sites above the pulmonary valve. We present LVOT in 26-years old healthy male patient who was admitted to the ED because of palpitation.

**Case:** A 26-year-old nonsmoker male presented to emergency department complaining of palpitations for a while. He said that he had same palpitations occasionally. He had any disease before. At physical examination TA: 130/85 mmHg, heart was dysrhythmic. A 12-lead electrocardiogram (ECG) showed a repetitive monomorphic VT of right bundle branch block (LBBB)-like morphology, left axis deviation (Figure 1). Echocardiography revealed normal structure and function. Cardiac biomarkers were normal. The patient treated with verapamil and Medical therapy (verapamil) and followed for ablation therapy.

**Conclusion:** Ventricular tachycardia management at ED is important and all emergency physicians must know these EKG findings and manage these patients.

**Keywords:** Ventricular Tachycardia, LVOT, palpitation

PP 175

**Patients with abdominal pain, why she die?**

*Banu Karakus Yilmaz<sup>1</sup>, Erdem Cevik<sup>2</sup>, Kamil Ozdogan<sup>3</sup>*

<sup>1</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

<sup>3</sup>Department of General Surgery, Bagcilar Research and Training Hospital / Istanbul

**Objective:** Caustics and corrosives cause tissue injury by a chemical reaction. The vast majority of caustic chemicals are acidic or alkaline substances that damage tissue by accepting a proton (alkaline substance) or donating a proton (acidic substance) in an aqueous solution. Approximately 10% of caustic ingestions result in severe injury requiring treatment. Most of adult ingestions occur intentional. The prognosis is directly proportional to the degree of tissue damage. We will report a 19-year-old patients who was died after abdominal pain and we think that cause of death is corrosive injury.

**Case:** A 19-year-old woman was admitted to emergency department (ED) with her parents by walking because of abdominal pain. On admission her vital signs was normal and she had tenderness all of her abdomen. Laboratory and radiologic examination planned and after that we consulted the patient with general surgery. After a time patients was cardiac arrest and CPR was started. After 5 minute spontaneous circulation returned. Patient were included in the operating room. Proximal part of stomach was necrotic and total gastrectomy was applied. Patients admitted to intensive care unit for follow-up. At pathological examination of stomach surface of mucosa was completely deleted and dark brown color appears. Stomach wall thickness was 0,6 cm and it was thinner. 12 days after ICU admission patient was died.

**Conclusion:** Adults corrosive ingestion commonly occur intentional and this was conclude with death. At ED findings of corrosive injury should be investigated and the patients treated immediately.

**Keywords:** corrosives, abdominal pain, emergency department



PP 176

**A case of cardiopulmonary arrest with ST elevation: What was the main cause?**

Emre Salçın, Can Özen, Mehmet Fatih Korçak, Özge Ecmel Onur, Serkan Emre Eroğlu, Haldun Akoğlu, Arzu Denizbaşı

Department of Emergency Medicine, Marmara University Pendik Research and Training Hospital, Istanbul, Turkey

**Objective:** Subarachnoid hemorrhage (SAH) is a common cause of cardiorespiratory arrest (CPA). In most patients, the initial cardiac rhythm is non-shockable rhythm which develops after severe hypoxic insult. Here, we present a case with CPA with ventricular fibrillation and post CPR (cardiopulmonary resuscitation) CT revealed a diffuse SAH.

**Case:** A 52-year-old woman, who had only hypertension, came to the emergency department (ED) as a patient's wife, after hearing that her husband had a blunt trauma to the head with a fallen object in the workplace. She was healthy, oriented, and had no complaints. She learned that her husband had an open skull fracture. A decompressive craniectomy for her husband was performed. Then during his transfer to the intensive care unit, she had collapsed just outside the ED. She had CPA, rhythm was VF. After CPR and 200 joule defibrillation, the monitor showed an atrial fibrillation (AF) rhythm and the pulse came back. The ECG (electrocardiography) showed elevations in ST segments and a Percutaneous Coronary Intervention (PCI) was planned. But her consciousness was not returned and to rule out intracranial pathologies a CT scan was obtained which revealed SAH and a MCA aneurysm.

**Conclusion:** Cardiac arrhythmia is common in SAH patients presenting with pulse, VF is rare. In a recent study, none of the 580 SAH patients developed VF after admission. Investigators have suggested that severe stress such as in this patient may provoke hypertension, rupture of an unknown aneurysm. Then cerebral hemorrhage may provoke high catecholamine-induced neurogenic-stunned myocardium. Severe coronary vasoconstriction leads to ischemia. In this case we tried to emphasize that in witnessed CPA even though ECG findings of coronary ischemia were seen, we have to consider that a cerebral cause may be the main cause CPA.

**Keywords:** Subarachnoid hemorrhage, ECG changes, Aneurysm

PP 177

**Good Primary Survey and Survivor Life**

Erdem Cevik<sup>1</sup>, Banu Karakus Yilmaz<sup>2</sup>, Yasemin Celik<sup>2</sup>, Tarik Sayin<sup>3</sup>

<sup>1</sup>Emergency Service, Van Military Hospital / Van

<sup>2</sup>Department of Emergency Medicine, Bagcilar Research and Training Hospital / Istanbul

<sup>3</sup>Department of Radiology, Bagcilar Research and Training Hospital / Istanbul

**Objective:** Traumatic injuries account for about 37% of emergency department (ED) visits. Patients with severe or life-threatening traumatic injuries may present to the ED at any time of day, either immediately following their injury or in a delayed fashion. Initial evaluation of the trauma patient begins with the primary survey. This systematic approach could decrease the death after traumatic injuries. The aim of this case is to call attention to the good primary care and emergency department management of major traumatic patients.

**Case:** A 29-year-old woman was admitted to the emergency department with ambulance complaining of altered mental status, dyspnea, chest pain, abdominal pain which was started after falling from height. At her primary survey airway was open, there was spontaneous breathing but SpO<sub>2</sub> was %82 and there was paradoxical movement at the left hemithorax. Long sounds were decreased at the left side and there was crepitation at there and there was no distended neck veins. Any external bleeding was seen but TA: 90/50 mmHg, heart rate 120 pp/minute. GCS was 8 and there was no lateralization sign. Patient was intubated and crystalloid resuscitation started and blood sample was taken for cross match. At computerized tomography there was hemothorax and pneumothorax at the left side and at the same hemithorax 3-10 ribs were broken in two places and at the right side 4,5,6,8 ribs were broken (Picture 1). Grade 1 laceration at the spleen, contusion at segment 3-4 of the liver and free liquid was seen at abdominal CT. Brain and maxillofacial CT was normal. Tube thoracostomy and splenectomy were performed. Patient followed-up at the intensive care unit. She was extubated at 15 days of ICU admission and discharged after 22 days.

**Conclusion:** Multiple traumatic patients may present to the ED at any time and ED management and organization of these patients are important. All EDs must be organized and prepared for major traumatic patients.

**Keywords:** Primary Survey, major trauma, trauma care



PP 178

**Dislocation of scapula with fracture**

*Atıf Bayramoğlu, Yasin Bilgin, Zeynep Gokcan Çakır, Serdar Yaşar, Şahin Aslan*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Fractures of scapula are very rare conditions. Dislocation of scapula is rarer than fracture of scapula. We want to share an extremely rare case that dislocation of scapula with fracture simultaneously.

**Case:** 19 years old male patient was admitted to emergency service as a result of lifting heavy load and complaint with his shoulder and back pain. His general condition was well and he was oriented cooperated. His blood pressure was 124/82, his heart rate 98/min, his respiratory rate was 17/min and his oxygen saturation was 94%. On his physical examination there was tenderness on his shoulder and there was swelling at middle of the clavicle. According to physical examination there were no vessels and nerves palsies on his arm. It was shown the scapula dislocated from medial to superior in the captured x-ray. On his computed tomography (CT) viewed focal cortical discontinuity on his scapula superior of coracoid process's scapula (fracture line?). There was linear fracture inferior of scapula. The patient consulted to orthopedic department. Vel-pau bandage was applied to the patient and he was admitted to the orthopedic department.

**Conclusion:** Scapula fractures account about 3-5% of all fractures shoulder area. As far as we know there is no reported case about scapula's dislocation or scapula's dislocation with fracture. Because of that we want to share extremely rare case with you.

**Keywords:** Scapula, dislocation, fracture

PP 179

**Efficacy of prothrombin complex concentrates for oral anticoagulant therapy-related major haemorrhage (Case series)**

*Umut Yücel Çavuş<sup>1</sup>, Sinan Yıldırım<sup>2</sup>, Aynur Yurtseven<sup>3</sup>, Ertan Sönmez<sup>4</sup>*

<sup>1</sup>Department Of Emergency Medicine, Dışkapı Yıldırım Beyazıt Training And Research Hospital, Ankara, Turkey

<sup>2</sup>Department of Emergency Medicine, Ağrı Government Hospital, Ağrı, Turkey

<sup>3</sup>Department of Emergency Medicine, Dr.Nafiz Körez Sincan Government Hospital, Ankara, Turkey

<sup>4</sup>Department Of Emergency Medicine, Bezmialem Vakıf Gureba University, Istanbul, Turkey

In patients admitted to the Accident and Emergency departments for anticoagulant use-related major haemorrhage and requiring urgent surgery or life-saving invasive intervention, the INR value should be corrected very quickly and bleeding should be brought under control. With PCC, when used at optimal dose levels, target INR values are reached within 15 minutes.

In this study, we aimed to discuss the efficacy of the four-factor PCC we used in 10 patients who were admitted at the Accident and Emergency department due to oral anticoagulant use-related major bleeding.

Of all patients to whom PCC treatment was administered, targeted INR levels could not be attained in 2 patients (20%). For our cases with GI bleeding, the average baseline INR value was 7.3, while the average INR value after PCC administration was 1.9. For our subdural haematoma cases, the median baseline INR value was 2.5, while the median INR value after PCC administration was 1.3.

We believe that, PCCs used in eligible patient groups as in this case series, may also provide the desired results at lower doses and that they may be used more safely with regard to complications.

**Keywords:** Prothrombin Complex Concentrates, oral anticoagulant, major haemorrhage



## PP 180

**A Rare Complication of Intrauterine Contraceptive Device: Uterine Perforation; Case Report**

*Yılmaz Zengin, Mustafa Içer, Recep Dursun, Ercan Gündüz, Hasan Mansur Durgun, Murat Orak, Mehmet Üstündağ, Cahfer Güloğlu*

Department of Emergency Medicine, Dicle University, Diyarbakır, Turkey

**Objective:** Intrauterine contraceptive device (IUCD) is a commonly used and effective reversible method of contraception due to its high efficacy for fertility regulation, low risk and low-cost. The IUCD may perforate through the uterine wall into the pelvic or the abdominal cavity or into the adjacent organs. Uterine perforation (UP) is one of the most serious complications of an IUCD insertion. UP is seen less than one per 3000 insertions. Patients may be asymptomatic or may present with abdominal or pelvic pain excessive bleeding. In this report, we presented a case of a UP due to IUCD.

**Case:** A 27 years old para two woman was admitted to the emergency department with abnormal uterine bleeding and abdominal pain. She had previous vaginal deliveries and her last childbirth was one year back. The IUCD was inserted one year back. There was no history of complications after the insertion. Her genital examination revealed bleeding through the os, with no thread seen or palpation. A plain x-ray of the abdomen demonstrated an opaque spiral shaped shadow, resembling an IUCD, located in the right lower quadrant of the abdomen. Computerized tomography of the pelvis and abdomen confirmed the IUCD at the right half of the abdomen in the sigmoid colon. After consultation by gynecologist and general surgery, she was taken to the operating room and the IUCD was removed with colonoscopy by the general surgeon. After 8 days she was discharged.

**Conclusion:** Physicians should be mindful of patients who complain abnormal uterine bleeding with previously placed IUCDs. Its use has been associated with some complications such as uterine rupture and migration into adjacent organs. IUCD should be correctly inserted by an experienced person to avoid complications.

**Keywords:** intrauterine contraceptive device, uterine perforation, sigmoid colon

## PP 181

**Diagnosis of Hyperosmolar Hyperglycemic Nonketotic Syndrome from scrotal swelling**

*Behçet Al, Yılmaz Safi, Suat Zengin, Mehmet Murat Oktay, Mustafa Bogan*

emergency department of medicine school, Gaziantep university/Turkey

**Purpose:** In present case we discussed a 37 years old male who had no previous diagnosis of diabetes mellitus applied to our emergency department (ED) due to swollen scrotum that began suddenly. The patient was diagnosed fornier gangrene from background of Hyperosmolar Hyperglycemic Nonketotic Syndrome (HHNS).

**Case:** A 37 year old male applied to our ED due to penil and scrotal swelling that began suddenly. He was given medication (metenamin hippurat 1 mg, etodolac monohydrate, Ciprofloxacyn, tamsulocny and diclofenac sodium) for dysuri and scrotal pain four days ago. Widespread bilateral testis swelling, moderate pain and sensitivity was determined. The other systems examination were normal. He had no interesting disease and drug using history. Physical examination laboratory results were as below: Arterial blood pressure 110/75 mmHg, fever 38,5 °C and pulse was 115 beat/min, WBC 34.1 103/μL, hemoglobine 12,9g/dL thrombocyte 330. 103/μL, INR 1,06, alaninaminotransferase 75 U/L, Na 125 mmol/L, Sedimentation 24 mm/h, C-Reactive protein 162 mg/l, Urea 55 mg/dL, creatinin 1.8 mg/dL HBA1C:11,5 % (102,2 mmol/mol), Ph 7.45, and glukose was 719 mg/dL. Urine analysys: + Glukose, +++ Erytrosite, +++ bacteriateri, keton (-).

**Scrotal imaging:** Bilaterally normal testis and a common edema was determined in scumouse and subscumouse by ultrasound imaging. A common edema was determined in scumouse and subscumouse of pelvic, peryanal and inguinal areas, and free fluide collection was seen in scumouse and subscumouse of scrotum and penil by abdomen compute tomography. No reproducing occured in urine culture, but candida species produced in blood culture.

The treatment was performed for he diagnosis of fornier gangrene that occurred on the background of HHNS. The patient was operated on the fifth days of admission. The infection improved up to suprapupc and perineal area. The apse focus was drained and necrotic tissues were debrided. The patient was discharged at 19th. days of admission.

**Keywords:** Hyperosmolar, Hyperglycemic, Syndrome, fornier gangrene



PP 182

**An Unusual Penetrating Foreign Body in The Mouth: Case Report**

*Yılmaz Zengin, Recep Dursun, Hasan Mansur Durgun, Mustafa İçer, Enver Özçete, Ayhan Özhasenekler, Murat Orak, Cahfer Güloğlu*

Department of Emergency Medicine, Dicle University, Diyarbakır, Turkey

**Objective:** Penetrating injury to the oral cavity are seen most often in young children ages 2-6 years old. It is an accidental injury which most often results when a child falls with an object such as a pen or toy held in the mouth. The most frequently involved sites are the posterior palatal areas and lateral pharyngeal walls. The management would depend on the type of the foreign body (FB) and the extent of the injury. In this report, we presented a case of a penetrating FB in the mouth that was potentially fatal.

**Case:** A 2-year-old girl presented to the emergency department within an hour of fall from a standing position. She was playing with a sharp metallic FB in her mouth when she fell down. On examination the FB was seen to pierce her mid side of soft palate just above the anterior pillar and there was no active bleeding. The general and the neurovascular examination were within normal limits. An X-ray soft tissue lateral view showed a radio opaque long FB. At computed tomography, there was no evidence of contrast extravasation. After consultation by otolaryngology and neurosurgery, she was taken to the operating room and a 10 cm long metallic nail was removed by the otolaryngologist. It was a 10 cm long metallic nail. She was kept under observation for 48 hours and discharged.

**Conclusion:** Intraoral trauma is best prevented than treated requiring overall parent's education. Parents need to be made aware of the dangers of allowing toddlers to walk around with sharp objects in their mouths. An X-ray of the nasopharynx can be quick and important tool in assessing the depth of the FB. A CT or MRI may also be required depending upon the location of the FB and the surrounding structures damaged.

**Keywords:** foreign body, penetrating, oral cavity

PP 183

**A metabolic acidosis patient with Ph 6.6 and surprising prognosis**

*Sena Memnune Ulu<sup>1</sup>, Şerife Özding<sup>2</sup>, Ahmet Ahsen<sup>1</sup>, Abdullah Altuğ<sup>1</sup>, Oya Akpınar Oruç<sup>2</sup>, Şeref Yüksel<sup>1</sup>*

<sup>1</sup>Afyon Kocatepe University, Medical Faculty, Internal Medicine Department, Afyonkarahisar

<sup>2</sup>Afyon Kocatepe University, Medical Faculty, Emergency Medicine Department, Afyonkarahisar

**Introduction:** Acidosis is a condition in which pH is less than 7.35 with metabolic causes due to loss of HCO<sub>3</sub> or respiratory causes due to accumulation of CO<sub>2</sub>.

Situations in which pH is less than 6.8 is incompatible with life. We reported a patient who admitted to our Emergency Medical department with metabolic acidosis (PH 6.6 and HCO<sub>3</sub>:1) and then discharged from the hospital with healing.

**Case:** The patient diagnosed with type 2 DM and chronic renal failure admitted to our Emergency Medical department with the diagnosis of acute on chronic renal failure, metabolic acidosis, hyperkalemia, urinary tract infection, pneumonia and hospitalized in the nephrology clinic. She was followed up with hemodialysis treatment due to severe metabolic acidosis (HCO<sub>3</sub>: 1, pH: 6.6), uremia, uremic encephalopathy and hyperkalemia. Urinary tract infection and pneumonia were treated with parenteral antibiotic. Hemodialysis treatment was continued. The patient who was anuric on admission had normal amount of urine level on the following days. Laboratory values reached to the normal range in the follow-up period. The patient had no longer need to HD or other treatment support and was discharged with healing.

**Conclusion:** It is known that, life is possible in the range of pH between 6.8 to 7.8.

However, we have seen that a patient can be treated and even discharged with healing with the pH: 6.6 and HCO<sub>3</sub>: 1 values.

**Keywords:** Metabolic acidosis, prognose, emergency, severe



## PP 184

**Wellen's syndrome**

*Serdar Özdemir<sup>1</sup>, Muhammet Keskin<sup>2</sup>, Tuba Cimilli Öztürk<sup>1</sup>, Gökhan İşat<sup>1</sup>, Barış Memiş<sup>1</sup>, Oktay Öcal<sup>1</sup>, Hasan Demir<sup>1</sup>, Özge Ecmel Onur<sup>1</sup>*

<sup>1</sup>Fatih Sultan Mehmet Education and Research Hospital, İstanbul, Türkiye

<sup>2</sup>Dr.Siyami Ersek Thoracic and Cardiovascular Surgery Education and Research Hospital, İstanbul, Türkiye

**Objective:** Wellen's syndrome is a pattern of electrocardiographic T-wave changes associated with critical, proximal left anterior descending (LAD) artery stenosis. Criteria include T-wave changes plus a history of anginal chest pain without serum marker abnormalities; patients lack Q waves and significant ST-segment elevation; with normal precordial R-wave progression. The natural history of Wellen's syndrome is anterior wall acute myocardial infarction. The T-wave abnormalities are persistent and may remain in place for hours to weeks without pain. With definitive management of the stenosis, the changes resolve with normalization of the electrocardiogram. Urgent cardiac catheterization is vital to prevent myocardial necrosis. Here we are presenting a case with Wellen's Syndrome who had been sent for catheterization before marked myocardial infarction occur.

**Case:** 64 years old female patient was admitted to ER with typical chest pain started 7 hours ago. She had hypertension and type 2 diabetes mellitus. Her first ECG was normal sinus rhythm. There were symmetrical T waves in V2 and V3 on her second hour ECG. Apex was hypokinetic in echocardiography. Troponin T was 0.06 ng/mL (0-0.04ng/mL). Her chest pain continued. Urgent coronary angiography was planned. %90-95 LAD obstruction was demonstrated. Stent was implanted. Patient recovered without any complication.

**Conclusion:** Wellen's syndrome presents with characteristic ECG findings that all Emergency Physicians need to recognize due to the significant percentage of patients who will develop anterior wall myocardial infarctions if aggressive intervention is not undertaken. Patients in whom Wellen's syndrome is suspected should undergo urgent cardiac catheterization. Stress testing is contraindicated as increasing cardiac demand with a highly stenosed left anterior descending may lead to myocardial infarction. Patients who do not have known heart disease such as our patient can be spared from an acute myocardial infarction and further complications by quick recognition of these characteristic T-wave changes.

**Keywords:** Wellen's syndrome, T-wave changes, symmetrical negative T waves

## PP 185

**Emphysematous pyelonephritis: A Case Report**

*Hakan Oguzturk<sup>1</sup>, Ramazan Altıntaş<sup>2</sup>, Muhammet Gökhan Turtay<sup>1</sup>, Fatih Oğuz<sup>2</sup>, Metin Doğan<sup>3</sup>, Kasım Turgut<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Faculty of Medicine, University of Inonu, Malatya, TURKEY

<sup>2</sup>Department of Urology, Faculty of Medicine, University of Inonu, Malatya, TURKEY

<sup>3</sup>Department of Radiology, Faculty of Medicine, University of Inonu, Malatya, TURKEY

**Objective:** Emphysematous pyelonephritis (EPN) is a life threatening infection of kidneys, with characteristic gas formation within or around the kidneys. If not treated immediately, it may lead to fulminant sepsis and carries a high mortality. E. Coli usually considered the commonest causative organism. We discussed etiopathogenesis, radiological and clinical signs and treatment of emphysematous pyelonephritis in this case report.

**Case:** We report on a case of a 37 year old female with no prior medical history presented with right flank pain fatigue, nausea and vomiting. She was diagnosed with emphysematous pyelonephritis, and was successfully treated.

**Conclusion:** Emphysematous pyelonephritis is a life-threatening infection that should always be considered in the differential diagnosis for a patient with abdominal pain or suspected pyelonephritis.

**Keywords:** Emphysematous pyelonephritis, emergency department, treatment



PP 186

**Child maltreatment, Three brothers suffering child maltreatment: Case report**

*Nalan Kozacı, Faruk Güngör, Eda Dönertaş, Umur Cengiz Çakır, İkbal Şaşmaz, Ahmet Çelik, Bora Köktürk*

Antalya Research and Training Hospital, Department of Emergency Medicine

**Objective:** Child maltreatment, which is a serious problem in our country, is being addressed as a social problem in the last ten years. In this paper, three brothers, who had been physically maltreated and brought to the emergency department under police custody after neighbors called the police, were presented.

**Case:** Three brothers, aged 11, 9, 8 years, were brought to emergency department under police custody due to domestic violence. From patients' history, it was learned that their maternal uncle had beaten them. The patients were conscious and cooperative, with a Glasgow Coma Scale of 15 points. There were ecchymotic areas in different colors ranging from light yellow to dark purple at face, trunk, and limbs and around the eyes of three siblings. Punctate burn marks were present in the palm and at gluteal region. An old fracture of the mandible was observed in our 9-years-old patient's direct x-ray. Computed tomography scan of the brain of each of three siblings revealed brain atrophy incompatible with the age. Patients were placed in care home after being enrolled to child protection program.

**Conclusion:** Child maltreatment is the most difficult type of trauma to identify and treat due to its reproducibility, long-term effects on a child's life and the fact that people who are closest to them usually maltreat the child. Multiple injuries at different areas of the body or multiple injuries in different recovery stages are pathognomonic for child maltreatment. Lesions in different recovery stages at different parts of the body were also found in our cases.

**Keywords:** Child, abuse, trauma

PP 187

**A rare cause of groin pain: Left inguinal hematoma due to the use of warfarin**

*Nalan Kozacı, Zeynep Aslı Kartal, Faruk Güngör, İnan Beydilli, Arefe İmkan*

Antalya Research and Training Hospital, Department of Emergency Medicine

**Objective:** In this paper, a patient who was presented to the emergency department with left lower quadrant abdominal pain and was diagnosed having a hematoma of the left inguinal region due to the use of warfarin is presented.

**Case:** Thirty-one year old male patient admitted to emergency department with swelling and pain in the left groin. It was learned that his complaint had been present for two days and pain had been occurring by stepping on his leg. The patient had no history of trauma and he was on 5mg Warfarin treatment once a day due to mitral valve replacement that he had three years ago. The patient's vital signs were; temperature: 36.5, blood pressure: 120/90mmHg, respiratory rate: 16/min, pulse: 56 beats / min. The heart was arrhythmic and normocardic, and lung sounds were normal at systemic examination. There was left lower quadrant tenderness at abdominal examination. A 5 x 6 cm non-ecchymotic, irreducible swelling without rebound and tenderness was determined in left femoral region. Pulses were present in both lower extremities. There was no difference between two lower extremities regarding color and temperature. Blood biochemical parameters and full blood count on admission to hospital were within normal reference values. Activated PTT, PTZ and INR values of the patient were recorded as 72.8 seconds, 73.6 seconds and 6.64, respectively.

**Conclusion:** As patients on anticoagulant therapy or with coagulation defects are prone to bleeding, bleeding at unusual sites such as intra-abdominal, intestinal- intramural should be considered at causes of abdominal pain.

**Keywords:** warfarin, hematoma, groin pain



## PP 188

**Foreign body aspiration: Mothers be careful!**

*Nalan Kozacı, Faruk Güngör, Umut Cengiz Çakır, Mustafa Avcı, İsmail Atik, Ahmet Çelik, Ertan Ararat*

Antalya Research and Training Hospital, Department of Emergency Medicine

**Objective:** Foreign body aspiration is aspiration of a substance into the windpipe, in which the substance was put in child's mouth by him/herself or by somebody else. It is mostly seen between 6 months - 3 years of age. Early diagnosis and prompt treatment reduce incidence of mortality. In this paper, we aimed to present a case that aspired hairpin during sleep.

**Case:** A 13-month-old girl was brought to the emergency department with complaints of wheezing and it was learned that her mother had noticed that the child had difficulty breathing and wheezing while sleeping when she woke up to breast-feed the child. She noticed that the hairpin that she had wearing was not in its place and she saw the hairpin at the back of the throat when she looked at child's mouth. The mother had attempted to remove the hairpin but pushed further. As her wheezing increased, the patient was brought to the emergency department. The patient was restless, crying and having respiratory stress. Vital signs were measured as; SaO<sub>2</sub>: 88%, pulse: 134 beats/min., Arterial blood pressure: 60/40mmHg, Respiratory Rate: 65/min. On physical examination, lips were cyanotic, heart was rhythmic with tachycardia and lung sounds were coarse. The patient was monitored and a flat blade was put following sedation with 4 mg / kg ketamine. There were signs of erosion in the oral cavity and an orange-colored hairpin, located between the vocal cords, was removed.

**Conclusion:** Foreign body aspiration is life threatening and fatal. An effort to remove the foreign body blindly with a finger is dangerous in children who are thought to suffer foreign body aspiration. This type of an attempt may cause foreign body to go further and completely obstruct the airway causing the child's death.

**Keywords:** Foreign body, aspiration, child

## PP 189

**Nail gun penetrating head trauma: a case report**

*Nalan Kozacı, Faruk Güngör, Mustafa Avcı, İsmail Atik, İkbal Şaşmaz, Dilek Soydam Güven, Seçil Baran*

Antalya Research and Training Hospital, Department of Emergency Medicine

**Objective:** Penetrating head injuries caused by sharp objects are rare. These injuries may occur as accident or homicide or suicide at home, school, workplace. In this paper, a rare penetrating trauma case that was injured with a nail gun and recovered without sequelae.

**Case:** From the history of a 23-year-old male patient who admitted to the emergency department with complaints of nail sticking in his head, it was learned that he had rubbed his head with nail gun while making repairs in the house and the gun had accidentally got fired and a nail had stuck in his head. The general status was good, the patient was conscious and cooperative, his vital signs were normal, and Glasgow Coma Scale was 15 points. The nail could not be seen on inspection of the scalp. A skull X-ray was performed. The nail was observed in right parietal area on direct x-ray. Cranial CT of the brain revealed the nail penetrating parietal region parenchyma. The patient was operated on the next day by neurosurgery department and foreign body excision was achieved.

**Conclusion:** Penetrating head injury except for gunshot wounds is very rare. Especially head bone structures are the most important barrier for these traumas. Nails can be removed by pulling in areas where the bone is thin, like the temporal region. However, removal of the nails is not always possible with this method in areas where the bone is thick like the parietal bone. Also the dura is opened before removal of the body, as the closed dura will not allow adequate control of the bleeding in the brain when the body is removed. Nail that stuck in parietal area of the brain was directly removed in this case. Following bleeding control and infection prophylaxis, no complication occurred in our patient.

**Keywords:** nail gun, penetrating, head trauma



PP 190

**Acute Liver Failure due to Rhinoceros horn**

*Nalan Kozacı, Arefe İmrek, Faruk Güngör, Ertan Ararat, İkbal Şaşmaz, Dilek Soydam Güven, Seçil Baran*

Antalya Research and Training Hospital, Department of Emergency Medicine

**Objective:** In this paper, we aimed to present a case who had used an herbal product for the treatment of sexual problems known as "Rhinoceros Horn" in the market and who developed acute liver failure.

**Case:** A 31-year-old male patient admitted to the emergency department with complaints of nausea and vomiting. It was learned that the patient had been taking a medicine known as "rhinoceros horn" one tablet every day for about three months and he had been suffering nausea and vomiting for the last 3-4 days. Patient's general condition was moderate, he was conscious and looking pale yellow, his vital signs were normal and his sclera was yellow at physical examination. Other systemic examinations were normal. In laboratory study; WBC:  $9 \times 10^3 / \text{mm}^3$ , Hb: 15.7, RBC:  $5.3 \times 10^6 / \text{mm}^3$ , platelet count:  $212 \times 10^3 / \text{mm}^3$ , AST: 1065 U/L, ALT: 2215 U / L, total bilirubin: 8.1mg / dL, direct bilirubin 4.77mg/dL, PTZ: 112 and INR: 3.7 were detected. With these findings, acute liver failure was diagnosed and hospitalization was recommended. However, the patient refused hospitalization and left on his own demand.

**Conclusion:** «Rhinoceros Horn Tablet», approved by Turkish Ministry of Food and Livestock, contains Saw Palmetto extract, Ferula communis extract, Ginkgo Biloba, Ginseng, Propolis, Pollen, Epimedium, Tribulus terrestris extract, Akgunluk, Maca zinc. Saw palmetto, Ferula communis (Ferulago Drudeana), Akgunluk (Gummi Olibanum), Tribulus terrestris are known to be aphrodisiac plants and increase sexual performance. Products prepared from each of these plants are sold as herbal medicines. But there is not enough research about side effects of these products on people. In a study on lambs, periaciner liver necrosis, periportal fibrosis and bile duct hyperplasia were detected in Tribulus terrestris plant-fed lambs. Liver damage may also be due to Tribulus terrestris or any other products in our patient.

**Keywords:** herbal treatment, acute liver failure, rhinoceros horn

PP 191

**The use of external pacing in calcium channel blocker intoxication: a case report**

*Nalan Kozacı, Faruk Güngör, Mustafa Keşaplı, Umut Cengiz Çakır, Asım Arı, İkbal Şaşmaz, Mümine Doruk*

Antalya Research and Training Hospital, Department of Emergency Medicine

**Objective:** In this paper, we also presented a case who developed atrioventricular block due to verapamil intoxication and who underwent external pacing in emergency department.

**Case:** A 40-year old female patient was brought to emergency department by 112 in a dead status. It was learned that she had been suffering from hypertension and she had taken verapamil / trandolapril tablets for suicidal purpose, and had called her relatives when she felt bad. Wide QRS complex rhythm was achieved at 5th minutes of cardiopulmonary resuscitation in the emergency department. External pace was applied when 32-beats/min. pulse was provided. 75 beats / min. cardiac rhythm was achieved with external pacing. At examination after resuscitation, there was no response to painful stimuli, pupils were isochoic and dilated, and reaction to light was present. There was no spontaneous breathing. Arterial blood pressure was 60/30 mmHg and pulse was 74 beats / min. Other systemic examinations were normal. Following Cardiology consultation, temporary placement of an internal pace was planned. Ventricular fibrillation developed immediately after installing the internal pace. Cardiopulmonary resuscitation was started again, but there was no response.

**Conclusion:** Myocardial depression, peripheral vasodilation, bradycardia and hypotension occur in life-threatening CCB poisoning. AV conduction abnormalities, idioventricular rhythm and complete heart block may develop. Treatment should be aimed at improving or maintaining cardiac output and vascular tone. For this purpose, atropine, calcium, insulin, glucagon, isoproterenol, dopamine, epinephrine, norepinephrine, phosphodiesterase inhibitors may be used. Trans-cutaneous and intravenous cardiac pacing is effective in patients with severe bradycardia and not responding to medication. Transcutaneous batteries are the most commonly used method in the emergency department as they are applied easily. They can be used up to implementation of temporary transvenous battery. In our case, external pacing was performed because of complete AV block and bradycardia. Adequate heart rate was achieved with external pacing.

**Keywords:** external pacing, calcium channel blocker, intoxication



## PP 192

**Detection of aortic aneurysm by bedside ultrasound who admitted to emergency department with atypical complaints**

*Nalan Kozacı, Faruk Güngör, Zeynep Aslı Kartal, Ali Haydar Akça, İkbal Şaşmaz, Mustafa Avcı, İsmail Atik*

Antalya Research and Training Hospital, Department of Emergency Medicine

**Objective:** In this paper, we aimed to present a case who admitted with back and pelvic pain and in whom a pulsatile mass was detected by abdominal palpation and an abdominal aortic aneurysm was diagnosed.

**Case:** A male patient admitted to the emergency department with complaints of back and pelvic pain and it was learned that these complaints had been present for 2-3 days and the pain had been radiating particularly to right leg. At examination of the patient in the emergency service; his general status was good, he was conscious and cooperative and his vital signs were stable. A pulsatile mass was detected by abdominal palpation. The right foot was cold and dorsal pedal pulse could not be felt. On bedside ultrasound, abdominal aorta aneurysm starting from lower pole of the right kidney to femoral arteries. Contrast-enhanced CT of the thorax-abdomen of the patient revealed 8.9 cm aortic aneurysm starting at the level of L2-L3 and continuing to L5. The patient was hospitalized for aneurysm surgery following consultation with cardiovascular surgery.

**Conclusion:** Aneurysms can cause different complaints. Aortic aneurysm diagnosis may cause different symptoms depending on developed pathology and can be confused with other diseases. Syncope, back pain, pelvic and abdominal pain, limb ischemia due to embolism of thrombus from ruptured aneurysm and shock may occur. On physical examination, a pulsatile mass in the abdomen, ecchymosis at periumbilical and flank region when ruptured and melena due to gastrointestinal bleeding when aorta enteric fistula develops can be detected. Aortic diameter can be assessed by bedside ultrasound imaging in the emergency department. Intravenous contrast material enhanced CT imaging can show anatomical details of the aneurysm and retroperitoneal bleeding.

**Keywords:** atypical complaints, aortic aneurysm, bedside ultrasound

## PP 193

**Acute atrial fibrillation due to the use of pseudoephedrine: a case report**

*Nalan Kozacı, Faruk Güngör, İkbal Şaşmaz, Umut Cengiz Çakır, Eda Dönertaş, Mümine Doruk, Ali Özdamar*

Antalya Research and Training Hospital, Department of Emergency Medicine

**Objective:** In this paper, we aimed to present a case of acute atrial fibrillation due to use of ibuprofen / pseudoephedrine tablet for common cold.

**Case:** A 16-year-old female patient admitted to the emergency department with complaints of palpitations. It was learned that she had been taking ibuprofen / pseudoephedrine tablets for a few days due to a common cold and palpitation had begun an hour before. Vital signs were as follows: pulse: 187 beats/min., BP: 110/70mmHg, T: 36.7 oC and O2 sat: 98%, respectively. Heart was arrhythmic tachycardic at physical examination, and other systemic examinations were normal. Atrial fibrillation with high ventricular response was detected on electrocardiogram. With normal ECHO, acute atrial fibrillation due to pseudoephedrine use is considered. 4 tablets of Propafenone (600mg) were given orally. Rhythm returned to sinus rhythm at 6th hours of follow-up. The patient was discharged home.

**Conclusion:** Pseudoephedrine shows its main side effect on cardiovascular system. Case reports were published regarding that it can lead to supraventricular arrhythmias, coronary artery spasm and myocardial infarction. In patients with acute AF, if it is shorter than 48 hours and clinical findings are stable, pharmacological cardioversion can be made due to risk of thromboembolism. Propafenone, amiodarone, flecainide and ibutilide can be used for this purpose. In our case, acute atrial fibrillation developed due to pseudoephedrine. Sinus rhythm was achieved with Propafenone. Doctors prescribing pseudoephedrine hydrochloride should keep possible serious side effects in mind and take into account the entire risk-benefit ratio.

**Keywords:** acute atrial fibrillation, pseudoephedrine, propafenone



PP 194

**When did brain tumors require an emergency operation?**

*Nalan Kozacı<sup>1</sup>, Mehmet Oğuzhan Ay<sup>2</sup>, Faruk Güngör<sup>1</sup>, Mustafa Keşaplı<sup>1</sup>, Ali Vefa Sayraç<sup>1</sup>, Can Akyol<sup>1</sup>, Umur Cengiz Çakır<sup>1</sup>*

<sup>1</sup>Antalya Research and Training Hospital, Department of Emergency Medicine

<sup>2</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine

**Objective:** In this paper, we presented a case who has been undergone an emergency operation according to status epilepticus due to a mass in the brain compressing to the right lateral ventricle.

**Case:** A 63 years old male patient who had a diagnosis of lung cancer was brought to our emergency department with complaints of paralysis and seizures by ambulance. We learned that paralysis has newly developed in the left side of the patient. Patient has undergone generalized tonic-clonic seizures. Intravenous 10mg diazepam was administered. Total 1000 mg of phenytoin was given by intravenous infusion. Convulsions were repeated after first hour of follow-up. In the control examination, pupillary of the patient were isochoric, midillate, and direct, indirect light reactions were absent, GKS: 6. We detected a metastatic mass in the right parietal region of the brain compressing to the right lateral ventricle by Brain MRI. The patient was consulted with brain surgery, and he had been undergone an emergency operation for mass excision and removal. The frequency of seizures has decreased after surgery.

**Conclusion:** Lung, breast, melanoma (skin cancer), colon and kidney cancers commonly spread to the brain. Approximately 10–20% of metastatic brain tumors arise as a single tumor and 80% as multiple tumors within the brain. The symptoms of a metastatic brain tumors are related to the location of the tumor within the brain. Headache and seizures are the most two common symptoms. One of the first treatments considered for metastatic brain tumors is tumor removal, or resection. Factors supporting surgery include a single tumor larger than 3 cm (the size of a small pearl), location outside of speech or motor related areas of the brain, and limited and/or somewhat stable disease in other parts of the body. Symptomatic tumors are more likely to be surgically removed.

**Keywords:** Brain tumor, emergency operation, status epilepticus

PP 195

**An uncommon fracture of forearm**

*Ibrahim Halil Toksul, Arefe Imak, Ramazan Güven, Faruk Güngör, Inan Beydilli, Mehmet Nuri Bozdemir, Omer Harun Sagnic*

Antalya Training and Research Hospital, Emergency Medicine, Antalya

**Objective:** A Monteggia fracture consists of a fracture of the ulna with ligamentous failure of the proximal radius resulting in dislocation of the radial head. Monteggia type I is anterior dislocation of the radial head with an associated ulnar diaphyseal fracture. These fractures are an uncommon class of forearm fractures. Monteggia type I may result from direct trauma, from a bending force as in hyperextension, or from forced hyperpronation. The most common mechanism is from forced hyperpronation due to a fall on the outstretched hand.

**Case:** A 8-year-old boy was brought to the emergency department by his mother because of a painful and deformed left forearm. After playing with his brother he had landed on his outstretched left hand. On examination, he was stable and the deformed arm was an isolated injury. He is neurovascularly intact. Lateral view of forearm radiograph revealed Monteggia type I fracture. The fractures were splinted.

**Conclusion:** Monteggia fracture dislocation equivalents are rare injuries and pre-surgery recognition by radiographs.

**Keywords:** fracture, forearm, uncommon



## PP 196

**A well-known cause of chest pain**

*Ramazan Güven<sup>1</sup>, Faruk Güngör<sup>1</sup>, Inan Beydilli<sup>1</sup>, Omer Kiraslan<sup>2</sup>, Vedat Kirpat<sup>1</sup>, Omer Harun Sagnic<sup>1</sup>, Asim An<sup>1</sup>*

<sup>1</sup>Antalya Training and Research Hospital, Emergency Medicine, Antalya

<sup>2</sup>Mardin State Hospital, Cardiology Department, Mardin

**Objective:** Primary spontaneous pneumothorax(PSP) is an abnormal accumulation of air in the space between the lungs and the thoracic cavity that can result in the partial or complete collapse of a lung. PSP typically occurs in tall, thin subjects. Other risk factors are male sex and cigarette smoking.

**Case:** A 32-year-old man patient was admitted to our emergency department with right-sided pleuritic chest pain. The patient's pain had started three days ago. He had no history of cough, fever and trauma. His medical history was unremarkable and had no history of smoking. Vital signs were stable. The breath sounds were decreased over right chest and on percussion was hyperresonance. Emergent posteroanterior (PA) chest radiograph revealed a complete pneumothorax of the right lung.

**Conclusion:** Spontaneous pneumothorax should always be considered in a young, tall, male patient who presents with sudden onset chest pain.

**Keywords:** pneumothorax, primary, spontaneous

## PP 197

**A Case Report: Complete Heart Block**

*Ramazan Güven<sup>1</sup>, Faruk Güngör<sup>1</sup>, Omer Kiraslan<sup>2</sup>, Inan Beydilli<sup>1</sup>, Mehmet Nuri Bozdemir<sup>1</sup>, Omer Harun Sagnic<sup>1</sup>, Ibrahim Halil Toksul<sup>1</sup>*

<sup>1</sup>Antalya Training and Research Hospital, Emergency Medicine, Antalya

<sup>2</sup>Mardin State Hospital, Cardiology Department, Mardin

**Objective:** Third-degree atrioventricular (AV) block (also referred to as complete heart block) is the complete dissociation of the atria and the ventricles. Third-degree heart block may represent with fatigue, dizziness, exercise intolerance, generalized weakness, syncope, or sudden death.

**Case:** A 56-year-old man without history of cardiovascular diseases was admitted to the emergency department with the complaints of syncope, dizziness and generalized fatigue. These complaints happening the last 1-2 weeks. He did not use any drugs or medication. On examination he was comfortable at rest. His pulse was 37 beats per min and her blood pressure was 110/70 mmHg. All other systems were normal. The patient's ECG revealed third degree AV block. The patient was admitted to the coronary care unit. A temporary pacemaker was inserted.

**Conclusion:** AV block should be considered one of the diagnoses in patients who presenting with dizziness or syncope.

**Keywords:** block, complete, heart



PP 198

**A Prospective Study: Is handheld micropower impulse radar technology (Pneumscan) a promising method to detect pneumothorax?**

*Hilal Hocağil<sup>1</sup>, Abdullah Cüneyt Hocağil<sup>2</sup>, Sinan Karacabey<sup>1</sup>, Gözde Şimşek<sup>1</sup>, Tuğba Akkaya<sup>3</sup>*

<sup>1</sup>Dr Lütfi Kırdar Kartal Training and Research Hospital

<sup>2</sup>Bülent Ecevit University, School of Medicine

<sup>3</sup>University at Albany-SUNY

**Objective:** The Pneumscan, using micropower impulse radar (MIR) technology has been recently introduced for rapid detection of Pneumothorax (PTX). In this study, we aimed to evaluate the effectiveness of this device on detection of PTX in emergency room settings.

**Materials-Methods:** Patients with a clinical suspicion for Pneumothorax and undergoing CT-scan were eligible for this study. Raedings with the MIR were performed by a person who had previously received an instructional tutorial. The Fisher's Exact test and Chi-square test has been used for comparison of the results of the MIR to the true disease state revealed by CT.

**Results:** 115 patients included in the study. 12 patients presented with PTX diagnosed by CT. 10 true positives, 36 true negatives, 67 false positives, and 2 false negatives have been detected by the MIR resulting in an overall specificity of 35.0% and sensitivity 83.3%. There was no significant difference between effectiveness of the MIR and CT on the detection of PTX ( $p=0.33$ ). No significant difference found between the size of PTX diagnosed by CT and diagnosed by the MIR ( $p=0.47$ ). For both hemithoraces, there was no significant difference of the effectiveness of MIR on the detection of the PTX (1.00).

Mean chest wall thickness for 10 true positives and 2 false negatives has been compared and no significant difference found between the chest wall thickness and the effectiveness of MIR on the detection of PTX ( $p=0.77$ ).

**Conclusion:** We investigated the effectiveness of the MIR on the detection of the PTX. Based on our findings, sensitivity to detect a PTX by the MIR was high however specificity was quite low. Further prospective study designs with higher case numbers might be needed to confirm our findings.

**Keywords:** Pneumscan, Pneumothorax, Rapid Detection

PP 199

**Time-dependent changes of hematological parameters in patients with acute organophosphate poisoning**

*Zerrin Defne Dundar<sup>1</sup>, Mehmet Ergin<sup>1</sup>, Basar Cander<sup>1</sup>, Nazire Belgin Akilli<sup>2</sup>, Ramazan Koylu<sup>2</sup>, Sadik Girisgin<sup>1</sup>*

<sup>1</sup>Emergency Medicine Department, Necmettin Erbakan University Meram Faculty of Medicine, Konya, Turkey

<sup>2</sup>Emergency Department, Konya Training and Research Hospital, Konya, Turkey

**Objective:** Organophosphates are widely used chemicals for killing a variety of pests and are extremely toxic for human beings. In this study, we investigated the prognostic value of the time-dependent changes of hematological parameters in patients with acute organophosphate poisoning.

**Materials-Methods:** All patients admitted to emergency departments from 2010 through 2013 due to organophosphate poisoning were enrolled in the study. Demographic data, route of exposure, serum cholinesterase levels, complete blood count results of 5 consecutive days, mechanical ventilation requirement, length of stay in hospital, and outcomes were recorded. Neutrophil-lymphocyte ratio and platelet-lymphocyte ratio were calculated using absolute neutrophil, lymphocyte and platelet counts. Time-dependent changes of hematological parameters in all patients with organophosphate poisoning were evaluated and then the same evaluation was performed between mechanically ventilated and non-ventilated patients.

**Results:** The mean age of patients was  $38.4 \pm 18.6$  and 30 (55.6%) of patients were male. Mechanically ventilated patients had higher leukocyte and neutrophil counts than non-ventilated patients during the whole follow-up period ( $p < 0.001$ , for both), and both of them had a trend of decrease in both patient groups ( $p < 0.001$ , for both). There was no difference between patient groups in terms of lymphocyte counts at day 1 ( $p = 0.511$ ), but mechanically ventilated patients had lower lymphocyte counts than non-ventilated patients after day 2 (for day 2,  $p = 0.009$ ; for days 3 and 4,  $p < 0.001$ ). Hemoglobin levels had a trend of decrease during the whole follow-up period in both patient groups ( $p = 0.006$  and  $p < 0.001$ ).

**Conclusion:** The parameters obtained from complete blood count can be used as sensitive follow-up parameters in patients with acute organophosphate poisoning by serial measurement.

**Keywords:** organophosphate, poisoning, leukocytosis, neutrophil-lymphocyte ratio



PP 200

**Floating Lung In The Water Due To Liver Diseases; Hepatopulmonary Syndrome**

*Volkan Ulker<sup>1</sup>, Sema Una<sup>1</sup>, Nuri Hakan Yildirim<sup>1</sup>, Murat Turk<sup>2</sup>, Pinar Yildiz<sup>3</sup>, Fikret Bildik<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Faculty of Medicine, Gazi University, Ankara, Turkey

<sup>2</sup>Department of Pulmonology, Faculty of Medicine, Gazi University, Ankara, Turkey

<sup>3</sup>Department of Infectious Diseases, Faculty of Medicine, Gazi University, Ankara, Turkey

**Objective:** Advanced cirrhosis and portal hypertension are associated with respiratory failure and hypoxemia by various mechanisms. Seventy percent of patients with end stage liver disease undergoing evaluation for liver transplantation complain of dyspnea. Coexisting deconditioning, tense ascites / hydrothorax and muscle wasting often contribute to respiratory failure in this population. Hepatopulmonary syndrome is defined by the triad of a widened age corrected alveolar arterial oxygen gradient (more than 15–20mmHg) while breathing room air, the presence of liver disease and/or portal hypertension, and evidence for intrapulmonary vascular dilatation. In this case presentation; we presented a 84 years old woman admitted to our emergency medicine unit from nursing home for complaint of fever, dyspnea and abdominal pain about one month. We diagnosed a pneumosepsis, pulmonary congestion and septic shock.

**Case:** We presented the case of a 84 year old woman was admitted to our emergency medicine unit for complaint of fever, dyspnea and abdominal pain about one month. She had Hepatitis C Virus related Hepatocellular Carcinoma, liver cirrhosis, esophagus varices and portal hipertansif gastropathy. She has tachycardia, tachypnea, bilateral secretory rales, minimal epigastric pain, drowsiness and limited cooperation. According to her aspiration history, lung radiography and inflammatory markers we took antibiotherapy. Although beginning of inotropic, bronchodilator, corticosteroids and antibiotics, she became comatose. She took cefepime and clarithromycine because she had took ciprofloksacin for two weeks. After she consulted to pulmonology, infectious diseases and intensive care unit she had cardiac arrest. She had intubated and came back. Cranial tomography came normal. After two days under inotropic drugs and monitorization she became a hypotensive and bradycardic. Although made a resuscitative procedures he became cardiac arrest again. Defibrillation and epinephrine management made but she didn't give any response and died

**Conclusion:** At the end stage of liver diseases we can see pulmonary problems like hepatopulmonary embolism, portopulmonary hypertension and hepatic hydrothorax. According to cirrhotic level of liver, conservative treatment policies don't enough to survive patient. For management of these patients we can think liver transplantation, transjugular intrahepatic portosystemic shunt and spring coil embolization for intrapulmonary vascular dilatations.

**Keywords:** cirrhosis, hepatopulmonary syndrome, nursing home patient, pulmonary congestion, septic shock

PP 201

**Abusing cold medications, a case of thrombocytopenia due to paracetamol and propyphenazone intake**

*Can Özen, Serhad Ömercioğlu, Erhan Altunbaş, Serkan Emre Eroğlu, Kerem Ali Kabaroğlu, Özge Onur, Haldun Akoğlu, Arzu Denizbaş*

Department of Emergency Medicine, Marmara University Pendik Research and Training Hospital, Istanbul, Turkey

**Objective:** Upper respiratory system infections are upon the most common causes of workforce and productivity loss. To be more effective, cold medications usually contain some active substances with sympathomimetic effects. Proper dosage of these drugs has little side effects but abusing them can cause life threatening consequences. In our case we would like to present a patient who tried to commit suicide by intaking paracetamol and propyphenazone, and had deep thrombocytopenia because of it. Our purpose is to underline some not so rare side effects of commonly used drugs.

**Case:** 22 years old male patient was found unconscious next to a highway. Paramedics found two empty blisters of a drug which contains 250 mg of paracetamol, 150 mg of propyphenazone and 50 mg of caffeine with him. When presented in emergency room the patient was conscious with stable vital signs and admitted trying to commit suicide by intaking those drugs. Patients history revealed no prior illnesses. All laboratory tests were normal except his platelet levels, which were 29.000/uL (normal range: 150 – 400 10<sup>3</sup>/uL). Patient was admitted for work up. No other causes of thrombocytopenia were identified and his condition was thought to be related to paracetamol and propifenazone use. During his admission no sign of bleeding was recorded. Platelet levels were back to normal after 8 hours. Patient was consulted with psychiatry and discharged with no complications.

**Conclusion:** Paracetamol and propyfenazone make up a commonly used combination for cold medications. There are some studies showing complications including thrombocytopenia due to this combination even in therapeutic range. Since cold medications are widely used even without prescription during winter season, all physicians should be aware of possible side effects. Considering these side effects can be time saving and cost effective in emergency department.

**Keywords:** Paracetamol, Propyphenazone, Thrombocytopenia



PP 202

**A workplace accident: paraparesis and respiratory failure due to fracture of C2 vertebra**

Can Özen, Erhan Altunbaş, *Serhad Ömercikoğlu*, Serkan Emre Eroğlu, Kerem Ali Kabaroglu, Özge Onur, Haldun Kaoğlu, Arzu Denizbaşı

Department of Emergency Medicine, Marmara University Pendik Research and Training Hospital, Istanbul, Turkey

**Objective:** Workplace accidents are common in Turkey. A wide range from minor injuries to fatal accidents can be observed. One of the most important consequences of these accidents are disability. Therefore all necessary measures should be taken in order to prevent these accidents. In our case, we present a young patient who got his head stuck between a lift and a shelf in a hyperflexion posture, got saved carried by his coworkers without proper precautions for spinal trauma and received a disabling injury

**Case:** 20 years old male patient was brought to emergency room by his coworkers, who found him stuck between a shelf and a lift. His neck was in hyperflexion and had received blunt trauma. The patient was rescued by his coworkers and carried away without proper equipment for spinal trauma. When he presented his Glasgow Coma Scale was 5 (E1V1M3) and had shallow breathing. He had contusions and abrasions on the anterior side of his neck. Pain response, deep tendon reflexes and anal tone were weak. Ph was 7.054, PCO<sub>2</sub> was 108 mmHg in venous blood gas analysis He was intubated and CT scans are obtained. CT revealed fragmented fracture in transverse process of Axis and spinal cord was compressed from C2 level. Patient was consulted with Neurosurgery. Operations was not planned. He was transferred to an intensive care unit.

**Conclusion:** Spinal trauma is common among accidents in the workplace and can cause deadly injuries as well as serious disability. Patients who are suspected to have spinal injury should be carried and treated by professionals according to ATLS guidelines. Workplace safety rules should be followed at all times to avoid these accidents. As it happened in our case, avoiding security precautions and ATLS rules can lead to disability and death.

**Keywords:** Paraparesis, Workplace accident, Spinal trauma

PP 203

**A Difficult Intensive Care Follow Up; A Thirteen Years Old Suicide By Hanging**

İsa Yıldız<sup>1</sup>, Esmâ Söylemez<sup>1</sup>, Hüsnâ Karadayı<sup>2</sup>, *Mansur Kürsad Erkuran*<sup>3</sup>

<sup>1</sup>Union of Public Hospitals Muş State Hospital Anesthesiology and Reanimation Clinic, Muş, TURKEY

<sup>2</sup>Union of Public Hospitals Muş State Hospital Psychiatry Clinic, Muş, TURKEY

<sup>3</sup>Abant İzzet Baysal University Medical School, Department of Emergency Medicine, Bolu, TURKEY

**Objective:** Suicide is a global public health problem which is a damage to oneself and social environment. In this presentation, we aimed to provide a thirteen year old suicide case of hanging by accompanying literature.

**Case:** A thirteen-year-old-girl was found hanged by her family and was brought to the emergency department. The patient had cardiac arrest and was performed cardiopulmonary resuscitation. After the cardiac rhythm, the patient was adopted to intensive care for monitoring and treatment. According to the initial assessment of emergency intubated, the GCS 3, arterial blood pressure: 91/63 mmHg, heart rate: 112/min, pupillary miotic and there was a rope mark around her neck. Arterial blood gases, pH 7.12, PaO<sub>2</sub>: 76 mmHg, PaCO<sub>2</sub>: 55 mmHg, HCO<sub>3</sub>: 17.9 mmol / L, SpO<sub>2</sub> 89% was detected Follow-up on the 5th day, the patient died of cardiac arrest.

**Conclusion:** Suicide is the end of one's own life voluntarily. The suicide rate is higher for girls and increasing at younger ages in recent years. In our country, hanging, drugs, cutting drilling tools, drowning, jumping from a high point and firearm are the most commonly used methods. Blockage in the veins of the respiratory tract and neck, reflex cardiac arrest caused by stimulation of receptors in the neck and lesions of the spinal cord are cause of death in hanging. Ligature mark is a fixed mark that is related to hanging rope on the neck. Our patient hanged herself by a rope in cowshed and around her neck ligature mark appeared. In the control tests of any lesions except ligature mark were observed and we identified hypoxia and reflex alert as the cause of cardiac arrest.

Consequently, we wanted to emphasize that in suicidal hanging cases cardiac arrest without a fracture may be encountered.

**Keywords:** suicide, hanged, airway



## PP 204

**Nail Penetrating into Thorax**

*Mehmet Tatli, Alparslan Mutlu, Çağrı Kokkoz, Özlem Güneysel*

Dr.Lütfi Kırdar Kartal Eğitim ve Araştırma Hastanesi, Acil Tıp Kliniği, İstanbul

**Objective:** Lots of traumas are seen in buildings. Some of them are dangerous. We aimed to explain a nail chest trauma of a worker discharged without complication.

**Case:** 45 years old male building worker fell down in the building and a nail had entered into his thorax anteriorly. He brought to emergency service with a 10 cm nail into thorax anteriorly. His vitals were stable. His chief complaint was pain in the place nail entered. In his physical examination he had a nail penetrating into left 4.intercostal space. His breath sounds and cardiac sounds were totally normal. A chest computerized tomography was taken. Nail was seen nearby heart in the lung without pneumothorax. Patient had taken to the operating room. The nail had removed without any complication. Nail wound were sutured. Patient admitted and control computerized tomography was taken. Patient discharged after 48 hours follow-up.

**Conclusion:** Everyday building workers are coming to emergency with accidents in building.

Nail injuries are mostly dangerous and has morbidity and mortality. Emergency medicine specialists should be ready for nail injuries.

**Keywords:** nail, thorax, trauma

## PP 205

**Mad Honey Poisoning**

*Yavuz Otal, İshak Şan, Tuğba Atmaca Temrel, Gül Pamukçu Günaydin, Alp Şener, Selçuk Coşkun*

Ataturk training and research hospital, Emergency Department, Ankara

**Objective:** Honey produced by bees fed plants in genus *Rhododendron* containing grayanotoxin, mad honey among the people in our country, the amount of honey or honey is known to be painful. After the defeat of the honey can cause life-threatening bradyarrhythmias and hypotension. In this article we have taken the patient's electrocardiogram emergency department complaining of syncope have detected sinus bradycardia in ECG. Detailed history was taken, honey, eat breakfast and then we learned we presented a case before fainting.

**Case:** 45 year old male patient was brought to the emergency department with loss of consciousness in the morning. he has dizziness, but consciousness was clear when he comes to ER. 32/dk examination of the heart rate and sinus bradycardia is present, the blood pressure of 70/35 mm / Hg (Figure 1). Hypertension history, we have learned that the case had no history of drug use to reduce the heart rate. On to say that eating honey for breakfast in the morning thinking that the current table, mad honey poisoning in the follow-up observation continued to monitor emergency services. 1 mg of intravenous atropine was meanwhile. Then they have completely returned to normal ECG. After 5 h, again giving bradycardia therapy was continued on the development of more 1 mg atropine. If the heart rate and blood pressure decrease in the hours after the case was not discharged from the emergency department with healing.

**Conclusion:** As a result, dizziness, syncope, gastrointestinal symptoms and signs, the applicant without a history of cardiovascular disease in patients with symptomatic bradyarrhythmias or hypotension has been determined, the possibility should also be considered in the etiology mad honey poisoning.

**Keywords:** mad honey, bradyarrhythmias, hypotension



PP 206

**If Inferior Myocardial Infarction Switches to Anterior**

*Nursah Basol<sup>1</sup>, Asli Yasemen Savas<sup>1</sup>, Fatih Altunkas<sup>2</sup>, Halil Ibrahim Damar<sup>2</sup>, Murat Ayan<sup>1</sup>, Mehmet Esen<sup>1</sup>, Serhat Karaman<sup>1</sup>*

<sup>1</sup>Gaziosmanpasa University, Faculty of Medicine, Department of Emergency Medicine

<sup>2</sup>Gaziosmanpasa University, Faculty of Medicine, Department of Cardiology

**Objective:** Myocardial infarction (MI) is destruction of heart tissue resulting in necrosis of myocardial muscle due to occlusion or obstruction of the coronary arteries. Diagnostic features of MI are clinical findings, laboratory tests and electrocardiography (ECG) usually referring the localization of the occluded vessel.

**Case:** 67-year old man without known any cardiac history, admitted to the emergency department with chest and left arm pain. He had primer hypertension for three years and he was taking an anti-hypertensive agent. His blood pressure was 130/80 mmHg, pulse rate was 87 bpm. There were ST segment elevations in D2, D3 and AVF derivations in his first standart 12 lead ECG taken (figure 1) and he was consulted to cardiology clinic as Inferior MI. His troponin and CK-MB level were 8400ng/mL (0-100) and 102.6 (0-5) respectively. In his second ECG, ST segment elevations were seen between in V1 and V6 derivations and there were reciprocal ST segment depressions in D2, D3 and AVF derivations (figure 2). He was taken to anjiography, wrap around LAD occlusion in distal and semi-revascularization was detected. There were also occlusions in osteal region in LAD and %30 occlusion in circumflex artery (CX). Cardiac stent was applied to LAD and he was taken to coronary care until his discharge with recovery.

**Conclusion:** Rarely, in some cases, LAD wraps around LV (left ventricular) apex and travels some distance in the posterior inter-ventricular groove. In case LAD wraps around the LV apex, anterior MI due to LAD occlusions may show changes in inferior leads (Antero Inferior MI) due to its occlusion and immediate revascularization in distal. Thus, two different types of ECG findings may be obtained ranging from inferior to anterior MI.

**Keywords:** anterior MI, inferior MI, LAD wrap

PP 207

**A young female patient with pulmonary embolism and pneumothorax**

*Yavuz Otal, Eyüp Karaoğlu, Bülent Demir, Ferhat İçme, F.güllü Haydar Ercan, Gülhan Kurtoğlu Çelik*

Ataturk training and research hospital, Emergency Department, Ankara

**Objective:** Cases of pulmonary embolism and pneumothorax, which causes chest pain in emergency departments who faced and must be considered in the differential diagnosis of conditions.

**Case:** 27 year old female patient with sudden onset of the morning, and the outer side of the lower left chest pain in the emergency department with chest was jabbing style. The pain is constant and does not change movement known chronic illness, the patient was referred to. Vital signs were normal. PA chest radiograph was not obvious pathology. ECG were normal. Anamnesis of outpatients with a history of drug use, smoking and oral contraceptive. Blood count, biochemical tests and the level of d-dimer were measured. D-dimer level was 2900 ng / ml (0-500). Contrast chest CT was planned. Taken from both the IT and the left lung was evident thrombus in the pulmonary arteries (Figure 1-2-3). In the meantime, the patient well's score and the corrected geneva score been having low-risk group. Echocardiography was performed in order to evaluate the patient cardiac function PAB 30 mm Hg, the upper limit of the size of the right ventricular, EF was found to be 65%. The patient was treated with low molecular weight heparin. Thrombolytic therapy is not indicated for treatment of patients admitted to the service in order to more.

**Conclusion:** The correct diagnosis in emergency department patients with chest pain is of vital importance. Groups with risk of pulmonary embolism and pneumothorax can be seen in outpatients should be considered in young patients.

**Keywords:** young patient, pneumothorax, pulmoner embolism



## PP 208

**Neuroleptic malignant syndrome and first dantrolen experience**

Mehmet Tatli, *Gökhan Eyupoğlu*, Hilal Hocagil, Burak Bayır, Özlem Güneysel

Dr.Lütfi Kırdar Kartal Eğitim ve Araştırma Hastanesi, Acil Tıp Kliniği, İstanbul

**Objective:** Neuroleptic malignant syndrome (NMS) is a life threatening neurologic emergency associated with the use of neuroleptic agents and characterized by a distinctive clinical syndrome of mental status change, rigidity, fever, and dysautonomia. We aimed to explain a neuroleptic malignant syndrome case which we use dantrolene in emergency department.

**Case:** 40 years old mentally retarded woman had brought to our emergency department by 3 days of not overwhelmed fever from another hospital to refer further evaluation and treatment. Patient had sequelae of meningitis when she had born. Patient was on therapy of mirtazapine 30 mg, biperiden 5mg, chlorpromazine 100mg, carbamazepine 400 mg for several years. When she arrived to the emergency department her vitals were; blood pressure 120/70 mm/hg, pulse 107/minute, body temperature 39.8Co. She was confused, non-cooperated and agitated. In her physical examination; oropharynx was normal, respiratory system examination was normal. She had abdominal tenderness and rigidity in her extremities. Her fever was unexplained yet, and she got iv paracetamol and ceftriaxone but her fever had not respond to this therapy. In her laboratory studies WBC; 11500/mm<sup>3</sup>, neutrophil percent %63, hemoglobin was 13,4, AST 504 U/l and ALT was 164 U/l, CRP 5.57mg/dl, sedimentation 6, urinalysis normal, viral serology was all negative, Her chest x-ray was normal, and she had any findings could explain fever in abdominal ultrasound. A blood creatine-kinase level had studied, and it was 45,780 U/l. Neuroleptic malignant syndrome had suspected and bromocriptine and dantrolene therapy had started, after four days of follow up patient was discharged from the emergency department.

**Conclusion:** Mostly dantrolene like drugs are not used in emergency. This was our first case that we had used dantrolene in the emergency. Emergency physicians should be alert to diagnosis neuroleptic malignant syndrome and should know how to treat.

**Keywords:** neuroleptic malignant syndrome, dantrolene, emergency

## PP 209

**Retrospective analysis of the patients who admitted to the intensive care unit from an Emergency Department**

Şerife Özding<sup>1</sup>, Nazlı Şensoy<sup>2</sup>, Elif Doğan Bakır<sup>3</sup>, Gürhan Öz<sup>4</sup>, Sena Memnune Ulu<sup>5</sup>

<sup>1</sup>Afyon Kocatepe University, Medical Faculty, Emergency Medicine Department, Afyonkarahisar

<sup>2</sup>Afyon Kocatepe University, Medical Faculty, Family Medicine Department, Afyonkarahisar

<sup>3</sup>Afyon Kocatepe University, Medical Faculty, Anesthesiology Department, Afyonkarahisar

<sup>4</sup>Afyon Kocatepe University, Medical Faculty, Thoracic Surgery Department, Afyonkarahisar

<sup>5</sup>Afyon Kocatepe University, Medical Faculty, Internal Medicine Department, Afyonkarahisar

**Objective:** An intensive care unit (ICU) has an important role for the following-up patients who admitted to the emergency room. The patients who receive diagnoses, hospitalization time during the emergency room and outgoing effort are variable. The aim of the study is to determine profile of the patients who admitted to the intensive care unit (ICU) from the Emergency Department.

**Materials-Methods:** A retrospective 2- years follow up archive data analysis from the Afyon Kocatepe University hospital Emergency Service, retrospectively. The data of 234 patients were obtained by computer records and daily patient charts. The age, gender, diagnoses, duration of hospitalization, organ failure, cardiopulmonary resuscitation were recorded. The data were evaluated with the SPSS 18.0 package software. Descriptive statistics (percentage, mean, standard deviation) were used for the statistical analysis

**Results:** Of the 234 patients, 132 (56.8%) were males, 101 (43.2%) were females, and also 58.1% (n = 136) were upper of 60 years old. The most frequent diagnosis of the patients were 22.6% (n = 53) as poisoning, 18.8% (n = 44) of them were acute coronary syndrome, and 19.2% (n = 45) of them were cerebro-vascular event. The patients suffered from heart failure (2.1%; n = 5), renal insufficiency (3.4%; n = 8) and respiratory failure (29.1%; n=68), respectively. Cardiopulmonary resuscitation were performed to 14.1% of the patients (n=33). 15.2% (n = 57) of the patients were hospitalized at ICU within the first 15 minutes after admitted the emergency room. The patients with acute coronary syndrome were hospitalized within the first 15 minutes.

**Conclusion:** The patients who admitted to the emergency department transferred immediately to the intensive care unit after stabilization.

**Keywords:** emergency room, intensive care unit, the patient profile



PP 210

**Accidental poisoning with *Datura stramonium* in a 7-year-old child**

*Engin Demir<sup>1</sup>, Niliden Tuýgun<sup>2</sup>, Halise Akça<sup>2</sup>, Can Demir Karacan<sup>2</sup>, Emine Polat<sup>1</sup>*

<sup>1</sup>Dr. Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Pediatrics, Ankara

<sup>2</sup>Dr. Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Department of Pediatric Emergency Medicine, Ankara

**Objective:** *Datura stramonium* is a wild growing and hallucinogenic plant. It contains a variety of toxic anticholinergic alkaloids such as atropine, hyoscyamine, and scopolamine. Voluntary or accidental ingestion can produce severe anticholinergic poisoning, particularly mydriasis and hallucinations. Because of its easily accessible especially in rural areas and the absence of any specific legislation makes *D. stramonium* a tempting alternative to other psychoactive substances. Thus, it is extremely important to be able to recognize its symptoms so as to be able to diagnose any signs of intoxication properly.

**Case:** We present a 7 year-old boy brought to pediatric emergency room by her parents for altered consciousness, occurring within the hour following accidental ingestion of *Datura stramonium*. Two of his siblings were also learned to have admitted to other hospitals with similar symptoms. Initial examination revealed delirium and excitation with dilated sluggish pupils, sinus tachycardia (heart rate 184 beats/min), dry mouth and flushing. Gastric decontamination with nasogastric lavage and activated charcoal via a gastric tube was rapidly performed after admission. Mental status improved after eight hours during the supported treatment with intravenous fluids, and he was discharged on the 24th hour of his ingestion.

**Conclusion:** *Datura stramonium* is a wild-growing herb known as Jimson weed. It also has several slang names; in Turkey it is called as 'Şeytan elması'. Here we reported a clinical syndrome after ingestion of *Datura Stramonium*. It should be suspected when patient present with altered mental state and anticholinergic side effects such as hallucinations, confusion, euphoria, pupillary dilatation, flushing, dry mouth, and tachycardia. Supportive care, removal of substance with gastric lavage or with charcoal, symptomatic treatment of convulsions and cardiac manifestation are the main point of the management. Physicians, who work in emergency services, should be aware of *Datura stramonium* intoxication often associated with anticholinergic side effect.

**Keywords:** childhood, *Datura stramonium*, poisoning

PP 211

**Loss of consciousness of unknown cause: a case of excessive intake of Amitriptillin**

*Yavuz Ota<sup>1</sup>, Işak Şan<sup>1</sup>, Ahmet Fatih Kahraman<sup>1</sup>, Havva Şahin Kavaklı<sup>2</sup>, Selma Mine Kara<sup>1</sup>, Yücel Yüzbaşıoğlu<sup>1</sup>*

<sup>1</sup>Ataturk training and research hospital, Emergency Department, Ankara

<sup>2</sup>Yıldırım Beyazıt University, Medicine of School, Emergency Department, Ankara

**Objective:** Tricyclic antidepressant drugs(TCA), severe poisoning can result in death from occurring. A large number of deaths occur in the first several hours after ingestion. Therefore, the first approach is gaining importance in emergency. In the emergency department interventions significantly reduced the mortality rate is applied correctly. Our aim is that the tricyclic antidepressant poisoning us the importance of early intervention and proper treatment of these cases applied to the full be cured as to emphasize.

**Case:** 16 year-old woman has been noticed by people around lies dormant in the street in the evening and was brought to the emergency department with a taxi. Examination of the patient with a very deep sleep state when it comes to BP: 110/70 mmHg, heart rate: 120 / min, respiration: 24/dk, Fire: 36.4 C, respectively. A cause of loss of consciousness in order to exclude intracranial brain CT taken. Result normal. Routine blood tests showed no abnormality. Blood gas analysis was normal. Sinus tachycardia was present at ECG. When accessing the detailed information of the patient's mother learned that the use of antidepressant medications. TCA panel studied the patient's urine toxicology test was positive. TCA was considered as excess intake of the patient in intensive care. 3days after full recovery and was discharged with.

**Conclusion:** In cases of severe poisoning with tricyclic antidepressants in clinical interventions implemented in the first mortality rate was significantly reduced in the emergency department. Persists for a long time may increase mortality in severe metabolic acidosis, and hypotension. Hemodialysis and hemoperfusion in applications that are subject to a controversial situation should be considered for severe cases. In addition, all hospitalized cases of symptomatic, asymptomatic ones should be kept under observation for at least 6 hours.

**Keywords:** tricyclic antidepressant, emergency services, loss of consciousness



## PP 212

**Ruptured Abdominal Aortic Aneurysm**

Yasin Metiner, Serdar Özdemir, Özlem Küsgen, Mehmet Akçimen, Rasim Yorulmaz, Tuba Cimilli Öztürk, Özge Ecmel Onur

Emergency Medicine, Istanbul Fatih Sultan Mehmet Education And Research Hospital, Istanbul, Turkey

**Objective:** The diameter of the normal adult infrarenal aorta is approximately 2 cm, and the diameter of 3 cm or more defines an abdominal aortic aneurysm. Symptomatic abdominal aortic aneurysms may present with a variety of signs or symptoms. Here we are presenting a patient who suffered from abdominal pain and had an abdominal aortic aneurysm that progressed to rupture and cardiac arrest in emergency room.

**Case:** A 76-year-old male patient complaining of epigastric pain for two days admitted to emergency room. His vital signs were normal and past medical history revealed nothing special. There was diffuse tenderness on abdomen prominent at epigastric and upper quadrants. The physical examination was otherwise normal. Routine blood tests were all normal. Symptomatic treatment with iv opioid and proton pump inhibitor were given initially and then he was sent for radiological examination. Computed tomography revealed an 75mm abdominal aortic aneurysm with a 40 mm diameter thrombus in the center. There was also hyperdense fluid collection at perianeurismatic region in the abdominal and retroperitoneal cavity. The diagnosis was ruptured abdominal aortic aneurysm. Immediate fluid resuscitation and transfusions started. Cardiovascular surgery consultation was done. Just before the transportation of the patient to operation room hypovolemic shock and cardiac arrest developed. Two minutes of CPR applied and then the rhythm was returned to normal. He was hemodynamically stable before transferring to operation room. Urgent surgery applied and the patient recovered well thereafter.

**Conclusion:** Ruptured abdominal aortic aneurysm is an important clinical condition with a high mortality and morbidity rates despite the novel technological development. As in our case, ruptured aneurysm may be subtle initially and patients may deteriorate rapidly. Early evaluation with computed tomography scan and aggressive fluid resuscitation is critical. Urgent operation will reduce the mortality rates even with cardiac arrest.

**Keywords:** Ruptured abdominal aortic aneurysm, cardiac arrest, emergency room

## PP 213

**Pulmonary embolism in a young man: Case Report**

Kamil Tünay<sup>1</sup>, Okay Demirkan<sup>1</sup>, Oya Oruç<sup>1</sup>, Talip Çevik<sup>2</sup>, Havva Tünay<sup>3</sup>

<sup>1</sup>Department of Emergency Medicine, Afyon Kocatepe University of Medical School, Afyonkarahisar, Turkey

<sup>2</sup>Department of Emergency Medicine, Afyonkarahisar State Hospital, Afyonkarahisar, Turkey

<sup>3</sup>Department of Infectious Diseases and Clinical Microbiology, Afyonkarahisar State Hospital, Afyonkarahisar, Turkey

**Objective:** Pulmonary embolism (PE) is a common and potentially lethal condition. Most patients who succumb to PE do so within the first few hours of the event. PE is rare in young people. Here we presented a case of a young patient only with a backache and dyspnea induced by PE.

**Case:** A 20-year-old male presented complaining of backache and dyspnea since this morning to the emergency department. The patient was discharged from the hospital a week ago after orthopedic surgery. On examination, the blood pressure was 90/50mmHg, pulse rate 134/minute, respiration rate 32/minute. The heart examination was normal except tachycardia. Pulmonary breath sounds were lowered in the right and left middle portion of hemitorax. The laboratory tests on admission revealed hemoglobin of 10.3 g/dl, hematocrit of 22.9%, platelet count of 121/mm<sup>3</sup>, pO<sub>2</sub> of 56.4 mmHg, pCO<sub>2</sub> of 25 mmHg, SO<sub>2</sub> of 89%, pH of 7.51, D-dimer of 1.2 mg/l, prothrombin time of 15 second, INR of 1.4, active partial thromboplastin time of 27 second. The chest X-ray findings were in normal range. The electrocardiogram revealed sinus tachycardia. The spiral computerized tomography (CT) of the lungs revealed alveolar opacity and linear atelectasis in the right and left middle area infarction. There were filling defects which are thought as embolus in the both right and left pulmonary artery (Figure 1). At the emergency department, we administered inotropics, normal saline, oxygen, aspirin and heparin. The patient was accepted with the diagnosis of PE to the chest diseases clinic.

**Conclusion:** PE is rare in young patients but should be considered. Often it is difficult to distinguish the vague symptoms of PE from other diagnoses. The mortality and recurrence rates for undiagnosed and untreated PE are approximately 26% to 30%. Historical clues and risk factors should raise the clinician's suspicion in this age group.

**Keywords:** Pulmonary embolism, young adult, dyspnea



PP 214

**Atypical Presentations of Aortic Dissections: A Case Series**

*Hüseyin Çebiçci<sup>1</sup>, Ömer Salt<sup>2</sup>, Şükür Gürbüz<sup>1</sup>, Serhat Koyuncu<sup>1</sup>, Oğuzhan Bol<sup>1</sup>*

<sup>1</sup>Kayseri Training and Research Hospital, Department of Emergency Medicine

<sup>2</sup>Yozgat State Hospital, Department of Emergency Medicine

**Objective:** Clinical presentations of Aortic Dissection(AD) can be so varied and atypical that one begins to question whether there is atypical presentation to AD. Statistics show that painless AD occurs approximately 5%–15% of the time. This study aims to explore the atypical presentations of the acute aortic dissections (AAD) among the patients who admitted to Emergency Department (ED). Compared with patients with more typical symptoms of AD, patients with painless or atypical presentations have higher mortality rates, especially when the AD is Type B (10). The clinical presentation of an AD may at times be primarily abdominal and/or retroperitoneal discomfort and/or pain (1).

**Materials-Methods:** This is a single centre retrospective review conducted over a 3-year period (April 2010 to April 2013). Records with a diagnosis of "dissection of aorta" (International Classification of Diseases, Tenth Revision code I71.0) from the hospital discharge database and hospital death register were selected.

**Results:** A total of 43 patients were included in the analysis during the study period, of which 8 (18.6%) had a atypical presentation. In our study we have found that the rate of atypical presentation rate of aortic dissection was higher than literature. This rate enhances the importance of considering aortic dissection in the differential diagnosis of the patients who admitted to ED with atypical symptoms.

**Conclusion:** Acute aortic dissection is uncommon, but complications develop rapidly and the outcome is often fatal. Even though we have often been taught to associate this condition with the classical chest pain syndrome, in reality the clinical manifestations are diverse and what were previously considered to be classical symptoms and signs are often absent. And Emergency physicians must always consider the differential diagnosis of aortic dissection with atypical presentations.

**Keywords:** aortic, dissection, atypical

PP 215

**A Prospective Study of Kounis Syndrome: Clinical Experience and Cardiac Magnetic Resonance Imaging Findings for 21 Patients**

*Ayhan Aköz<sup>1</sup>, Halil Ibrahim Tanboga<sup>2</sup>, Mucahit Emet<sup>1</sup>, Atif Bayramoglu<sup>1</sup>, Yesim Kizrak<sup>3</sup>, Mecit Kantarcı<sup>3</sup>, Sahin Aslan<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of Emergency Medicine

<sup>2</sup>Ataturk University Medical Faculty Department of Cardiology

<sup>3</sup>Ataturk University Medical Faculty Department of Radiology

**Objective:** Thus far, there are only case reports about allergic angina (Kounis Syndrome, KS). Neither incidence nor imaging findings have been reported. To determine the incidence of KS and evaluate the role of cardiac magnetic resonance imaging (CMRI) in detecting KS among allergy patients in the emergency department (ED).

**Materials-Methods:** The study population included >18-year-old patients with KS. Detection of pathologies on at least one of the electrocardiogram (ECG), cardiac enzyme, or CMRI tests was identified as the criterion for KS. As part of the CMRI procedure, T2-weighted imaging, early gadolinium enhancement, and late gadolinium enhancement were performed.

**Results:** Incidences of KS in all admissions and among allergy patients were 19.4 per 100 000 and 3.4%, respectively. The most common etiology was the use of medications (81%). Of the patients, 47.6% described palpitations, 71.4% chest pressure, 52.4% shortness of breath, and 14.3% syncope. Examinations showed that 76.2% of the patients had hives, 47.6% oedema of the uvula, 24% angioneurotic oedema, and 19% hypotension. CMRI showed early-stage subendocardial contrast involvement and oedema in T2-weighted images in all patients, pericardial effusion in 28.6%, and hypokinesis in the contrast involvement site in 38.1%. The ECG results for 4 patients (19.1%) were normal, and only 4 patients had a high troponin level.

**Conclusion:** These patients almost always present with reversible changes in the CMRI. The left ventricular lateral wall and the septal region of the heart are particularly sensitive to KS according to the CMRI findings.

**Keywords:** Kounis Syndrome, angioneurotic oedema, acute coronary syndrome, cardiac magnetic resonance imaging, urticaria



## PP 216

**Benefit of Cardiac Sonography For Estimating the Early Term Survival of the Cardiopulmonary Arrest Patients**

*Hüseyin Çebiçi<sup>1</sup>, Ömer Salt<sup>2</sup>, Şükrü Gürbüz<sup>1</sup>, Serhat Koyuncu<sup>1</sup>, Oğuzhan Bol<sup>1</sup>*

<sup>1</sup>Kayseri Training and Research Hospital, Department of Emergency Medicine Kayseri, Turkey

<sup>2</sup>Yozgat State Hospital, Department of Emergency Medicine Yozgat, Turkey

**Objective:** Cardiopulmonary resuscitation (CPR) is the most important intervention that connects the cardiac arrests, to life. Ultrasound (US) is also used to detect the presence of cardiac activity during CPR. Ultrasound can be used to determine the cause of arrest in PEA and asystole during CPR. In order to evaluate the survival, a cardiac sonography can be quickly and successfully integrated to the CPR.

**Materials-Methods:** Files of the patients' who were admitted to Kayseri Training And Research Hospital between 01.01.2011 and 31.12.2011 as CA were evaluated retrospectively by using hospital information management system. The patients whose arrival electrocardiogram recorded and cardiac ultrasound performed were enrolled in the study.

**Results:** A total of 410 patients were included in the study. When we look at the rhythm of the arrival on the monitor; 290 patients (70.7%) patients with asystole, 45 (11%) patients with ventricular fibrillation (VF) and 75 (18.3%) patient with pulseless electrical activity (PEA). There was no significant difference in terms of age and sex according to rhythms of arrival. Asystole group were significantly higher in cases of out of hospital cardiac arrests. When we evaluated the PEA patients in terms of age, gender and in or out-hospital arrest, we have seen that it has not any predictor value about 24-hour survival. The presence of cardiac activity by ultrasound in patients with successful resuscitation and survival in the first 24 hours were respectively: 2,9,2 in asystole, 35,33,32 in VF and 44,46,45 in PEA.

**Conclusion:** The purpose of USG in CPR is to evaluate cardiac contractility and increase the success of CPR. Detection of the presence of cardiac activity on the CA patients with PEA rhythm during CPR is a predictor of 24-hour survival.

**Keywords:** cardiopulmonary, arrest, ultrasound, survival

## PP 217

**Can We Predict Agitation in Patients with Suicide Attempt in the Emergency Department?**

*Ayhan AKÖZ<sup>1</sup>, Sultan Tuna Akgol Gur<sup>1</sup>, Elif Oral<sup>2</sup>, Ummu Zeynep Avsar<sup>3</sup>, Mucahit Emet<sup>1</sup>*

<sup>1</sup>Ataturk University Medical Faculty Department of Emergency Medicine

<sup>2</sup>Ataturk University Medical Faculty Department of Psychiatry

<sup>3</sup>Ataturk University Medicine Faculty Department of Medical Education

**Objective:** To define whether can we predict agitated ones among suicide attempt patients in emergency department (ED).

**Materials-Methods:** This is a cross-sectional observational study of all adult suicide attempt events. Information was collected prospectively on a specially designed data-collection form. Suicide attempts are grouped as aggressive and non-aggressive attempts.

**Results:** A total of 533 patients were included (0.24% of total admissions in ED). Forty-three of these patients had agitation in ED (8%). Non-aggressive suicide attempts are consulted to psychiatry more when discussed with aggressive ones (%73.6, n=345 vs %32.8, n=21, P<0.0001). Agitation in ED and being male increased aggressive suicide attempt risk 3.5 (%95 CI: 1.6-7.6) and 3.2 times (%95 CI:1.8-5.5), respectively. Agitation was statistically more frequent among these patients: patients with antidepressant overdose, patients with previous suicide attempt, patients with aggressive suicide attempt, patients with confusion and patients with unconsciousness (P<0.05 for all).

**Conclusion:** Patients with suicide attempt whose risks of giving harm to him/herself, his/her relatives or medical stuff in ED are high are those with antidepressant overdose, with aggressive suicide attempt and unconscious patients. Response teams should be prepared for these subgroups.

**Keywords:** Suicide attempt, deliberate self-harm, agitation, deliberate self-poisoning, self-injury



PP 218

**Evaluation Of Plasma Copeptin Levels In The Patients With Gastrointestinal Bleeding**

Ömer Salt<sup>1</sup>, Polat Durukan<sup>2</sup>, Seda Özkan<sup>3</sup>, Recep Saraymen<sup>4</sup>, Ahmet Şen<sup>4</sup>, Mustafa Alper Yurci<sup>5</sup>

<sup>1</sup>Yozgat State Hospital Department of Emergency Medicine Yozgat, Turkey

<sup>2</sup>Erciyes University Medical Faculty Department of Emergency Medicine Kayseri, Turkey

<sup>3</sup>Dişkapi Yıldırım Beyazıt Training and Research Hospital Department of Emergency Medicine Ankara, Turkey

<sup>4</sup>Erciyes University Medical Faculty Department of Biochemistry Kayseri, Turkey

<sup>5</sup>Erciyes University Medical Faculty Department of Gastroenterology Kayseri, Turkey

**Objective:** Gastrointestinal bleedings are significant cause of morbidity and mortality in our country as well as all over the world. In addition it also takes an important place in health expenditures. In this study we aimed to determine whether there is a relationship between plasma copeptin levels and location and severity of gastrointestinal bleeding.

**Materials-Methods:** Present study was performed prospectively in consecutive 104 patients who were admitted to Emergency Department with complaints of bloody vomiting, bloody or black stool between June 01, 2012 and December 31, 2012. The control group consisted of 30 healthy subjects who had no history of any disease and no pathological findings in physical examination. In order to evaluate the level of biochemical parameters such as Complete Blood Count, Serum Biochemistry, International Normalized Ratio (INR) and copeptin blood samples were obtained at the admission. For the copeptin levels 2 more blood samples were obtained on the 12th. and 24th. hours of the admission.

**Results:** When the patients were evaluated in terms of copeptin levels; 0th. hour copeptin levels 0.82 ng/mL (Q1=0.61, Q3=0.94) in patient groups were, and 0.48 ng/dL (Q1=0.32, Q3=0.54) in control group. These values are considered statistically significant difference between two groups. The difference between the results of the two groups was statistically significant.

When the patients with gastrointestinal bleeding were evaluated in terms of the location of bleeding; copeptin levels of the patients with esophageal variceal hemorrhage were higher than the patients with other gastrointestinal bleeding.

There was no statistically significant difference among the 0 th., 12th. and 24th. levels of copeptin.

**Conclusion:** We thought that in order to determine the severity of the gastrointestinal bleeding, copeptin can be effectively used as a biochemical parameter in Emergency Department.

**Keywords:** Gastrointestinal, bleeding, copeptin

PP 219

**contrast agent extravasation**

Inan Beydilli, Faruk Güngör, Asım Arı, Ramazan Güven

Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya

**INTRODUCTION:** Osmolarity, ionic / nonionic nature and quantity of agent are clinically important factors in extravasation of contrast. A large amount of contrast can lead to compartment syndrome.

**Case:** A 36 year old female patient admitted to respiratory disease department with suspected lung mass. Planned multislice computed tomography and given 100 cc ioversol nonionic contrast agent(OptirayR) after vascular cannulation. infusion performed without any complaint but after a half hour patient admitted to emergency department with pain and swelling on hand.

In physical examination, there was swelling, hyperemia and pain from dorsal part of right hand spreading to entire arm. Intracath entry hole was seen on inspection. Joint motion of the wrist was painful. Radial and ulnar pulse reliable and venous refill was normal. Hypoesthesia on spectral trace of the median nerve. There was extravasated contrast agent widespread on hand, forearm and arm on X-Ray scan. Elevation, nonsteroid anti-inflammatory drug and sprays prescribed to the patient and recalled next day for control. There was no further complication.

**CONCLUSION:** Small volumes of extravasation usually treated conservatively, whereas abundant volume can lead to occasional compartment syndrome. Besides the conservative treatment in this patient we should be careful of early diagnosis and treatment of compartment syndrome.

**Keywords:** Extravasation, contrast, Osmolarity



## PP 220

**An atypical localization for zona: ophthalmic zona**

*Yakup Aksoy<sup>1</sup>, Yusuf Emrah Eyi<sup>2</sup>, Ümit Kaldırım<sup>2</sup>, Salim Kemal Tuncer<sup>2</sup>, Abdullah Kaya<sup>3</sup>, Mehmet Koray Sevinç<sup>4</sup>*

<sup>1</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

<sup>2</sup>Emergency Department, Gülhane Medical School, Ankara

<sup>3</sup>Ophthalmology Department, GATA Haydarpaşa Training Hospital, İstanbul

<sup>4</sup>Ophthalmology Department, Gülhane Medical School, Ankara

**Objective:** Dermatological complaints are frequent causes of emergency room admissions. Getting to know quite a number of dermal lesions sometimes can be difficult for physicians. Especially the type and location of the lesion are guides the diagnosis and treatment on the other hand some atypical findings may be confusing. We aimed to present a case of zona which has located in a atypical zone and inform emergency physicians about atypical localisations.

**Case:** 37 year old male patient admitted to the emergency department with the complaint of one day ago emerged dermal aching lesions in the forehead and lateral of right eyebrow. There were no disease in his medical history. On examination vital signs were normal. Many small vesicular lesions have been detected in frontoparietal zone and lateral of right eyebrow. The patient has been diagnosed with ophthalmic zone due to spread of vesicular lesions along the trigeminal nerve tracing. On ophthalmic examination there was no ocular involvement. The patient has been discharged with treatment of Aciklovir 800 mg 5x1 and analgesic.

**Conclusion:** Herpes zoster ophthalmicus accounts for 10-15% of all zoster infections. Herpes zoster mostly affects trigeminal nerve but cranial nerve 3 and 6 is affected less. Vesicles at the edge of the nose can show an ophthalmic complication in ophthalmic herpes zoster. Physicians must bear in mind ophthalmic zona in patients who have vesicles on face. An ophthalmic examination must be performed in this patients to detect any ophthalmic complication.

**Keywords:** Herpes zoster virus, Ophthalmic zona, Vesicles

## PP 221

**Theophylline Intoxication**

*Gökhan Eyüpoğlu, Mehmet Tatlı, Bilge Ercan, Orhan Alkan, Zeynep Konyar, Özlem Güneysel*

DR.LÜTFİ KIRDAR EĞİTİM ARAŞTIRMA HASTANESİ ACİL TIP KLİNİĞİ

**Objective:** Theophylline is a methylxanthine derivative which is used in respiratory diseases with a narrow therapeutic interval. Theophylline can cause acute and chronic toxications. We aimed to explain a case who had admitted as an acute theophylline intoxication and discharged after three days conservative treatment.

**Case:** 17 years old male patient admitted to emergency department with palpitations, nausea, vomiting and agitation. We were informed that he ingested 12 tablets drug for suicide, each containing 300 mg theophylline, 6 hours before.

**Patient's general condition was well, He had agitation and nausea-vomiting.His blood pressure was 110/58 mmHg, heart rate:** 110 beats/minute, number of respiration was: 16/minute, body temperature 36.1 C. General physical examination of patient was generally normal. He had sinus tachycardia in ECG.Patient was monitored, administered active charcoal and intravenous fluids.10 mg diazepam had administered to patient because of his agitations.His blood theophylline level was measured as 68,28 µg/ml (therapeutic interval 10-20 ug/ml), glucose was as 170 mg/dl, potassium (K) was as 3 mmol/L. Theophylline level of patient was not higher than the haemodialysis indication level. (Theophylline level for Haemodialysis indications >100ug/ml )

After 3 days hospital care, patient was discharged.

**Conclusion:** Theophylline intoxication can be seen in the acute, or chronic form.The acute intoxication frequently originates from suicidal aimed or accidental overdose intakes. Generally tachycardia, vomiting and agitation observed in acute theophylline intoxication. Blood Theophylline level is important for guiding the treatment of theophylline toxication. In this case, administration of activated charcoal with 4 hours interval and intravenous fluid therapy, was enough for patient treatment.

**Keywords:** theophylline, suicide, intoxication



PP 222

**Reversal of Datura Stramonium Delirium with Physostigmine: Report of Two Cases**

*Murat Ongar<sup>1</sup>, Miray Özlem<sup>1</sup>, Hacı Mete Yüzbaşı<sup>1</sup>, Funda Polat<sup>1</sup>, Görkem Alper Solakoglu<sup>1</sup>, Şervan Gökhan<sup>1</sup>, Bahattin Işık<sup>2</sup>*

<sup>1</sup>Ankara Numune Education and Research Hospital, Emergency Department, Ankara, Turkey

<sup>2</sup>Keçiören Education and Research Hospital, Emergency Department, Ankara, Turkey

**Objective:** We present a case of Datura intoxication in two young adult patients who learned about the recreational use of Datura on the internet.

**Case:** Two nineteen-year-old men were brought to our hospital's emergency department with decreased level of consciousness, meaningless speeches and screaming around. Patients were alert, they could not cooperate and their orientation of place, time, person were defective. They had agitation and disorientation. They were thought to be hallucinated, they were talking to themselves, their gaze was meaningless. Their initial vital signs were; blood pressures 142/75 and 135/72, pulse rates were 122/min and 105/min, temperatures were 37.5oC and 37.2oC, respiratory rates were 20 breaths/min, 18 breaths/min. Their ECG were sinus tachycardia. Their pupils were isochoric, and bilaterally mydriatic. Skin and mucous membranes were dry. Bowel sounds were hypoactive. They were thought to be poisoned by anticholinergic agents and supportive treatment was started. Their blood tests were normal. After we detailed the story patients relatives showed a plant called 'devil's apple' which they brought by themselves to have fun and to see hallucinations four hours before their arrival to hospital. National Information Center for poisoning (UZEM) was called. We received information and physostigmine was provided for patients. 2 mg physostigmine diluted with saline was given by 5 minutes infusion. After infusion their agitation was dramatically resolved completely and their disorientation and noncooperated situation were totally resolved. Patients received supportive treatment because they had no problem in their follow-up and they were discharged after 8 hours observation.

**Conclusion:** When we consider our country's herbal wealth and our people's interest to herbal products, we should keep in mind herbal poisoning in patients which were brought to emergency departments by delirium just like in our cases, we should learn these toxicities and detail patients story by asking questions according to these possibilities

**Keywords:** Datura Stramonium, delirium, Cholinergic antagonists

PP 223

**Sigmoid colon tumor accompanying foreign body in abdomen: a rare cause of abdominal pain**

*Yusuf Emrah Eyi<sup>1</sup>, Yakup Aksoy<sup>2</sup>, Ali Osman Yıldırım<sup>3</sup>, Ümit Kaldırım<sup>1</sup>, Salim Kemal Tuncer<sup>1</sup>, Şükrü Arıç<sup>4</sup>*

<sup>1</sup>Emergency Department, Gülhane Medical School, Ankara

<sup>2</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital

<sup>4</sup>Emergency Department, Elazığ Military Hospital, Elazığ

**Objective:** Abdominal pain constitutes an important part of emergency cases. Because there are quite many diseases in differential diagnosis sometimes exact diagnose can be difficult. Additionally to specific diagnoses another pathology that causes abdominal pain can be diagnosed incidentally. We aimed to inform emergency physicians about differential diagnosis by sharing our case of sigmoid colon tumor accompanying foreign body in abdomen.

**Case:** 82 year old male patient presented to our clinic with abdominal distension and abdominal pain. The patient informed that nausea, vomiting and diarrhea had started 2 days before. Then abdominal distension and abdominal pain had been added these complaints. In his medical story he reported that he had had cholecystectomy operation 15 years ago and suffered from hypertension and diabetes mellitus for along time. On examination vital signs were normal. The rebound was detected in both lower abdominal quadrant. Rectal examination was normal. Hemoglobin level was 7 g/dl and there were 3+ blood in fecal occult blood test. The abdominal radiography showed air-fluid level in left upper quadrant in the small intestine. Contrast-enhanced abdominal computerized tomography (CT) was performed to clarify the cause of complaints. CT showed foreign body in the form of non-draining tube in the right upper quadrant and 5 cm thickening of the sigmoid colon in favor of tumor. The Patients was admitted to the general surgery clinic with a preliminary diagnosis of colon cancer and abdominal foreign body.

**Conclusion:** Abdominal foreign bodies which are generally asymptomatic and diagnosed incidentally can be meet in patients with medical story of abdominal surgery. So the physician must be aware of the foreign bodies in patients with abdominal pain and abdominal surgery story. Additional pathologies should be excluded. by early diagnoses.

**Keywords:** Abdominal pain, Foreign body, Sigmoid colon



## PP 224

**Spontaneous Liver Hemorrhage Induced By Warfarin Usage***Halil Dogan<sup>1</sup>, Oncu Sancak<sup>1</sup>, Dogac Niyazi Ozucelik<sup>1</sup>, Filiz Islim<sup>2</sup>, Cem Şimşek<sup>1</sup>*<sup>1</sup>Bakirkoy Dr. Sadi Konuk Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey<sup>2</sup>Bakirkoy Dr. Sadi Konuk Training and Research Hospital, Department of Radiology

**Objective:** Warfarin, a vitamin K antagonist, is currently the most extensively used oral anticoagulant world-wide. We report on a case of bleeding into the liver parenchyma during treatment with warfarin sodium.

**Case:** 46 year-old woman presented to the ED with complaints of abdominal pain and diarrhea. She had a previous history of coumadin use because of prosthetic aort valve. Her blood pressure at presentation was 110/80 mm Hg, pulse rate was 90 beats/minute and respiratory rate was 16/minute. On examination the abdomen was diffusely tender with rebound tenderness at right abdomen. Laboratory workup revealed Hb of 9.3 g/dl, HCT of 30.9 g/dl, WBC of 18.3 K/mm<sup>3</sup>, AST of 129 iu/L, ALT of 119 iu/L, INR of 3.34. Abdominal distension and tachycardia had developed during the follow up. The repeated laboratory workup and ELISA showed us that some FBC parameters were decreasing and some of parameters were increasing such as LFTs. The results were: WBC:16.0 K/mm<sup>3</sup>, HG:6.3 g/dl, HCT:19.0 g/dl, AST:262 iu/L, ALT:271 iu/L. Due to the results of computed tomography with oral and IV contrast; the heterogeneties at the right lobe posterior and anterosuperior and left lobe medial were interpreted as hemorrhage. Luquid was seen at perihaptic and morrison space. Four units of red blood and two units of fresh frozen plasma transfusion were given. The patient was treated with coil embolization by interventional radiology. After the operation she was taken to the intensive care unit for follow up with the diagnose of "spontaneous liver hemorrhage induced by warfarin usage".The patient was discharged well on the six day of hospitalisation.

**Conclusion:** Bleeding into the liver parenchyma during treatment with warfarin sodium are rare. Embolization is a effective tool with a low complication rate in the treatment of liver hemorrhage.

**Keywords:** warfarin, hemoragie, liver, coil embolization

## PP 225

**One of the causes of sudden chest pain: acute myopericarditis***Yusuf Emrah Eyi<sup>1</sup>, Ali Çoner<sup>2</sup>, Yakup Aksoy<sup>3</sup>, Salim Kemal Tuncer<sup>2</sup>*<sup>1</sup>Emergency Department, Gülhane Medical School, Ankara<sup>2</sup>Cardiology Department, Hakkari State Hospital, Hakkari<sup>3</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

**Objective:** Acute myopericarditis is an acute inflammatory and sometimes lethal disorder that primarily involves the myocardium and pericardium. We want to present a case of acute myopericarditis who presented with only sudden and severe chest pain which had continued just about 30-40 seconds.

**Case:** A 26 year old male patient presented to our policlinic with complaint of sudden and severe chest pain on left. He informed that the pain had started about two hours before and had ended about 30-40 seconds later. There was no important clue in his story. On examination body temperature was 36,5 oC degree, pulse count was 53/min. and arterial tension was 115/80 mmhg. The breathing count was 19/min. The heart and lung sounds were normal. Also examination of the other systems were normal. White blood cell count was 10,0x 10<sup>3</sup>/µL and c-reactive protein level was 1,0 mg/L. Urine test was normal. Troponin I level was 8,56 ng/mL, Troponin T level was 3,86 and Creatine Kinase- MB level was 36,7 ng/mL. Chest X-ray was normal, also. We thought that something was wrong with heart after this laboratory results. On EKG there were ST elevation and abnormal Q wave which are characteristic for myocarditis. Then we referred the patient to cardiologist. On echocardiography which was performed by cardiologist the free fluid in pericardium and small immobile locations have been detected and the patient was diagnosed with acute myopericarditis.

**Conclusion:** Although acute myopericarditis can be lethal the symptoms of this disorder are not clear everytime. Diagnosing and managing acute myopericarditis at an early stage is important, but difficult. In serious cases, the signs and symptoms of myopericarditis vary, such as severe chest pain, rapid or abnormal heartbeat (arrhythmia), shortness of breath, at rest or during physical activity. Whereas in mild cases, myopericarditis may have no noticeable symptoms.

**Keywords:** Chest Pain, Myocarditis, Myopericarditis



PP 226

**Vasospastic Myocardial Infarction Caused by Trauma**

*Irfan Kala, Binnur Polat, Murat Ongar, Hacı Mete Yüzbaşı, Fevzi Yılmaz*

Ankara Numune Education and Research Hospital, Emergency Department, Ankara, Turkey

**Objective:** Vasospastic MI is uncommon in traumatic patients.

**Case:** 50 year old man, having motor vehicle collision while driving a truck, was taken to our emergency department (ED) with open fractures in right tibia and fibula, possibly causing blood loss before arriving ED. There were no trauma signs in other body parts including head, thorax or abdomen, and only right lower extremity trauma was seen in first evaluation of patient. Initial vital signs were, blood pressure: 70/40mmHg, pulse:99/min, Breath:20/min, body temperature: 36.8 0C. Glasgow Coma Scale:13 (E:3, V:4, M:6). Bleeding control is maintained, 2000cc normal saline was given, followed by 2 units of erythrocyte suspension. Long leg splinting was made for right lower extremity. After initial fluid and blood resuscitation, pulse 92/min, blood pressure 117/60mmHg. Meanwhile, ECG is performed and ST elevation was seen in derivations D2, D3, aVF. First hemoglobin value was 11.2 g/dl, troponin I: 0.698 ng/ml. Patient was carried to catheter labortory for percutaneous coronary intervention (PCI) after detecting inferior MI on ECG. Right coronary artery (RCA) was seen to be 70% occluded, no stent was implanted so that patient was moved to surgical intervention for open fractures, internal-external fixation was performed. Patient was followed in ICU for 2 days until having another PCI in which 98% occlusion was detected in RCA. Stent implantation was performed. Troponin I level was 19.163ng/ml in 3rd day of accident, hemoglobin 7.8 g/dl. 6 days later, Troponin I level was found 0.912, hemoglobin: 9.2 g/dl.

**Conclusion:** Blood loss is important challenge no matter what caused, ED physicians must be aware of its results such as vasospastic MI like how we faced in our case. If we want good outcome in such patients arriving with blood loss caused by trauma, our goal must not only be correcting trauma site but must be comprehensive evaluation.

**Keywords:** Vasospastic MI, trauma, blood loss

PP 227

**Recurrent syncope may be result from iron deficiency anemia: case report**

*Yakup Aksoy<sup>1</sup>, Yusuf Emrah Eyi<sup>2</sup>, Ali Osman Yıldırım<sup>3</sup>, Ümit Kaldırım<sup>2</sup>, Salim Kemal Tuncer<sup>2</sup>, Şükrü Ardıç<sup>4</sup>*

<sup>1</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

<sup>2</sup>Emergency Department, Gülhane Medical School, Ankara

<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital, Istanbul

<sup>4</sup>Emergency Department, Elazığ Military Hospital, Elazığ

**Objective:** Iron deficiency anemia is a very common disease among women and may come out with vary symptoms.We want to present a case of anemia who presented to our policlinic with weakness and recurrent syncope.

**Case:** A 30 year old female patient presented to our policlinic with complaint of chronic weakness for about one year and two syncope in last 24 hours. She informed no other important clue in his story. On examination body temperature was 36,5 oC degree, pulse count was 105/min. and arterial tension was 110/80 mmhg. The patient was pale and sclera wasalso pale on ophthalmological examination. The breathing count was 23/min. There were midsystolic aortic murmur with auscultation of heart. The lung sounds were normal. On examination of the other system there were no abnormal sign. White blood cell count was  $7,7 \times 10^3/\mu\text{L}$ , red blood cell count was  $4,43 \times 10^6/\mu\text{l}$ , hemoglobin level was 7,0 g/dL, hemathocrit level was 25,6 %, mean corpuscular volume was 57,7fL, mean corpuscular hemoglobin level was 18,0 pg, mean corpuscular hemoglobin concentration was 31,2 g/d Land ferritin level was 2,3 ng/ mL. There were no important finding on neurological examination and EEG test.With this results the cause of syncope are estimated to result from anemia and the patient was referred to hematology policlinic.

**Conclusion:** Sudden developed syncope may result from many disorders. Iron deficiency anemia is one of this disorders. Also Iron deficiency anemia is a very common disease among women after ferritin replacement therapy patients can easily get rid of their complaints.

**Keywords:** Anemia, Iron deficiency, Syncope



PP 228

**Do always ticks bite?**

*Yusuf Emrah Eyi*<sup>1</sup>, *Yakup Aksoy*<sup>2</sup>, *Salim Kemal Tuncer*<sup>2</sup>, *Ümit Kaldırım*<sup>2</sup>, *Ali Osman Yıldırım*<sup>3</sup>, *Şükrü Ardiç*<sup>4</sup>

<sup>1</sup>Emergency Department, Gülhane Medical School, Ankara

<sup>2</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital, İstanbul

<sup>4</sup>Emergency Department, Elazığ Military Hospital, Elazığ

**Objective:** Ticks are the ectoparasites which fed with the blood of all vertebrates except fishes involving human being to survive and reproduce. As a result of being bitten by ticks especially the ones that carry viruses can cause mild to severe symptoms, even can result in death. Especially in the endemic areas patients those contact with ticks should be monitored carefully because of the risk of Crimean-Congo hemorrhagic fever.

**Case:** A 43 year old male patient presented to emergency polyclinic with the story of biting a tick which was on a piece of meat about one hour before. The patient had no complaint. The body temperature was 36,7 oC, arterial tension was 120/80 mm/Hg, pulse was 95/minute and oxygen saturation was 98%. On examination there was no pathological finding. Hemoglobin was 14.1 gr/dl, Hematocrit was 42.25 (%), WBC was 10.6 x103/mm<sup>3</sup>, PLT was 323x 103/mm<sup>3</sup>, AST was 34 U/L, ALT was 28 U/L, LDH was 248 U/L, CK was 89 U/L, total bilirubin was 0.18 mg/dl, PTZ was 11.4 sec and INR was 0.9. The patient was explained the findings to should be aware of and recalled for days 3 and 7 for control.

**Conclusion:** Although there are quite many cases about patients bitten by ticks there is not any case about biting a tick and disease that develops following this in the literature. However, it may be possible the infectious agent to contaminate person by passing mucosa via a possible defect in the gastrointestinal mucosa. Following-up these patients as patients who had been bitten by ticks can help to protect patient against a lethal disease.

**Keywords:** Ectoparasites, Insect bite, Tick

PP 229

**Factor 8 deficiency associated hemarthrosis and emergency services management**

*Yusuf Emrah Eyi*<sup>1</sup>, *Ali Osman Yıldırım*<sup>2</sup>, *Yakup Aksoy*<sup>3</sup>, *Ümit Kaldırım*<sup>1</sup>, *Salim Kemal Tuncer*<sup>1</sup>, *Şükrü Ardiç*<sup>4</sup>

<sup>1</sup>Emergency Department, Gülhane Medical School, Ankara

<sup>2</sup>Emergency Department, GATA Haydarpaşa Training Hospital, İstanbul

<sup>3</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

<sup>4</sup>Emergency Department, Elazığ Military Hospital, Elazığ

**Objective:** Swelling of the knee is an ailment which usually develops after trauma and structures in and around of the knee are affected. Septic arthritis and rheumatic diseases are at the forefront in patients without trauma. Some bleeding disorders also can manifest itself in spontaneous swelling and pain in the knee. We aimed to inform the emergency department physicians by presenting a case with factor 5 and 8 deficiency.

**Case:** 38 year old female patient admitted to emergency department with knee swelling, limitation of movement and severe knee pain which began after walking. Factor 5 and factor 8 deficiency was present in the patient's medical history, and she had not received any treatment. On physical examination swelling of the right knee and ballotman sign were detected but there was no increase in body temperature. The laboratory blood tests were normal except aPTT which was detected as 78. The patient was performed knee puncture and nearly 50 cc haemorrhagic fluid was aspirated. Robert Jones bandage was applied to stabilize the knee. The patient whose aPTT level was high was discharged following 7 units of fresh frozen plasma replacement treatment.

**Conclusion:** Hemophilia is a rare genetic bleeding disorder evolving as a result of the lack of factor 8 and 9. This disease usually shows itself with hemarthrosis and intramuscular hematoma. The most commonly bleeding joints in hemophilia are knee, elbow and ankle. The most common finding in patients are pain and limitation of motion. In patients with this kind of complaints and without trauma story bleeding disorders must be considered and also blood products replacement treatment should be considered in the management of these diseases.

**Keywords:** aPTT, Factor 8, Hemarthrosis



PP 230

**Lightning strike related injuries: Case series**

*Yakup Aksoy<sup>1</sup>, Yusuf Emrah Eyi<sup>2</sup>, Bülent Karşoğlu<sup>3</sup>, Kadir Öztürk<sup>4</sup>, Salim Kemal Tuncer<sup>2</sup>, Ümit Kaldırım<sup>2</sup>*

<sup>1</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

<sup>2</sup>Emergency Department, Gülhane Medical School, Ankara

<sup>3</sup>Orthopedy Department, Kasımpasa Military Hospital, İstanbul

<sup>4</sup>Gastroenterology Department, Gülhane Medical School, Ankara

**Objective:** In our region, lightning strike injuries are common because of high altitude, geographical and climatic conditions. We aimed to present findings of 6 cases who had injured due to lightning strike.

**Case:** Case 1, 2 and 3 were 20 year old males. They informed that lightning had struck 5 feet from them while visiting the mountainous area. The current had affected them. On examination about 5-15 cm in diameter, hyperemic and branching linear lesions on back, abdomen, chest, legs and arms have been identified in all of them. They also had tinnitus. Case 4 and 5 was 26 and 28 year old males. They wanted to hunt on mountains They had placed under the tree to avoid the rain when the tree struck by lightning. On examination of cases there were 0,5 cm rupture and 1,5 cm hyperemic halo around them on right back half of the first case and on anterior face of left thigh of second case. Also there were hyperemic, branching lines in different parts of their bodies. Case 6 was 25 year old male. He had took refuge in a container. The container had struck by lightning while he was resting leaning back on the container. On examination there were hyperemic and branching lines on four different location from top to down on his back. None of our cases serious injury was observed but in all of the cases classic tree-like temporary burned areas was detected.

**Conclusion:** The most common victims of lightning strikes are people who acts outside especially campers, hikers, farmers, construction workers, hunters, golfers. The affect of current can range from temporary tree-like burns to death. Especially for people who act in risky regions for lightning " Protection Against Lightning Manuals" must be prepared and training programs must be organized to raise public awareness.

**Keywords:** Burn, Lightning strike, Tinnitus

PP 231

**Tracheobronchial foreign body which is expectorated by cough on the way to bronchoscopy**

*Gökhan Eyüpoğlu, Mehmet Tatlı, Önder Çetin, Vedat İzci, Özlem Güneysel*

DR.LÜTFİ KIRDAR EĞİTİM ARAŞTIRMA HASTANESİ ACİL TIP KLİNİĞİ

**Objective:** Tracheobronchial foreign body aspiration is a health problem that can be seen in all age groups, and it requires urgent diagnosis and intervention. Foreign body aspiration can admit emergency with cough, hemoptysis, dyspnea and respiratory arrest however can admit without complaint. Clinical history and radiological findings are enough for the diagnose but in some cases, it is difficult to diagnose even by bronchoscopy. Bronchoscopy is a useful technique diagnosis and treatment. Urgent intervention is crucial.

**Case:** 65 years old male patient admitted to emergency service with cough and dyspnea. He stated that his symptoms started suddenly after the dinner one day before. He had used his drugs and inhaler therapies but his symptoms did not relieved but his cough was overwhelming. After that he admitted to emergency department. He was annoying from cough. He was a 15 years old COPD(chronic obstructive pulmonary disease) patient and had history of annually hospitalization.His vitals were stable. In his respiratory examination ronchi and wheezing were found. A thorax computerized tomography(CT) had been taken to visualize a suspicious foreign body. In his CT; a foreign body was seen in left main pulmonary bronchi. A bronchoscopy was decided but the patient pull out a green pea after a powerful cough. Patient had discharged after monitoring for 24 hours.

**Conclusion:** 2/3 of foreign bodies are placed in main bronchus. The most common localization is right main and distal bronchus Because, right main bronchus is in more vertical position and has bigger diameter than left but our patients foreign body was in left main bronchi.Miscellaneous aspirated objects have been reported worldwide, although the most frequent are nuts, vegetable,matter, metal and plastic objects or pills. This is an unusual case which is pull out one day later on the way to the bronchoscopy with a powerful cough.

**Keywords:** foreign body, bronchoscopy, cough



## PP 232

**Rectal injury after fall from height: a case report**

*Yusuf Emrah Eyi<sup>1</sup>, Yakup Aksoy<sup>2</sup>, Bülent Karslıoğlu<sup>3</sup>, Hakan Yabanoglu<sup>4</sup>, Ümit Kaldırım<sup>1</sup>, Salim Kemal Tuncer<sup>2</sup>*

<sup>1</sup>Emergency Department, Gülhane Medical School, Ankara

<sup>2</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

<sup>3</sup>Orthopedy Department, kasimpasa Military Hospital, İstanbul

<sup>4</sup>General Surgery Department, Hakkari Military Hospital, Hakkari

**Objective:** Rectal injuries often occurs after gunshot wounds, stab wounds, sex injuries. Falls from height on sharp objects are frequently seen causes of accidentally occurred injuries. Mortality rates of traumatic rectal injuries are decreased today, but the morbidity rates are higher than expected. mortality

**Case:** 21 year old male patient was brought to the emergency room with bleeding in the anal region. He informed in his story that he had fallen on an iron bar which was mounted on a vehicle bumper from 2 meters height about 30 minutes before. The vital signs were normal. On examination 1 cm diameter incision was detected 3 or 4 cm above the intergluteal sulcus. Also on rectal examination 4 cm length incision which contains rectal mucosa and perineal muscles on the posterior face of the anal canal was detected. Perineal and rectal injury was repaired primarily and stoma was not planned. The patient was referred to the further center to follow-up.

**Conclusion:** Diverting stoma surgery is classically applied in traumatic rectal injuries. Besides this successful results can be achieved without stoma according to the level of injury, tissue defect size, degree of contamination and the presence of additional injuries. Treatments without stoma have much better results in terms of morbidity and patient comfort level is also quite good. Although traumatic rectal injuries are not frequently seen these injuries must be known by all emergency physicians because of criminal cases.

**Keywords:** Fall from height, Rectal injury, Trauma

## PP 233

**Soccer game sometimes may present more than enjoy: a case of upper and lower eyelid tear**

*Yakup Aksoy<sup>1</sup>, Yusuf Emrah Eyi<sup>2</sup>, Mehmet Koray Sevinç<sup>3</sup>, Abdullah Kaya<sup>4</sup>, Salim Kemal Tuncer<sup>2</sup>, Ümit Kaldırım<sup>2</sup>*

<sup>1</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari

<sup>2</sup>Emergency Department, Gülhane Medical School, Ankara

<sup>3</sup>Ophthalmology Department, Gülhane Medical School, Ankara

<sup>4</sup>Ophthalmology Department, GATA Haydarpaşa Training Hospital, İstanbul

**Objective:** Eyelids protects eyes against traumas but their own are exposed to trauma many times. We want to present a case with tears on upper and lower eyelids due to soccer ball shock.

**Case:** A 20 year old male patient presented to our emergency polyclinic with bleeding in right eye and tears on eyelids. He informed that a soccer ball which has been kicked by his friend from a closest distance had hit on right side of his face 30 minutes ago. On ophthalmological examination there were periorcular ecchymosis and eudema, vertically formed full thickness 0,5 cm tear on 1/3 lateral part of upper eyelid, horizontally formed half thickness 1 cm tear on 1/3 lateral part of lower eyelid and 0,5 half thickness vertically formed tear on lateral canthus (Figure 1). Visual acuity of both eyes were 1,0 on snellen chart. Biomicroscopic examination showed that there were also subconjunctival haemorrhage and conjunctival tears in medial part of lateral canthus (Figure 2). There were no pathological sign on ophthalmoscopic examination. All of the eyelid tears and conjunctival tears have been sutured and patient have been followed with antibiotic and antiinflamatuar treatment for the development of a complication.

**Conclusion:** Eyelids are protector of eyes against severe and mild traumas with the help of a quick reflex mechanism. But in severe traumas such as soccer ball hit which can cause blunt trauma affect eyelids can be injured easily. Soccer is an enjoyable game but sometimes can cause severe injuries which can cause permanent disorders.

**Keywords:** Eyelid, Soccer, Tear



PP 234

**The scientific contribution of the Emergency Medicine Physiicians Association of Turkey to its'community**

*Behcet Al, Mustafa Bogan, Suat Zengin, Demet Arı Yılmaz, Basri Can, Cuma Yildirim*

emergency department of medicine school, Gaziantep university/Turkey

**Objective:** The aim of the present study is to both analyse and and fix the deficiencies of scientific lessons that the Emergency Medicine Physiicians Association of Turkey (EMPAT) put in order nationally.

**Materials-Methods:** The program of lessons that the EMPAT put in order since 2004 were researched. The lessons were clasified acording their titles (Pediatric, sedoanalgesic, pregnancy, drug using, pain, emergency department, psychiatry, nature disaster, neurology, trauma, cardiac- dermatological-eyes-nose-ear-throat-endocrinologic emergencies, toxicology). The results were reported as frequency and percentage.

**Results:** EMPAT has put in order 9 national congresses. The results of the second congres has not been got, so it was excluded from the study. A total of 375 lessons were explained under 19 titles in eight congresses. The majority of explained lessons were emergency department problems (33,6%), cardiac emergencies (21.7%), trauma (12.0%), toxicology (8.0%), imaging (.2%7) in ED and pain (6.4%) in ED.

**Conclusion:** The explained lessons are not correlate to the group and the intensity of patients taht apply to the emergen-cies departments. For the programmes to be more useful, the patints group and patient intensity should be keep in mind.

**Keywords:** Emergency department, patient intensity, congress, lessons

PP 235

**A Diagnosis That Should Be Kept In Mind For Patients With Traumatic Neck Hematoma**

*Funda Karbek Akarca, Derya Sezdi, Ayşe Ece Tavas, Murat Ersel, Selahattin Kıyan*

Department of Emergency Medicine, School of Medicine, Ege University, Izmir, Turkey

**Objective:** Blunt neck traumas make up 5 % of neck traumas and mostly occur after traffic accidents. Timely diagnosis and treatment of traumatic neck hematoma in the emergency department is important because there may be life threatening consequences such as airway obstruction. In this case we present a laryngeal rupture after blunt neck trauma

**Case:** Forty - three year old female presented to the emergency department after getting a blunt trauma to her neck, with a piece of wood. The patient's vital signs were normal. Physical examination revealed dermabrasion and hematoma at the left side of the neck. She had no dyspnea or stridor, but she complained of dysphagia. Video laryngoscopy revealed a hematoma at the left vocal cord and left arythenoid, with left vocal cord paralysis. Neck computerized tomography showed laryngeal rupture.

**Conclusion:** Neck traumas may lead to life threatening consequences such as vascular esophageal, tracheal, thyroid and laryngeal injury. Upon these, tracheobronchial rupture incidence is below 1%. For tracheal rupture, mortality is 20-50 % and morbidity is 10-25 %. Blunt laryngeal rupture incidence is 1%, and it may be easily overlooked, considering the robust construction of the cartilage tissue. The most common symptom for laryngeal and tracheal trauma is dysphonia and it is seen in 85% of external laryngeal traumas. Other symptoms are dysphagia, dyspnea, pain, hemoptysis, stridor and tachypnea. Physical examination findings are crepitus, subcutaneous emphysema, dermabrasion, ecchymosis and laryngeal tenderness. This case had no tenderness, swelling or abrasion at the neck. Also, there were no typical signs of laryngeal trauma such as dyspnea and dyspnea. This incident should give us the message that we should keep the diagnosis of laryngeal rupture in patients with blunt neck trauma.

Neck hematoma after blunt neck trauma may be sign of deadly injuries. Laryngeal rupture should always be kept in mind.

**Keywords:** Neck hematoma, Trauma, Tracheal Rupture



## PP 236

**The Importance Of Bedside Ultrasonography and Computerized Tomography In High Energy Trauma Patients**Murat Ersel, Derya Sezdi, Yusuf Ali Altuncı, Selahattin Kıyan

Department of Emergency Medicine, School of Medicine, Ege University, Izmir, Turkey

**Objective:** Bedside ultrasonography is a routine procedure for trauma patients. We present this case to emphasize the importance of bedside ultrasound in high energy trauma patients.**Case:** Sixty-three year old male is brought by ambulance to the emergency department after a car accident. Upon arrival the patient is vitals were normal. Physical examination revealed tenderness on 6th and 7th cervical vertebrae and abdominal tenderness at the left upper quadrant., revealed no decreased breath sounds on lung auscultation, crepitus on left ribs. He had no tenderness on the sternum. Bedside ultrasonography showed no free fluid in the abdomen, however, there was a pericardial effusion. Thorax computerized tomography showed non displaced fracture of manubrium sternum and retrosternal fluid.**Conclusion:** While safety belt use saves lives, it has increased the incidence of sternum fractures after traffic accidents, especially for front seat passenger. The incidence of sternum fracture is 3-8%. Sternum fracture should be suspected in case of seat belt sign and tenderness or swelling on the sternum. However, in our case, there were no such signs. Literature suggest that the diagnosis of sternal fracture with CT renders it easier to find out correlating injuries such as cardiac trauma. Emergency department echocardiography is important in diagnosing hemopericardium in patients with blunt and penetrating cardiac trauma. With the help of ultrasonography door-to-operation room time will be shorter. The visualization of sternum fracture and retrosternal fluid in the CT of this patient who had no pain or tenderness on the sternum, has once more showed us that pericardial evaluation during FAST essential. Every trauma patient should undergo FAST and every patient who has a positive finding on FAST should undergo CT. Thorax traumas making up 25% of deaths caused by trauma, early bedside FAST will be a clever move quiding us about the need of further imaging techniques**Keywords:** Bedside ultrasonography, sternum fracture, trauma

## PP 237

**Nontraumatic Humerus Fractures: 2 Case Reports**Irfan Kala<sup>1</sup>, Cihat Cömert<sup>1</sup>, Remzi Fakiöğlu<sup>2</sup>, Murat Ongar<sup>1</sup>, Arife Yıldırım<sup>1</sup>, Mehmet Ali Ceyhan<sup>1</sup>, Hacı Mete Yüzbaşı<sup>1</sup><sup>1</sup> Ankara Numune Education and Research Hospital, Emergency Department, Ankara, Turkey<sup>2</sup> Ankara Numune Education and Research Hospital, Orthopaedic and Traumatology Department, Ankara, Turkey**Objective:** Nontraumatic bone fractures can be seen rarely but possible in emergency departments. There are 2 cases that we experienced in our ED.**Case:** 13 year old boy came to our emergency department with right arm pain after doing supination and abduction movement while playing a game without trauma. There was neither trauma history nor other physical stress. There was tenderness on right shoulder and humerus head, lack of movement of the arm. Two sided humerus x-ray showed bone cyst in neck of humerus and posterior cortex fracture related with this cyst. Patient underwent surgical removal of bone cyst and internal fixation of humerus neck.

And another 8 year old boy had a pain of his left shoulder started after his mom was trying to take the pen from boy's hand 3 days ago. Physical examination showed again tenderness on left humerus head and lack of movement. Humerus x-ray showed humerus neck shaft fracture. Closed reduction of humerus and velpeau bandage were performed.

Outcome of these 2 boys were successful healing.

**Conclusion:** Spontaneous and non-traumatic fractures could be rarely seen in emergency departments. Bone cysts can be detected incidentally with x-ray or come to ED with bone fractures. People who have bone cysts must be careful with their sudden movements. Low physical stress may cause fractures like the ones in our case. Even if there is no trauma sign or trauma history, we must be aware of fractures when there are tenderness, lack of movement, shape changes in extremity or physical stress history of children patients.**Keywords:** nontraumatic fracture, bone cyst, emergency department



PP 238

**A rare cause of acute abdomen: splenic and renal infarction. Case**

*Kamil Tünay<sup>1</sup>, Oya Oruç<sup>1</sup>, Havva Tünay<sup>2</sup>, Zeliha Çiğdem<sup>1</sup>, Ahmet Celal Doğan<sup>1</sup>, Talip Çevik<sup>3</sup>*

<sup>1</sup>Department of Emergency Medicine, Afyon Kocatepe University of Medical School, Afyonkarahisar, Turkey

<sup>2</sup>Department of Infectious Diseases and Clinical Microbiology, Afyonkarahisar State Hospital, Afyonkarahisar, Turkey

<sup>3</sup>Department of Emergency Medicine, Afyonkarahisar State Hospital, Afyonkarahisar, Turkey

**Objective:** Splenic infarction is a rare cause of acute abdomen. The most common onset symptom is abdominal pain. Additional symptoms include fever and anemia. Laboratory may show elevated blood cell and platelet counts. The splenic infarction with renal infarction is rarely seen in the literature. We presented a patient who developed splenic and renal infarction.

**Case:** A 37-year-old female with no preexisting chronic illness presented complaining abdominal pain since yesterday to the emergency department. She also complained of epigastric pain, swelling and cramps of the legs. On admission, she was subfebrile (37.4 C), and other vital signs were normal. The physical examination identified left and right hypochondrial tenderness. Organomegaly could not be properly assessed because of her tender abdomen. Cardiac, pulmonary and nervous system examinations were unremarkable. The laboratory tests on admission revealed hemoglobin of 9.7 g/dl, hematocrit of 31.8%, platelet count of 365/mm<sup>3</sup>, prothrombin time of 13 second, INR of 1.2, active partial thromboplastin time of 24 second. Liver enzymes and alkaline phosphatase were elevated (AST:67.5 U/L, ALT:48 U/L, ALP:141 U/L). The tomographic scans showed a large hypodense area of spleen and renal (Figure 1). The patient was accepted to the general surgery clinic. The patient received intravenous antibiotic therapy, which led to significant clinical improvement with discharge 5 days after admission.

**Conclusion:** The splenic infarction with renal infarction is rarely seen in the literature which should be suspected when a patient presents with abdominal pain and fever. The diagnosis is based both on clinical presentation and imaging studies. The tomography is the diagnostic procedure of choice. In our case the management was conservative, because the patient was hemodynamically stable and antibiotic therapy could control the sepsis.

**Keywords:** spleen, renal, infarction

PP 239

**Pneumomediastinum Due to Ski Pole: A Case Report**

*Polat Durukan<sup>1</sup>, Emre Bülbül<sup>1</sup>, Ömer Salt<sup>2</sup>, Ömer Faruk Ipek<sup>1</sup>, İsmail Tekin<sup>1</sup>, Seda Özkan<sup>3</sup>*

<sup>1</sup>Erciyes University Medical Faculty Department of Emergency Medicine Kayseri, Turkey

<sup>2</sup>Yozgat State Hospital, Department of Emergency Medicine Yozgat, Turkey

<sup>3</sup>Dişkapi Yıldırım Beyazıt Training and Research Hospital Department of Emergency Medicine Ankara, Turkey

**Objective:** Pneumomediastinum, defined as the presence of mediastinal air. As a result of the sudden increase in pressure inside the alveoli, alveolar torn happens. Spontaneous pneumomediastinum is usually seen in healthy young men. Traumatic pneumomediastinum is very rare. It has clinical varieties. Classically, chest pain, painful swallowing, subcutaneous emphysema, and crepitus are seen. Depending on the degree of mediastinal pressure, dyspnea, cyanosis, pulmonary failure and cardiac problems were the most common clinical conditions.

**Case:** 25 year old male patient was admitted to our emergency department with complaints of difficulty swallowing and shortness of breath due to fell down and ski pole crush on the right lower part of his neck while he was skiing. His vital signs were: body temperature: 35.8 °C, pulse: 72 \ min, respiratory rate: 20 \ min, blood pressure 90/60 mmHg. The general condition of the patient's physical examination; conscious, was oriented and cooperative. There was crepitus on the right neck and right shoulder on palpation. Auscultation of bilateral lung sounds were normal. Thorax computed tomography was performed because of subcutaneous emphysema seen on x-ray. The patient's oral intake was stopped and 3X2 g IV ampicillin-sulbactam began and then transferred to the chest surgical intensive care unit to follow-up. PA and lateral chest radiographs performed daily. The patient's oral intake was opened gradually and no complications were observed during follow-up.

**Conclusion:** Patients with pneumomediastinum should be monitored and followed up carefully. If there is no injury detected to the trachea or the esophagus and no a large air leak from the lung tissue source (such as blisters or blebs), the treatment strategy must be mainly preventive approach to (rest, pain killers, antibiotics and avoidance of valsalva maneuver), and supportive. It should be kept in mind that pneumomediastinum could be seen after blunt neck, face traumas.

**Keywords:** pneumomediastinum, ski, trauma



## PP 240

**Diagnostic Value of Copeptin In Pulmonary Embolism***Zehra Alıncak<sup>1</sup>, Polat Durukan<sup>2</sup>, Ömer Salt<sup>3</sup>, Recep Saraymen<sup>4</sup>, Seda Özkan<sup>5</sup>, Ahmet Şen<sup>4</sup>, Ahmet Öztürk<sup>6</sup>*<sup>1</sup>Kayseri Training and Research Hospital, Department of Emergency Medicine Kayseri, Turkey<sup>2</sup>Erciyes University Medical Faculty Department of Emergency Medicine Kayseri, Turkey<sup>3</sup>Yozgat State Hospital Department of Emergency Medicine Yozgat, Turkey<sup>4</sup>Erciyes University Medical Faculty Department of Biochemistry Kayseri, Turkey<sup>5</sup>Dişkapı Yıldırım Beyazıt Training and Research Hospital Department of Emergency Medicine Ankara, Turkey<sup>6</sup>Erciyes University Medical Faculty Department of Biostatistics Kayseri, Turkey

**Objective:** Pulmonary embolism(PE) is a common health problem all over the world. It has high mortality and morbidity rates and it is difficult to diagnose it. Furthermore diagnostic and treatment cost cause a high load to government economics. In this study we aimed to search whether plasma copeptin levels increase in pulmonary embolism.

**Materials-Methods:** The study was carried out prospectively with 100 consecutive patients who admitted to ED and diagnosed as PE and with 30 healthy volunteers as control group between the dates 01.06.2012 and 31.12.2012.

Three mL blood was drawn from the patients diagnosed as pulmonary embolism for serum copeptin level. Repeated blood samplings for copeptin were drawn at 12th and 24th hours as 3 mL. 30 healthy volunteers who had normal physical examination findings and didn't show any sign of disease were included in the study as control group.

**Results:** Mean copeptin levels of the patients with PE  $0.75\pm 0.57$  ng/mL at 0th hour. Mean copeptin levels that were measured once at the beginning for the control group was  $0.48\pm 0.27$  ng/mL. There was statistically significant difference between these groups ( $p<0.05$ ). There was no statistically significant difference between 0th, 12th and 24th hour levels of copeptin ( $p>0.05$ ). There was no significant difference between male and female patients ( $p>0.05$ ). At 0th hour, there were significant difference between massive and submassive pulmonary embolism patients and submassive and nonmassive pulmonary embolism patients. ( $p<0.05$ ). The highest copeptin levels were in massive pulmonary embolism patients.

**Conclusion:** Even if we found a significant difference in terms of copeptin levels between patients diagnosed as PE and control group at 0th hour. In the patients who were diagnosed as massive pulmonary embolism, when compared with submassive and nonmassive patients 0th hour, copeptin levels were significantly higher. We consider that copeptin may be a more important parameter in determining the severity of pulmonary embolism.

**Keywords:** Pulmonary, embolism, venous, thromboembolism, copeptin

## PP 241

**A rare extremity injury: subtalar dislocation***Zerrin Defne Dunder, Mehmet Ergin, Hasan Babadostu, Basar Cander, Mehmet Gul*

Emergency Medicine Department, Necmettin Erbakan University Meram Faculty of Medicine, Konya, Turkey

**Objective:** Subtalar dislocations are rare injuries accounting for approximately 1% of all dislocations. Generally, they are due to high-energy traumas. The main mechanism of subtalar dislocation is simultaneous injury of the talonavicular and talocalcaneal joints, while the tibiotalar and calcaneocuboid joints remain intact due to inversion and eversion of the foot. Here, we want to present a patient with medial subtalar dislocation after falling from stairs.

**Case:** A 45-year-old female presented to emergency medicine department with ankle pain and deformity after falling from stairs. On her physical examination, vital signs were in normal range. There was a medial deformity on her left ankle. The neurovascular structures are intact. The radiogram was in compliance with medial subtalar dislocation. The dislocation was reduced with longitudinal-lateral distraction of the foot. A control radiogram was performed. There was no fractured bone in computed tomography scan of ankle, that was performed after reduction. Then, the ankle was stabilized with short leg splint. She was followed up in orthopedic ward with tight circulation control for 24 hours and discharged from hospital.

**Conclusion:** Although subtalar dislocations are rare injuries, these dislocations should immediately be reduced due to the risk of avascular necrosis of talus, secondary neurovascular injuries, posttraumatic arthrosis, and chronic pain.

**Keywords:** subtalar dislocation, trauma, extremity



PP 242

**An unusual reason of lower left abdominal pain: omental infarction**

*Zerrin Defne Dundar, Basar Cander, Merve Guven, Mehmet Ergin, Sedat Kocak*

Emergency Medicine Department, Necmettin Erbakan University Meram Faculty of Medicine, Konya, Turkey

**Objective:** Omental infarction is a rarely seen clinical condition that can mimic acute appendicitis, acute cholecystitis, or diverticulitis. Most of the patients with omental infarction are obese and male. Here, we want to present a male patient who presented to emergency department with lower left abdominal pain and had a diagnosis of spontaneous omental infarction.

**Case:** A 33-year-old male patient presented to emergency medicine department with a history of lower left abdominal pain for 2 days. The pain begun at left abdomen and increased in intensity throughout the 2 days. The pain radiated to his inguinal region and was aggravated with movement, especially with walking. There was no accompanying complaints, such as dysuria, nausea, vomiting. He was no history of systemic illness, but he had obesity. On his physical examination, the vital signs were in normal range. There were tenderness, guarding and rebound signs on abdominal examination. In his laboratory investigation, leukocyte count, urinary analysis, and biochemistry results were in normal range. His abdominal pain did not relieve with hydration and antispasmodic medication. Abdominal ultrasound and computed tomography scanning showed that there was a 17mm x10 mm hypochoic lesion in lower left abdomen wall, that was in compliance with omental infarction. The patient was followed up in general surgery ward for 9 days and he was discharged from hospital without any operation or complication.

**Conclusion:** Omental infarction is usually seen in right side of abdomen due to torsion of omentum and compression of the vascular structures. Generally, nausea, vomiting, fever and leukocytosis are seen in patients with omental infarction. In our case, there was no fever and leukocytosis with left-sided omental infarction, as an unusual presentation.

**Keywords:** abdominal pain, omentum, infarction, acute abdomen

PP 243

**Mortality related to N-Hiyosin-N Butil Bromure**

*Behcet Al, Mustafa Bogan, Suat Zengin, Sener Cindoruk, Yilmaz Safi*

emergency department of medicine school, Gaziantep university/Turkey

**Object:** In present study mortality in a 27 years old male due to Hiyosin-N-Butilbromore was discussed. Similar case was not met in literatures.

**Case:** A-27 years old male who had no previous disease was brought to our emergency department (ED) with cardiac arrest. In first care he was unconscious, pupils were fixed dilated, pulse and breathing were not noticed. Cardiac activity was not obtained with ecocardiography. He had acute gastroenteritis (4-5 time/day) since three days. So Hiyosin-N-Butilbromure was ordered (3x1/day). He had a syncope at the second day of treatment. His father who had basic life support course noticed that the patient had poor pulse with no breathing. After the father gave two artificial breaths and carried out chest compression for one minute, the breathing came back. But the patient did not go to hospital. Two hours later the syncope repeated. Although, he had poor pulse and breathing, he was unconscious. Emergency aid arrived to the event area within 5 minutes and evaluated the patients as respiratuar arrest and began to ventilation. On the way to the hospital cardiac arrest also occurred. Cardiopulmoner resuscitation was performed for 100 minutes but no response obtained. In laboratory pH: 7,151, pCO2 62, and pO2 was 7; other velues were between normal limit.

Hiyosin-N-Butil bromure is a semisyntetic derivative of scopolamine that has antimuscarinic effect. It affect peripheric anticolonergic and parasypatometric by blocing ganglion in visseral smooth muscles and inhibating the muscarinic effect of asetylcolin. Even in therapatic dose it has many side affects. Urine retantion, constipation, dizziness, mouth dryness, difficulty of swallowing, fatigue, pupil dilatation, acomodation defeat, fotofoby, flushing bradycard, dysrtytm and paplpation are some of side effects.

Although, we met no mortality in literature we thing the mortality in present study ocurred as a side effect of Hiyosin-N-Butilbromore.

**Keywords:** Mortality, N-Hiyosin-N Butil Bromure, emergency, gastroenteritis



## PP 244

**A serious life threatening Medical Error in the lifesaving Emergency Medicine Department which caused cardiopulmonary arrest**

Mahboub Pour-Aghaei<sup>1</sup>, Peyman Moharramzadeh<sup>1</sup>, *Yashar Hashemi aghdam*<sup>2</sup>, Mohammadreza Taabaan-Sadeghi<sup>3</sup>

<sup>1</sup>Assistant professor of Emergency Medicine, Department of Emergency Medicine, Imam Reza Hospital, Tabriz University of Medical Sciences

<sup>2</sup>MD, Young Researchers and elite club, Tabriz Branch, Islamic Azad University, Tabriz, Iran

<sup>3</sup>Assistant professor of Cardiology, Shahid Madani Heart Hospital, Heart research center, Tabriz University of Medical Sciences

**Objective:** Drug complications are the most common type of adverse patient event, accounting for 19% of adverse events overall, and as many as 4% of all inpatients experience some type of medication error. In this case report, we reported a serious life threatening medical error which occurred in ED of Imam Reza hospital of Tabriz which cause cardiopulmonary arrest.

**Case:** Patient is a 58 years old woman with DM and cirrhosis. She was under treatment with Insulin therapy and was admitted severally in emergency department (ED) of Emam Reza Hospital of Tabriz. She was referred to ED of Emam Reza hospital with chief complaint of loss of consciousness. At arrival bedside BS glucometry, BS: 64 was detected. Due to hypoglycemia, we prescribed 2 vials of hypertonic dextrose water 50%. Drugs were delivered by relatives of the patient and they received 1 vial DW 50% and 1 vial Lidocine2% which were taken to the nursing station for infusion. DW 50% vial was infused and level of consciousness increased simultaneously with infusion. In 10 minutes after infusion of second vial, generalized tonic clonic seizure and cardiopulmonary arrest happened.

**Conclusion:** Adverse drug events caused by medical errors represent a common cause of injury in the practice of medicine

**Keywords:** Medical Error, Emergency Department (ED), Cardiopulmonary Resuscitation (CPR)

## PP 245

**Scaphoid Nonunion Treatment with Reverse Flow Vascularized Bone Graft from Distal Metaphysis of Radius**

*Yashar Hashemi Aghdam*<sup>1</sup>, Amin Moradi<sup>1</sup>, Jafar Soleimanpour Mokhtarmanand<sup>1</sup>, *Yashar Hashemi Aghdam*<sup>2</sup>

<sup>1</sup>Assistant professor of orthopedic surgery, Department of Orthopedic surgery, Tabriz University of Medical Sciences

<sup>2</sup>MD, Young Researchers and elite club, Tabriz Branch, Islamic Azad University, Tabriz, Iran

**Objective:** The scaphoid is the most frequently fractured carpal bone. Those fractures are commonly difficult to diagnose and usually go undetected. The aim must be bone healing with scaphoid shape restoration and ligament structure preservation. This study was aimed to evaluate the results of treatment of scaphoid nonunion with reverse flow vascularized bone graft from distal metaphysis of radius. **Materials & Methods:** In a quasi-experimental setting, 20 patients with scaphoid nonunion in Shohada Trauma Center of Tabriz were evaluated during 13 months. All these were operated and a reverse flow vascularized bone graft from distal metaphysis of radius was employed. Long and short thumb spike casting was applied tow times for 1.5 and 2 months respectively. Radiological union, range of motion, presence of pain and the degree of patients' satisfaction were assessed.

**Results:** Twenty patients, 19 males and 1 female with mean age of  $25.15 \pm 6.62$  (17-40) years were recruited. There were 17 waist and 3 proximal pole fractures. Preoperative pain and pain with decreased grip strength was seen in 11 and 9 cases, respectively. Postoperatively, the range of motion did not change significantly. The frequency of patients suffering from pain was significantly decreased at the end of study (100% to 25%;  $p < 0.001$ ). There were 7(35%) complications: pin fracture (2 cases), occupation change (2 cases), nonunion (1 case), delayed union (1 case), and the irritation of pin place (1 case). The man time of union- achievement was  $10.71 \pm 1.62$  (8-14) weeks. Eighty percent of the patients were highly to very highly satisfy with the procedure. Mayo wrist score was significantly increased after operation.

**Conclusion:** This study showed that the treatment of scaphoid nonunion with reverse flow vascularized bone graft from distal metaphysis of radius is safe and effective. The risk of nonunion should be evaluated studies with larger sample sizes.

**Keywords:** Scaphoid, Nonunion, Bone Graft



PP 246

**Chlorine gas inhalation displaced Magnesium sulfate activity in rats**

*Kamil Tüna<sup>1</sup>, Yücel Yavuz<sup>2</sup>, Yusuf Yürümez<sup>3</sup>, Mehmet Emin Büyükkokuroğlu<sup>4</sup>, Neşe Nur User<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Afyon Kocatepe University of Medical School, Afyonkarahisar, Turkey

<sup>2</sup>Department of Emergency Medicine, Ondokuz Mayıs University of Medical School, Samsun, Turkey

<sup>3</sup>Department of Emergency Medicine, Sakarya University of Medical School, Sakarya, Turkey

<sup>4</sup>Department of Pharmacology, Sakarya University of Medical School, Sakarya, Turkey

**Objective:** Chlorine gas (Cl<sub>2</sub>) intoxications are one of the most frequent causes of emergency cases. Treatment of these cases is the symptomatic and supportive therapy. In this study, we investigated the effectiveness of Magnesium Sulphate to reduce and/or neutralize the symptoms and the damage.

**Materials-Methods:** Rats were divided into five groups randomly each consisting of 8 rats. Sham group were given nothing during the experiments. Cl<sub>2</sub> gas was obtained commercially. The rats in the other four groups were subjected to Cl<sub>2</sub> gas inhalation of 200 ppm for 20 minutes. Among these, groups III-V intraperitoneal Magnesium Sulphate as 100 mg/kg was given intraperitoneally, while equal amounts of SF was given groups II-IV. The rats in group II-III were followed up for 6 hours, group I-IV-V were 24 hours.

**Results:** Following Cl<sub>2</sub> gas intoxications, MDA, GSH, TNF- $\alpha$  and IL-10 in blood were studied in rats. Statistically significant increase in MDA levels was observed in four groups excepting for group II. GSH levels increased significantly in group II, though not statistically significant in other groups, probably due to an adaptive response to oxidative stress. On the other hand, it was observed that the treatment had a much more positive response to oxidation in early phase. It was also seen that the treatment had a statistically insignificant effect on IL-10 during inflammatory process in all groups. Moreover, no statistically significant effect of the treatment was seen on TNF- $\alpha$ . It was also seen that the treatment might have had a more positive effect on inflammation in late phase.

**Conclusion:** Following the Cl<sub>2</sub> gas exposition, it has been seen that Magnesium Sulphate might have had a positive effect on reversing oxidative stress in early phase, and on inflammatory response in late phase for treatment, despite the fact that it is not statistically significant.

**Keywords:** Chlorine gas (Cl<sub>2</sub>), intoxication, Magnesium Sulphate

PP 247

**Burns in Hands and Faces by Liquefied Petroleum Gas**

*Abdul Kerim Yapıcı<sup>1</sup>, İbrahim Arzıman<sup>2</sup>, Özgür Sezer<sup>2</sup>, Şükrü Ardiç<sup>2</sup>, Ümit Kaldırım<sup>2</sup>, Mehmet Eryılmaz<sup>2</sup>*

<sup>1</sup>Emergency Medicine, Gülhane Military Medical Academy, Ankara/Turkey

<sup>2</sup>Plastic Surgery Medicine, Gülhane Military Medical Academy, Ankara/Turkey

**Objective:** Liquefied petroleum gas (LPG) is obtained during the splitting and distilling of the crude oil. LPG can be stored as liquid form under pressure in tanks and can be also easily transported. This gas is usually used in kitchen, industrial areas, for lightning and heating and especially by today's vehicles. We wanted to present 3 cases of hand and face burns after an explosion within a vehicle resulting by a LPG leak.

**Case:** Three men of ages 17, 19 and 21 admitted to the emergency department with burns in their faces and hands. They reported that the explosion occurred due to a lightning of cigarette by one of them while the car was parked. The physical examination of the patients revealed second degree burnings in their hands and faces. Two of them with lighter burnings were medically treated and discharged. Their burnings were epithelialized within a week. The last patient with worse injuries who was kept in the hospital had his burnings epithelialized in 14 days.

**Conclusion:** LPG is an odorless and colorless gas. However, it was scented in the refineries for any leaks to be noticed. The more use of LPG in vehicles let the traumas because of this gas increase. Although scented in the refineries, the leak was not noticeable in our case. The persons concerned who are using such vehicles should be aware of the danger. In such cases they should immediately cut the gas connection, give air the vehicle and definitely not use light any kind of fire in the vehicle. Moreover the LPG transformation of the vehicles should be carried out by licensed professionals and made controls periodically.

**Keywords:** liquefied petroleum, gas, burns



## PP 248

**Recurrent Anaphylaxis Due to Bee Sting**Behic Volkan Boz<sup>1</sup>, Ozlem Bilir<sup>2</sup>, Gokhan Ersunan<sup>2</sup>, Ozgur Inegol<sup>1</sup>, Muhammet Melik Candar<sup>1</sup>, Ayhan Saritas<sup>1</sup><sup>1</sup>Emergency Department, School of Medicine, Duzce University, Duzce, Turkey<sup>2</sup>Emergency Department, School of Medicine, Recep Tayyip Erdogan University, Rize, Turkey

**Introduction:** Anaphylaxis is a real emergency, it is the most serious form of life-threatening systemic allergic reactions. The most common cause of severe anaphylaxis are antibiotics (such as penicillin), radioccontrast agents, and insect stings. Insect stings have the highest risk of recurrence anaphylaxis. In this paper, we will draw attention to recurrent anaphylaxis due to bee sting.

**Case:** 47 year old male patient. He was brought to emergency room (ER) with syncope after wasp sting while he was working in the field. Earlier, he has a story of anaphylaxis due to bee stings. He was unconscious. He has a superficial carotid pulse, BP 40/25 mmHg, SpO<sub>2</sub>: %65. Electrocardiography showed sinus bradycardia. On physical examination, common body edema, bilateral mydriasis were seen. His GKS was 5 (E1, M3, V1). He was intubated with the diagnosis of anaphylaxis. Ventilated on 100% oxygen by balloon mask. 0.5 mg epinephrine administered IM because of IV line is not available at this time. When IV line available, bolus intravenous hydration was started. Epinephrine infusion, 1 mcg/min was started. Arterial blood gas, blood count, biochemistry and cardiac marker tests were sent. The patient was given 60 mg IV methylprednisolone. Then, his oxygen saturation became >92%, arterial blood pressure 70/40 mmHg, heart rate: 121 beats/min. Mechanical ventilation was started and he was hospitalized in anesthesia intensive care unit. After 2 days following the hospitalization, he was discharged in a healthy way.

**Conclusion:** Every day, dozens of patients resort to ER with allergic reactions. Clinical conditions range from localized urticaria to severe anaphylaxis. And so ER physician should be equipped, know the emergency management and subsequent treatment steps of anaphylaxis. Also it should be known that; patient's history and physical examination are enough to diagnose anaphylaxis. And we must always remember two cornerstones: Adrenaline and advanced airway management.

**Keywords:** Bee sting, Anaphylaxis, Adrenalin

## PP 249

**Hot Press Hand Injury Caused By Roller Type Ironing Machine**Abdul Kerim Yapıcı<sup>1</sup>, Ümit Kaldırım<sup>2</sup>, Murat Eroğlu<sup>2</sup>, Ibrahim Arzıman<sup>2</sup>, Şükrü Ardıç<sup>2</sup><sup>1</sup>Plastic Surgery Medicine, Gülhane Military Medical Academi, Ankara/Turkey<sup>2</sup>Emergency Medicine, Gülhane Military Medical Academi, Ankara/Turkey

**Objective:** Modern industrial garment machines may cause complex hand injuries. Thermal crush burn due to roller type ironing press machine are relatively rare and can cause destructive effects with significant morbidity. We present a case of thermal crush injury of the hand caused by laundry roller type ironing press machine.

**Case:** A 47-year-old man presented to the emergency room with thermal crush injury in his left hand. His medical history revealed the compression of his left hand to a roller type ironing press machine during ironing about half an hour ago. On examination, he had 2 and 3 degree burns on the dorsal and volar ulnar side and the dorsal aspect of the 2nd,3th,4th and 5th fingers of the left hand. There was any fracture on hand x-ray. Radial and ulnar pulses were palpable. The patient was hospitalized immediately for close monitoring. The sterile dressing was applied to the patient first and subsequent days. The debridement was applied during the dressings. In the field of burn, granulation tissue developed without any tendon or bone exposition and grafting was performed in the third week. After the successful surgery. The patient started to use pressure gloves and physical therapy exercises was maintained.

**Conclusion:** Event hough modern ironing presses have built-in devices for prevent injuries, even in the ironing phase, undesirable injuries still occur. The surface heat of roller press machine may reach 160°C and this may cause severe deep thermal burns requiring amputation so the therapy should be decided carefully. These complex burns are preventable and some simple measures may diminish the incidence. Employees in these occupations should be warned about the risks of these injuries. Early debridement should be done as soon as during treatment. Early wound excision, aggressive perioperative hand therapy, and rehabilitative support were recommended.

**Keywords:** Ironing Machine, hot-press, hand Injury



PP 250

**Spontaneous Spinal Epidural Hematoma: A Case Report**

*Ayhan Sarıtaş<sup>1</sup>, Fatih Güneysu<sup>1</sup>, Semih Güneysu<sup>1</sup>, Ramazan Buyukkaya<sup>2</sup>, Hayati Kandis<sup>1</sup>*

<sup>1</sup>Emergency Department, School of Medicine, Duzce University, Duzce, Turkey

<sup>2</sup>Department of Radiology, School of Medicine, Duzce University, Duzce, Turkey

**Introduction:** Spontaneous spinal epidural hematoma (SEH) is a rare cause of spinal cord compression. SEH is generally a result of trauma, vascular abnormality, hypertension, epidural anesthesia, spinal surgery and anticoagulant use. In our case, spontaneous SEH due to anticoagulant use in 78 year-old male is reported.

**Case:** 78 years old male patient admitted to our emergency department with bilateral shoulder pain and dyspnea. The patient's medical history revealed that he had congestive heart failure, atrial fibrillation and arterial hypertension. The systemic and neurologic examinations were normal. But four hours later, loss of strength on right arm and right leg were developed in patient. Brain computerized tomography was obtained, and it was normal. Hereon, brain magnetic resonance imaging (MRI) was obtained. There was no any sign of pathology in scanning. Increase of the patient's neurological deficit made us think the possibility of spinal cord compression on upper levels so cervical MRI was planned. MRI showed an epidural hematoma compressing the cord on C2-C6 level. Afterward the patient was hospitalized to neurosurgery clinic.

**Conclusion:** Like cranial disorders, pathologies affecting spinal cord should be kept in mind as a reason for the patients who suffer from neurological deficits. Our report shows cervical MRI is vitally important in suspicious cases which the patient's neurological symptoms presented with neck or shoulder pain.

**Keywords:** Spinal Hemorrhage, paralyses, pain

PP 251

**Ozone Therapy Ameliorates Paraquat Induced Lung Injury in Rats**

*Ümit Kaldırım<sup>1</sup>, Bülent Uysal<sup>2</sup>, Enis Macit<sup>3</sup>, Yusuf Emrah Eyi<sup>1</sup>, Mehmet Toygar<sup>4</sup>, Salim Kemal Tuncer<sup>1</sup>, Şükrü Ardiç<sup>1</sup>, İbrahim Arzıman<sup>1</sup>, İbrahim Aydın<sup>5</sup>, Ramazan Yüksek<sup>2</sup>*

<sup>1</sup>Emergency Medicine, Gülhane Military Medical Academy, Ankara/Turkey

<sup>2</sup>Physiology Department, Gulhane Military Medical Academy, Ankara/Turkey

<sup>3</sup>Toxicology Department, Gulhane Military Medical Academy, Ankara/ Turkey

<sup>4</sup>Forensic Medicine, Gulhane Military Medical Academy, Ankara/Turkey

<sup>5</sup>Clinical Biochemistry, Gulhane Military Medical Academy, Ankara/Turkey

**Objective:** Paraquat (PQ) overdose may cause acute lung injury and death. Ozone therapy (OT) is shown to reduce inflammation and necrosis in several entities. Thus, we designed a study to evaluate the efficacy of OT on paraquat-induced lung injury.

**Materials-Methods:** Twenty four female Sprague-Dawley rats were divided into three groups: sham, PQ and PQ+OT groups. In PQ and PQ+OT groups, experimental lung injury was induced by administration of 15 mg/kg PQ intraperitoneally. Then, PQ+OT group received 1 mg/kg daily single dose ozone/oxygen mixture intraperitoneally 1 h after PQ treatment for consecutive 4 days. The animals were killed at 5th day after PQ administration. Blood and lung tissues were harvested to evaluate the lung injury, oxidative status and inflammatory processes.

**Results:** Serum lactate dehydrogenase (LDH) and neopterin levels, tissue oxidative stress parameters, TGF-beta levels and histological injury scores in PQ+OT group were significantly lower than PQ group ( $p < 0.05$ , PQ vs. PQ+OT). In the treatment group, total antioxidant capacity was significantly higher than PQ group ( $p < 0.05$ , PQ+OT vs. PQ).

**Conclusion:** These findings from this study suggest that it may be possible to improve the outcome in PQ-induced lung injury by using OT as an adjuvant therapy.

**Keywords:** Paraquat, lung injury, ozone therapy



## PP 252

**Intrathoracic Foreign Body: Two Cases Without Pathology***Hatice Eryigit<sup>1</sup>, Mehmet Ünaldr<sup>2</sup>, Kadir Burak Özer<sup>1</sup>, Mehmet Yiğit<sup>3</sup>, Özgür Söğüt<sup>3</sup>*<sup>1</sup>Dr Lütfi Kırdar Kartal Training and Research Hospital Department of Thoracic Surgery<sup>2</sup>Dr Lütfi Kırdar Kartal Training and Research Hospital Emergency Department<sup>3</sup>Bezmialem University Faculty of Medicine Emergency Department

**Objective:** Trauma due to work accident is still important today. Multiple trauma containing thoracic injury is most common cause of death in young adults in our country and around the world. In this study we aimed to two cases thoracic injuries depending on the piercing and cutting tool.

**Case:** Case1: 29 year-old man was brought to the emergency department with foreign body (building iron bar) in the chest as a result of falling from high. His general condition was moderate, open mind, oriented and cooperated. The blood pressure: 120/80 mm-Hg, pulse: 100/min. The entrance of the foreign body was from right axilla into chest right. It was progressing retrosternal into the left thoracic cavity and was present submuscular termination on the left. The foreign body was removed with bilateral anterior thoracotomy and VATS exploration by thoracic Surgery department's emergency operation performing. Following the palliative care unit he was discharged at postoperative a week. physical examination. It had no determined hemopneumotorax on the first radiological evaluation of patient and the foreign body was removed by local anesthesia. The patient was

**Case2:** 45 year old male patient with intrathoracic foreign body (building nail) due to falling high building was brought to the emergency department. Good general condition was good, vital signs were stable. The about 10 centimeter length building nail half of bogged in the intrathoracic region in fourth intercostal space on medial left breast was determined on discharged from a 48-hour post observation following no pathologic observation in the control CT evaluations.

**Conclusion:** The thorax trauma a patient forms an important part of admitted to emergency departments. Penetrating thoracic traumas lead to hemothorax, pneumothorax, heart and major blood vessel injury and require immediate intervention. The blunt thoracic trauma are approximately 70%-80% of all thoracic traumas, and penetrating thoracic trauma are 20%-30%. While blunt chest trauma mostly is caused by traffic accidents, penetrating trauma is often caused by firearms and stab.

**Keywords:** iron bar, nail, thoracic trauma

## PP 253

**Late post-partum eclampsia: a case report***Hatice Doğan<sup>1</sup>, Özlem Uzun<sup>1</sup>, Banu Karakuş<sup>1</sup>, Erdem Çevik<sup>2</sup>*<sup>1</sup>Department of Emergency Medicine, Bağcılar Education and Research Hospital, Istanbul, Turkey<sup>2</sup>Department of Emergency Medicine, Van Military Hospital, Van, Turkey

**Objective:** Eclampsia is the combination of preeclampsia and seizures. Approximately one-half of all cases of eclampsia occur postpartum. Thereby late onset postpartum eclampsia is defined by its onset more than 48 hours after delivery.

**Case:** A 25-year-old patient with post-menstrual age of 23 weeks gestation, due to preeclampsia pregnancy terminated 1 week ago. The patient was brought to the emergency department because of fainting and seizures that had never happened before. The patient's general condition was good and cooperative. The blood pressure was 150/80 mmHg and heart rate was 116/dak. Edema of the legs was found. Creatin kinaz-MB (CK-MB) was 137,78 U/L, troponin was 0,312 ng/MI, INR was 2,03 and D-dimer was 4057 ug/L. Urinalysis indicated a proteinuria. In her ECG at the V2-V6 derivations, ST depression was seen. A CT scan of the head and magnetic resonance imaging scan has no pathology. During the follow up of the patient in the emergency department, generalized tonic-clonic seizure is occurred and given phenytoin and MgSO<sub>4</sub> to stop seizure. Patient's hypertension was controlled by infusion of nitroglycerin. Organic causes was not found to explain seizure and was diagnosed as late postpartum eclampsia. Patient was sent to intensive care unit. Antihypertensive treatment of alpha methyl dopa 4 \* 1 250 mg per day and metoprolol succinate 50 mg daily was given. After six days later, during follow-up of patients without seizures, she was discharged with alfametil dopa 250 mg 4 \* 1.

**Conclusion:** It should not be forgotten that, eclampsia can be seen from birth to 48 hours after, almost half of postpartum eclampsia cases are late postpartum eclampsia and clinical and laboratory signs of pre-eclampsia is not available in all patients. Convulsions in patients with postpartum should be considered and treated as postpartum eclampsia until proven otherwise.

**Keywords:** postpartum, late eclampsia, seizure



PP 254

**Abscess of soft tissue according to binding rope to the waist**

*Hatice Dogan*<sup>1</sup>, *Özer Kemahlı*<sup>1</sup>, *Banu Karakuş*<sup>1</sup>, *Süleyman Solak*<sup>1</sup>, *Nilay Zorbalar*<sup>1</sup>, *Erdem Çevik*<sup>2</sup>

<sup>1</sup>Department of Emergency Medicine, Bağcılar Education and Research Hospital, Istanbul, Turkey

<sup>2</sup>Department of Emergency Medicine, Van Military Hospital, Van, Turkey

**Objective:** Herniated lumbar disks can be treated with surgical and conservative techniques. In our country people try many authentic ways which have no scientific bases to find a solution to their diseases. Practices like binding fish to the waist, sewing in the area of waist which are performed by people who called as "bonesetters" venture the health of the public. People choose these practices not just because of cultural and educational issues but also because of their fear from surgical treatment.

**Case:** A woman patient at sixty-five years old refers to neurosurgery clinic because of her pain in her waist which continues for one year. It needs to done surgical treatment as a solution to her pain which does not reply to conservative treatment. However the patient rejects it and she wants to escape from her pain by binding a rope around her waist. After a while she comes to emergency department because of the lump in her waist. After treatment anamnesis is taken which signifies complete disappearance of the symptoms of slipped disc. In physical examination it is seen that there is an abscess which is 4 x4 cm in the area of lumbar ( Picture- 1 ). Abscess is drained and the material which has been sutured is removed. The patient is discharged in the condition that she will come for control after a week (Picture-2).

**Conclusion:** There are many unscientific ways which are used under the name of treatment in public like binding fish, using knife, going to religious people who creates "muska", scrubbing, hanging to a tree from foods and batting. Binding with the robe is also among these techniques. Patients should be warned not to practice these techniques and they also should be warned about the complications of these techniques.

**Keywords:** binding rope, traditional treatment, hernia

PP 255

**Intrapulmonary foreign body which is diagnosed as myalgia**

*Hatice Dogan*<sup>1</sup>, *Özlem Uzun*<sup>1</sup>, *Banu Karakuş*<sup>1</sup>, *Süleyman Solak*<sup>1</sup>, *Erdem Çevik*<sup>2</sup>

<sup>1</sup>: Department of Emergency Medicine, Bağcılar Education and Research Hospital, Istanbul, Turkey

<sup>2</sup>Department of Emergency Medicine, Van Military Hospital, Van, Turkey

**Objective:** Intrapulmonary aberrant needle is a rare case in clinical practice. They should be removed as soon as possible. Patient with aberrant needle generally refer to emergency department with pain on their back, chest or side. The foreign materials which are found in radiological examinations especially needles may lie in thoracic cavity.

**Case:** A woman patient at the age of thirty refers to emergency clinic with the pain on her left side. The physical examination is evaluated as myalgia. After three hours the patient refers to another hospital because of her ache and problems about breathing. It is said that there is a needle in her PA AC and she refers to again our hospital. Then thorax BT is examined and it is seen that there is foreign body which resembles a needle in left lung and around the needle the lung contusion and pneumothorax was occurred (Picture-1). The patient is sent to chest surgery to remove the needle.

**Conclusion:** The patients who come to emergency department with back-side and chest pain can be examined carefully in physical examinations. While doing their radiological examinations it is important to examine carefully in the case of finding intrathoracic foreign material. The patients who have intrapulmonary needle must be sent to chest surgery as soon as possible because this needle can impede their vital parts.

**Keywords:** intrapulmonary, foreign body, myalgia



## PP 256

**Renal artery embolism**

*Özlem Uzun, Hatice Doğan, Caner Çelik, Mustafa Yalımlı, Engin Coşkun Aslan, Banu Karakuş*

Department of Emergency Medicine, Bağcılar Education and Research Hospital, Istanbul, Turkey

**Objective:** Renal artery embolism is a case which is seen rarely and diagnose hardly in emergency services. Introductions about patients and suspicion is very important to diagnose this illness. Because there is no specific biochemicals tests and findings. Arteriyel embolis usually develop after cardiac pathologies. These cardiac pathologies are atrial fibrillation and other arrhythmic cases, embolism which is seen after myocardial infarction, rheumatic heart disease. In this patient's history there is no cardiac pathology and embolism.

**Case:** A 36 years old man patient who has vomiting, perspiration and left side pain admitted to emergency service. Sudden onset of severe pain then perspiration and vomit started 1 hour ago. Patient's Glasgow Coma Scale (GCS) was 15, blood pressure 130/90 mmHg, arterial pulse 90/minute, fever:37.0 C. Abdominal examination was normal, there was no defance-rebound, there was left costovertebral angle tenderness and other organ examination was normal. There was no cronic disease, the story of the surgical,renal pathology and trauma in patient's history. Hemogram and biochemical analyzes were normal, two positive (++) leucocyte were seen in urinalysis. Patient firstly was evaluated renal colic and started examination but patient's symptoms didn't recuperate. Contrast abdominal CT was taken. It was recognized that there was no proximity of contrast enhancement in almost all the left kidney in contrast abdominal CT (Picture 1-2). Patient is considered as renal artery embolism.

**Conclusion:** A lot of patients with left side pain and renal colic admit to emergency services. On the other hand, renal artery embolism is not an usual case so if doctors don't suspect and evaluate carefully, it is possible that renal artery embolism can't recognize. Our aim is to attract attention rare renal artery embolism cases and possibility of renal artery embolism in renal colic patients.

**Keywords:** Renal artery embolism, Renal colic, back pain

## PP 257

**Association between time and mortality of patients admitted from Emergency Department to Intensive Care Unit**

*Hatice Dogan<sup>1</sup>, Doğaç Niyazi Özüçelik<sup>2</sup>, Akkan Avcı<sup>3</sup>, Banu Karakuş<sup>1</sup>, Murat Koyuncu<sup>4</sup>*

<sup>1</sup>Department of Emergency Medicine, Bağcılar Education and Research Hospital, Istanbul, Turkey

<sup>2</sup>Department of Emergency Medicine, Bakirkoy Dr. Sadi Konuk Education and Research Hospital, Istanbul, Turkey

<sup>3</sup>Department of Emergency Medicine, Adana Numune Education and Research Hospital, Adana, Turkey

<sup>4</sup>Department of Emergency Medicine, School of Medicine, Karabuk, University, Karabuk, Turkey

**Objective:** Increased patient ED admissions thus increased time-spent in ED and over-crowded ED which in turn raises importance of differentiating more critical patients in ED's. The objective of this study is to evaluate the effect of waiting time in ED for patients who are admitted to emergency units and hospitalized in intensive care units on the mortality rate of the same.

**Materials-Methods:** The files of 380 patients with different types of complaints who consulted to emergency service and then were transferred to and treated in intensive care units of Bakirkoy Dr. Sadi Konuk Training and Research Hospital between 1 January 2010 and 31 December 2011 were studied retrospectively.

**Results:** The time between admission and transfer to intensive care unit is significantly higher for the patients that die ( $351,3 \pm 356,5$  min, 6 hr approximately) than the patients who survive ( $237,8 \pm 263,9$  min, 4hr approximately). When the waiting time is higher than 351 minute (5 hour and 51 minute), it leads to an increased probability of patient mortality.

**Conclusion:** Briefly this study conclude that; the patient mortality significantly decreases when the patients' transfer to intensive care units is done in a short time without any delay.

**Keywords:** Critical patient, Emergency department, Intensive care unit, Waiting time



PP 258

**Toxic hepatitis related herbal products: 5 Cases**

*Mustafa Sabak, Demet Arı Yılmaz, Tufan Yildirim, Hsana Gumusboga, Suat Zengin, Behçet Al*

emergency department of medicine school, Gaziantep university/Turkey

**Object:** In this study, 5 patients developed toxic hepatitis associated with the use of herbal products were discussed.

**Case 1:** 35-year-old female patient who drunk chamomile tea for weight loss, was admitted with abdominal pain, nausea, vomiting, diarrhea complaints. There were signs of right upper quadrant tenderness and pretibial edema. SGOT, SGPT, alkaline phosphatase, gamma-glutamyl transferase enzyme levels were higher. INR: 1.6, WBC: 2500 were found.

**Case 2:** 44 year-old female patient who used mustard, panax with the aim of reducing cholesterol was admitted with abdominal pain, nausea, vomiting, diarrhea complaints. There were signs of right upper quadrant tenderness. SGOT, SGPT, alkaline phosphatase, gamma-glutamyl transferase enzyme levels were higher. INR: 0.95, WBC: 8400 were found.

**Case 3:** 67 year old male patient admitted with abdominal pain, nausea, vomiting, diarrhea, jaundice complaints after use of vitality (harnut, Hilton) panaxtansalp herbal products. There were signs of right upper quadrant tenderness. SGOT, SGPT, alkaline phosphatase, gamma-glutamyl transferase enzyme levels were higher. INR: 1.05, WBC: 11500 were found.

**Case 4:** 36 year old female patient admitted with complaints of abdominal pain, fatigue, jaundice after the use of paryavşan herbal product. There were signs of right upper quadrant tenderness. SGOT, SGPT, alkaline phosphatase, gamma-glutamyl transferase enzyme levels were higher. INR: 1.1, WBC: 5400 were found.

**Case 5:** 44 year-old female patient was admitted with abdominal pain after drinking lemon balm tea. There were signs of right upper quadrant tenderness. SGOT, SGPT, alkaline phosphatase, gamma-glutamyl transferase enzyme levels were higher. INR: 1.07, WBC: 5200 were found.

All of the patients were common findings of the right upper quadrant tenderness, and elevation of liver enzymes. They all have similar complaints. These patients with a diagnosis of toxic hepatitis follo

**Keywords:** Toxic hepatitis, herbal tea, weight loss, jaundice

PP 259

**Investigation of Cronic Drug Use Due To Cronic Diaesaes In Patients Admitted To Emergency Department**

*Behçet Al, Sener Cindoruk, Suat Zengin, Mehmet Murat Oktay, Mehmet Mustafa Sunar, Hatice Eroglu, Cuma Yildirim*

emergency department of medicine school, Gaziantep university/Turkey

**Objective:** In present study we aimed to investigate the cronic drug use due to cronic diaesaes in patients admitted to emergency department

**Materials-Methods:** 144 patients who applied to emergency department (ED) of medicine school of Gaziantep University between June 2013 and Semptember 2013 with cronic diseases and use cronic drugs were included. İnformation about drugs used by patients were recorded

**Results:** Of patients, half were male, half were female, and the mean age was 58 yeras. The first three common diseases were diabetes mellitus, hypertension and coronary artery diseases. Of patients, %79.2 knew their illness. Fifty patients began to use drug within three months, 36 patient began to use within the last one year. While 42 patients brought all of their drugs with themselves, 17 patients brought along a portion of drugs. While three patients stopped their medication completely, 125 patients received medication on a regular basis. Fifty-two patienn described the drugs with names, 13 patients described with their colors, 3 patients described by grammes, 45 patients described with the size of the tablet and 13 patients could not describe the drugs. Ninety-two patients expained which kind of drugs were used for which diseases, 17 patient explained partly, and 35 patients had no idea. Hundred patiens received medication by themselves, 44 patients medications were giving by their relatives and med carers. Of medications, 140 were written fby doctors directly, three medication were given by pharmacist; and one patient bought the drug by himself. For 11 patients the drugs were not harmonious to their diseases. Fifty-one patients admitted to the ED two times within last week, and 73 admitted two times within last month.

**Conclusion:** The majority of patients with cronic diseases and use cronic drugs know their diseases and use the drugs in order, but do not have enough information about their medication.

**Keywords:** Cronic disease, drug use, emergency department



PP 260

**Bleeding due to unconsciously done leech therapy**

Zikret Köseoglu, *Mehmet Oguzhan Ay, Akkan Avci, Mustafa Acin, Hayri Cinar, Salim Satar*

Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

**Objective:** Leech is a blood-sucking worm in a hirudo class of the phylum annelida. Leeches have a ring-shaped flat bodies, and they feed with the blood of animals and people. Patients with circulatory system diseases, venous congestion, gangrene, varicose veins, inflamed and noninflamed articular rheumatism, unhealed wounds and scars, and various other diseases are using leeches as an alternative treatment method. In this article, we presented a patient who admitted to our emergency department with bleeding due to unconsciously done leech therapy to lumbar region for his back pain.

**Case:** A 28 year-old male patient admitted to our emergency department with bleeding from lumbosacral region. In his medical history, he pasted leeches to the lumbosacral region for chronic low back pain. He had removed leeches two hours later. He say that bleeding had started after removal. After 2 hours waiting, he admitted to our emergency department with continuing bleeding from lumbosacral region. On physical examination, the patient's general condition was medium, conscious, his blood pressure: 120/80 mmHg, pulse rate: 78/min, fever: 36.6 Co. As it can be seen in figure 1, he had a punctuated bleeding as a leakage in the lumbosacral region. His INR level was 1.31, prothrombin time: 16.7 sec and Hb: 16.2 g/dL. We applied tamponade to the bleeding region. Intravenous vitamin K was applied. The bleeding was stopped. After follow-up, the patient was discharged without bleeding.

**Conclusion:** Our people should be informed about that only selected cases should be done leech therapy under the supervision of experts, and these unconsciously done alternative methods could have serious side effects.

**Keywords:** Leech, bleeding, emergency

PP 261

**Suicide attempt via excess Tenofovir uptake in patient with hepatitis B**

Zikret Koseoglu, *Mehmet Oguzhan Ay, Akkan Avci, Ahmet Colakoglu, Gokhan Evren, Salim Satar*

Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

**Objective:** According to several studies, the rate of diagnosis of psychiatric disorders in patients with hepatitis B were higher than the normal population. In this paper, we presented a case who committed suicide attemp via tenofovir disoproxil which she was using for the therapy of hepatitis B. We aimed to give information about the adverse effects of this drug and emphasized that psychosocial status of patients who diagnosed with hepatitis B must be evaluated. Tenofovir disoproxil is one of the antiviral drugs which is used to treat hepatitis B. Very common side effects of Tenofovir disoproxil are diarrhea, nausea, vomiting, and dizziness. Occasionally, blood glucose, creatinine, and liver enzymes increases, abdominal pain may occur. In rare cases, lactic acidosis may develop.

**Case:** An 25-year-old female patient admitted to the emergency department with complaints of abdominal pain, nausea and dizziness. She ingested 27 tablets (245 mg) of tenofovir disoproxil which she was using for the therapy of hepatitis B. On physical examination, the patient's blood pressure was 120/60 mmHg, pulse rate: 88/min, fever: 36.8 °C. Only minimal sensitivity in epigastrium was detected by palpation of the abdomen, other systemic examinations were normal. Laboratory tests, complete blood count, biochemical parameters, lactic acid levels were within normal limits. The patient was given a symptomatic and supportive care. There was no problem during the follow-up of the patient. The patient was discharged, and we recommended her to go to psychiatric outpatient visits.

**Conclusion:** As we have discussed in this case with tenofovir disoproxil intoxication, only abdominal pain, dizziness, nausea developed, and other significant side effects were not observed. The rate of diagnosis of psychiatric disorders in patients with hepatitis B is higher than the normal population, for this reason psychological state of these patients should be closely monitored.

**Keywords:** Tenofovir disoproxil, hepatitis B, depression



PP 262

**Mortality related povidon iyot: Case**

*Suat Zengin, Mehmet Murat Oktay, Hasan Gumusboga, Yilmaz Safi, Ayse Fulya Alben, Behcet Al*

emergency department of medicine school, Gaziantep university/Turkey

**Object:** In present case acute distress respiratory syndrome that occurred due to povidon iyot aspiration was discussed.

**Case:** A-84 year old female admitted to our emergency department because of drinking 60 cc 10% povidon iyot with unconscious. He was confused, tachycardic, hypoxic; he has light reflection and isocoric pupils at admission time. She aspirated the povidon iyot while drinking.

Blood pressure was 90/40 mmHg, pulse 120 beat/min, and oxygen saturation was 70%. Common rales and rhoncus were present bilaterally. Abdomen examination was not evaluated clear. Tachycardia was obtained by electrocardiography. Common alveolar infiltration was noticed both by posterior-anterior chest graphy and thorax computed tomography. Laboratory results were: Glukoz 300 mg/dL, creatinin: 1 mg/dL, pH 7,25, pCO<sub>2</sub> 39,1 mg/dl, pO<sub>2</sub> 68,5 mmHg, and INR was 1,37. Other results were between limit. The patients was followed in care unit with invasive mecanic ventilation. After six hours, artery blood gase (pH 7,05, CO<sub>2</sub> 71,4, pO<sub>2</sub> 109,8) and biochemical findings deteriorated (urea 92, creatinin 2,7, sodyum 162, INR 2,87, prokalcitonin 0,208). The patients was followed as diagnosis of acute respiratory distress syndrome. In progress coagulopathy and multiple-organ failure improved. Cardiopulmonary arrest improved at the 12th hours of admission. She did not response to resuscitation.

**Keywords:** Povidon iyot, cuagulopathy, acute respiratory distress syndrome

PP 263

**Cornea perforation related valsalva: Case reports**

*Suat Zengin<sup>1</sup>, Ayse Fulya Alben<sup>1</sup>, Gulhan Kursun<sup>1</sup>, Hatice Eroglu<sup>1</sup>, Basri Can<sup>1</sup>, Burak Binboga<sup>2</sup>*

<sup>1</sup>emergency department of medicine school, Gaziantep university/Turkey

<sup>2</sup>ophthalmology department of medicine school, Gaziantep university/Turkey

**Object:** Two cornea perforation that occurred after valsalva were discussed in present study.

**Case 1:** A- 83 years old hypertensive male who was folloed due to righth eye absces admitted to our emergency department with severe sudden pain on the right eyes after caughing. At first care he was conscious and cooperated. Blood pressure was 120/90 mmHg; laboratory tests were between normal limit. Hemeatom and soft tissue swelling was obtained around right eye and hemeatom was obtained at anterior-posterior cornea by Axial-coronal computed tomography. Bulbus oculi was intact. Vitre and coroid was aspirated by cornea excision because of Spontan globe perforation. Complication was not improved, so the patient was discharged with order.

**Case 2:** A-87 yeras old female who was followed because of glaucoma on the righth eye and chronic obstructive pulmonary disease admitted to our ED due to severe pain and vission lose that began suddenly. At admission blood pressure was 200/10 mmHg. Cornea perforation and uveoretinal prolapsus was noticed in examination at right eye. Hemorrhage that filled anterior-posterior camera was obtained in computed tomography. Under connected tissue and between hemorrhage area massive cells that contained pigments and chronic inflammation was seen in pathology. Complication was not improved after surgery, the patient was discharged with recovery.

**Keywords:** Valsalva, cornea perforation, Glaucoma, Evisceration, Enucleation



PP 264

**The diagnosis of Fahr's disease should be considered in patients with disorders of calcium metabolism and convulsions**

Zikret Koseoglu<sup>1</sup>, Mehmet Yildiz<sup>2</sup>, Mehmet Oguzhan Ay<sup>1</sup>, Akkan Avci<sup>1</sup>, Muslum Monur<sup>1</sup>, Ali Ilker Ozer<sup>1</sup>, Semih Gedik<sup>1</sup>, Cengiz Yilmaz<sup>3</sup>

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Adana Numune Education and Research Hospital, Department of Neurology, Adana, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Department of Radiology, Adana, Turkey

**Objective:** Fahr's Disease (FH) is a rare condition characterized by symmetric calcifications in basal ganglia, thalamus, cerebellar dentate nucleus and cerebral white matter, which is also known as bilateral striopallidodentate calcinosis. Progressive mental damage, chorea, ataxia, dysarthria, seizures, Parkinson's disease-like syndrome, neuro-psychiatric disorders, behavioral changes, and mental disfunction are often seen as clinical manifestations of Fahr's disease. In this article, we presented a case who admitted to emergency department with convulsion and Fahr's disease was diagnosed.

**Case:** A 48 years old male patient was admitted to our emergency department with seizure and consciousness. This was the first seizure of the patient, and he had occasionally complaints of headaches previously. In admission, general condition was medium, consciousness was closed, GCS score was 13, pupils were miotic, blood pressure was 120/80 mmHg, pulse rate was 88/min, fever was 37.3 °C, respiratory rate was 20/min. He had only hypocalcemia (6.1 mg / dl) and hypoparathyroidism (8 pg / ml) in laboratory examination, and other values were normal. Diffuse and symmetrical calcifications were detected in the cerebellar, parietooccipital regions, the lateral ventricle walls and basal ganglias of the patient by Cranial computed tomography (Figure 1). CSF analysis was normal, and patient was diagnosed as Fahr's disease. The patient was discharged from hospital after treatment and monitoring of inpatient neurology clinics.

**Conclusion:** Basal ganglia calcifications with endocrine causes (hypoparathyroidism, pseudohypoparathyroidism, hyperparathyroidism, hypothyroidism), Wilson's disease, tuberous sclerosis, toxoplasmosis, metabolic originated causes, congenital causes, infectious and toxic causes such as lead poisoning should be kept in mind in the differential diagnosis of Fahr's disease when neuropsychiatric disorders were suddenly developed and there are disorders of calcium metabolism. Fahr's disease should be considered in the differential diagnosis of the calcifications which were especially seen in cerebellum, basal ganglia and supratentorial area with CT and MRI.

**Keywords:** Fahr's disease, hypocalcemia, seizures

PP 265

**Emergency Department Patients ET CO<sub>2</sub> (End-Tidal Carbon Dioxide) Can Be An Early Warning That The Measurement Parameter?**

Ramazan Kıyak, Şule Akköse Aydın, Fatma Özdemir, Aslıhan Durak, Gökhan Taşkın

Uludağ Üniversitesi Tıp Fakültesi Acil Tıp A.B.D

**Objective:** The aim of this study to the emergency patients in the early recognition of critical patients and prognosis of assignments with the value of the measure and the CO<sub>2</sub> pressure and use ETCO<sub>2</sub> pressure modified early warning score (MEWS), was to investigate the blood-gas analysis and laboratory findings.

**Case:** The study refers to the emergency and triage patients as red or yellow color of the score. This is a simple oxygen mask fitted to patients and connecting the other end of the adapter hose to the mask, the tip of kapnometer for a minute 4-6 l/min of oxygen. At the end of the measured value of CO<sub>2</sub> has been recorded in a minutes kapnometer. These values are compared with the patients < MEWS and patients 1, 7 and 30 days mortality status were recorded.

**Conclusion:** A total of 83 patients received and recorded the data. On average, the living patients in the ETCO<sub>2</sub> values 28+SD (6.1), as the patients who died in the ETCO<sub>2</sub> values 16 +SD (5.8) were identified (table 2). ETCO<sub>2</sub> values for mortality rate compared to the 1, 7 and 30. Days. All the days of growing mortality rate with a reverse correlation between ETCO<sub>2</sub> value.

ETCO<sub>2</sub> Roc analysis, the AUC = 0.951, p < 0.001

**Keywords:** ETCO<sub>2</sub>, Emergency Medicine, Modified early warning score (MEWS)



PP 266

**Hypoparathyroidism may be an underlying etiological factor of electrolyte disturbances, and this situation can occur after diarrhea**

Zikret Koseoglu, Mehmet Oguzhan Ay, Akkan Avci, Muslum Monur, Ali Ilker Ozer, Hayri Cinar

Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

**Objective:** Hypoparathyroidism is an endocrine disorder which is characterized by decrease in serum PTH and calcium levels, and high phosphorus level. Patients with hypoparathyroidism can often admitted to emergency departments with paresthesia, cramps or tetany due to hypocalcemia, or admitted with epilepsy-like seizures, bronchospasm, laryngospasm, and acute cardiac rhythm disorders. In this article, we presented a patient who admitted to the emergency department with diarrhea, and diagnosed hypoparathyroidism.

**Case:** A 44-year-old female patient admitted to our emergency department with yellow color diarrhea which is blood, mucus and foam-free, and continued for 10 days, 10-15 times a day. She said that she admitted after the contractions has occurred in her hands. The patient did not have any well-known disease except to be treated with iron medication for anemia. On physical examination, she was conscious, cooperative, and her blood pressure: 80/50 mmHg, pulse rate: 12/dak, fever: 37.6 C. She had abdominal tenderness and increased bowel movements. Chvostek's and Trousseau's signs were positive. Except hypokalemia (K: 2.4 mmol / L), hypocalcemia (6.5 mg / dl) and hypoparathyroidism (29 ng / l), other parameters were normal in laboratory examination. Intravenous fluids, K and Ca were replaced. The results of the investigations made for the complaints of diarrhea (including endoscopy and colonoscopy) was normal.

**Conclusion:** The reasons of hypocalcemia can be classified as PTH-related, vitamin D-related and other causes. Hypoparathyroidism is a major cause of decrease in serum PTH. In the presence of vomiting, diarrhea, febrile illness, reduced calcium intake and absorption leads to the emergence of the patient's current clinical signs of disease. It should be considered that hypoparathyroidism may be an underlying etiological factor of electrolyte disturbances, and this situation can occur after diarrhea.

**Keywords:** Hypoparathyroidism, diarrhea, hypocalcemia

PP 267

**Weil's Disease**

Fatma Burcu Doganc, Sahin Colak, Mehmet Ozgur Erdogan, Ozge Daghan, Korkut Bozan, Hayati Kandis

Department of Emergency Medicine, Haydarpaşa Numune Training and Research Hospital, Istanbul, Turkey

**Objective:** Leptospirosis is a common zoonosis commonly seen in tropical regions. Leptospirosis presents with a nonicteric form in %90 of cases. 10% of infected people presents by fever, jaundice, bleeding disorders and fulminant hepatorenal failure. This presentation of the disease is called weil's disease. Here we report a case of weil's disease presenting with fever, thrombocytopenia and acute renal failure.

**Case:** 73 year old male was admitted to the emergency department with dyspnea and icterus. Vital signs revealed a blood pressure of 110/70 mmHg, heart rate of 98 bpm, axillary temperature of 38°C and breath rate of 20 breath per minute. In physical examination patient had icteric scleras and right upper quadrant abdominal tenderness. Bilateral breath sounds were rough. Laboratory tests results were WBC:17100 (N:4-10 10 3/ML) PLT:109 (N:150-400 10 3/ML) ALT:117 U/L (N:<42 U/L) AST:439 U/L (N:<37 U/L) BUN:95 mg/dL (N:<33 mg/dL) creatinine:2,52 mg/dL (N:0,70-1,25 mg/dL) total bilirubin:2,94mg/dL (N:0-1,2 mg/dL) direct bilirubin:2,01 mg/dL (N:0-0,5 mg/dL) CK:247 U/L (N:<200 U/L). Diagnosis was based on dark-field examination of the blood. Also, micro-agglutination tests (MAT) were carried out for serodiagnosis agglutination tests (MAT). MAT showed L. interrogans serovar icterohaemorrhagiae. Empirical antibiotic treatment was administered (ceftriaxone 2x1 gr, and ampicillin-sulbactam 4x1 gr). Patient was discharged and followed in outpatient clinic.

**Conclusion:** Weil's disease is a rare disease in turkey but it has to be considered in the diagnosis of patients with fever, jaundice, acute renal failure, and thrombocytopenia. Early diagnosis and treatment effects the prognosis of the disease.

**Keywords:** weil disease, fever, jaundice



## PP 268

**Hemolytic Uremic Syndrome**

*Fatma Burcu Doganc, Sahin Colak, Mehmet Ozgur Erdogan, Sezin Aktas, Latife Ayaz, Hayati Kandis*

Department of Emergency Medicine, Haydarpaşa Numune Training and Research Hospital, Istanbul

**Objective:** Hemolytic uremic syndrome (HUS) is a rare disease which is characterized with hemolytic anemia, thrombocytopenia and acute renal failure.

**Case:** A 58-year-old female was admitted to the emergency department with abdominal pain and diarrhea for two days. Physical examination revealed that body temperature was 37,2.6°C and she had abdominal tenderness, but other systems were normal. In laboratory tests, WBC was 1250 (N:4-10 10 3/ML), PLT was 106 (N:150-400 10 3/ML), Hb was 10,5 g/dL (N:12-15 g/L), ALT was 222 U/L (N:<42 U/L), AST was 443 U/L (N:<37 U/L), BUN was 36 mg/dL (N:<33 mg/dL) creatinine was 2,79 mg/dL (N:0,70-1,25 mg/dL), total bilirubin was 4,47 mg/dL (N:0-1,2 mg/dL), direct bilirubin was 1,85 mg/dL (N:0-0,5 mg/dL) INR was 2,53 (N:0,79-1,21). Fragmented erythrocytes and hemolysis were seen on peripheral blood smear. The patient with acute renal failure, hemolytic anemia and thrombocytopenia was diagnosed as hemolytic uremic syndrome. Unfortunately our hospital has no plasmapheresis treatment unit, patient was referred to another center for plasmapheresis. Patient was discharged with complete healing.

**Conclusion:** As a result, patients presenting with diarrhea and abdominal pain in emergency department should be carefully monitored for hemolytic uremic syndrome. Plasma-based therapies may reduce high mortality in adults and should be considered in patients with HUS.

**Keywords:** hemolytic uremic syndrome, thrombocytopenia, plasmapheresis

## PP 269

**Diagnoses of herpetic keratitis is not easy in emergency departments everytime**

*Yakup Aksoy<sup>1</sup>, Yusuf Emrah Eyi<sup>2</sup>, Abdullah Kaya<sup>3</sup>, Ümit Kaldırım<sup>2</sup>, Salim Kemal Tuncer<sup>2</sup>, Ibrahim Arzıman<sup>2</sup>*

<sup>1</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey

<sup>2</sup>Emergency department, Gülhane School Of Medicine, Ankara, Turkey

<sup>3</sup>Ophthalmology Department, GATA Haydarpaşa Training Hospital, Istanbul, Turkey

**Objective:** Herpetic keratitis is generally seen in immunosuppressive patients and can cause severe ophthalmological results such as blindness. Although patients with complaints related to eye usually admit to ophthalmology polyclinics sometimes they can admit to emergency polyclinics due to different reasons. We want to present a case of herpetic keratitis admitted to the emergency polyclinic with only complaint of stinging and lacrimation in the right eye.

**Case:** 76 year old male patient presented to our emergency polyclinic with stinging and lacrimation in the right eye. Physical examination of all systems was normal. The patient was diagnosed with conjunctivitis and discharged with topical anti-biotic and anti-inflammatory drugs. Two days later from this the patient admitted to the ophthalmology polyclinic. On examination there were no pathological findings in the left eye. But in the left eye conjunctiva was hyperemic and there was edema and dendritic lesion on the cornea which is typical for herpetic keratitis. Fundus examination was normal but visual acuity was 0.7 due to this lesion.

**Conclusion:** In emergency departments usually there are many patients which is enough to busy the physicians who work with a big sacrifice. This may sometimes result in a quick and an inadequate examination. If it's possible the patients with complaints about eye should be examined with biomicroscope and ophthalmoscope by emergency physicians. Otherwise the patient should be referred to the ophthalmologist not to skip severe diseases such as herpetic keratitis.

**Keywords:** herpetic keratitis, lacrimation, biomicroscopy



PP 270

**A rare cause of nausea and vomiting in emergency polyclinic: acute glaucoma crisis**

*Yakup Aksoy<sup>1</sup>, Yusuf Emrah Eyi<sup>2</sup>, Mehmet Koray Sevinç<sup>3</sup>, Ibrahim Arzıman<sup>2</sup>, Salim Kemal Tuncer<sup>2</sup>, Ümit Kaldırım<sup>2</sup>*

<sup>1</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey

<sup>2</sup>Emergency Department, Gülhane School Of Medicine, Ankara, Turkey

<sup>3</sup>Ophthalmology Department, Gülhane School Of Medicine, Ankara, Turkey

**Objective:** Nausea and vomiting are frequently seen complaints in emergency departments. Although this complaints seem to be only resulted from gastrointestinal pathologies indeed there are many kind of diseases which cause nausea and vomiting. We want to present a case of acute glaucoma crisis with nausea, vomiting and eye ache.

**Case:** 54 year old female patient admitted to our polyclinic with nausea, vomiting and ache on left eye. She reported that she had been reading book in a dim lighted room since 3 hours when these complaints started. There were no significant finding on physical examination of gastrointestinal, nervous, respiratory and circulatory systems. The patient was referred to the ophthalmologist for eye examination. On ophthalmological examination there was not any pathology in the right eye and visual acuity was 1.0. Visual acuity of the left eye was 0.9 and corneal epithelium and stroma was minimally edematous. The pupil was unmobile and angle was closed with iris root. The cup/disc ratio of left eye was 6/10 and intraocular pressure (IOP) was 42 mmHg while it was 3/10 and was 17 mmHg on right. The patient was diagnosed with acute angle closure glaucoma crisis and treated with IV mannitol solution (10 ml/kg), acetazolamide 250 mg (4x1) and topical anti-glaucomatous drops.

**Conclusion:** Nausea and vomiting are not only a sign of gastrointestinal diseases. They can also be signs of many diseases such as infections, pancreatitis, appendicitis, peritonitis, myocardial infarction, renal diseases, diabetic ketoacidosis, pregnancy, meniere, intracranial pressure increase and glaucoma. Especially in patients who come with nausea and vomiting associated with gradually developed eye ache and decreased vision acute glaucoma crisis must be borne in mind by emergency physicians.

**Keywords:** glaucoma, nausea, vomiting

PP 271

**Direct ophthalmoscopic examination in the emergency department: is it really vital?**

*Yakup Aksoy<sup>1</sup>, Yusuf Emrah Eyi<sup>2</sup>, Taner Kar<sup>3</sup>, Kadir Çolakoğlu<sup>4</sup>, Ali Ayata<sup>3</sup>, Melih Hamdi Ünal<sup>3</sup>*

<sup>1</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey

<sup>2</sup>Emergency Department, Gülhane School of Medicine, Ankara, Turkey

<sup>3</sup>Ophthalmology Department, GATA Haydarpaşa training Hospital, Istanbul, Turkey

<sup>4</sup>Ophthalmology Department, Kasımpaşa Military Hospital, Istanbul, Turkey

**Objective:** Hypertensive Retinopathy (HR), the important marker of target organ damage in the high blood pressure is a very important guidance in the management of hypertension. Therefore, detection of retinopathy in those patients has vital importance. Emergency physicians can easily identify HR too using direct ophthalmoscopic examination (DOE).

**Case:** 26 years old male admitted to ophthalmology clinic with the complaint of visual acuity loss in the left eye and fatigue. The patient had visited an emergency department suffering from a foreign body in the left eye 2 weeks ago and the doctor had prescribed 2 eye drops after physical examination. But in 2-weeks period visual acuity gradually decreased in both eyes. On our examination visual acuity was at 20/30 on the right and 20/400 on the left. Slit-lamp examination of the anterior segment of both eyes were normal. On fundus examination spindle and flame shaped haemorrhages adjacent to the optic disc, common flame shaped hemorrhages, hard exudates, and cotton wool spots on macula were observed in both eyes. We saw a general narrowing and dulling of the arteries, compression sign at some artery – vein crossing locations and dilatation at veins distal of these locations. In addition, there were swollen optic disc, "star" shaped hard exudates and shallow retinal detachment in macula in the left eye. His arterial blood pressure measured 220/110 mmHg and diagnosed as HR. With these results and hypertension the patient was referred to nephrology clinic. Anti-hypertensive treatment was started by nephrologists and after nephrological evaluation renal failure, related to chronic glomerulonephritis was detected in both kidneys.

**Conclusion:** To prevent skipping very vital diseases such as hypertension, diabetes mellitus, lymphoma, leukaemia and sickle cell anemia which can be diagnosed with DOE, the importance and capability to perform DOE should be given to all medical students during the education stage.

**Keywords:** hypertension, ophthalmoscopy, retinopathy



## PP 272

**An Uncommon Diagnosis Of Abdominal Pain: Splenic Infarction**

*İnan Beydilli<sup>1</sup>, Faruk Güngör, Asım Arı, Ramazan Güven, Halil İbrahim Toksul*

Antalya training and research hospital, emergency departement.

**Objective:** Splenic infarction is a rare complication of pulmoner embolism, hematological diseases, vascular diseases, anatomic abnormalities and other reasons.

**Case:** A 62 year old female patient admitted to the emergency department with pain last 3 days unresponsive to analgesics, continuously increased in intensity, especially on the left side of the abdomen. In physical examination, she was well in appearance, BP: 130/70mmHg, pulse 72/min, temprature 37.2 C and sensitive left upper quadrant without defense and rebound tenderness. Laboratory test was normal except 14,200 mm<sup>3</sup> in WBC. Abdominal ultrasound reported normal. Abdominal contrasted tomography performed after unresponsive pain to analgesic drug during observation. There was a large infarcted portion of spleen in contrast computed tomography.

**Conclusion:** we should consider acute splenic infarction in the patient admitted to emergency department with left upper quadrant pain unresponsive to analgesics and with underlying predisposan risk factors.

**Keywords:** Infarction, spleen, pain

## PP 273

**An Incidental Diagnosis: Spontaneus Pneumomediastinum**

*İnan Beydilli<sup>1</sup>, Asım Arı<sup>1</sup>, Ali Uysal<sup>2</sup>, Mustafa Çavuşoğlu<sup>3</sup>, Faruk Güngör<sup>1</sup>, Ramazan Güven<sup>1</sup>, Halil İbrahim Toksul<sup>1</sup>, Vedat Kırpat<sup>1</sup>, Umut Çakır<sup>1</sup>*

<sup>1</sup>Antalya training and research hospital, Emergency Medicine departement.

<sup>2</sup>Antalya training and research hospital, Thoracic surgery

<sup>3</sup>Antalya training and research hospital, Radiology Department

**Objective:** Pneumomediastinum is an uncommon condition presenting with air in the mediasten. Spontaneus pneumomediastinum is an incidental diagnosis mostly found in young male patient and resolving spontaneously. It may be presented from simple clinic situation to serious respiratory distress.

**Case:** A 23 year old male patient presented to the emergency department with chest pain and shortness of breath that started two days prior to admission. In physical examination, he was in well appearance, his blood pressure was 130/70 mmHg, his pulse was 76/ per minute, his respiratory rate was 18/ per minute. Laboratory findings was normal. Chest radiography was revealed normal and computer tomography planned for pneumothorax. Air in mediastinum reported in computer tomography. Patient referred to thoracic surgery and discharged after 3 hospital day without any complication

**Conclusion:** Young male patient who represented to the emergency department with chest pain and shortness of breath should be considered for the uncommon condition, spontaneous pneumomediastinum.

**Keywords:** Pneumomediastinum, Young, Chest



PP 274

**Suicide attempt via high-dose pancreatin uptake**

Zikret Koseoglu<sup>1</sup>, Mehmet Oguzhan Ay<sup>1</sup>, Akkan Avci<sup>1</sup>, Nalan Kozaci<sup>2</sup>, Salim Satar<sup>1</sup>

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

**Objective:** Pancreatin is a combination of digestive enzymes such as lipase, amylase and protease. These enzymes are normally produced by the pancreas, and they are important for the digestion of fats, proteins and sugars. Pancreatin is indicated for the treatment of pancreatic exocrine insufficiency in diseases such as cystic fibrosis, chronic pancreatitis, post-pancreatectomy, gastrectomy, pancreatic cancer, pancreatic ductal or bile duct obstruction (eg neoplasm), Shwachman-Diamond syndrome. We aimed to present a case who have committed suicide with high dose medicine containing pancreatin for reporting its side effects.

**Case:** A 53-year-old female patient who received a drug containing pancreatin (150 mg) 6-8 hours before for suicide admitted to our emergency department with the complaints of abdominal pain, nausea, and diarrhea. On physical examination, she was conscious, cooperative, her blood pressure: 110/60 mmHg, pulse rate: 82/min, fever: 36.8 oC. There was minimal tenderness in epigastrium and increase in bowel movements. An examination of other systems were normal. The complete blood count and biochemical parameters of the patient were within normal limits. Symptomatic supportive therapy was given to the patient. After symptoms of the patient was recovered, we discharged the patient and suggested her to go to outpatient psychiatric follow-up.

**Conclusion:** Even with the uptake of a high dose of 150 mg pancreatin, there were no significant side effects occurred except temporary side effects such as stomach pain, nausea, diarrhea. Symptomatic treatment and follow up is sufficient for these patients.

**Keywords:** Pancreatin, side effects, pancreatic exocrine insufficiency

PP 275

**A Rare Effect of Mirabilis Jalapa: " Anticholinergic Delirium"**

Polat Durukan<sup>1</sup>, Tayfun Öztürk<sup>1</sup>, Ömer Salt<sup>2</sup>, Doğan Nesij Kaymaz<sup>1</sup>, Berna Özcan<sup>1</sup>, Necmi Baykan<sup>1</sup>

<sup>1</sup>Erciyes University Medical Faculty Department of Emergency Medicine Kayseri, Turkey

<sup>2</sup>Yozgat State Hospital, Department of Emergency Medicine Yozgat, Turkey

**Objective:** Mirabilis jalapa L. belongs to the family Nyctaginaceae and is known as "four o'clock," "maravilha," "belle de nuit," "buenas tardes," "dondiego de noche," "jalap," "noche buena," or "Tzu Mo Li" in different areas. Mirabilis jalapa L. is widely used to treat dysentery, diarrhea, muscular pain, and abdominal colics in different countries, and its extract has antibacterial, antiviral, and antifungal functions. In China, Mirabilis jalapa L. is widely distributed and commonly used with its root and has been used as traditional Chinese medicine and ethnic drug to treat diabetes, constipation, genitourinary system disorders, and injuries. As our knowledge this is the first time the anticholinergic effect of Mirabilis Jalapa reported.

**Case:** A 49 years old female and a 51 years old male patients who had cooked stuffed squash blossoms for dinner and added two leaves of mirabilis jalapa into the meal for a better taste and odor; referred to local state hospital. female patient had nausea, vomiting and confusion occurred approximately two hours later to dinner. male patient's only complaint was dry mouth. They were then sent to our ED for further evaluation and treatment. Female patient had no significant disease at medical history. In the primary survey meaningless speeches, lack of comprehension, agitation and flushing were noted. Patients oropharynx and skin were dry. Pupils were mydriatic but reactive to the light. we were warned about such a clinical presentation could be related with anticholinergic delirium which might caused by mirabilis jalapa. we ordered two doses of 0.5 mg's physostigmine with 30 minutes interval. even with the first dose of physostigmine there was a remarkable recovery of patients cooperation and orientation. with second dose patient reached a fully recovered.

**Conclusion:** We believe that Emergency Physicians should always keep in their mind such a intoxication in such a situation.

**Keywords:** mirabilis, jalapa, anticholinergic, intoxication



PP 276

**Bilateral Shoulder Dislocation due to Electrical Injury**

*Sahin Colak, Abdullah Ibrahim, Mehmet Ozgur Erdogan, Nahide Gizem Kabayel, Hayati Kandis*

Department of Emergency Medicine, Haydarpaşa Numune Training and Research Hospital, Istanbul, Turkey

**Objective:** Electrical injuries are rarely encountered in the emergency department. In addition to multi systemic injuries, musculoskeletal injuries are also encountered. Among the musculoskeletal injuries seen are: bone fractures, joint dislocations, deep tissue burns, and injury to the nervous system. The shoulder joint fractures and dislocations have been reported in previous publications (1-4). Bilateral shoulder joint electrical injuries are rarely seen.(5). Bilateral posterior dislocation of the shoulder joint with unilateral (right) humeral head fracture, as seen in our case, is a unique issue that we did not encounter in our literature research.

**Case:** A 43 year old male patient was brought to the emergency department after an electrical shock. The patient was electrocuted while repairing the electrical wires on his balcony and stayed suspended with both arms on the balcony. On examination in the emergency room, the patient had a skin lesion of 0.5 cm on his right hand (2nd distal phalanx), compatible with electrical burn, there was tenderness and movement limitation in both shoulders. His arms were both in abduction and internal rotation. Other systemic examinations were normal. The x-rays of the patient revealed bilateral shoulder dislocation and right humeral head fracture. The patient was consulted with the orthopedics department and hospitalised for open reduction surgery.

**Conclusion:** This case report emphasizes on the possibility of encountering a posterior shoulder dislocation with humeral head fracture due to electrical injuries. Emergency service doctors should not miss the musculoskeletal injuries besides the multi systemic injuries caused by electric shock, as this will facilitate early diagnosis and treatment.

**Keywords:** electrical injury, shoulder, dislocation, fracture

PP 277

**Renal artery embolism**

*Faruk Güngör, Nalan Kozacı, Inan Beydilli, Ismail Atik, Ibrahim Halil Toksul, Asım Arı*

Antalya Education and Research Hospital

**Objective:** Renal artery embolism is only recently becoming recognized as a clinically significant entity. The pathogenesis is typically related to cardiac thrombus formation with subsequent embolization

**Case:** A 53 year old female patient admitted to emergency department with left leg pain, and sudden onset of shortness of breathing. Patient's vital signs was normal. Hyperemia and warmth were found on front face of left lower extremity.

**Atrial fibrillation with LBBB was found in ECG. CBC and biochemical screening were within normal limits; except for d-dimer (1206 ng/ml).**

In Ct; taken for a possible diagnosis of pulmonary embolism; found expansion of the left atrium, hypodense filling defect in the dilated left inferior pulmonary vein that 3x2 cm in diameter. Due to right renal artery thrombosis/ emboli renal parenchymal opacification could not be observed (Figure1).

With angiography, %100 occlusion of renal and popliteal arteries was determined (figure2). Leg pain and other symptoms clinically regressed after anticoagulant agent with observation.

It is typically seen in patients with atrial fibrillation. most patients complain of the acute onset of abdominal, flank pain. Signs of extrarenal embolism may also be present. A number of imaging modalities have been used to aid in the diagnosis of RAE and renal infarction(table1). Treatment strategy for RAE includes anticoagulation with or without thrombolysis. There are data that suggest thrombolysis does not improve outcomes, once the ischemic tolerance of the kidney is exceeded.

In our case, we found unexpected thrombosis in the left pulmonary vein with related vascular problems of kidney and lower extremity, while researching for deep venous thrombosis and pulmonary thromboembolism.

**Conclusion:** In accordance with the literature, ischemic symptoms and findings recovered by anticoagulant and local thrombolytic treatment in our case.

Our purpose has been to increase awareness of this condition so that clinicians will be more apt to consider it as a possible diagnosis.

**Keywords:** embolism, Renal artery, angiography



PP 278

**Treatment of hot tar burns**

*Faruk Güngör, Inan Beydilli, Nalan Kozacı, Arefe Imak, Asım Arı, Ramazan Güven*

antalya education and research hospital

**Objective:** Hot tar have many industrial applications such as road surfacing, roofing. Boiling points of asphalt and roofing tar are 140C° and 232C° respectively. When tar splatters it rapidly cools to between 93C° and 104C°. Burns due to hot tar present a difficult management problem because of difficult to remove without causing further injury to the underlying burn.

**Case:** 25-year-old male sustained tar burns in the face, left forearm, and hand while working as a roofer (figure 1-2). The exact depth was initially difficult to assess, but some blistering was noted. Consequently the burn became dry and adherent. Tar removed with the gas-oil lap tapes. The whole process took about 20 minutes. The wounds were found first-second-degree. The burns were photographed and second degree burns treated with fucidin-ointment-soaked gauze. Further debridement of the wound was not required and there no signs of infection.

The majority of burns are to the upper extremities and hands. Removing the tar is often difficult because of its sticky consistency, which causes it to adhere tightly to the skin. Manual debridement has been used in the past, but this is painful and damages viable skin, inflicting further tissue injury and increasing the risk of infection. Many methods have been described for the removal of tar. Chemical debridement using organic solvents such as kerosene, gasoline, acetone and alcohol can be made and some of them have the potential to cause skin irritation and even systemic toxicity through absorption. But in our case due to the use of gas oil which might adverse effects were observed.

**Conclusion:** The case reported demonstrates the effectiveness of gasoil in removing moderate amounts of tar. Development of safe working practices including the use of protective clothing could greatly reduce the incidence and severity of burns.

**Keywords:** gasoil, Hot tar, burn

PP 279

**does commercial bands benefit after intravenous cannulation for preventing of ecchymosis?**

*Mehmet Akçimen, Faruk Güngör, Inan Beydilli, Asım Arı, Vedat Kırpat, Ramazan Güven*

Antalya Education and Research Hospital

**Objective:** Since the middle ages, intravenous cannulation supplies evolved from hard animal hairs and bladders to steels and glass bottles. Today, synthetic materials are using. intravenous cannulation is a routine process in emergency department to administer fluids, drugs or blood component. In outpatient, during discharge cannul must be removed. In general approach, direct compression or gauze swabs are used to control bleeding after removal of intracath. But patients prefer the stick material instead of general approach.

We purposed to compare the general approach and stick for ecchymosis at the injection site.

**Materials-Methods:** Trial performed prospective randomized. Patients over 18 years of age and undergoing intravenous fluid or medicine were included in the study. Patients with coagulation disorders, use of antiagregante/anticoagulant were excluded. We asked in a questionnaire, during the procedure abnormal pain, age, sex. Asked to nurses in the same questionnaire, intracath diameter, number of entries and type of intervention after removal.

Five days later, we reached patients by telephone and asked if ecchymosis improved or not.

**Results:** 221 patients were studied. After removal of intracath, cotton suppressed in 115 patients. We could not reach to 15 patients of cotton compressed group and 6 patients of stick group. Ecchymosis occurred in %22(22) patients of cotton compression group and %30 patients of stick group. There was no significant correlation between two groups with chi-square test for Ecchymosis (p0197). No significant correlation between two groups with Mann-Whitney-U test for diameter of Ecchymosis (p0144) and no significant correlation between age and ecchymosis. Ecchymosis occurred in 16(%18,7) of man, 36(%33,3) of woman.

In three patients with bleeding after stick were used cotton compression, however, ecchymosis was not observed in follow.

**Conclusion:** The data support the use of commercial stick material could not be reached. Traditional methods can be continued to use.

**Keywords:** commercial stick, intravenous cannulation, ecchymosis



## PP 280

**Severe uvular edema due to Ecbalium elaterium**

*Faruk Güngör, Inan Beydilli, Nalan Kozacı, Arefe Imak, Ramazan Güven, Ömer Harun Sağnıç*

antalya education and research hospital

**Objective:** Ecbalium elaterium is a plant that grows in the Mediterranean region belonging to the Cucurbitaceae family(Fig.1). Its juice has been used as herbal medicine since ancient times because of its cathartic and anti-inflammatory effects. The aim of this case report is to review the possible causes of upper airway edema due to Ecbalium elaterium

**Case:** A 28-year-old man presented to the emergency department with swelling of uvula. He has dripped three drops of undiluted juice of Ecbalium elaterium intranasally because of chronic sinusitis. Three hours after being exposed to Ecbalium elaterium, swelling of uvula and shortness of breath occurred. Vital signs were stabile. Physical examination was normal except uvular edema (Fig.2). At this time, 50 mg of pheniramin maleate, 50 mg of ranitidine and 100 mg of prednisolone IV and 0.5 mg adrenalin IM were administered. Patient was discharged after 12 hours of observation

The most known active substance of Ecbalium is Elaterin. Elaterin is a potent hydragouge cathartic which has a traditional use as a purgative. It causes watery evacuation from the mucosa; therefore, it has been used for treatment of pulmonary edema and ascites. The juice of the fruit has been commonly used for treatment of sinusitis in the Mediterranean region due to its anti-inflammatory effects. Furthermore, undiluted forms of elaterium are thought to be more toxic than diluted forms as in our case. Although elaterium has anti-inflammatory effects, it may cause irritation and inflammation in the mucosal membranes. Cucurbitans, one of the substances in elaterium, is a cytotoxic substance with anti-tumoral effects. Elaterin and cucurbitans both may have direct toxic effects.

**Conclusion:** Emergency physicians should be aware of possible effects of the herbal treatment methods.

**Keywords:** herbal, Ecbalium elaterium, uvular edema

## PP 281

**Evaluation of Forensic Cases in Emergency Department**

*Abdullah Ibrahim, Mehmet Ozgur Erdogan, Sahin Colak*

Department of Emergency Medicine, Haydarpasa Numune Training and Research Hospital, Istanbul, Turkey

**Objective:** Emergency medicine experiences many medicolegal interactions. Emergency Physicians (EPs) are in a unique position to evaluate these cases. Clinical forensic medicine (CFM) is the branch of medicine that deals specifically with cases involving both the legal and medical aspects of patient care. In this study, we aimed to evaluate the forensic issues by retrospective investigation of 3838 emergency cases.

**Materials-Methods:** The demographic data of patients who had forensic records and who were admitted to ED in one year were evaluated retrospectively. 3838 patients were included in study. 82 patients were excluded due to missing datas.

**Results:** Of the 3838 cases that were included in the study 70.3% were male(n=2697), 29.7% were female (n=1141). Their mean age was 32.5(SD 15.52, min 0, max 94). The majority of patients were of young age:with 32.2% the largest group being 20-29 age group (n=1234), followed by 30-39 age group 23.4%(n=903) and 10-19 age group constituting 13.4% (n=513). The mean patient number per month was found as 319.8 (SD 74.5).There were more forensic cases in summer.While August was the month when these cases were seen most, 10% (n=382), January with 6.1%(n=233) was the month when they were seen least. Traffic accidents with 37.9 %(n= 1453) accounted for the largest group of forensic cases, followed by assault 29.1%(n=1116), industrial accident 10.3 % (n=403), drug intoxications 8.1%(n=309). 0.5%(n=18) of the patients died after arrival.

**Conclusion:** Better clinical forensic medical examination can improve the health care quality in ED. As long as the different types of forensic issues exist around the world, the need for CFM will also continue. EPs will face the challenges of addressing both the medical as well as forensic needs of ED patients.

**Keywords:** forensic medicine, emergency, injury, trauma, epidemiology



PP 282

**A Case Report: Type 2 Kounis Syndrome**

*Ferhat İcme, Güllü Ercan Haydar, Mahmut Murat Delül, Havva Şahin Kavaklı, Gül Pamukçu Günaydın, Gülhan Kurtoğlu Çelik*

Atatürk Education and Research Hospital, Department of Emergency Medicine, Ankara/Turkey

**Objective:** Kounis syndrome is a status characterized by development of acute coronary syndrome (ACS) in association with degranulation of mast cells in allergy, hypersensitivity, anaphylaxis or anaphylactoid reactions. Three types of syndrome are known. The ACS in type 2 Kounis syndrome is caused by coronary vasospasm, plaque erosion or rupture is triggered these mediators in patients with atherosclerotic coronary artery disease. We wanted to present a patient who had an anaphylactic shock and type 2 Kounis syndrome after bee sting.

**Case:** Thirty-four years old male patient applied to our hospital with a complaint of bee sting from his tongue and shortness of breath. His general condition was moderate, conscious, cooperated and orientated at the time of admission. His BP: 80/30 mmHg Pulse:114 bpm spO2: 73% had spotted. Physical examination revealed edema around his mouth and lips, and minimal edema of uvula. Other physical examination findings were normal. We considered the patient as anaphylactic shock and treated with oxygen 8-10lt/min, adrenalin 0,5mg IM, prednol 160mg, avil 2 ampoule IV. In his ECG we detected ST-segment elevation of >1mm in DI, DII, DIII, aVL, aVF and V2-V6 leads. There was also ST-segment depression of >1mm in V1 and aVR leads.(Fig.1-2) Rapid sequence intubation was performed during the follow up because he developed respiratory distress and his oxygen saturation was fall and also developed loss of consciousness. He had pH: 7,14 pCO2:50 pO2:97,5 as a result of blood gas analysis before intubation. Coronary angiography revealed occlusion in the distal LAD.

**Conclusion:** All patients with allergic reactions should be evaluated cardiologically with ECG and Kounis syndrome should be kept in mind.

**Keywords:** Kounis syndrome, bee sting, anaphylactic shock

PP 283

**Asymptomatic ventricular air development after disc surgery: a case report**

*Umut Cengiz Çakır<sup>1</sup>, Nalan Kozacı<sup>1</sup>, Ali Vefa Sayraç<sup>1</sup>, Mustafa Keşaplı<sup>1</sup>, Mehmet Alpaslan Çakır<sup>2</sup>*

<sup>1</sup>Antalya Research and Training Hospital, Department of Emergency Medicine

<sup>2</sup>Antalya yasam hospital, Department of Emergency Medicine

**Objective:** In this paper, a patient who admitted to emergency department with complaints of numbness at face and arms and who was diagnosed as having air in the ventricle by computed tomography (CT) was presented.

**Case:** A 71-year-old male patient admitted to the emergency department with complaints of numbness at left side of his face and left hand. From patient's history, it was learned that these complaints first started at morning, lasted about 5 minutes and self-healed. The patient had no active symptoms on admission to emergency department. The patient had had disc operation 1 day ago due to spondylolisthesis. Regarding physical examination, the patient's general condition was good, patient was conscious, cooperative and oriented, pupils were isochoric, direct reaction to light was normal, left nasolabial groove was slightly flat. Other systemic and neurological examinations were normal. A brain CT was performed with a pre-diagnosis of transient ischemic attack. On CT, a hypodense area at left parietal lobe secondary to previous infarction and air in the anterior horns of lateral ventricles were present. The patient was admitted to the neurology department for follow-up and no new neurological deficit developed after a 48-hour follow-up. The patient was discharged with the recommendation of the neurology outpatient clinic control. Three days after, intraventricular air was found to be decreased spontaneously on new brain CT.

**Conclusion:** Although rarely encountered, pneumocephalus is one of the cases that one can face in the emergency department. It should be considered in the differential diagnosis in patients with acute neurological event.

**Keywords:** disc operation, pneumocephalus, emergency department



## PP 284

**Bullous phototoxic reaction induced by Bergamot Oil: A case report***Umüt Cengiz Çakır<sup>1</sup>, Asım Uslu<sup>2</sup>, Mustafa Keşaplı<sup>1</sup>, Arefe İmak<sup>1</sup>, Nalan Kozacı<sup>1</sup>, Eda Dönertaş<sup>1</sup>*<sup>1</sup>Antalya Research and Training Hospital, Department of Emergency Medicine<sup>2</sup>Antalya Research and Training Hospital, department of plastic surgery**Objective:** In this case report, bullous phototoxic reaction developed after topical application of bergamot oil for the treatment of vitiligo is discussed.**Case:** An eight-year-old girl was brought to emergency department by her family because of lesions on her face and neck. From her mother, it was learned that the child had used herbal oil, which was brought from abroad for the treatment of vitiligo and the next day the lesions occurred after being exposed to the sun's rays. The family brought over used herbal medicine box and it was seen to contain bergamot oil (Figure 1). On physical examination, vital signs were normal, but bullous lesions with a width of about 4-6 centimeters in diameter, raised, over a hyperemic floor at jaw, right and front part of the neck starting from right of the face (Figure 2). By consulting Plastic surgery, she was admitted to the burn unit and intravenous steroids and antihistamines were started. Lesions regressed at 3rd day of treatment. Our patient declared that she wanted to have her remaining treatment at the hospital where the treatment of vitiligo was done and was discharged at her own request**Conclusion:** Bergamot oil is obtained from the peel of a small orange-like fruit, called *Citrus aurantium ssp bergamia*. Bergamot essential oil includes various furocoumarines such as citropten (5,7 dimethoxycoumarin (5,7 DMC)) and bergapten (5-methoxypsoralen (5-MOP)). After topical application of herbal oils or cosmetic agents containing psoralen, phototoxic burns can be seen following exposure to ultraviolet radiation. Despite increased use of bergamot oil in aromatherapy, very few cases of phototoxic reactions were reported. Citropten and bergapten are known to be photo-mutagenic and phototoxic; bergapten is even more toxic. In our case, a rare bullous phototoxic reaction had developed.**Keywords:** Topical application, Bergamot Oil, Bullous phototoxic reaction

## PP 285

**New orleans head CT rules versus Canadian head CT rules***Cemil Kavalci<sup>1</sup>, Ali Demir<sup>2</sup>, Gökhan Aksel<sup>1</sup>, Polat Durukan<sup>3</sup>*<sup>1</sup>Baskent University Faculty of Medicine Emergency Department, Ankara, Türkiye<sup>2</sup>Numune Training and Research Hospital emergency Department, Ankara, Türkiye<sup>3</sup>Erciyes University Faculty of Medicine Emergency Department, Kayseri, Türkiye**Objective:** head traumas are the most common cause of trauma-related deaths. CT is commonly used for determination of intracranial lesion. However, obtaining CT for all patients with head trauma both increases economic cost and leads to unnecessary radiation exposure.

In this study it was aimed to compare New Orleans head CT rules and Canada head CT rules, two commonly used head CT rules worldwide.

**Materials-Methods:** This study was conducted prospectively after obtaining ethics committee approval. Patients who met criteria of one rule, and required a CT examination were enrolled. Sensitivity and specificity of each rule were calculated.**Results:** A total of 186 patients were included. Of these, 59.6% were male and 40.3% were female. The mean age of the study population was 49.72±21.1 years. The most common trauma causes were falls (42.5%), assaults (29%), motor vehicle accidents (21%), and pedestrian accidents (7.5%). According to New Orleans criteria 93% of the patients had a CT indication while Canada CT rules indicated a CT indication in 99.5%. An intracranial lesion was present in 12.4% whereas absent in 87.6%. A ROC analysis was performed to determine the effectiveness of each criteria set. The area under the curve was 0.573 (0.453-0.694) for Canadian CT rules and 0.490 (0.363-0.618) for New Orleans CT rules.**Conclusion:** The most common cause of head traumas was falls. Canadian CT rules were more effective in identifying an intracranial lesion**Keywords:** Head trauma, Canadian, New Orleans



PP 286

**Differential diagnosis of paraplegia**

*Selahattin Kıyan, Nihat Bulandere, Murat Ersel, Yusuf Ali Altuncı, Funda Karbek Akarca*

Ege University Faculty of Medicine, Emergency Department of Medicine, İzmir, TURKEY

**Objective:** It is crucial to rapidly diagnose and treat acute paraplegia, because it's a real medical emergency. Possible causes of acute paraplegia are cerebrovascular hemorrhages, intracranial tumors, ischemic spinal cord diseases, compression of medulla, spinal vascular malformation and inflammatory diseases of spinal cord.

**Case:** Fiftyone year old female presented to the emergency department with a loss of ability to walk for the last 4 hours. She has a history of lung cancer and surrenal metastases. She doesn't have any operations, chemotherapies, and drug medications. Her blood pressure is 110/75, heart rate is 114/min, respiratory rate 18/min, fever 36.6 C, sat O2:90. On physical examination bilateral lower extremities are cold and colorless with anesthesia and paraplegia. Thoracoabdominal computerized tomography revealed left inferior segmental pulmonary thromboemboli, filling defect at hepatic artery segment 8, aneurysmatic dilatation at distal splenic artery, splenic infarct, aortic thrombosis starting at renal artery level, with bilateral renal and surrenal infarcts and filling defect at the external iliac arteries.

**Conclusion:** Le riche syndrome is an atherosclerotic disease that causes aortoiliac stenosis and it progresses slowly. Classic triad is intermittent claudication of bilateral lower extremities, nonpalpable or weak femoral pulses, and sexual dysfunction.

The symptoms occur after a chronic period. Rarely, acute cases are also seen. Patients may present with atypical symptoms like paraplegia and anesthesia of bilateral lower extremities. Aortoiliac occlusion must be considered for early diagnosis and rapid treatment of these patients. Also ultrasound in emergency service may be useful for aortoiliac imaging. Acute le riche syndrome is not diagnosed too often in the emergency department. It has high mortality and morbidity. It must not be forgotten in differential diagnosis for patients who present to the emergency department with sudden neurological and vascular symptoms of lower extremities.

**Keywords:** Le riche, aortic occlusion, paraplegia

PP 287

**Closed Talocalcaneal dislocation without fracture**

*Atif Bayramoğlu, Abdullah Koçak, Ayhan Aköz, Hülya Sevil Yalçın, Murat Saritemur, Zeynep Gökcan Çakır*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Subtalar or peritalar dislocations are rare injuries and these injuries constitute less than %2 of all dislocations and less than %1 of all large joints dislocations. Usually these injuries occur dependent on high energy, sometimes may occur dependent on foot sprain. Medial subtalar dislocation is seen more often. These dislocations must be reduced as soon as possible. Often reduction can be provided closed.

**Case:** Our event is a male patient who is 27 years old have applied to emergency room with the complaint of falling down from high of 3-4 stairs. Deformity was presented in the arrival inspection. Pulses were palpable. Talo calcaneal joint dislocation presented in x ray radiography and there was no fracture. Consultation was wanted for the patient by orthopedic service. Closed reduction had applied to the patient in the emergency service, after that control x ray radiography evaluated as normal. Patient was discharged from emergency service with suggestion of the control of orthopedics policlinic.

**Conclusion:** Talocalcaneal dislocation is a kind of dislocation which is seen rarely. Treatment of this dislocation is early reduction. Any problem is not seen in controls of our patient. In this event we aim to report rare-seen event.

**Keywords:** Talocalcaneal joint, dislocation, without fracture



## PP 288

**Hyponatremia or epilepsy?**

*Atif Bayramođlu, Abdullah Koçak, Murat Saritemur, Zeynep Gökcan Çakır, Hülya Yalçın Sevil, Ayhan Aköz*

Ataturk University Medical Faculty Department of Emergency Medicine Erzurum Türkiye

**Objective:** Epilepsy occurs when brain cells discharged uncontrolled, rapidly, extremely and abnormally. Brain is like a remote control of human body. Compatible work of brain cells are provided by electrical pulses. The cause of epileptic seizure can be an unexpected electrical stimulation. Shortly epileptic seizure is a short and temporary situation which occurs after temporary and rapidly discharging of brain cells.

Seizures occur as major seizures (characterized general, generalized tonic – clonic Grand mal contraction and fluttering) or as minor seizures [(characterized local and partial contraction on only face, arm or leg (simple partial) or nonsense speaking and behaviors (complex partial)]. Also seizures can be short timely (5-10 sec), looking hard stare, and absence seizures without contraction and especially can be myoclonic seizure which occurs in the morning after waking up from sleep and characterized throwing and jumping in arms.

**Case:** 34 years old female patient had admitted to emergency service with have seizures 5 times at 10 hours in day. Patient has treated for seizures since 4 years old and has used triptail 2\*1. Complete blood count of this patient was normally. Patient's level of natrium was 120 in biochemical assay, repeated assay was 123. Natrium decreasing was depended on used oxikarbamezapin by neurology consultant. Patient was hospitalized in neurology service. Level of karbamezapin was normally in monitoring. Patient was discharged when natrium level was normally.

**Conclusion:** We must be remind in mind hyponatremy can occur in patient who used oxikarbamezapin. Hyponatremic patient who is life-threatening condition is must be examined medication unconditionally and is arranged treatment to this medication. Hyponatremy can be occurred the usual dose on long term using. seizure threshold is fallen down in hyponatremic epileptic patient. We thing about that our patient had seizures cause of hyponatremy

**Keywords:** seizure, hyponatremia, oxikarbamezapine

## PP 289

**The Injury due to a rare Wild Animals (Meles Meles) Attack**

*Nazmiye Tanrikulu<sup>1</sup>, Sinan Yıldırım<sup>1</sup>, Mehmet Yigit<sup>2</sup>, Ökkeş Taha Küçükdağlı<sup>2</sup>, Şifa Şahin<sup>2</sup>*

<sup>1</sup>Ağrı State Hospital, Emergency Department, Ağrı, Turkey

<sup>2</sup>Bezmialem Vakıf University, Faculty of Medicine, Emergency Department, Istanbul, Turkey

**Objective:** Injuries due to animal attacks occur mostly after domestic animals (cats, dogs) (80-95%), lesser extent rodents, (2-3%) and other wild animals attacks. Animal attacks can lead to ranging statements from a simple injury to serious infections. We aimed to present a case of a rare wild animal attack, with the literature.

**Case:** 81 year old male patient was admitted to the our emergency department after the attack of a badger. On physical examination, the skin and subcutaneous scratching incisions were detected on the extensor side of right hand 3th finger and right wrist. Neurovascular examination was normal. Wound cleaning, disinfection, and dressing were done. Serum Antirabique 40IU/kg, HDCV rabies vaccine, prophylactic amoxicillin-clavulanic acid 2 g per day PO, 1ml SC were performed for the treatment.. the badger was brought by patient's relatives but evaluation for carriers of rabies could not be done. the patient was informed about the calendar of rabies vaccination that was created and Infections that may occur.

**Conclusion:** Badgers a mammalian animal from Carnivora team, weasel family. Badger, grows all over the world, except Australia and Antarctica. There are 12 types of badgers in the World. the species of badgers that live in our country (Meles meles) is European badger. Many carnivorous species infect extremely dangerous diseases to humans and other animals. it is recorded that, diseases such as Anthrax, enteritis, tuberculosis, pneumonia, leptospirosis, rabies and typhus can be transported by badger (Meles meles). Carrying bovine tuberculosis in badgers is put forward by the researchers. Emergency department physicians should be careful about their acts for wild animal attacks and rabies infections.

**Keywords:** wild animals, injuries, emergency department



PP 290

**Analyze of Ventilator Associated Pneumonia**

*Aysel Sunnetcioglu<sup>1</sup>, Sevdegul Karadas<sup>2</sup>, Muhammed Bilal Cegin<sup>3</sup>, Mahmut Sunnetcioglu<sup>4</sup>, Ahmet Kanter<sup>3</sup>*

<sup>1</sup>Department of Pulmonary Medicine, Van Region Training and Research Hospital, Van, Turkey

<sup>2</sup>Department of Emergency Medicine, Yuzuncu Yil University, Van, Turkey

<sup>3</sup>Department of Anesthesiology, Yuzuncu Yil University, Van, Turkey

<sup>4</sup>Department of Infectious Diseases, Yuzuncu Yil University, Van, Turkey

**Objective:** Ventilator-associated pneumonia (VAP) is the infection that is an important cause of morbidity and mortality developed in patients whom the invasive mechanical ventilation (MV) were performed in intensive care units (ICU). In this study, the factors of VAP developing in patients whom the mechanical ventilation of ICU performed, antibiotic susceptibility to these factors and determining the risk factors were aimed. Material and

**Materials-Methods:** Between January 2009 and March 2013, 79 cases, followed with the mechanical ventilation for at least for 48 hours and developed VAP, were retrospectively reviewed at Anesthesiology and Intensive Care Unit of Reanimation at Faculty of Medicine at Yuzuncu Yil University, performing endotracheal intubation. The cases were evaluated in terms of microorganisms, antibiotic susceptibility and risk factors.

**Results:** The rate of our VAP speed was calculated to be 19.68 on the day of 1000 ventilator. While a single microorganism could be isolated in 81.1% of the 74 VAP cases whose the active pathogen could be isolated, two or more than two microorganisms were isolated in 18.9% of them. While 83 of the strains (90.2%) were gram-negative bacteria, 7 of them (7.6%) were gram-positive bacteria. *Acinetobacter* spp. (40.2%) was most commonly isolated as a gram-negative factor, but methicillin-resistant *S. aureus* (4.3%) was isolated as a gram-positive factor. It was determined that the isolated factors in VAP cases were significantly resistant to the broad-spectrum antibiotics.

**Conclusion:** As a result, in patients with high-risk factors for the development of VAP, early and appropriate empirical antibiotic treatment should be started according to the results of the sensitivity of the unit and for the multi-drug-resistant microorganisms with common and high mortality.

**Keywords:** Ventilator associated pneumonia, antibiotic susceptibilities, factors

PP 291

**Fenofibrate intoxication: Case report**

*Suat Zengin, Mustafa Bogan, Tufan Yildirim, Hakan Kürümlüoğlu, Cuma Yildirim, Behcet Al*

emergency department of medicine school, Gaziantep university/Turkey

**Object:** In present study a case who had high dose fenofibrate without improving complication was discussed.

**Case:** A-26 years old female admitted to our ED due to ingested 10 tablets (267 mg) fenofibrate for suicide. He was conscious, cooperated at admission time. All vital signs were between limit. He had no diseases history. He arrived to ED within 45 minutes after ingested drug. Gastric lavage was performed and active charcoal was given. All laboratory results were between limit both at admission time and control (20 hours after admission). No complications noticed after followed the patient for 20 hours; she was discharged with recovery.

**Conclusion and Discussion:** In present study no complication improved with high dose of fenofibrate. Some complication such as rhabdomyolysis and liver function defeat was reported even with therapeutic dose. In our country overdose of fenofibrate was not reported.

Fenofibrate is a derivative of fibric acid. It carries out its arrangement effect by activating Peroxisome Proliferator Activated Receptor type alpha (PPAR). Its plasma half life is 20 hours, and 99% of the drug binds to albumine. Five hours after ingestion plasma concentration reaches to the maximum level. It is conjugated in liver and thrown out with urine. It does not collect in body, and cannot be eliminated with dialysis. Maximum dose is 145-200 mg/day. Although toxic dose is not clear, side effects such as rhabdomyolysis and liver function deterioration were reported even with therapeutic dose.

**Keywords:** Fenofibrate, rhabdomyolysis, suicide, emergency department



## PP 292

**A Comparison of Dexmedetomidine, Moxonidine and Alpha-Methyl dopa Effects on Acute, Lethal Cocaine Toxicity**

*Murat Seyit<sup>1</sup>, Bülent Erdur<sup>2</sup>, Selim Kortunay<sup>3</sup>, Aykut Yüksel<sup>4</sup>, Ahmet Ergin<sup>5</sup>, Atakan Yılmaz<sup>6</sup>, Mert Özen<sup>7</sup>, Aykut Uyanik<sup>8</sup>*

**Objective:** To evaluate the effects of dexmedetomidine, moxonidine and alpha-methyl dopa in a mouse model of acute cocaine toxicity

**Materials-Methods:** We performed a randomised controlled study consisting of four groups (n=25 each). The first group received normal saline solution, the second group received 40 microgram/kg of dexmedetomidine, the third group received 0.1 mg/kg of moxonidine and the fourth group received 200 mg/kg alpha-methyl dopa, all of which were intraperitoneally administered 10 minutes before cocaine hydrochloride (105 mg/kg). All of the animals in each group were observed for seizures (popcorn jumping, tonic-clonic activity, or a loss of the righting reflex) and lethality over the 30 minutes following cocaine treatment. A blinded observer monitored the mice for 1 hour after cocaine administration

**Results:** The ratio of animals with convulsions was lower in all treated groups (p<0.001). The dexmedetomidine showed a more protective effect than the placebo group in terms of lethality (p<0.001). The lowest seizure rate was observed in the dexmedetomidine group (68.0%). All treatments prolonged the time to seizure, which was longest in the dexmedetomidine group. In addition, the time to lethality was also longer in the same group

**Conclusion:** The present study provides the first experimental evidence in support of dexmedetomidine treatment for cocaine-induced seizures. Premedication with dexmedetomidine reduces seizure activity in an acute cocaine toxicity mouse model. In addition, dexmedetomidine may be effective, but moxonidine and alpha-methyl dopa did not effectively prevent cocaine-induced lethality

**Keywords:** Cocaine intoxication, dexmedetomidine, moxonidine, alpha-methyl dopa

## PP 293

**Hyperventilation associated with tardive dyskinesia**

*Funda Karbek Akarca, Ozge Dagtekin, Murat Ersel, Yusuf Ali Altuncu, Selahattin Kıyan*

Ege University Faculty of Medicine, Department of Emergency Medicine, Izmir, Turkey

**INTRODUCTION:** Tardive dyskinesias (TD) are the involuntary movements of tongue, lips, face, body and extremities; which occur in patients that are on long term dopaminergic antagonist medication. The purpose of this case presentation is to remind that problems caused by TD might be in the differential diagnosis of patients who present with shortness of breath in emergency departments

**CASE:** 77 years old male patient who presented with shortness of breath in cardiology polyclinic was directed to the emergency department with pneumonia prediagnosis. At the time of admission his vitals were normal except his tachypnea. Respiratory rate was 48/min, his oxygen saturation in room air was measured as %97. He was using spironolactone-hydrochlorothiazide combination, digoxin, memantine, donepezil, paroxetine and buspiron due to congestive heart failure and Alzheimer's disease. In physical examination he was conscious, cooperating, oriented. Involuntary movements in his tongue, lips and left lower extremity were inspected. It was learned from patient relatives that his symptoms disappear while asleep and restarted during rest. In his arterial blood sampling there was no hypoxia but respiratory alkalosis. With all these data, case was thought to be tardive dyskinesia. When his history was deeply investigated, the information was obtained that he was prescribed buspiron six months ago due to his aggressions and he did not have any shortness of breath before. Patient got discharged from ED and directed to neurology polyclinic for regulation of his current medication.

**CONCLUSION:** Hyperventilation as a component of TD is often misdiagnosed with cardiac, pulmonary and psychogenic diseases. Because there is no specific treatment of TD, it is important to recognise this condition and regulation of patient medication will prevent it from going worse. Patients should be warned not to take dopamine receptor antagonists and if possible, they should be suggested to wear medical warning accessories such as necklace, bracelet, etc.

**Keywords:** Tardive dyskinesias, hyperventilation, buspiron



PP 294

**Does every tachycardia really related with cardiac disorder?**

*Funda Karbek Akarca, Murat Ersel, Ozgur Bozkurt, Yusuf Ali Altunci, Selahattin Kiyan*

Ege University Faculty of Medicine, Department of Emergency Medicine, Izmir, Turkey

**INTRODUCTION:** Pacemakers are used to treat rhythm disorders can trigger rhythm problems when they work incorrectly. We have wanted to offer a patient who admitted to the emergency department with complaints of palpitations due to pacemaker failure.

**CASE:** 74 years old male patient whose pacemaker battery replaced 1.5 months ago was admitted to the emergency department with complaints of palpitation and shortness of breath. Physical examination of the patient was evaluated as usual. The patient's vital signs were hearth rate:100 beats/min., SatO2 %98, TA 120/90 mmHg and temperature: 36.6 C, respectively. Pacemaker rhytm with wide QRS tachycardia was found in ECG (See Figure 1). A dual-chamber pacemaker was seen at chest X-ray. The bedside echocardiography revealed no pathological findings, however, as the regular rhythmic contraction seen in the atrium and ventricles. No abnormality was observed in the patients biochemical parameters. DDD firm controlled the patient's pacemaker in the emergency department and showed that pacemaker rate was set to be activated when hearth rate below 60 per minutes but atrial and ventricular pacemaker alert interval was found to be shortened. After firm control atrium and ventricle alert time interval was improved. From that moment in the patient's ECG QRS narrowed and rthym returned to sinus with LBBB from pacemaker rthym. Then patient's symptoms improved. At the end of emergency care, patient was discharged with the recommendation of cardiology follow-up.

**CONCLUSION:** Advanced pacemakers can detect changes in the atrial and ventricular alerts and sense refractory period alterations. At the same time they can change the alert frequencies and ranges. In some patients, as in our case, this leads to problems of heart rhythm.

**Keywords:** Pacemaker, heart rhythm, emergency management



## PP 295

**A new model for turkey, a new emergency department in aegean**

*Selahattin Kıyan, Murat Ersel, Funda Karbek Akarca, Yusuf Ali Altunci*

Ege University Faculty of Medicine, Department of Emergency Medicine, Izmir, Turkey

Ege University Emergency Department is the main institution stated in the North gate of Izmir. Our programme founded in 2005, ER developed into one of the most important health centres both in health care and academic terms. Currently, it serves to all Aegean Region with its 2 Ass Prof, 1 Assoc. Prof, 1 emergency medicine specialist MD, 30 residents, 45 nurses, 40 generators and other support staff also 11 paramedic and emergency technicians in triage unit.

Emergency Room which is recently constructed has a surface of 1600 m2.

- Indoor resuscitation room (3 spaces with monitors)
- Follow-up rooms with monitors (2); in total 25 places with monitors.
- Trauma unit (10 stretchers, 2 places with monitors)
- Emergency care unit (25 stretchers, 10 places with monitors)
- Fast track unit (10 stretchers)
- Isolated room (psychiatric patients evaluation room)
- Ear-Nose-throat room
- ER Pharmacy
- Recreation room

Below units will be refurbished and built in former ER place of 2200 m2.

- Decontamination and isolation rooms.
- Gynaecology room
- ER radiology unit
- Intensive care unit
- Observation unit
- Private rooms (5 private rooms)
- Storage rooms
- Administrative unit

The bedside pendant systems in critical rooms, all central equipment, defibrillators and EKG devices are planned to be separately allocated for all rooms. Our ER is classified under 3rd Category (the highest category) with its whole equipment ensuring resuscitation in all patient treatment units. In terms of monitoring, additional to 2 bedside US devices in ER, there is another highly advanced USG device in the ER radiology unit.

The only hepafiltered decontamination room and isolation rooms exist in our new ER. Consequently, we believe our emergency department, being a modern and functional ER, has the compatibility to compete with its both domestic and international samples.

**Keywords:** Ege University Faculty of Medicine, Emergency Department, architecture



PP 296

**Severe angioedema of eyelids of both eyes due to hair dyeing procedure with dark henna**

*Gökhan Aksel, Cemil Kavalcı, Betül Akbuğa Özel, Orçun Çiftci*

Baskent University, Faculty of Medicine, Emergency Medicine Department, Ankara, TURKEY

**Introduction-objective:** Paraphenylenediamine(PPD) is a chemical compound known to have a high risk in the occurrence of contact sensitization. Although pure henna is known to be harmless, PPD is used in henna to make the color darker and accelerate the potence of dyeing procedure. Angioedema, immediate-type reactions may occur. In this paper we report a 27-year-old woman with severe edema of eyelids after exposure to dark hair henna after dyeing procedure.

**Case:** A 27 year-old young woman presented to emergency room with severe edema of eyelids of both eyes. These symptoms occurred 12 hours after dyeing procedure with dark henna. There was a severe edema beginning from eyelids extending to the frontal region of the scalp. There was no lip, tongue, and uvular edema. Laboratory tests revealed no abnormal results. The patient was treated with 60 mg intravenous methylprednisolone and 45.5mg pheniramine maleate. The patient was admitted to hospital and 48 hours after admission she was discharged free of symptoms.

**Discussion:** Allergic reactions to pure henna, which is found in shampoos, conditioners, and hair dyes, are rare. Black henna tattoos are frequently advertised as “temporary and harmless” and thus have become a popular and fashionable form of temporary body art for children and teenagers. Black henna contains an additive, PPD, which intensifies the dark color, sharpens definition, speeds up the tattooing process, and makes the tattoo last longer. PPD is known to be a potent skin sensitizer and to cause allergic contact dermatitis. In the present case the patient was exposed to black henna which contains PPD.

**Conclusion:** We recommend that all family physicians and emergency physicians counsel their patients to avoid contacting black henna tattoos. Although our patient did not have uvular edema, emergency physicians should also be aware of upper airway obstruction.

**Keywords:** angioedema, henna, emergency

PP 297

**Evaluation of the effect of Thymoquinone in Diazinon induced liver damage**

*Halil Beydilli<sup>1</sup>, Esin Sakallı Cetin<sup>4</sup>, Nigar Yılmaz<sup>2</sup>, Yaşar Topal<sup>3</sup>, İbrahim Hakkı Çiğerci<sup>5</sup>, Özgür İlhan Çelik<sup>6</sup>, İrfan Altuntaş<sup>2</sup>, Hatice Topal<sup>3</sup>*

<sup>1</sup>Mugla Sıtkı Koçman University School of Medicine Department of Emergency Medicine, Mugla, Turkey

<sup>2</sup>Mugla Sıtkı Koçman University School of Medicine Department of Medical Biochemistry, Mugla, Turkey

<sup>3</sup>Mugla Sıtkı Koçman University School of Medicine Department of Pediatrics, Mugla, Turkey

<sup>4</sup>Mugla Sıtkı Koçman University School of Medicine Department of Medical Biology, Mugla, Turkey

<sup>5</sup>Afyon Kocatepe University, School of Science, Department of Biology, Afyon, Turkey

<sup>6</sup>Mugla Sıtkı Koçman University, School of Medicine, Department of Medical Pathology, Mugla, Turkey

**Aim:** The aim of our study was to evaluate both histopathologically and biochemically whether Thymoquinone (TQ) is protective in Diazinon induced liver damage.

**Method:** Thirty two Wistar albino female rats were divided into 4 groups. To Group I (control) rats oral corn oil was given. To Group II rats 335mg/kg Diazinon (Bazidin) as a corn oil solution was administered orally. To Group III 50mg/kg/day TQ was given with gastric lavage, and to Group IV both Diazinon +TQ was given. All rats were sacrificed at the end of second week. SOD, GPx, NO and MPO were assessed in serum and liver tissue. In addition, AST and ALT enzyme activities were evaluated. The liver tissue was evaluated histopathologically with Hematoxylin&Eosin dye.

**Results:** ALT, AST, NO, MPO in serum and NO, MPO in liver tissue was found to be significantly higher in Group II compared to control group ( $p<0,01$ ). In Group IV serum AST, ALT, NO, MPO levels were significantly lower ( $p<0,001$ ), and both serum and tissue GPx activities were significantly higher compared to Group III ( $p<0,05$ ). Diazinon induced histopathological changes in liver tissue were: severe sinusoidal dilatation, moderate disruption of the radial distribution of hepatocytes around the central vein, severe vacuolization in the hepatocyte cytoplasm, inflammation around central vein and portal region. The degree of Diazinon induced histopathological changes were lower in Diazinon + TQ group of rats, but this difference was found to be statistically insignificant ( $p>0,05$ ).

**Conclusion:** Diazinon was found to induce liver damage by oxidative stress mechanisms. Thymoquinone reduced the oxidative stress as was shown by biochemical analysis. However, histopathologically Thymoquinone with current dosage did not seem to be totally protective against the liver damage. Further studies with different dosages are warranted.

**Keywords:** Diazinon, thymoquinone, oxidative stress, histopathology, liver



## PP 298

**Fat Embolism Syndrome**

*Mustafa Burak Sayhan<sup>1</sup>, Mert Ozcan<sup>2</sup>, Volkan Mumcu<sup>1</sup>, Burcu Filizay<sup>1</sup>*

<sup>1</sup>Trakya University Medical Faculty Department of Emergency Medicine

<sup>2</sup>Trakya University Medical Faculty Department of Orthopedics and Tramatology

Fat embolism syndrome (FES) is a known complication after trauma, especially following long bone fractures.

Fat embolic situations are most often clinically difficult and insignificant to recognize since clinical symptoms are varied and there is no classic radiographic or laboratory diagnostic technique.

FES presents confirmed by the demonstration of arterial hypoxemia in the absence of other disorders with the triad of pulmonary distress, cerebral dysfunction, and petechial rash 24 to 48 hours on the presence of a long bone fracture. It should be aimed that the diagnosis and treatment of the patients as soon as possible. We report the diagnosis and care management in emergency department of a 30-year-old male patient who developed fat embolism syndrome following open tibia bone (type 3C) fracture due to in-vehicle traffic accident.

**Keywords:** Fat embolism, emergency department, bone fracture, critical care

## PP 299

**Incidence and Risk Factors of Osteopenia In Very Low Birth Weight Infants**

*Sumru Kavurt<sup>1</sup>, Hüsnüye Yücel<sup>1</sup>, Özge Aydemir<sup>1</sup>, Yasemin Taşçı Yıldız<sup>2</sup>, Ahmet Yağmur Baş<sup>1</sup>, Nihal Demirel<sup>1</sup>*

<sup>1</sup>Department of Neonatology, Etlik Zübeyde Hanım Women's Health Teaching and Research Hospital, Ankara, Turkey

<sup>2</sup>Dr.Sami Ulus Maternity and Children's Hospital, Department of Radiology, Ankara, Turkey

**Objective:** Metabolic bone disease (MBD) termed as osteopenia of prematurity or neonatal rickets is an important prematurity related morbidity. The aim of this study is to determine the incidence and the risk factors of osteopenia in very low birth weight infants.

**Materials-Methods:** A prospective trial was conducted in Etlik Zübeyde Hanım Women's Health Teaching and Research Hospital, Ankara, Turkey between January 2011 and June 2012. Preterm infants gestational age  $\leq 32$  weeks and birth weight  $\leq 1500$ g were included in the study. Serum calcium, phosphate, alkaline phosphatase levels and left hand wrist X-ray were evaluated at 1 months postnatal age. Osteopenia was defined as hypophosphatemia (phosphorus levels  $< 4$  mg/dl) or radiological findings of rickets at 1 months of age.

**Results:** During the study 254 infants met the inclusion criteria and participated in the study. Osteopenia was diagnosed in 37.7% of the infants (96/254). Low birth weight, duration of nasal CPAP, supplemental oxygen, caffeine treatment, maternal preclampsia, time to regain birth weight are shown to be independent risk factors for osteopenia.

**Conclusion:** Osteopenia of prematurity is a complication of preterm delivery and remains as an important morbidity among preterm infants. Given the very high risk of osteopenia among very low birth infants, we recommend consideration of early screening and early mineral supplementation in these high risk infants.

**Keywords:** Osteopenia, prematurity, risk factors



PP 300

**Evaluation of the effect of Silymarine in Diazinon induced liver damage**

*Halil Beydilli<sup>1</sup>, Esin Sakallı Çetin<sup>4</sup>, Nigar Yılmaz<sup>2</sup>, Yaşar Topal<sup>3</sup>, Özgür İlhan Çelik<sup>5</sup>, Cem Şahin<sup>6</sup>, Hatice Topal<sup>3</sup>, Ibrahim Hakkı Ciğerci<sup>7</sup>*

<sup>1</sup>Mugla Sıtkı Koçman University School of Medicine Department of Emergency Medicine, Mugla, Turkey

<sup>2</sup>Mugla Sıtkı Koçman University School of Medicine Department of Medical Biochemistry, Mugla, Turkey

<sup>3</sup>Mugla Sıtkı Koçman University School of Medicine Department of Pediatrics, Mugla, Turkey

<sup>4</sup>Mugla Sıtkı Koçman University School of Medicine Department of Medical Biology, Mugla, Turkey

<sup>5</sup>Mugla Sıtkı Koçman University School of Medicine Department of Medical Pathology, Mugla, Turkey

<sup>6</sup>Mugla Sıtkı Koçman University School of Medicine Department of Internal Medicine, Mugla, Turkey

<sup>7</sup>Afyon Kocatepe University, School of Science, Department of Biology, Afyon, Turkey

**Purpose:** The aim of our study was to evaluate both histopathologically and biochemically whether Silymarine is protective in Diazinone induced liver damage.

**Method:** Thirty two Wistar albino female rats were divided into 4 groups. To Group I (control) rats oral corn oil was given. To Group II rats 335mg/kg Diazinone (Bazidin) as a corn oil solution was administered orally. To Group III 100mg/kg/day Silymarine was given orally every 24 hours for 14 days, and to Group IV both Diazinone and Silymarine was given. All rats were sacrificed at the end of second week. SOD, GPX, NO and MPO were assessed in serum and liver tissue. In addition, AST and ALT enzyme activities were evaluated. The liver tissue was evaluated histopathologically with Hematoxylin&Eosin dye.

**Results:** Biochemically, ALT, AST, NO, MPO in serum and NO, MPO in liver tissue was found to be significantly higher in Group II compared to control group ( $p<0.001$ ). In Group IV serum AST, ALT, NO, MPO levels were significantly lower ( $p<0.01$ ), and both serum and tissue SOD activities were significantly higher compared to Group III ( $p<0.001$ ). Diazinon induced histopathological changes in liver tissue were: severe sinusoidal dilatation, moderate disruption of the radial distribution of hepatocytes around the central vein, severe vacuolization in the hepatocyte cytoplasm, inflammation around central vein and portal region. In rats receiving both Diazinon and Silymarine, the Diazinon induced changes were less (for sinusoidal dilatation, vacuolization in the hepatocyte cytoplasm and the inflammation around central vein and portal region ( $p<0.05$ )).

**Conclusion:** Diazinon was found to induce liver damage by oxidative stress mechanisms. Silymarine reduced the oxidative stress by inducing antioxidant mechanisms, thereby showing protective effect against Diazinon induced liver damage. Further studies with Silymarine should be performed before it can be used in Diazinon toxicity.

**Keywords:** Diazinon, Silymarine, oxidative stress, histopathology, liver

PP 301

**Sildenafil citrate administration resulting in death**

*Umut Gulacti, Ugur Lok*

Emergency Medicine, Adiyaman University of Medical Faculty, Adiyaman, Turkey

**Objective:** Sildenafil citrate, which is a phosphodiesterase (PDE) 5 inhibitor, is widely used to treat male erectile dysfunction. Since the introduction of the first sildenafil citrate, in 1998, there has been concern about the effects of these agents on the heart and its safety in patients with cardiovascular disease. Other case reports and studies have described electrophysiological changes associated with ventricular arrhythmias following use of sildenafil citrate. We described a case of a patient with no cardiac history, resulting in death due to developing VT after six hours of ingestion sildenafil citrate.

**Case:** A 56-year old man was brought to the emergency department with palpitation. After he had taken orally sildenafil citrate (Viagra, Pfizer, New York, New York) because of his erectile dysfunction, the patient experienced palpitation in approximately 6 hours. There were no any cardiopulmonary symptoms in the patient's past medical history. A physical examination revealed a body temperature of 37.2°C (axillary), arterial blood pressure of 110/50 mm/Hg, and a heart rate of 185 beats/min. Sustained monomorphic ventricular tachycardia (VT) was determined in 12-lead electrocardiogram recorded when the patient was admitted to the emergency department critical care unit. (Figure 1) For the treatment of VT, amiodarone 300 milligrams was administered intravenously but VT did not convert to sinus rhythm. The patient gone into hemodynamic instability was transferred to cardiology intensive care unit. At same time electrical cardioversion was simultaneously performed. Asystole came out after electrical cardioversion. Despite cardiopulmonary resuscitation the patient was dead.

**Conclusion:** Sildenafil citrate might increase overall incidence of serious cardiovascular events and VT.

**Keywords:** Ventricular tachycardia, Sildenafil Citrate, cardiac arrest



## PP 302

**Analysis of Poisoning Cases Admitted to our emergency department**

*Cemil Kavalcı<sup>1</sup>, Ali Demir<sup>2</sup>, Engin Deniz Arslan<sup>2</sup>, Fevzi Yılmaz<sup>2</sup>, Tamer Durdu<sup>2</sup>, Cihat Yel<sup>2</sup>, Gülsüm Kavalcı<sup>3</sup>, Muhittin Serkan Yılmaz<sup>2</sup>*

<sup>1</sup>Baskent University Faculty of Medicine Emergency Department, Ankara, Türkiye

<sup>2</sup>Numune Training and Research Hospital emergency Department, Ankara, Türkiye

<sup>3</sup>Yenimahalle State Hospital Anaesthesiology, Ankara, Türkiye

**Objective:** Poisoning is the disruption of functions of a living organism by any agent. The aim of this study is to identify the clinical and demographic characteristics of intoxication cases admitted to emergency department.

**Materials-Methods:** Characteristics such as age and gender of the patients, intoxication agents, and the results (discharge, forwarding, hospitalization, death etc.) were recorded to the prepared form. Data were assessed with the SPSS 15.0 software package and expressed. Quantitative variables were summarised as mean  $\pm$  standard deviation. Frequency and percent distribution were used for the evaluation of data. The chi-squared test was used for comparison of the qualitative variables.  $p < 0.05$  was accepted significant

**Results:** The mean age of the receiving 651 poisoned patients was  $32.04 \pm 12.24$  years. Of them, 67.7% were female. The most causes of poisoning agents were a pharmaceuticals (79.4%), carbon monoxide (8.9%) and alcohols (7.1%). Gastric lavage was performed in 76% patients. Activated charcoal was administered in 81% patients. Antidotes treatment was applied in 7.4% patients

**Conclusion:** Most patients were evaluated and then treated and discharged from the ED (91.9%)

**Keywords:** emergency, poisoning, Pharmaceuticals

## PP 303

**Isolated gallbladder perforation following blunt abdominal trauma**

*Umut Gulacti<sup>1</sup>, Ugur Lok<sup>1</sup>, Oguzhan Dincel<sup>2</sup>, Nurettin Aktas<sup>1</sup>, Tayfun Borta<sup>1</sup>*

<sup>1</sup>Emergency Department, Adiyaman University of Medical Faculty, Adiyaman, Turkey

<sup>2</sup>General Surgery Department, Adiyaman University of Medical Faculty, Adiyaman, Turkey

**Objective:** Gallbladder is rarely injured in blunt abdominal trauma due to its sheltered position under the liver and the rib cage. Injury of the gallbladder after blunt abdominal trauma is an unusual finding; the reported incidence is less than 2 percent. The majority of gallbladder injuries occur following motor vehicle incidents, significant falls and direct blows in sport e.g. soccer, wrestling and rugby. Because isolated gallbladder perforation from blunt abdominal trauma has an even rarer occurrence, and usually accompanying visceral injuries are the common focus of the emergency physician, surgeon and the radiologist, its diagnosis is often delayed, and is uncommonly made before operation. Isolated gallbladder perforations have significant mortality and morbidity when the treatment is delayed. We report a case of isolated perforation of the gallbladder following blunt trauma to the abdomen.

**Case:** A-18 year-old man was brought our emergency service after motorcycle accident. On physical examination, Blood pressure 120/60mmHg and pulse rate 80 bpm respectively. Patient abdominal examination showed that diffuse epigastric tenderness without peritoneal signs. In imaging modalities; Ultrasound showed periportal abdominal fluid accumulation, other visceral organs was normal limits, Computerized abdominal tomography showed perihepatic minimal effusion and there is no other abdominal injury else. Later the patient admitted to emergency room critical care unit for monitoring of abdominal findings. Because worsening abdominal pain and clinical picture, the patient underwent exploratory laparotomy. After surgery patient certain diagnosis was established as isolated gallbladder perforation along with intraabdominal free bile.

**Conclusion:** In patients who receiving to the emergency service due to blunt abdominal trauma, considering isolated gallbladder injury as a rare cause of acute abdomen in addition to other abdominal trauma may prevent delayed treatment and related mortality.

**Keywords:** blunt abdominal trauma, gallbladder, perforation



PP 304

**Current situation of patient rights in Turkey**

*Cemil Kavalci*<sup>1</sup>, *Muhittin Serkan Yilmaz*<sup>2</sup>, *Cihat Yel*<sup>2</sup>, *Fevzi Yilmaz*<sup>2</sup>, *Tamer Durdu*<sup>2</sup>, *Muhammed Evvah Karakılıç*<sup>2</sup>

<sup>1</sup>Baskent University Faculty of Medicine Emergency Department, Ankara, Türkiye

<sup>2</sup>Numune Training and Research Hospital emergency Department, Ankara, Türkiye

**Objective:** Patient rights is a subject that has recently gained importance in our country as in the rest of the world. To protect his own rights one must be aware of them. We aimed in the present study to examine the extent of patient awareness about their rights and the relevance of patient complaints. We also aimed to shed light on future studies on this subject

**Materials-Methods:** This study was a retrospective study. A total of 2557 patient complaints filed to local Patient Rights Unit between 1 January 2011 and 31 December 2012 were retrospectively reviewed. The study data were analyzed using SPSS (Statistical Package for Social Sciences) Windows 19.00 software package.

Statistical analyses were performed with X2 test. A p value less than 0.05 was considered statistically significant

**Results:** The average age of the complainants was 41 years. Most complainants were male, workers, and high school graduates. The most complained-about units and staff were internal branches and physicians, respectively. The complaints were mostly related to inability to access healthcare. With an exception of an increased rate of complaints over years, the years in review were not significantly different from each other

**Conclusion:** The relevance of the filed complaints varied by educational and employment status, age, unit, staff, and years. Filed complaints should be carefully assessed to prevent violation of patient rights. We consider that it will be beneficial to give education to health care staff and patients

**Keywords:** patient rights, complaint, neglect

PP 305

**The Value of Serum Mean Platelet Volume in Ischemic Stroke Patient**

*Cemil Kavalci*<sup>1</sup>, *Tamer Durdu*<sup>2</sup>, *Fevzi Yilmaz*<sup>2</sup>, *Engin Deniz Arslan*<sup>2</sup>, *Fatih Bakır*<sup>2</sup>, *Cihat Yel*<sup>2</sup>, *Muhittin Serkan Yilmaz*<sup>2</sup>, *Mehmet Ali Ceyhan*<sup>2</sup>, *Muhammed Evvah Karakılıç*<sup>1</sup>

<sup>1</sup>Baskent University Faculty of Medicine Emergency Department, Ankara, Türkiye

<sup>2</sup>Numune Training and Research Hospital emergency Department, Ankara, Türkiye

**Objective:** Stroke is one of the major health problem as the third leading cause of death. Aim of this study was investigate to the value of MPV in acute ischemic stroke patients.

**Method:** Patients with acute stroke admitted to Emergency department of Ankara Numune Training and Research Hospital were retrospectively recruited between June 2010 and January 2012. A total of 482 patients and 315 subjects for medical check-ups were enrolled as controls in the study. Both groups were statistically compared. SPSS for Windows 18.0 software was used in statistical analysis.

**Result:** In the study, 482 patients were evaluated in stroke groups (Group 1) whereas 315 subjects were evaluated in control group (Group 2). The median MPV value in Group 1 was 9.0 (2.1) (fL), whereas in Group 2 was 8.80 (2.4) (fL). The difference was considered to be statistically significant ( $Z=-2.80$ ,  $p<0.05$ ).

**Conclusion:** In our study we showed that mean platelet volume increased in stroke patients.

**Keywords:** Stroke, Mean Platelet Volume (MPV), emergency



## PP 306

**Isolated Ectrodactyly in a Newborn with Down Syndrome**

Sumru Kavurt<sup>1</sup>, Istemi Han Çelik<sup>1</sup>, Dilek Ulubaş Işık<sup>1</sup>, Burcu Sağlam Ada<sup>2</sup>, Ahmet Yağmur Baş<sup>1</sup>, Nihal Demirel<sup>1</sup>

<sup>1</sup>Etilik Zübeyde Hanım Women's Health Teaching and Research Hospital, Department of Neonatology, Ankara, Turkey

<sup>2</sup>Etilik Zübeyde Hanım Women's Health Teaching and Research Hospital, Department of Genetics, Ankara, Turkey

Down syndrome (DS), trisomy 21, is the most common numerical chromosome abnormality among live born infants. Dysmorphic features, congenital malformations, cognitive impairment are major features. Musculoskeletal anomalies are associated with abnormal collagen function. Ectrodactyly is characterized by a deep median cleft of the hand and/or foot. Failure of apical ectodermal ridge while developing limbs leads to ectrodactyly.

Here we report a patient diagnosed with DS and ectrodactyly which were split between the third and fourth fingers and there were 4 fingers on both hands. There was no additional musculoskeletal anomaly. Karyotype analysis revealed 47,XY,+21. To the best of our knowledge our patient is the first patient with DS and ectrodactyly. Pathogenesis of musculoskeletal anomalies in DS and ectrodactyly seems to be different which may be coincidental or not. In conclusion, Patients with ectrodactyly should be evaluated for association with syndromes, and it should be kept in mind that patients with Down syndrome may have different organ anomaly from frequently seen anomalies.

**Keywords:** Ectrodactyly, down syndrome, musculoskeletal anomalies

## PP 307

**Hyphema in a neonate delivered by cesarean section after prolonged labor**

Ozge Aydemir<sup>1</sup>, Yusuf Kale<sup>1</sup>, Sumru Kavurt<sup>1</sup>, Dilek Ulubaş Işık<sup>1</sup>, Emre Hekimoğlu<sup>2</sup>, Ahmet Yağmur Baş<sup>1</sup>, Nihal Demirel<sup>1</sup>

<sup>1</sup>Department of Neonatology, Etilik Zübeyde Hanım Women's Health Teaching and Research Hospital, Ankara, Turkey

<sup>2</sup>Department of Ophthalmology, Etilik Zübeyde Hanım Women's Health Teaching and Research Hospital, Ankara, Turkey

**Objective:** Hyphema is the presence of blood in the anterior chamber of the eye most often related to eye trauma.

**Case:** A 3100-g female infant was delivered by cesarean section after prolonged labor at 40 weeks gestation. Immediately after birth, she was resuscitated, with Apgar scores of 2 and 5 at 1 and 5 min, respectively. On physical examination she had caput succedaneum but no evidence of subconjunctival hemorrhage or ecchymosis on the face and eye lids. Initial examination of the ophthalmologist revealed a normal anterior segment of the right eye but a total hyphema of the left eye. There was subretinal hemorrhage on the right eye on dilated fundus examination.

**Conclusion:** The majorities of hyphemas are traumatic and mostly results from ocular trauma secondary to tears in the ciliary body and/or iris root. Hyphema presenting at birth is very rare and suggests birth trauma as the underlying cause. This is the first report of neonatal hyphema presenting at birth after cesarean delivery. Prolonged labor even followed by cesarean section can be one of the risk factors for neonatal hyphema.

**Keywords:** hyphema, newborn, cesarean section



PP 308

**The evaluation of infections in geriatric patients**

*Serap Pamukçuoğlu<sup>1</sup>, Havva Tünay<sup>1</sup>, Hanife Uzel Taş<sup>2</sup>, Kamil Tünay<sup>3</sup>*

<sup>1</sup>Department of Infectious Diseases and Clinical Microbiology, Afyonkarahisar State Hospital, Afyonkarahisar, Turkey

<sup>2</sup>Department of Public Health, Afyon Kocatepe University of Medical School, Afyonkarahisar, Turkey

<sup>3</sup>Department of Emergency Medicine, Afyon Kocatepe University of Medical School, Afyonkarahisar, Turkey

**Objective:** Infection disease is more likely to occur in older patients and can lead to significant morbidity and mortality in the elderly. In this study, we evaluated the states of infection diseases in the geriatric patients.

**Materials-Methods:** The study included geriatric patients who were 65 years of age and older who were admitted to the emergency department between 01.01.2012 and 01.08.2013. The diagnosis, discharge, dispatch and admission rates of patients were investigated.

**Results:** This study was performed with evaluation of data retrospectively of 271561 patients who admitted to the emergency department. 27516 (10.1%) patients were geriatric patient. 6802 (24.7%) patients were diagnosed with infection disease. Out of patients, 3534 (52%) were male and 3268 (48%) were female. The mean age was 74 years. The most common infection diseases were upper respiratory tract infections (41.9%, n=2852), lower respiratory tract infections (33.7% n=2294), urinary tract infections (11.1%, n=753), acute gastroenteritis (8.5% n=581), intraabdominal infections (1.5%, n=101) (Table 1). 759 patient (11.2%) were hospitalized, 46 patients (0.7%) were dispatched. 5 patients (0.1%) were exitus. 5992 patients (88.1%) were discharged by outpatient treatment arranged.

**Conclusion:** Aging is associated with numerous chronic chronic illness and comorbid conditions, polypharmacy and immunosuppressive medications, and changes in the immunosystem. Aging increases the susceptibility to infection. The prompt diagnosis and initiation of appropriate supportive and antimicrobial therapy is also critical strategy for the management of infection in the geriatric patients

**Keywords:** Geriatric patients, infections, Aging

PP 309

**Phytophotodermatitis due to Ficus Carica in the Emergency Department: A Case Report**

*Mustafa Burak Sayhan<sup>1</sup>, Sefa Bakar<sup>1</sup>, Serhat Oğuz<sup>2</sup>, Mustafa Onur Eralp<sup>1</sup>, Ebru Güler<sup>1</sup>, Eren Sert<sup>1</sup>*

<sup>1</sup>Trakya University Medical Faculty Department of Emergency Medicine

<sup>2</sup>Trakya University Medical Faculty Department of General Surgery

Phytophotodermatitis (PPD) is a common cutaneous phototoxic inflammatory eruption resulting from contact with light-sensitizing botanical substances and long-wave ultraviolet radiation. The eruption usually begins approximately 24 hours after exposure and peaks at 48-72 hours. The causal agents in plants have been identified as furocoumarins, which are photosensitizing compounds. It is caused by contact with the photosensitizing compounds found naturally in some plants and vegetables like parsnips, citrus fruits, and more.

Phytophotodermatitis is a localized cutaneous phenomenon resulting initially in a burning sensation, which may be followed acutely by erythema, blistering, epidermal necrosis, and eventual epidermal desquamation occur.

In this case, we present the patient 37 years old who used fig leaves (*Ficus carica*) against feet odor came emergency department with only erythema on his feet.

**Keywords:** Phytophotodermatitis, *Ficus Carica*, Emergency Department



## PP 310

**Traumatic Isolated Splenic Injuries***Mustafa Onur Oztan<sup>1</sup>, Tunc Ozdemir<sup>1</sup>, Ali Arikan<sup>1</sup>, İlhan Uz<sup>2</sup>*<sup>1</sup>Tepecik Education and Research Hospital Clinic of Pediatric Surgery<sup>2</sup>Karşıyaka State Hospital

**Objective:** The results of our patients with the diagnosis of isolated splenic injuries after blunt abdominal trauma were evaluated.

**Materials-Methods:** 59 patients with radiologically proven blunt splenic injury between years 2008 and 2013 were analyzed retrospectively. Mechanism of injury, type of treatment, intensive care unit stay, hospital stay, morbidity and mortality were evaluated. Patients with concomitant injury to the spleen injury were not included in this report.

**Results:** There were 53 (90%) male and 6 (10%) female. The most common factors that lead to splenic trauma were fall from height (n = 23), fall (n = 16), bicycle accident (n = 12), traffic accident (n = 4) and assault (n = 3) respectively. The mean age of the patients was  $8.2 \pm 2.1$  and the average length of hospital stay was  $6.3 \pm 2.8$  days. At 50 patients (75%), abdominal ultrasound was requested as the first examination, and at the remaining 9 patients contrast-enhanced abdominal CT was requested because of the severity of the findings at the initial evaluation. 4 patients with grade 4-5 injuries were observed in the intensive care unit, and two of them required transfusion, while the other two undergone splenectomy. The rest of the patients were hospitalized in absolute bed rest and monitored in the clinic and 4 of these patients a need transfusion. No operation was needed in this group of patients. All patients were being discharged from the hospital after they become hemodynamically stable and ultrasound control.

**Conclusion:** Isolated splenic injuries in children can occur even without an additional injury, this situation must be kept in mind for the patients admitted to the emergency department and the planning of the management is recommended in this context.

**Keywords:** pediatric trauma, splenic injuries, blunt abdominal trauma

## PP 311

**Metoclopramide induced acute dystonic reactions; two case***Mehmet Yigit<sup>1</sup>, Erdem Cevik<sup>2</sup>*<sup>1</sup>Department of Emergency Medicine, Bezmialem Foundation University Faculty of Medicine / Istanbul<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** Drug-induced acute dystonic reactions are a common presentation to the emergency department. Acute dystonic reactions are the most frequent extrapyramidal side effects (EPS) from metoclopramide and typically occur within 24–48 h of initiating treatment, thus affecting approximately 0.2–6% of patients taking metoclopramide and the incidence increases with higher doses. These symptoms may include involuntary movements of limbs and facial grimacing, torticollis, oculogyric crisis, rhythmic protrusion of tongue, bulbar type of speech, trismus, or dystonic reactions resembling tetanus. We report two cases of 4 month-old women and 22-year-old man who presented to our hospital and were diagnosed as acute dystonic reactions secondary to oral metoclopramide.

**Case 1:** A 22-year-old man was admitted to our emergency department because of uncontrolled movements. One-day ago he was admitted to family physician with the complain of nausea, vomiting, diarrhea and administered metoclopramide tablet. In neurological examination his consciousness level was normal, direct and indirect light reflexes were reactive, pupils were isocoric. He had opisthotonus and torticollis. The extremities were in extensor tonus. Both of his eyes were deviated to up.

**Case 2:** A 4-month-old woman admitted to ED. Two-days ago she was admitted to family physician with the complain of nausea, vomiting and administered metoclopramide syrup. In her physical examination there were hyperextension of the neck, deviation of the eyes, muscle contractions on the extremities. Both cases were evaluated as metoclopramide induced acute dystonic reactions and treated with biperiden. After an hour of treatment with biperiden all symptoms were relieved in both of the patients.

**Conclusion:** Acute dystonic reactions are a common and distressing complication of antiemetic and antipsychotic drugs. Treatment with biperiden is safe and produces rapid relief.

**Keywords:** acute dystonic reaction, metoclopramide, Drug adverse reaction



PP 312

**Trousseau Syndrome; A Paraneoplastic Syndrome Case Report**

Mehmet Yigit<sup>1</sup>, Erdem Cevik<sup>2</sup>, Eda Yigit<sup>1</sup>, Hazar Lisar<sup>1</sup>

<sup>1</sup>Department of Emergency Medicine, Bezmialem Foundation University Faculty of Medicine / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

**Objective:** A case of thrombosis associated with a malignant tumor was first reported by Trousseau in 1865, which supposedly resulted from chronic disseminated intravenous coagulation. In patients with malignancy-associated hypercoagulable states, the blood may spontaneously form clots in the portal vessels, the deep veins of the extremities (such as the leg), or the superficial veins anywhere on the body. These clots present as visibly swollen blood vessels (vasculitis), especially the veins, or as intermittent pain in the affected areas. The pathological phenomenon of clots forming, resolving and then appearing again elsewhere in the body has been named thrombophlebitis migrans or migratory thrombophlebitis. Trousseau syndrome is associated with poor prognosis due to coagulation abnormalities of malignant tumors. We report a case of Trousseau syndrome in a male patient with pancreatic cancer.

**Case:** A 57-year-old male patient with a history of pancreatic cancer was admitted to emergency department (ED) complaints of sudden loss of vision which was started one hour ago. At initial clinical examination; GCS was 15 and at the left visual field there was homonymous hemianopia and muscle strength was normal. Other physical examination was normal. Brain CT was normal. Patient referred to diffusion MR (DWI) and there was acute infarct at the right occipital parasagittal area (Picture 1). A diagnosis of acute cerebral infarction was made and the administration of heparin sodium started. After 24 hour clinical findings improved. After 3 day follow-up patient discharged with anticoagulant and antiplatelet therapy.

**Conclusion:** Malignancy is associated with hypercoagulable states and acute cerebral infarction should be associated with coagulant abnormalities of pancreatic cancer and compatible with Trousseau syndrome. Emergency physicians should remember this syndrome and do the steps required for diagnosis.

**Keywords:** Trousseau Syndrome, Paraneoplastic Syndrome, cancer

PP 313

**Tularemia at Emergency Department: Case Series**

Mehmet Yigit<sup>1</sup>, Erdem Cevik<sup>2</sup>, Ozgur Doylan<sup>3</sup>

<sup>1</sup>Department of Emergency Medicine, Bezmialem Foundation University Faculty of Medicine / Istanbul

<sup>2</sup>Emergency Service, Van Military Hospital / Van

<sup>3</sup>Department of Emergency Medicine, Ahi Evran University Research and Training Hospital / Kirsehir

**Objective:** Tularemia is a serious infectious disease caused by the bacterium *Francisella tularensis*. Tularemia doesn't occur naturally in humans and isn't known to pass from person to person. However, tularemia occurs worldwide, especially in rural areas, because many mammals, birds, insects and fish are infected with *F. tularensis*. The organism can live for weeks in soil, water and dead animals. At our country tularemia transmitted by nonchlorinated source water. The disease can emerge in variable clinical presentations, namely the ulceroglandular, glandular, oculoglandular, oropharyngeal, typhoidal and pneumonic. In this report, we describe eight tularemia that admit to emergency department and treated with medical therapy.

**Method:** Eight patients were admitted to our city hospital January – May 2012 with the complaints of swelling in the neck, sore throat and fever. Each patients was from different province. Because of symptoms and physical examination tularemia was the suspected disease and it was confirmed with the micro-agglutination test.

**Case series:** The median age of eight patients was 58 year (min:33, max:66) and 50% of them were male. Swollen cervical lymph node (%100) was the most common symptom in the tularemia patients. Other symptoms were sore throat (%37.5), chills (%37.5), weakness (%75) and fever (%37.5). At physical examination there were lymphadenopathy at 8 patients, tonsillopharyngitis at one patient and fever at one patient. Three patient were use antibiotic before ED admission. Patients with a diagnose of tularemia started antibiotic (doxycycline (%50), ciprofloxacin (%37.5), streptomycin (%12.5)) and surgical drainage applied to three patients. Possible source of contamination were source water for 4 patients, rural areas for 3 patients and dead animal for one patient. Patients followed with medical therapy.

**Conclusion:** Tularemia is most common in our country and with early diagnose and antibacterial therapy complications could be decrease.

**Keywords:** Tularemia, fever, swollen cervical lymph node



PP 314

### Long Travel to the Thrombosis Village; Pulmonary embolism

*Volkan Ulker<sup>1</sup>, Onur Hakoglu<sup>1</sup>, Muhammed Enes Durak<sup>1</sup>, Habibe Selmin Saka<sup>1</sup>, Murat Türk<sup>2</sup>, Abdulkerim Yıldız<sup>3</sup>*

<sup>1</sup>Department of Emergency Medicine, Faculty of Medicine, Gazi University, Ankara, Turkey

<sup>2</sup>Department of Pulmonology, Faculty of Medicine, Gazi University, Ankara, Turkey

<sup>3</sup>Department of Internal Medicine, Faculty of Medicine, Gazi University, Ankara, Turkey

**Objective:** Venousthromboembolism termused to describe the formation of a clot or thrombus in one of the deep veins in the lower leg or in pulmonary arteries. VTE can occur as a result of periods of immobility for example following surgery but can also occur spontaneously in otherwise healthy persons. There is evidence that long distance travel is a risk factor for the development of VTE. The available data suggest that the risk increases with the duration of travel and results in clinical thrombosis more often in travellers with preexisting risk factors. The most common finding in studies of travellers is asymptomatic calf vein thrombosis. The preferred term is now travel related VTE or traveller thrombosis. In this case presentation; we presented a 79 years old woman admitted to our emergency medicine unit from bus station for complaint of seizure, dyspnea and altered mental status after 10 hours bus travel. We diagnosed a massive pulmonary embolism

**ase:** She had asthma and hypertension in her history. In her physical examination; she has tachypnea, bilateral secretory rhonchus, decreased pulmonary sounds, drowsiness and limited cooperation. On admission she had decreased blood pressure, irregular respiration rate, chest radiography resulted as bilateral costodiaphragmatic sinuses are closed, increased cardiothoracic ratio index and bilateral increasing of paranchymal density. According to her long travel history, hypotension and altered mental status we took pulmonary computerized tomography angiography that resulted bilaterally thrombus that begin from main pulmonary artery through segmental arteries. Inotropic drugs began. We began thrombolytic treatment with alteplase. She had cardiac arrest and cardiopulmonary resuscitation made. After return we transferred patient to pulmonology intensive care unit. After made other resuscitative procedures she became cardiac arrest again. Defibrillation and epinephrine management made but she didn't give any response and died. **Conclusion:** All travellers intending to take long forms of travel where they will be seated or immobile for >4 hours should avoid dehydration and excessive consumption of alcohol, not wear constrictive clothing around the waist or lower extremities, walk around the cabin as much as is practical at regular intervals during the flight, regularly flex and extend the ankles which will encourage blood flow from the lower legs, take regular deep breaths, avoid stowing hand luggage under the seat as it restricts movement

**Keywords:** altered mental status, long time travel, pulmonary embolism, seizure, venous thromboembolism



PP 315

**Two cases of intra-abdominal hemorrhage due to warfarin therapy**

Aynur Yurtseven<sup>1</sup>, Ayhan Sümer Yaman<sup>2</sup>, Sinan Yıldırım<sup>3</sup>, Mehtap Kaynakçı Bayram<sup>4</sup>, Fatih Büyükcım<sup>2</sup>, Kadir Dibek<sup>2</sup>, Sinem Burul Alp<sup>2</sup>

<sup>1</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara

<sup>2</sup>Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara

<sup>3</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı

<sup>4</sup>Bitlis State Hospital, Emergency Department, Bitlis

**Objective:** The most common and serious complication in patients receiving warfarin is bleeding. In lack of appropriate diagnosis and treatment it shows rapid progression and it is life-threatening. We presented two cases of abdominal hemorrhage due to warfarin treatment.

**Case 1:** A 75 year-old woman admitted to emergency department with abdominal pain, nausea and vomiting. She was on medication of warfarin 5 mg/day for pulmonary embolism history three years ago. Physical examination revealed abdominal tenderness. In laboratory investigation, INR was 9.4, Hgb:8.2 g/dL and abdominal ultrasonography revealed 3 cm free fluid in pelvic area. K vitamin 10 mg iv, fresh frozen plasma 600 ml and two units of erythrocyte suspension. During follow-up, recurrent hemorrhage and any decrease in hemoglobin were not seen. She was discharged on the third day.

**Case 2:** A 71 year-old woman admitted to emergency department with abdominal pain. She was using warfarin 5 mg/day for seven years for atrial fibrillation. Physical examination revealed abdominal tenderness with defense and rebound. Laboratory results was as follows; INR: 7.29, Hgb: 10.2 g/dL; abdominal ultrasonography showed 13 cm free fluid in the right lower quadrant and free fluid in the perisplenic recesses. In treatment; K vitamin 10 mg iv, fresh frozen plasma 400 ml were given. On the eighth day of hospitalization she was discharged without complications.

**Conclusion:** The most common reasons of intra-abdominal bleeding due to warfarin therapy without trauma are spontaneous retroperitoneal hematoma, rectus hematoma, intramural hematoma and gynecologic bleedings. Treatment of patients that are hemodynamically stable are monitored closely and with appropriate supportive treatment patients could be followed up without surgical intervention as seen our cases. Both of them improved with conservative treatment.

**Keywords:** Intra-abdominal hemorrhage, warfarin therapy, bleeding

PP 316

**Evaluation of Relationship between Ischemic Stroke and Atmospheric Conditions**

Harun Gunes<sup>1</sup>, Ayhan Saritas<sup>2</sup>, Hayati Kandis<sup>2</sup>, Suber Dikici<sup>3</sup>

<sup>1</sup>Emergency Service, Cankiri State Hospital, Cankiri, Turkey

<sup>2</sup>Emergency Department, School of Medicine, Duzce University, Duzce, Turkey

<sup>3</sup>Neurology Department, School of Medicine, Duzce University, Duzce, Turkey

**Objective:** The relationship between stroke and weather conditions is very impressive to many clinicians. In this study, we aim to investigate the relationship between ischemic stroke and weather conditions such as atmospheric pressure, weather temperature, relative humidity, and wind speed.

**Materials-Methods:** One hundred and twenty eight cases of ischemic stroke who had been admitted to our hospital between January 1, 2010 and December 31, 2010 were included in our study. Relationships between daily case numbers and weather conditions of the same day, 1 day, 2 days, and 3 days ago; and changes in these weather conditions were evaluated.

**Results:** In our study, no significant relationships were found between daily case numbers and weather conditions of the same day. When the relationship between daily case numbers and weather conditions of previous days were evaluated; a significant negative correlation with maximum wind speed of 3 days ago was found. No significant relationship between daily case numbers and changes in weather conditions within a single day was found. When the relationship between daily case numbers and changes in weather conditions between consecutive days were evaluated; a significant negative correlation with atmospheric pressure change in the last 24 hours was found.

**Conclusion:** As a result, we recommend more attention on preventive measures on days with low maximum wind speed, and during following 3 days, and for 24 hours when no significant change in atmospheric pressure between consecutive days is suspected.

**Keywords:** Ischemic stroke, weather conditions, Turkey



## PP 317

**Perthe's syndrome (Traumatic asphyxia)***Hatice Dogan<sup>1</sup>, Banu Karakuş<sup>1</sup>, Murat Carus<sup>1</sup>, Erdem Çevik<sup>2</sup>*<sup>1</sup>Department of Emergency Medicine, Bağcılar Training and Research Hospital, Istanbul, Turkey<sup>2</sup>Department of Emergency Medicine, Van Military Hospital, Van, Turkey

**Objective:** Traumatic asphyxia is a clinical syndrome associated with cervicofacial cyanosis, petechia and subconjunctival hemorrhage, neurological symptoms. This syndrome is also known as acute thoracic compression syndrome, ecchymotic mask or Perthe's syndrome. Traumatic asphyxia is caused by sudden venous hypertension in the cervicofacial region veins without valve system as a result of thoracoabdominal region's severe pressure while glottis was closed. Its morbidity and mortality is linked by the associated cardiovascular, pulmonary, and neurological injuries.

**Case:** A 47 year-old male patient due to accident at work were brought to the emergency department with chest and abdominal pain. General condition of the patient was mid-consciousness, tend to fall asleep, oriented, cooperative, Glasgow Coma Score: 14/15 (E3, M6, V5), light reflex: + / +, pupillary isochoic, arterial blood pressure: 140/100 mmHg, heart rate: 100 / min, temperature: 36.5 °C, respiratory rate: 22/min and O2 saturation of 99%. On physical examination face, upper extremities, 1/3 of both the proximal and the body to the level of the nipple with cyanosis, subconjunctival hemorrhage in both eyes was seen (figure-1). There weren't any pathology in the other system examination. In bed side echocardiography it wasn't seen pericardial effusion. In chest computed tomography there were a few air appearance (pneumomediastinum) in fat bags of anterior mediasten, sternum fracture and pulmonary contusion (figure-2). Patient was intubated and was sent to intensive care unit.

**Conclusion:** Traumatic asphyxia is a clinical condition caused by blunt thoracoabdominal trauma, is a rare, generally reversible with supportive care, depending on the severity of the injuries to the associated morbidity and mortality that should be considered in a systematic examination and evaluation. In our case, there is a serious case and thoracoabdominal compression was observed for clinical signs of traumatic asphyxia. However, clinical light remained, the patient improved with supportive treatment.

**Keywords:** Traumatic asphyxia, Perthe's syndrome, injury

## PP 318

**A Rare Complication of Femoral Venous Catheterization***Imam Eren<sup>1</sup>, Aynur Yurtseven<sup>2</sup>, Fatih Büyükcımak<sup>3</sup>, Sinan Yıldırım<sup>4</sup>, Mehtap Kaynakçı Bayram<sup>5</sup>, Ayhan Sümer Yaman<sup>2</sup>, Kadir Dibek<sup>2</sup>*<sup>1</sup>Batman State Hospital, Department of Emergency Medicine, Batman<sup>2</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara<sup>3</sup>Dişkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara<sup>4</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı<sup>5</sup>Bitlis State Hospital, Emergency Department, Bitlis

**Objective:** Central venous catheterization (CVC) is an invasive procedure that commonly used in the intensive care unit. Important factors in the development of complications are anatomical structure, experience of the person who do the catheterization and the quality of the material used. We presented a patient that survive with a forgotten guide wire for a year.

**Case:** A 26-year old male patient was admitted to the emergency department with complaints of nausea and abdominal pain. He told that he hospitalized due to stab wounds a year ago. Direct radiograph of the abdomen showed the catheter guide wire in the inferior vena cava. Under local anesthesia, the guide wire was removed by venotomy. The complaints of the patient improved and he was discharged.

**Conclusion:** Central venous catheterization is often used for total parenteral nutrition and monitoring. During central venous catheterization, in the early period, mentioned complications are as follows; infection, air embolism, thrombosis, arrhythmia, hematoma, pneumothorax, hemothorax, hydrothorax, chylothorax, cardiac perforation, cardiac tamponade, trauma to adjacent nerves and blood vessels; and rarely pleural effusion. Als the catheter guide wire could escape into the vessel and it can be very lethal due to rare complications such as rupture perforation of the superior vena cava, aortic injury, acute cardiac tamponade. In the late period of secondary complications are venous thrombosis, superior vena cava syndrome, endocarditis, sepsis. In our patient, there wasn't any additional complication and also after removal, patient improved completely. To avoid this complication, catheterization should be done with carefully; after catheterization, the place of catheter could be controlled by direct radiography.

**Keywords:** Central venous catheterization, complication, guide wire



PP 319

**Compartment syndrome due to contrast agent**

*Bahar Gülçay Çat<sup>1</sup>, Macit Aydın<sup>1</sup>, Mehtap Kaynakçı Bayram<sup>2</sup>, Aynur Yurtseven<sup>3</sup>, Sinan Yıldırım<sup>4</sup>, Ayhan Sümer Yaman<sup>1</sup>, Kadir Dibek<sup>1</sup>, Sinem Burul Alp<sup>1</sup>*

<sup>1</sup>Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara

<sup>2</sup>Bitlis State Hospital, Emergency Department, Bitlis

<sup>3</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara

<sup>4</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı

**Objective:** Compartment Syndrome is the loss of muscle and nerve function because of ischemia occurring as a result of the increased perfusion pressure of the muscles in the fascia extremities. There are many reasons that led to the upper extremity compartment syndrome such as bone fractures, crush injuries of the muscles and soft tissues, prolonged compression, muscle avulsion, burns, insect bites, excessive exercise, infection, bleeding, intravenous drug injections. Here we presented a case of compartment syndrome due to contrast agent.

**Case:** A 52-year-old woman admitted to emergency department with dyspnea continued for 10 days. The contrast agent (Ultravist 300) extravagated while performing contrast-enhanced chest computed tomography. It developed swelling of the right hand and forearm. In re-examination, edema began from the patient's right forearm and increased on right hand; additionally, hypoesthesia, painful hand movements, coldness and pallor were detected. Patient diagnosed with compartment syndrome, fasciotomy was performed under axillary block. Physical therapy program and anti-inflammatory treatment organized. Patient was discharged without post-operative complications.

**Conclusion:** There are two types of compartment syndrome as acute and chronic. Chronic type develops especially in the lower extremities due to strain and excessive exercise, but it could be seen also in upper extremity. It causes movement disorders, pain, limb swelling, paresthesia and peripheral nerve dysfunction as seen in our case. In diagnosis, clinical findings, intra-compartment pressure measurement, magnetic resonance imaging and electroneuro myographic study (EMG) is important. Surgical fasciotomy is the first choice of the treatment. In this rare case of compartment syndrome, a successfully performed fasciotomy was performed.

**Keywords:** Compartment syndrome, contrast agent, fasciotomy

PP 320

**Familial hypokalemic periodic paralysis**

*Zikret Koseoglu<sup>1</sup>, Mehmet Yildiz<sup>2</sup>, Mehmet Oguzhan Ay<sup>1</sup>, Akkan Avci<sup>1</sup>, Muslum Monur<sup>1</sup>, Ali Ilker Ozer<sup>1</sup>, Semih Gedik<sup>1</sup>, Tayyibe Saler<sup>3</sup>*

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Adana Numune Education and Research Hospital, Department of Neurology, Adana, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Department of Internal Medicine, Adana, Turkey

**Objective:** Familial hypokalemic periodic paralysis (FHPP) is a rare autosomal dominant hereditary disorder which is characterized by episodes of reversible symmetrical muscle weakness and hypokalemia. Serum potassium value in FHPP decreases according to the potassium shift into cells. Improvement after each episode is complete. Attacks in FHPP may be less than 1 hour or last for days. The weakness spreads from proximal to distal in attacks. Bulbar, ocular and respiratory muscles are usually retained. Deep tendon reflexes are usually decreased or disappeared. Attacks in FHPP is often followed by high amounts of carbohydrate intake during the resting period and occurs due to heavy exercises. In this article, we presented a case diagnosed as FHPP in the emergency department.

**Case:** A 44 year old male patient was admitted to our emergency department with complaining of weakness in his arms and legs. We learned that patient's symptoms was started about 5-6 years ago and repeated occasionally, his attacks continued approximately 1 hour, and then self-improved. After the last attack that he felt weakness and increasing complaints in arms, legs, he admitted to emergency department. The patient was conscious, oriented, cooperative, muscle strength in four extremity was 3/5, deep tendon reflexes were decreased. Serum potassium value was 1.73 mmol/dL, and other biochemical values were normal. In his ECG, there were U waves, ST depression, flattened T waves. A brain CT scan was normal. The patient was monitored in the critical care unit. Potassium replacement was started. After 36 hours of the beginning of the patient's symptoms, paresis resolved completely, serum potassium levels returned to normal, and he was discharged from hospital.

**Conclusion:** In the differential diagnosis of the complaints of weakness in the extremities, both cerebrovascular events and diseases such as FHPP that can lead to electrolyte disturbances should be considered.

**Keywords:** Familial hypokalemic periodic paralysis, hypokalemia, paralysis



PP 321

**Postpartum Cardiomyopathy**

*İnan Beydilli, Faruk Güngör, Asım Arı, Halil İbrahim Toksul, Ramazan Güven, Arefe İmak*

Antalya Eğitim Araştırma Hastanesi Acil Tıp Ana Bilim Dalı, Antalya

**Objective:** Postpartum cardiomyopathy (PPCM) is associated with one in every 3000 to 4000 live births. The definition of PPCM includes four criteria: 1) development of cardiac failure in the last month of pregnancy or within five months of delivery, 2) absence of an identifiable cause for the cardiac failure, 3) absence of recognizable heart disease before the last month of pregnancy, and 4) left ventricular (LV) dysfunction (ejection fraction of less than 45% or reduced shortening fraction). Risk factors include multiparity, black race, older maternal age, pre-eclampsia, and gestational hypertension.

**Case:** A 32-year age female patient was admitted to the emergency department with dyspnea, after twin birth by cesarean section four days prior. There was no any disease in medical history. Physical examination in the ED, the patient was noted to be afebrile and had a blood pressure of 90/70 mm Hg, a pulse rate of 114 beats per minute, a respiratory rate of 20 breaths per minute, and an oxygen saturation of 95% in room air. Noted pretibial edema on leg, bilateral basilar ronchi in lung auscultation, an S3 gallop. Contrast computed tomography performed for high level of D-dimer and suspected pulmoner thromboembolism. Embolism excluded in report but there was pleural effusion rising upper side of rihgt lung, with cardiomegaly and widened mediastinum. Global hypokinesia with ejection fraction of 25% was estimated in echocardiography. Patient observed in coronary intensive care unit with a diagnosis of postpartum cardiomyopathy and discharged after ventricular function recovered completely.

**Conclusion:** Despite the development of irreversible heart failure in some cases, early diagnosis and effective treatment of postpartum cardiomyopathy reduces mortality rates and increases the chances of complete recovery of ventricular function.

**Keywords:** Postpartum, cardiomyopathy, dyspnea

PP 322

**Splenic infarct as diagnostic challenge of abdominal pain in Emergency Department**

*Salim Kemal Tuncer, Yusuf Emrah Eyi, Umit Kaldırım, Sedat Bilge*

Gulhane Military Medical Academy, Department Of Emergency Medicine, Ankara/Turkey

**Objective:** Splenic infarction is a rare cause of acute abdominal pain that can occur in a variety of settings including both malignant and benign hematological disorders. Embolic disease (e.g. atrial fibrillation, infective endocarditis, valvular disease or valve replacement) can also cause splenic infarction. We report a patient who presented with acute diffuse abdominal pain, and was diagnosed with splenic infarct probably resulted from a recent endocarditis.

**Case:** A 64 year-old man was admitted to emergency department suffering from acute diffuse abdominal pain. His medical history revealed aortic and mitral valve replacement, pulmoner nodule, endocarditis and Coumadin use. On admission, the patient's temperature was 36.5°C; heart rate was 58 beats/min; arterial blood pressure was 114/62 mmHg and oxygen saturation measured by pulse oximetry was 91%. On physical examination significant tenderness within the upper-left-quadrant of his abdomen, enlarged liver and dull sound on percussion of Traube's space were found. Laboratory investigation was within normal limits except hemoglobin level (Hb: 8.7 g/dL) and INR (3.3). Electrocardiogram revealed atrial fibrillation with low rate of the ventricular response. Chest x-ray showed an image of pacemaker with no other pathologies. An abdominal CT scan revealed wedged-shaped area of decreased density within the spleen, suggesting infarct. A subsequent echocardiogram demonstrated functional mitral and aortic valve, no thrombus/vegetation and no wall-motion abnormalities. Patient finally diagnosed with splenic infarct and was hospitalized in General Surgery

**Conclusion:** Splenic infarction as a complication of cardiac embolic disease should be included in the differential diagnosis of an acute abdominal pain.

**Keywords:** Abdominal Pain, Splenic infarction, Endocarditis



PP 323

**Missed Diagnosis costed two surgical operations: Hypokalemic Periodic Paralysis**

*Salim Kemal Tuncer<sup>1</sup>, Yusuf Emrah Eyi<sup>1</sup>, Sedat Bilge<sup>1</sup>, Yeliz Ozturk<sup>2</sup>, Ahmet Cetiz<sup>2</sup>*

<sup>1</sup>Gulhane Military Medical Academy, Department Of Emergency Medicine, Ankara/Turkey

<sup>2</sup>Gulhane Military Medical Academy, Department Of Neurology, Ankara/Turkey

**Objective:** Acute hypokalemic paralysis, characterized by acute flaccid paralysis is primarily a calcium channelopathy based on mutations or predisposing variants or secondary to potassium wasting

**Case:** A 42 year-old man was admitted to Emergency Department suffering from weakness in his upper and lower limbs and also suffering from acute pharyngitis. Because of pharyngitis, parenteral metamazole and Cefazolin were administered with intravenous fluid. Subsequently he went to sleep then when he was awake he discovered weakness in his upper and lower limbs. He stated to be undergo surgery of recent carpal tunnel syndrome and lumbar disc hernia due to weakness in his upper and lower limbs. Laboratory investigation was within normal limits except potassium level (Potassium: 3,01 meq/dL). CT and MRI scan were within normal ranges. A subsequent Electromyography revealed no abnormality. He was administered parenteral potassium with intravenous fluid. After careful supplementation to gradually increase the serum potassium concentration to 4.4 meq/L, he slowly regained movement and strength in his extremities. He finally diagnosed with hypokalemic periodic paralysis.

**Conclusion:** Medications can affect serum potassium levels; although the potential risks posed by the use of drugs in patients with a history of Hypokalemic Periodic Paralysis are unclear, cautious use in the context of known hypokalemic periodic paralysis is advised. Careful history query will prevent nonessential surgical operations.

**Keywords:** Hypokalemia, Periodic Paralysis, Missed diagnosis, Secondary causes

PP 324

**The importance of bedside ultrasound in the emergency department**

*Zikret Koseoglu<sup>1</sup>, Mehmet Oguzhan Ay<sup>1</sup>, Akkan Avci<sup>1</sup>, Muslum Monur<sup>1</sup>, Ali Ilker Ozer<sup>1</sup>, Gokhan Evren<sup>1</sup>, Cengiz Yilmaz<sup>2</sup>, Tayyibe Saler<sup>3</sup>*

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Adana Numune Education and Research Hospital, Department of Radiology, Adana, Turkey

<sup>3</sup>Adana Numune Education and Research Hospital, Department of Internal Medicine, Adana, Turkey

**Objective:** Adrenal adenomas are one of the endocrine diseases that can cause secondary hypertension. In this case, we presented a young patient who admitted to emergency department with left flank pain, in whom we detected first time hypertension and solitary adrenal gland with bedside ultrasonography.

**Case:** A 28-year-old female patient admitted to our emergency department with the increasing complaints of left flank pain, nausea, frequent urination, and burning urine in the last two days. On physical examination, she was conscious, cooperative, her blood pressure: 165/100 mmHg, pulse rate: 82/dak, fever: 36.8 0C. She had tenderness in the left costovertebral angle. A complete blood count and biochemical tests were normal. She was not in menstrual period. We detected 57 leukocytes and 26 erythrocytes in urine examination. Because of having the first time diagnosis of hypertension at the young age and flank pain, we made bedside ultrasonographic examination and detected a 2.5 cm size nodule in the left adrenal gland. Computed tomographic scans were interpreted in favor of an adrenal adenoma. The results of laboratory tests (urine cortisol, VMA, catecholamines, plasma aldosterone and renin, etc.) requested for the differential diagnosis of adrenal adenomas and pheochromocytoma, aldosteronoma, cushing's syndrome were normal. Thyroid hormone tests were normal. Pathological examination was diagnosed as benign neoplasm of the adrenal gland.

**Conclusion:** Determining the diagnosis of adrenal adenoma in the patient who had flank pain and hypertension with bedside ultrasonography showed that bedside ultrasonography is a how important diagnostic tool in emergency departments.

**Keywords:** Bedside ultrasonography, adrenal adenoma, flank pain, hypertension



## PP 325

**A Rare Case That Subclavian Artery Rupture With Minor Trauma**

*Güleser Akpınar<sup>1</sup>, Bedia Gülen<sup>2</sup>, Talat Yurttaş<sup>1</sup>, Ali Sarıdaş<sup>1</sup>, Murat Koyuncu<sup>3</sup>, İbrahim İkizceli<sup>4</sup>, Başar Cander<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Okmeydanı Training and Research Hospital, Istanbul, Turkey

<sup>2</sup>Department of Emergency Medicine, Bezmî Alem University, School of Medicine, Istanbul, Turkey

<sup>3</sup>Department of Emergency Medicine, School of Medicine, Karabük University, Karabük, Turkey

<sup>4</sup>Department of Emergency Medicine, Cerrahpaşa Medical Faculty, Istanbul University, Istanbul, Turkey

**Objective:** Traumatic subclavian artery rupture (TSAR) is a rare type of blunt trauma with a high mortality and morbidity rate. We could not find any case reports of TSAR after minor trauma in the literature.

**Case:** A 44-years-old woman admitted to our hospital with sudden breathlessness and back pain; she was confused and GCS was 7, BP 105/65 mmHg, HR 150/minute, RR 26/minute, sO<sub>2</sub> 58%. She had no neurological deficit. We detected fine crackles on the middle zone of the lung though no sounds on the base of the left hemithorax. We found pH 7,08, pO<sub>2</sub> 173, pCO<sub>2</sub> 35 on arterial blood gas. Although she had no chronic disease, we learned that she had fallen from the chair a week ago. Chest CT showed pleural effusion up to 8 cm on left hemithorax. Lab Findings: Hgb 10,02/dL, Htc 31,65%, PLT 294000/uL, BUN 39, creatinine 1.43. Needle aspiration was performed and aspirate was hemorrhagic, so we performed tube thoracostomy. 1000 mL of aspirate was discharged in one hour. Aort angiography was performed and as the leakage of contrast material from the subclavian artery, a PTFE ringed graft was inserted at the operation. Her medical condition improved after the operation and she was discharged and planned to come to the outpatient clinic controls.

**Conclusion:** Subclavian artery laceration is a rare condition as the artery is well-protected and observed mostly due to penetrant injuries. TSAR is most commonly observed after clavicle fractures (50%) and has high mortality and morbidity. Subclavian Arterial Injury can be overlooked easily because most of the symptoms are related to other systemic injuries rather than arterial laceration. Therefore, all patients admitted to the Emergency Room with trauma should be examined systemically including the peripheral pulse and neurological examination and the results should be recorded.

**Keywords:** Traumatic subclavian artery rupture, Minor Trauma, Emergency Department

## PP 326

**Total Collapse of Left Lung**

*Gökhan İřat, Tuba Cimilli Öztürk, Yılmaz Aydın, Serdar Özdemir, Damla Selma Özalp, Aysel Hünük, Özge Ecmel Onur*

Fatih Sultan Mehmet Education and Research Hospital, Istanbul, Türkiye

**Objective:** Emergency airway management is critical for Emergency Physicians. There are several methods defined to control airway. Complications related to hemodynamic alterations and oxygenation and ventilation difficulties can be faced in every step of these interventions. The most secure method is endotracheal intubation. Esophageal or main stem intubation, perforation or laceration of esophagus, vocal cords, and larynx, laryngospasm, bronchospasm, dysrhythmias, hypohypertension, and collapsed lung or atelectasis are listed as major complications of intubation

**Case:** 19 years old female was suddenly collapse at home and she was brought to an outpatient clinic. The health professionals identified cardiac arrest and started CPR. The patient was orotracheal intubated. After the return of the spontaneous circulation she was transported to our hospital. On admission her pulse rate: 120/min, respiratory rate: 12/min (bag-valve mask) fever: 36.7oC O<sub>2</sub> sat: 98%. Her GCS was 3 and physical examination was normal. We realized that the endotracheal tube was pushed forward to 26cm probably during the transfer. The tube was pulled back to 21cm. For differential diagnosis she was sent to computed tomography. At thoracic sections her left lung was observed totally collapsed. On first sight diaphragmatic hernia, pulmonary embolism, foreign body, misplaced or kinked tube were thought in differential diagnosis. At second look the endotracheal tube was observed in the right main bronchus. When we rechecked the tube it was found that the tube was pulled back to 26 cm again. The tube was fixed to 21 cm and she was ventilated. The control x-ray taken after a few minutes, was observed totally normal.

**Conclusion:** The endotracheal tubes must be securely fixed before transportation and be rechecked for possible displacements. Young patients without pulmonary pathologies may tolerate well and desaturation may not be observed clinically. Therefore radiological imaging is critical after intubation to confirm the tube placement.

**Keywords:** atelectasis, intubation, tube displacement



PP 327

**Spontaneous retroperitoneal hemorrhage in patient with flank pain**

*Bedriye Müge Sönmez, Fevzi Yılmaz, Fevzi Bircan Özkan, Murat Ongar, Tamer Durdu, Muhammet Evvah Karakılıç, Muhittin Serkan Yılmaz*

Ankara Numune Education and Training Hospital, Emergency Department, Ankara

**Objective:** Spontaneous retroperitoneal hemorrhage (SRH) also defined as Wunderlich sendrome is a rare clinic entity which can potentially be life-threatening. Due to the degree and duration of bleeding, symptoms of SRH range from mild flank and/ or abdominal pain to shock and cardiovascular collapse. We reported a case of SRH with Lenk's triad (acute flank pain, symptoms of internal bleeding, upper and lower quadrant abdominal tenderness to palpation-costovertebral angle tenderness).

**Case:** A 41-year-old woman presented to our emergency department with left flank pain and dysuria. She visited emergency room of another hospital with these symptoms two days ago and was diagnosed with urinary tract infection and a non-steroidal-antiinflammatory drug with an antibiotic were prescribed. She reported no trauma, renal disease or coagulation disorder and no any use of drugs. On her admission BP:130/80 mmHg, HR: 115/dk and body temperature: 36.7. Her physical examination revealed left flank ecchymosis (Grey Turner sign) of 3\*3 cm diameters (Figure 1), left abdominal and costovertebral angle tenderness, no rebound tenderness and guarding. Examination of other organ systems revealed no pathology. In her laboratory results haemoglobin: 9.6 mg/dL, haemotocrit: 29.1, platelet: 224000, aPTT: 23.2 sc, PT: 14.4 sc, INR: 1,12. In her urine analysis; leucocyte: 6p/hpf, erythrocyte: 14p/hpf and bilirubin:>6. Abdominal ultrasonography showed fat tissue increase in the left perirenal area so we decided to perform an abdominal computerized tomography (CT) with contrast. CT confirmed left retroperitoneal hematoma extending from suprarenal, anterior pararenal, perirenal and posterior pararenal region to pelvic inlet (Figure 2). The patient consulted to urology department and hospitalized by them.

**Conclusion:** Because it's a devastating process prompt diagnosis and treatment should be done and emergency physician should be aware of differential diagnoses for renal colic or urinary tract disorders.

**Keywords:** flank pain, Grey-Turner Sign, retroperitoneal hemorrhage

PP 328

**A Case Of High Pressure Injection Injury**

*Erkut Erol, Gülhan Kurtoğlu Çelik, Fatih Ahmet Kahraman, Ishak Şan, Havva Şahin Kavaklı*  
ankara atatürk education and research hospital department of emergency medicine

**Objective:** Paint-guns may emit up to thousands of PSI jet-streams and injuries due to them are extremely rare. Materials entering through skin spread along the facial planes, tendon-sheaths, and neurovascular-bundles. Even small amounts of foreign material passing through the skin may lead to compartment syndrome. The severity of tissue damage depends on material type and quantity, anatomical region and the injection pressure. In this study we reported a case of a hand injury high-pressure-gun accident management in our emergency department.

**Case:** 22-year-old male patient admitted to our emergency department with left hand index-finger injury caused by a high-pressure spray-gun which happened approximately 8-9 hours ago. In physical examination erythema and edema were present in the index finger and there was a small hole of entry on the palmar surface. Sensory examination was normal. The patient was consulted to plastic-surgery for early decompression and debridement.

**Conclusion:** Paint-gun injury is an emergency condition, but the urgency may be omitted due to the patient's inability to explain the incident, initial symptoms being mild, presence of a small entry as a pinhole and only a slight edema in the initial examination and lack of consideration of the urgency. Management of lesion in the emergency department begins with defining the injury and requires consultation with a hand surgeon. The mainstay of treatment is surgical decompression and debridement of necrotic tissue. The rate of amputation in injuries with thinner-based paints, petroleum and oil is 58% of injuries, and the rate declines to 38% even they were debrided earlier. An amputation rates reach up to 80% in injuries with highly caustic substances such as paint and terpentine despite appropriate care. Nerve block isn't recommended because it may increase compartment pressure. Broad spectrum antibiotics affecting also gram negative bacteria should be administered. Tetanus prophylaxis should be administered.

**Keywords:** Gun, High-Pressure, Injury, Injection, Paint



## PP 329

**Simultaneous bilateral anterior shoulder dislocation following a seizure**

*Bedriye Müge Sönmez, Fevzi Yılmaz, Funda Polat, Sercan Hastürkoglu, Selim Inan, Hilmi Akdağ, Burak Demirci, Tamer Durdu*

Ankara Numune Education and Training Hospital, Emergency Department, Ankara

**Objective:** Shoulder dislocations are the most common major joint dislocations encountered in the emergency departments. Bilateral shoulder dislocations are rare and of these, bilateral posterior shoulder dislocations are more prevalent than bilateral anterior shoulder dislocations. Bilateral anterior shoulder dislocation is very rare.

**Case:** 32-year-old male presented to our emergency department with bilateral shoulder pain and motion restriction following a seizure. According to his history he was epileptic but he was not using his drugs regularly. On his physical examination, he was conscious, cooperative and oriented. His vital signs and neurological examination were normal. His extremity examination revealed that his arms were slightly in abduction and external rotation. There was epaulet sign bilateral on his shoulders. His peripheral neurological examination was otherwise normal. The radiological evaluation revealed bilateral subcoracoid anterior dislocation with no signs of fracture (Figure 1).

After sedation closed reduction with Kocher maneuver was performed initially. After reduction, forward flexion and abduction of each shoulder were over 75 degrees and immobilization with Valpeau bandage was applied bilaterally for 3 weeks.

**Conclusion:** Bilateral anterior shoulder dislocations are the rarest of all shoulder dislocations. It is important to take accurate clinical history, a thorough clinical examination and adequate imaging in order to exclude this injury.

**Keywords:** Anterior, bilateral, seizure, shoulder dislocation

## PP 330

**Isolated Talus Fracture: A Case Report**

*Kamil Tünay<sup>1</sup>, Talip Çevik<sup>2</sup>, Oya Oruç<sup>1</sup>, Zeliha Çiğdem<sup>1</sup>, Emel Gökalp Zorbozan<sup>1</sup>, Hale Nur Can<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Afyon Kocatepe University of Medical School, Afyonkarahisar, Turkey

<sup>2</sup>Department of Emergency Medicine, Afyonkarahisar State Hospital, Afyonkarahisar, Turkey

**Objective:** Although, talus fractures are the second most common tarsal bone fractures, they rarely occur. Patients apply to the emergency room with complaints of ankle swelling, pain and hematoma. In this study, we presented a fireman with an isolated talus fracture which was developed after jumping down from a fire engine.

**Case:** Twenty-seven-year-old male patient presented to the emergency department with complaints of right foot and ankle pain, swelling and bruising. His symptoms began suddenly after jumping down from a fire engine. Afterwards, his ankle was swollen and mobility of this joint was reduced. Vital signs were as follows; body temperature: 36.8 °C, arterial blood pressure: 110/70 mmHg, heart rate: 80 bpm, respiratory rate: 20 breathe-per-minute. On his physical examination, the right ankle swelling, tenderness and bruising was detected, peripheral pulses were palpable. Other system examination was in normal limits. Two sided extremity X-ray of the foot and ankle were taken and suspicious broken line was detected on the talus bone. Later, right ankle computed tomography (CT) was taken. CT revealed a fragmented fracture line extending to the talus, corpus and talocalcaneal joint (figure 1). After intravenous analgesic administration, short leg splint was applied by orthopaedist. And he referred to the inpatient clinic.

**Conclusion:** Isolated fractures of talus are rarely seen tarsal bone fractures. Early diagnosis with the direct radiography can be difficult. Computed tomography scan should be taken in suspected cases. Treatment of choice is immobilization for nondisplaced fracture and open reduction and internal fixation for displaced and fragmented fractures.

**Keywords:** Isolated, Talus Fracture, fireman



PP 331

**A Penetrant Head Trauma With A Metal Object**

*Sadik A Girisgin, Hanifi Arslan, Himmert Nak, Raşit Özer Özer, Defne Zerrin Dunder, Basar Cander*

Necmettin Erbakan University

**Objective:** Penetrant foreign object injuries to the head may occur in houses, schools or they can happen in similar places. In this study we planned to present a patient with a penetrant head trauma occurred via a valve tappet which is used to pump bicycle wheels.

**Case:** 10year old male patient applied to our emergency service because a part of a valve tappet, in his friends mouth, got in to his right head basis while playing with his friends. The patients GCS was 15, he was conscious and cooperative. The sharp metal object was in the right temporal lobe. Over the right zygoma, reaching to the right lateral wall of the orbita, a metallic object, non related with the parenchyma, was seen in his Xray and CT scan. A fracture line was seen on the temporal bone. The patient was consulted with neurosurgery. Local anesthasy was performed in the emergency intervention room. The foreign body was removed. Medical dressing was done. The patient was followed in the emergency observation room. The patient whose follow ups did not have any pathological findings was suggested to neurosurgery policlinic and discharged.

**Conclusion:** Intracranial foreign objects can be metal, wood or bone originated. Intracranial penetrant injuries can cause serious symptoms and even deaths by damaging vital structures, creating hematoma, trombozsis, vazospasm or infections. The size, shape and elasticity of the foreign object are the factors that affect the patients clinic. The complications that can occur due to penetrant head traumas are related to the area where the foreign object is, its relationship with important cerebral structures and the lesions that it creates. Inconclusion, in this study we aimed to emphasise that a metal fraction can cause penetrant head traumas which is seen rare and some penetrant injuries can be treated without requiring surgical interventions.

**Keywords:** Penetrant, Head trauma,

PP 332

**A Rare Cause OF Dyspnea: The LEOPARD Syndrome**

*Zeynep Karakaya<sup>1</sup>, Şerafettin Demir<sup>2</sup>, Serkan Sagay<sup>3</sup>, Çetin Yaylalı<sup>4</sup>*

**Objective:** The LEOPARD syndrome is a rare hereditary disorder in Asian countries. Though the LEOPARD syndrome is rare, diagnosis is important since it can be related with serious cardiac ailments. Patients must be followed up regularly in order to reduce the risk of sudden death which is the most severe complication.

**Case:** The study presents the case of a 23-year-old woman who had dyspnea on daily exercises. She had multiple lentiginos, cardiac anomalies (apical hypertrophic cardiomyopathy, left ventricular hypertrophy and pulmonary stenosis), ocular hypertelorism and abnormal electrocardiographic findings. Based on the findings, the patient was diagnosed with the LEOPARD syndrome.

**Conclusion:** As soon as a lentigo is detected, the physician should think of LS and make proper cardiac assessment. Cardiac disease can be progressive, and is associated with bad prognosis. Thus, patients should be evaluated regularly. This case illustrates many of the classical findings in this syndrome and highlights the need to be alert to the possibility of cardiac abnormalities.

**Keywords:** LEOPARD syndrome, Multiple lentiginos, Cardiac anomalies



## PP 333

**A rare case with head trauma caused by harpoon**

*İbrahim Burak Atçı<sup>1</sup>, Serdal Albayrak<sup>1</sup>, Nejat Yılmaz<sup>1</sup>, Evrim Gül<sup>2</sup>, Ömer Doğan Alataş<sup>2</sup>*

<sup>1</sup>Beysin ve Sinir Cerrahi Kliniği, Elazığ Eğitim ve Araştırma Hastanesi

<sup>2</sup>İlk ve Acil Yardım Kliniği, Elazığ Eğitim ve Araştırma Hastanesi

**Introduction:** Penetrating head traumas are rare injuries in normal lifetime with increasing incidence at wartime. In the literature, the frequency of penetrating trauma is 20-60 per 1,000,000. The penetrating trauma comprises 0.4% of all head injuries. Its incidence is increased in Western countries when compared to developing and undeveloped countries.

Penetrating traumas can occur with firearms, hunting gears, marbles, shells, hooked needle, knife, toys and pencil.

Injury in penetrating cranial traumas varies depending on kinetic energy and mass of object. Mass and heat effect of the object also accompany to injury in the penetrating cranial traumas with high acceleration and kinetic energy. Hunting weapons, especially harpoon, are rarely observed in penetrating head injuries.

**CASE:** A 38-years old man exposed to a penetrating head trauma during preparation for fishing at a lake when a harpoon was accidentally fired. The patient arrived to emergency department 45 minutes after trauma. There was no alteration in consciousness and neurological examination was normal. A harpoon was observed, which penetrated into frontal scalp and temporal muscle at the lateral to left eye and projected to parietal region by glancing parietal bone Plain skull radiographs were obtained in the patient. The harpoon was removed under local anesthesia in the case in which bone injury or fracture line wasn't observed on plain radiographs. Scalp and temporal muscle repairs were performed after controlling for bleeding. A CT scan was obtained after surgical intervention. No parenchymal or osseous abnormality was detected

The patient was discharged with antibiotic therapy after 24 hours of follow-up.

**Conclusion:** Harpoon injuries are extremely rare when compared to other firearm injuries and stabbing injuries. In penetrating traumas, severity of injury varies depending on velocity, mass and force of the object. Parenchymal, vascular, skull and scalp injuries can also frequently occur in penetrating or perforating traumas.

**Keywords:** Head trauma, harpoon, computerized tomography

## PP 334

**Bradycardia in Trauma: A Preliminary Report**

*Murat Durusu<sup>1</sup>, Mehmet Eryılmaz<sup>1</sup>, Umit Kaldırım<sup>1</sup>, İbrahim Arziman<sup>1</sup>, Sukru Ardic<sup>1</sup>, Gultekin Ozturk<sup>2</sup>*

<sup>1</sup>Department of Emergency Medicine, Gulhane Military Medical Academy, Ankara, Turkey

<sup>2</sup>Department of Military Health Services, Gulhane Military Medical Academy, Ankara, Turkey

**Objective:** The knowledge about bradycardia in trauma cases is extremely limited. In this study, we aimed to analyze of bradycardia reasons and bradycardia's effects on mortality and duration of stay in the hospital in cases who were hospitalized because of trauma.

**Materials-Methods:** Between 13.12.2011-31.12.2012 cases who were hospitalized because of trauma and determined bradycardia at the first assessment were analyzed. Demographic data, admission type to ED, diagnosis, accompanying diseases, medications, duration of stay, mortality data were collected. Data was analyzed statistically.

**Results:** Bradycardia was determined in 13(2.36%) of hospitalized 551 cases at the first assessment. Average age of the cases with bradycardia was 60.54(min:21,max:88) and 8(61.54%) of these cases were determined over 65. Male/female ratio was 3.33. 7(53.85%) of the cases were transported by ambulance. Intracranial hemorrhage (38.5%) was the most frequent diagnosis. In 8 cases (61.54%) one or more accompanying chronic diseases were observed, by 6(46.1%) cases cardiovascular diseases came in first. Average duration of stay in hospital was 21 days(min:6 days,max:61 days). In the reason of bradycardia-oriented assessment, it was observed that 4 of the cases take medicine that has decreasing effects on heart rate, 3 of all cases had intracranial hemorrhage, another 6 cases had pneumothorax and major bone fracture. In the cases with bradycardia mortality rate 23.1%(n=3) and this ratio was significantly higher than the other trauma cases statistically(p=0.038). In terms of duration of stay in the hospital significant difference was not found.

**Conclusion:** It is assessed that bradycardia and mortality are related in trauma cases. Taken heart rate decreasing medicine, severe pain and increased intracranial pressure are seem to be basic reasons. It's considered that being informed about bradycardia's relation with mortality of physicians is important as regard to trauma and comprehensive studies that are oriented to bradycardia in trauma cases are needed.

**Keywords:** Bradycardia, trauma, mortality



PP 335

**A rear reason of vertigo: Arnold-Chiari type 1 malformation**

*Murat Türkarıslan, Yunsur Çevik, Oğuz Yardım*

Kecioren Training and Research Hospital, Department of Emergency, Ankara, Turkey

**Objective:** Arnold-chiari malformation(ACM) is a congenital abnormality of cerebellar tonsils herniation trough the spinal canal.

Headache, ataxia, vertigo, extremity pain, hypoesthesia and weakness are symptoms. Moreover ACM consulted with trigeminal neuralgia, hearing loss, glossopharyngeal neuralgia and autonomic nervous system complaints and cause misdiagnoses like multiple sklerozis, musculus dystrofia or other degeneratif diseases. One of the four classical type of ACM type-1, cerebellar tonsils extending into the cervical spinal canal, is our patients pathology. ACM type-1 is frequently reported in 3. and 4. decade so that naming as adult's type. ACM has autosomal dominant inheritance. Usually computerized tomography (CT) can not diagnose it. It's important to hold intracranial pressure in these cases. Surgery needed if neurological symptoms progressed.

**Case:** A 32 year old male consulted emergency department because of vertigo for long and increasing extremity weakness and visual disorder. Patient, vitals were stabil, Glasgow coma scala score was 15, cerebellar examination was normal without any lateralized deficiency in neurologic examination. In the story of patient, whoes other system examination was normal, we learn that she has been treated with cortisole and hyperbaric oxigen after sensorineural hearing loss diagnose 1.5 years ago. There was not abnormality in laboratory parametres.

There was not any pathological evidence in CT, examined because of clinical progression againts IV hidration and dimenhidrinat therapy and visual disorder. But cerebellar tonsils extended to cervical spinal canal amount of 6 mm through foramen magnum in MRI.

**Conclusion:** We are reporting a patient,consulted doctor because of vertigo, diagnosed as Arnold-chiari malformation by us. The patients with ACM type-1 consulted doctor because of nonspecific symptoms and misdiagnosed or sometimes does not diagnosed. ACM must be thought in Patients examined because of vertigo. It should not be forgotten that diagnose of ACM is possible with MRI of craniovertebral junction.

**Keywords:** Arnold Chiari, Emergency Medicine, Syncope

PP 336

**Mad Honey Poisoning: A Case Report**

*Ozgur Sezer, Ibrahim Arzıman, Murat Durusu, Yusuf Emrah Eyi, Sukru Ardic, Salim Kemal Tuncer, Umit Kaldirim, Cengiz Kaya*

Department of Emergency Medicine, Gulhane Military Medical Academy, Ankara, Turkey

**Objective:** Mad Honey Poisoning is an intoxication that occurs as a result of consuming the honey producing by rhododendron pollens that contain grayanotoxin founding in the plants of Ericaceae family. Intoxication happens by the way of grayanotoxin increasing Na channel permeability on cell membrane. It presents signs and symptoms like dizziness, weakness, hypersalivation, bradycardia, hypotension, AV block. In this report, a 68 years old mad honey poisoning case that was admitted with hypotension and bradycardia was discussed.

**Case:** A 68 years old female patient consulted to the emergency department with flushing, blackout, dyspnea, hypotension. It was learned that the patient ate 2-3 spoons of fresh and natural honey about 3 hours ago; after 20 minutes she consumed complaints appeared. Case that has HT (hypertension) in her history has ABP (arterial blood pressure):70/30 mmHg, heart rate:39/min, fever:35.7 °C. There was sinus bradycardia on EKG. Any clinical finding was not determined at case's systemic and neurologic examination. Her biochemical tests were in normal ranges. Atropine 1 mg iv was applied to the patient who was in cardiac monitorization. 1500 cc %0,9 NaCl solution was infused in total. ABP went between 70-110/40-60 mmHg, heart rate went between 50-70/min during the case's follow up. At the same time, case's complaints decreased. Control EKG was normal sinus rhythm. Case that was hemodynamically stable discharged after the 3 hours follow up.

**Conclusion:** In addition to dizziness, nausea-vomiting, blackout, hypersalivation, paresthesia, bradyarrhythmia, shock, the most frequent effects of intoxication are bradycardia and hypotension. In many cases, mad honey poisoning progresses mildly. Occasionally, in some cases asystole and myocardial infarction may occur. As a result we think that examining the honey ingestion in medical history of cases that consult with hypotension and bradycardia is helpful for appropriate diagnosis and treatment.

**Keywords:** mad honey, intoxication, bradycardia, hypotension



## PP 337

**A condition that should be kept in mind in incarcerated hernia: Amyand's hernia**

*Mehmet Buğra Bozan<sup>1</sup>, Fatih Mehmet Yazar<sup>1</sup>, Fatih Erol<sup>1</sup>, Evrim Gül<sup>2</sup>, Ömer Doğan Alataş<sup>2</sup>*

<sup>1</sup>Genel Cerrahi Kliniği, Eğitim ve Araştırma Hastanesi, Elazığ/TÜRKİYE

<sup>2</sup>Acil Servis, Eğitim ve Araştırma Hastanesi, Elazığ/TÜRKİYE

**Objective:** Acute appendicitis is an important entity among urgent cases. Incarceration is a complication of inguinal hernias. Although omentum and intestines are often observed in the hernial sac, observation of appendix in the hernia sac, which was first defined by Cladius Amyand, is a rare condition (0.07-0.13% of all inguinal hernias).

In the present case, we discussed a case in which appendix was observed in incarcerated hernial sac.

**Case:** A 35-years old patient who presented with swelling at right groin and pain over 3 days was assessed in emergency department. The patient didn't have nausea or vomiting and could defecate. On the physical examination, there was a painful swelling at right inguinal area which couldn't be reduced. No abnormal finding (other than leukocytosis) was observed in systemic examination and laboratory evaluations. Erect abdominal radiograph was normal. On the sonography, it was seen that there was a hernial sac containing mesentery and intestinal loops, and a blind-ended tubular structure (6 mm in diameter), which together considered in favor of acute appendicitis.

The patient immediately underwent surgery. After administering single dose antibiotic prophylaxis at preoperative period; hernial sac was isolated and exposed via right inguinal oblique incision. It was seen that meso-appendix adhered to hernial sac and that appendix and intestinal loops were herniated within hernial sac. After appendectomy and hernial sac repair, herniorrhaphy was performed via Lichtenstein technique using polypropylene mesh. The patient without any symptom or complication was discharged.

**Conclusion:** Incarcerated inguinal hernia is one of the conditions that should be meticulously assessed. Emergency medicine clinicians and general surgery clinicians should remember that different tissues such as appendix can be present in incarcerated inguinal sac, as in our case.

**Keywords:** Inguinal hernia, acute appendicitis, Amyand's hernia

## PP 338

**Analysis of Trauma Cases Hospitalized to Intensive Care Unit from ED**

*Ibrahim Arziman<sup>1</sup>, Sukru Ardic<sup>1</sup>, Umit Kaldirim<sup>1</sup>, Yusuf Emrah Eyi<sup>1</sup>, Murat Durusu<sup>1</sup>, Mehmet Eryilmaz<sup>1</sup>, Ahmet Cosar<sup>2</sup>*

<sup>1</sup>Department of Emergency Medicine, Gulhane Military Medical Academy, Ankara, Turkey

<sup>2</sup>Department of Anesthesiology and Reanimation, Gulhane Military Medical Academy, Ankara, Turkey

**Objective:** Critical trauma cases need effective resuscitation and intensive follow-up by multidisciplinary approach. In this study, retrospective assessment of characteristics belonging to trauma cases admitted to intensive care unit after evaluation in emergency department was aimed.

**Materials-Methods:** Cases that have been admitted to Department of Anesthesiology and Reanimation from Department of Emergency Medicine between 13.12.2011-31.12.2012 were studied retrospectively. Demographics, arrival types to ED, trauma causes, vital signs, diagnoses, duration time of stay were analyzed statistically.

**Results:** In the assessment period, it was observed that 6.17% (n=34) of totally 551 cases that were hospitalized from ED due to trauma were admitted to intensive care unit. Average age was 39.98; male/female ratio was 5.88. 41.17% (n=14) of cases were transported by ambulance to ED. 44.11% (n= 15) and 35.29% (n=12) of cases admitted because of wounding by firearms and motor vehicle accident, respectively. 20.59% (n=7) of cases had tachycardia on arrival time. It was observed that average duration of stay of trauma cases that were hospitalized in intensive care unit and in other clinics, except intensive care unit, were 15.32 days (n=517) and 18.73 days, respectively. Mortality was observed in 8 (23.52%) cases and this value was significantly higher than the other trauma cases (%8.53) that were stayed (p=0.001). When stayed and not stayed trauma cases in intensive care unit were compared each other, statistically significant difference was not found in terms of the time spent in emergency department (p=0.65) and duration of stay in hospital (p=0.74).

**Conclusion:** When the results were evaluated, it pointed out that the trauma cases didn't utilize substantially ambulance services and when trauma cases that stayed in intensive care unit or not were compared each other, there was no statistically significant differences in terms of the time spent in emergency department and duration of stay in hospital.

**Keywords:** trauma, intensive care unit, ED



PP 339

**Isolated ischemic necrosis of cecum mimicking acute appendicitis**

*Evrin Gül<sup>1</sup>, Zeynep Özkan<sup>2</sup>, Ömer Doğan Alataş<sup>1</sup>, Yeliz Gül<sup>3</sup>, Önder Altaş<sup>2</sup>, Burhan Hakan Kanat<sup>2</sup>, Mehmet Buğra Bozan<sup>2</sup>*

<sup>1</sup>Acil Servis, Eğitim ve Araştırma Hastanesi, Elazığ/TÜRKİYE

<sup>2</sup>Genel Cerrahi Kliniği, Eğitim ve Araştırma Hastanesi, Elazığ/TÜRKİYE

<sup>3</sup>Radyoloji Servis, Eğitim ve Araştırma Hastanesi, Elazığ/TÜRKİYE

**Introduction:** Isolated ischemic necrosis of cecum is a rare cause of acute abdominal pain. The causes of ischemic colitis are occlusive and non-occlusive factors. Non-occlusive mesenteric ischemia due to decrease of colonic blood flow. This condition appeared two types disease. There is any precipitating factor detected for colitis that is Type I disease, spontaneously. Type II diseases usually occurred after an episode of systemic hypotension such as after cardiac or aortic surgery, dialysis, trauma, certain drugs and smoking. Clinical manifestation of cecal necrosis mimic acute appendicitis, usually possible precise diagnosis during surgery. We present a case that a female has no predisposing factor for isolated cecal necrosis.

**Case:** A 43-year-old female was admitted to the emergency department with right lower quadrant pain and nausea. This pain was beginning two days ago. Her previous medical history was any diseases or drug administration. However she has smoking 30 packet year cigarette. Physical examination revealed tenderness in the right lower quadrant with rebound. White blood cell count was 14,200/ml. The other laboratory tests were normal. Abdominal ultrasound showed diameter of appendix is 6.5 mm, probable appendicitis. We preferred surgical intervention as a acute appendicitis. We performed laparotomy technical issues, laparoscopy cannot performed. Appendix was normal but cecum was edematous, and there was three 1 cm diameter full thickness necrotic foci. A right hemicolectomy and stapled anastomosis was performed. Abdominal wound infection occurred in postoperatively first week. Patient was discharged two week later. Pathologic evaluation of the specimen revealed ischemia and necrosis in the cecum and submucosal edema.

**Conclusion:** There is no detected predisposing and precipitating factors except cigarette smoking in this case. Isolated cecal necrosis should be considered in differential diagnosis of acute right lower quadrant pains especially patients with heart failure and chronic renal failure and massive smoking.

**Keywords:** acute appendicitis, cecum necrosis, acute abdomen

PP 340

**Elevator-related foot injury in a 4 year-old child**

*Muzaffer Durmus<sup>1</sup>, Abdul Kerim Yapici<sup>1</sup>, Ibrahim Arziman<sup>2</sup>, Umit Kaldirim<sup>2</sup>, Salim Kemal Tuncer<sup>2</sup>*

<sup>1</sup>Department of Plastic and Reconstructive Surgery, Gulhane Military Medical Academy, Ankara, Turkey

<sup>2</sup>Department of Emergency Medicine, Gulhane Military Medical Academy, Ankara, Turkey

**Objective:** Although there are lots of improvements in safety, elevators are associated with deaths and thousands of injuries each year. It is observed that the highest rates of elevator-related injury are during the second year of life. The most frequent cause of injury was the elevator door closing on the individual. We wanted to present a 4 year old case that had a right foot injury because of entrapment in elevator.

**Case:** A 4 year old boy admitted to Ed due to right foot crush injury. In his history, his right foot was stucked between freight lift and wall. On physical examination, foot was edematous and ecimotic. A fissure on third metatarsal bone was observed at X-ray graphy. Circulation in fingers was normal and pulse of dorsalis pedis was palpable. He was consulted with plastic surgery clinic and followed up for medical dressing. The necrotic tissues on dorsum and mediale part of foot were debrided. Debridement-grafting operation was performed after granulation tissue developing in three weeks. Physical Therapy programme was provided after healing.

**Discussion&Conclusion:** Elevator-related soft-tissue injuries were usually associated with an upper or lower extremity injury by a closing door. Although the upper extremity was the most frequently injured body region in all age groups, lower extremity injuries were more frequently seen in children. Young children often lack the strength, coordination, balance, and protective reflexes needed to avoid an elevator-related injury. Preventing these accidents are more important and supervision may play a role in preventing elevator-related accidents among children. All passengers should use caution and remain alert when taking the lift to avoid injuries related to entrapment. And the physician must always question the mechanism of trauma with a detailed history and physical examination.

**Keywords:** elevator, trauma, foot injury



PP 341

**A rare localization for corrosive substance burns: perineal burns**

*Yusuf Emrah Eyi<sup>1</sup>, Muzaffer Durmuş<sup>2</sup>, Abdulkarim Yapıcı<sup>2</sup>, Yakup Aksoy<sup>3</sup>*

<sup>1</sup>Emergency Department, Gülhane School of Medicine, Ankara, Turkey

<sup>2</sup>Plastic and Reconstructive Surgery Department, Gülhane School of Medicine, Ankara, Turkey

<sup>3</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey

**Objective:** In childhood drinking of of corrosive substances is a common cause of intoxication. In our country these substances are widely used for the purpose of cleaning. But the stages of production and sales are not exactly controlled. Besides this carelessness of parents makes it easy the children to drink these substances by mistake. These substances usually cause gastrointestinal problems because they are often taken orally. But rarely they can cause burns in different parts of the body.

**Case:** 22 year old male patient presented to our emergency room with complaints of burning and pain in the scrotum and anal region. The patient reported that he had used the liquid cleaning agent in the pitcher for cleaning himself after defecation thinking it to be water. He informed that the pain was initially quite small and increased by the time. On examination there were grade 1 and grad 2 burned areas on the skin from the bottom of the scrotum to perineum and around the anus. Burn debridement and tetanus prophylaxis were performed with the patient. Then he was hospitalized in the general surgery clinic for follow-up, starting antibiotherapy.

**Conclusion:** Alkaline burns may develop after contact with cleaning agents such as bleach. Alkaline substances penetrate deeper into the tissue, combine with the cutaneous lipids to form soap and continue to solve the skin until it is neutralized. The pain in alkaline burns emerges lately causing delay in first aid to burns. The burns of the skin especially in thin skinned areas such as the scrotum should be closely monitored after alkaline burns.

**Keywords:** Alkaline, Chemical burn, Perinea, Scrotum

PP 342

**Urethral injury due to blunt trauma**

*Ümit Kaldırım<sup>1</sup>, Yusuf Emrah Eyi<sup>1</sup>, Yakup Aksoy<sup>2</sup>, Ali Osman Yıldırım<sup>3</sup>, Salim Kemal Tuncer<sup>1</sup>, İbrahim Arzıman<sup>1</sup>*

<sup>1</sup>Emergency Department, Gülhane School of Medicine, Ankara, Turkey

<sup>2</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey

<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital, Istanbul, Turkey

**Objective:** Blunt traumas can cause life treating injuries according to their localizations. Although injuries in thorax are seen coomenly due to blunt traumas, injuries of other systems can be seen due to the high energy of trauma. Further tests always can be used for possible lesions which can be overlooked in beginning of eveluation

**Case:** 23 year old male patient was brought to the emergency room with complaint of trauma due to a generator to fell on him. He informed that the trauma had affected especially the left side of his body. On examination the vital signs of him was well. Contusion in left part of lung, rib fracture and minimal pnomotorax were detected on computorized tomography. There was also fracture in left side of pelvis. When phisician wanted to insert a urinary catheter urethral bleeding in mea was noticed. On further investigation with retrograde urography an urethral injury was detected.

**Conclusion:** The urethral injuries are seen usually due to blunt traumas. Bleeding in mea and inability to urinate are important clues for diagnose. Although the type of trauma and phisical examination findings can lead us to correct diagnose, the most valuable clues for urethral injuries are obtain from retrograde urography. Especially in patients with blunt trauma associated pelvis fracture the physician should consider the urethral injuries every time.

**Keywords:** blunt trauma, meal bleeding, retrograde urography, urethral injury



PP 343

**Looking trauma focused radiological tests without focusing trauma**

*Ümit Kaldırım<sup>1</sup>, Yusuf Emrah Eyi<sup>1</sup>, Yakup Aksoy<sup>2</sup>, Salim Kemal Tuncer<sup>2</sup>, Ali Osman Yıldırım<sup>3</sup>, Ibrahim Arziman<sup>1</sup>*

<sup>1</sup>Emergency Department, Gülhane School of Medicine, Ankara, Turkey

<sup>2</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey

<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital, Istanbul, Turkey

**Objective:** Head trauma is an important part of emergency cases. If neurological status of patients is stable imaging methods are usually not applied. Detection of organic pathology in patients with complaints other than the provision of the present is important for early detection.

**Case:** 23 year old female patient was admitted to the emergency department with complaints hitting his head in the closet. Glasgow coma scale of patients was 15. On examination there was no findings other than edema and tenderness in the in the left parietal region. To exclude a possible linear parietal bone fracture anteroposterior and lateral craniography was taken. In trauma localization there was no pathological osseous finding was observed. But there was an odontogenic cyst which was about 7x1 cm and extending to both premolar teeth in the lower mandible. The patient was referred to jaw surgery polyclinic. In follow-up, the patient underwent surgery for odontogenic cyst.

**Conclusion:** The odontogenic cyst is a rare lesions which is originated from epithelial residues of the mandibula, maxilla and gingiva and it's characterized by cyst as well as solid neoplasm. The pathologies with no sign often can be diagnosed by chance. For this reason, radiographs should evaluate the x- rays not focusing only to trauma region not to skip many unsigned diseases.

**Keywords:** cranial trauma, imaging, odontogenic cyst

PP 344

**A rare cause of ileus: recurrent ovarian ca**

*Ümit Kaldırım<sup>1</sup>, Yakup Aksoy<sup>2</sup>, Yusuf Emrah Eyi<sup>1</sup>, Salim Kemal Tuncer<sup>1</sup>, Ali Osman Yıldırım<sup>3</sup>, Ibrahim Arziman<sup>1</sup>*

<sup>1</sup>Emergency Department, Gülhane School of Medicine, Ankara, Turkey

<sup>2</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey

<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital, Istanbul, Turkey

**Objective:** Patients with abdominal pain creates an important part of the emergency department admissions. In patients with abdominal pain accompanied by nausea, vomiting and swelling the intestinal pathologies are in the foreground. Although previous surgery is usually cause of ileus rarely factors which cause external pressure can be the reason of mechanical obstruction.

**Case:** 82 year old female patient presented to the emergency room with complaint of swelling in abdomen, nausea, vomiting and general abdominal pain. There were no extraction of gas or stool. She had diagnosed with diabetes mellitus and hypertension. The patient had also operated for over ca 7 years ago. On examination tension arterial was 160/90mmHg and pulse was 120/ min. There were widespread abdominal distension and pain. There were not gaita in rectal examination and an infiltrative lesion was palpated. Ectasia in both collecting system was detected on ultrasoundography. On computerized tomography a soft tissue mass which had pressed on intestine on upper part of uterus was detected. The patient was hospitalized to the general surgery department with diagnoses of ileus.

**Conclusion:** adhesions are the most commonly seen reasons of the mechanical intestinal obstructions. The major causes of mechanical obstruction in level of colon are tumors. Especially in patients with story of previously passed operation for tumors recurrences should beared in mind and cause of obstruction should eliminated.

**Keywords:** abdominal pain, ileus, ovarian cancer, abdominal pain



## PP 345

**Major bleeding cause in patient with multiple trauma: retroperitoneal hemorrhage***Ümit Kaldırım<sup>1</sup>, Yusuf Emrah Eyi<sup>1</sup>, Yakup Aksoy<sup>2</sup>, Ali Osman Yıldırım<sup>3</sup>, Salim Kemal Tuncer<sup>1</sup>, Ibrahim Arzıman<sup>1</sup>*<sup>1</sup>Emergency Department, Gülhane School of Medicine, Ankara, Turkey<sup>2</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital, Istanbul, Turkey

**Objective:** Internal problems which occur in patients with multiple trauma has quite particular importance for both patients and physicians. The follow-up of hematologic and coagulation parameters of patients with trauma is important for early detection of new hemorrhages. In major bleedings examination of all systems should be evaluated separately.

**Case:** A 16 year-old female patient who had jumped down from seventh floor for pupose of suicid was brought to emergency. Glasgow coma scale of patient was 5 and there was no significant finding on physical examination other than 2x2 cm incision on the jaw and 1x1 cm abrasion on the lower-left outside quadrant of abdomen. The hemoglobin level was 12,9 g/dL in arrival laboratory resuls. Then the patient was intubated and whole-body computurized tomography (CT) scan was performed. Corpus fractures in C3 and I1, part fractures in L1-2-3 spinous processes, fracture in the sacrum and pneumothorax on right were detected on CT. Then tube thoracostomy was performed and the blood tests was repeated after imaging. The hemoglobin level was 8 g/d L and blood replacement was performed due to this low level. The patient in whose controls retroperitoneal hemorrhage was detected had cardiopulmonary arrest and did not respond to CPR.

**Conclusion:** The cranium, thorax, abdomen and pelvis bones great should be evaluated with a great caution in terms of major bleeding in patients with multiple trauma. In patients with multiple trauma the arrival imaginations can be misleading and especially in patients in whom the source of bleeding can not be found imagination should be repeated and retroperitoneal hemorrhage should kept in mind.

**Keywords:** Imaging, retroperitoneal hemorrhage, trauma

## PP 346

**Early diagnosis of hyperkalemia treatment: a case report***Yavuz Otal<sup>1</sup>, F.güllü Ercan Haydar<sup>1</sup>, Gül Pamukçu Günaydın<sup>1</sup>, Havva Şahin Kavaklı<sup>2</sup>, Alp Şener<sup>1</sup>, Selçuk Coşkun<sup>1</sup>*<sup>1</sup>Atatürk Training and research hospital,emergency medicine, Ankara<sup>2</sup>Yıldırım Beyazıt University, School of medicine, Emergency medicine,Ankara

**Objective:** Hyperkalemia extracellular potassium concentration in the liquid electrolyte is the height, and is a common disorder. Available in 1-10% of patients when hospitalized. ECG signs of hyperkalemia may be asymptomatic, but. Diagnosis and treatment in the early stages is vital.

**Case:** 54 year old female patient lost consciousness at home in the evening saying that you feel bad about yourself. Just when the consciousness of the patient to the emergency department by ambulance is prone to fall asleep, TA: 70/40, pulse 34/dk,fever 37,1 C, respiratory rate was 26/dk. And p waves in the ECG had bradycardia. The patients medical history, medical history and was on constant medication. Blood tests were taken of the patient. Blood glucose: 204 mg / dl, blood gas analysis, the level of potassium 7.3 mmol / l salbutamol inhaler immediately upon the arrival of the IV fluid was dext-rozlu containing calcium chloride and insulin. The patient was also given atropine 1 mg IV. Shortly after, TA 90/50 mm / Hg, the pulse 66 / min was. However, the effect of atropine and pulse rate drop in TA was again passing. In the meantime, emergency dialysis patients were prepared for hemodialysis. During dialysis, the dialysis fluid therapy and inotropic drug support was completed smoothly. After dialysis clinic and the patients vital signs improved dramatically. Later admitted to the service.

**Conclusion:** Common electrolyte disorder that can be life threatening hyperkalemia. Is very important for early diagnosis and initiation of treatment in the emergency department. ECG and blood gas analysis is very useful in early diagnosis. IV calcium and insulin treatment should be started without waiting for the result and biochemistry necessary preparations should be made for emergency hemodialysis.

**Keywords:** hyperkalemia, ECG findings, dialysis



PP 347

**Arare cause of right lower quadrant abdominal pain in young male patient: intra-abdominal solid lesion**

Ümit Kaldırım<sup>1</sup>, Yusuf Emrah Eyi<sup>1</sup>, Yakup Aksoy<sup>2</sup>, Salim Kemal Tuncer<sup>1</sup>, Ibrahim Arziman<sup>1</sup>, Ali Osman Yıldırım<sup>3</sup>

<sup>1</sup>Emergency Department, Gülhane School of Medicine, Ankara, Turkey

<sup>2</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey

<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital, Istanbul, Turkey

**Objective:** Abdominal pain in the emergency department is an important part of cases. The cause of pain can not be detected in many patients. Sometimes very rare pathologies can be seen with rare clinical presentations. We aimed to inform emergency physicians by presenting a case presented to our clinic with complaint of right lower abdominal pain due to a solid lesion in abdomen.

**Case:** A 20 year old male patient hadmitted to emergency room with right lower abdominal pain continued for last one week. Vital signs of the patient was normal and there was no important illness and surgery in his story. There was right lower abdominal tenderness on examination. A suspicious mass in rectal examination was noticed. A hypoechoic lesion which is localized to the back wall of the bladder with 60x21 mm size and feeder vessels was detected in abdominal ultrasoundography. The lesion was evaluated not to be associated with the lumen of the bladder. On computerized tomography a solid mass was detected between bladder and rectum. The patient was referred to the general surgery with this results.

**Conclusion:** the most commenly seen causes of lower abdominal pains in youngs are appendicitis, mesenteric lenfadentis and urolithiasis. The neoplasms are added to these pathologies in older ages. But in all age group of patients the tumors should be remembered and rectal examinaton should be performed.

**Keywords:** abdominal pain, solid mass, young patient

PP 348

**A case of status epilepticus due to hyperglycemia from the emergency department to the intensive care**

Ümit Kaldırım<sup>1</sup>, Yakup Aksoy<sup>2</sup>, Yusuf Emrah Eyi<sup>1</sup>, Salim Kemal Tuncer<sup>1</sup>, Ali Osman Yıldırım<sup>3</sup>, Ibrahim Arziman<sup>1</sup>

<sup>1</sup>Emergency Department, Gülhane School of Medicine, Ankara, Turkey

<sup>2</sup>Ophthalmology Department, Hakkari Military Hospital, Hakkari, Turkey

<sup>3</sup>Emergency Department, GATA Haydarpaşa Training Hospital, Istanbul, Turkey

**Objective:** Status epilepticus (SE) is one of the medical emergencies which has high risk for morbidity and mortality. The most important factors are the the lack of a good compliance of the patient which causes ultimately decrease in serum levels of antiepileptic drug (AED ) and the association of other diseases. The metabolic disorders are also a cause of SE and the management of these patients is more complicated.

**Case:** 80 year old male patient was brought to the emergency room with a complaint of continuous seizure for last two days by his relatives. They informed that he was unconscious from morning up to now and intermittent contractions had been emerging time to time. There was only diabetes mellitus in his medical history. To finalise the seizure total of 30 mg of diazepam administered in 10 min intervals and O<sub>2</sub> was started in dose of 8 lt/min. No neuropathology was detected on Diffusion MRI and computerized tomography of brain. Then 1250 mg phenytoin was infused in patients with ongoing contractions. Blood gas pH 7.43 and glycemia was 610 mg/dl. The patient was started insulin infusion and 15 minutes later breathing of patient was superficial. The patient's blood gas was pH 6.90 and pCO<sub>2</sub> was 120 mmHg. The patient was intubated and hyperventilated with a bag valve mask. The patient's blood gas pH was 7.36 and PCO<sub>2</sub> was 29 mmHg 10 minutes later fom this. The patient was transferred to the intensive care unit and internal mechanical ventilation was included.

**Conclusion:** The mortality rate of SE is 20% in general population. Although this is 3 % in children, it increases to 26 % in the elderly population. Cardiopulmonary arrest may develop in elderly patients with SE because they have rapid metabolic changes and affected very quickly from this. These patients should be closely monitored

**Keywords:** diabetes mellitus, hyperglycemia, status epilepticus



## PP 349

**A Non-Lethal Lightning Strike: Case Report**

Yılmaz Zengin, Ercan Gündüz, Mustafa İçer, Recep Dursun, Hasan Mansur Durgun, Murat Orak, Cahfer Güloğlu

Department of Emergency Medicine, Dicle University, Diyarbakır, Turkey

**Objective:** Lightning strike( LS) is a rare natural phenomenon with potentially devastating effects and represents one of the leading causes of cardiac arrest and death from environmental phenomena. LS injury can occur in different ways such as direct strike, orifice entry, contact, side flash, and blunt trauma. The initial response to LS is paralysis of the vital center, resulting apnea, ventricular fibrillation, or cardiac arrest. The mortality of lightning strike is 30%, and up to 70% of survivors sustain significant morbidity. LS should be treated like a crush injury, rather than a thermal burn, because of the large amount of tissue damage that is often present under normal-appearing skin. We present the case of a 21-year-old man with myocardial injury and extensive second degree burns due to an indirect LS.

**Case:** A 21-year-old soldier man presented to the emergency department with LS. On his history, while he was holding vigil in a big ground having tall trees at its periphery and was near to the iron poles when lightning struck the place. He was found in an unconscious state by his friends. On the physical examination, he was found to have an increased respiratory rate and pulse rate. Second-degree burns were present over the neck, trunk area and upper extremities comprising approximately 30% of the whole body surface area. And his cardiac enzymes were elevated but evaluation of electrocardiography was normal. After consultation by cardiologists and plastic surgeon, he was taken to the burn intensive care unit. After 32 days he was discharged.

**Conclusion:** Side flash or splash occurs as LS jumps from its primary strike object to a nearby person on its way to ground. LS acts as an instantaneous, massive direct current shock, simultaneously depolarizing the entire myocardium.

**Keywords:** Burns, lightning strike, myocardial injury

## PP 350

**Analysis of The Cases of Poisoning Admitted to Emergency Service**

Sevdegül Karadas<sup>1</sup>, Edip Gonullu<sup>2</sup>, Mehmet Reşit Öncü<sup>1</sup>

<sup>1</sup>Yuzuncu Yil University, School of Medicine, Department of Emergency Medicine, Van, Turkey

<sup>2</sup>Van Training and Research Hospital, Anesthesiology, Van, Turkey

In our study, the cases of poisoning admitted to the Emergency Service of the Medicine Faculty of Yuzuncu yil University between the years of 2010 and 2012 and followed in intensive care unit were examined. The rate of the cases of poisoning was 1.1% to the total patients admitted to the emergency service. 71.1 % of the patients were female and 28.9% of them were male. While the mean age of the female patients was  $25.41 \pm 8.546$ , the mean age of the male patients was  $28.29 \pm 14.352$  ( $p < 0.05$ ). When the age groups were examined, it was seen that the 16-24 age group was in the first place with 55.2 % and the 25-34 age group was in the second place. It was detected that 84 % of the cases were poisoned with the aim of suicide. While 64.1 % of the patients were dispatched from the other health agencies, 35.9 % of them were directly admitted to our emergency service. The intoxication with the multi-drug with 30.9 % was to be found in the second place, whereas the type of the single- drug poisoning was most frequently found in the cases (45.1%). When examined according to the ways of poisoning, the poisoning by the oral way was found to be in the first place with 94.5 %. 84.4 % of the patients were followed and treated in the emergency service. 63 patients (5.2 %) were followed in intensive care unit. Two patients followed in intensive care unit died.

As a result, in order to minimize the poisoning, it is necessary to educate the family and the individuals, not to sell the drug without the prescription, not to use unconsciously the pesticides and chemicals, not to expose the cleaning agents and insecticides in terms of the poisoning.

**Keywords:** emergency medicine, toxicology, intensive care



PP 351

**Sublingual hematoma secondary to warfarin**

*Halil Dogan, Doğaç Niyazi Ozucelik, Atilla Temel, Cem Ayan, Nursel Kaya*

Bakirkoy Dr. Sadi Konuk Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Sublingual hematoma is a rare but potentially fatal complication of oral warfarin sodium. Sublingual hematoma secondary to short-acting anticoagulants such as warfarin has been labeled "pseudo-Ludwig's angina" to distinguish it from the classic syndrome of localized infection and swelling involving the upper airway.

**Case:** A 81 year-old patient presented to the emergency department, complaining of inability to swallow tongue and difficulty speaking for the previous 1 days. She denied odynophagia, fever, trauma, seizure, or significant respiratory symptoms. Past medical history included warfarin usage. On physical exam, His blood pressure at presentation was 177/80 mm Hg, pulse rate was 118 beats/minute and respiratory rate was 20/minute. He was afebrile and had a normal respiratory rate and oxygenation by pulse oximetry. The oral examination was remarkable for a massively swollen tongue, elevation of the sublingual tissue. He could not vocalize. The remainder of the physical examination was unremarkable. Laboratory workup revealed, initial international normalization rate was 10. Four units of fresh frozen plasma transfusion were given. On day 5 his swallow tongue return to normal. The patient was discharged well on the five day of hospitalisation.

**Conclusion:** Hematoma leading to such obstruction, referred to as "Pseudo-Ludwig's angina," is a well-established warfarin-associated phenomenon. This potential complication of long-acting anticoagulants, even if unusual, is important because such ingestions are common. Hemorrhage, airway angioedema should remain in the differential for the etiology of airway compromise, even when coagulopathy from an anticoagulant is present.

**Keywords:** Sublingual hematoma, warfarin, airway

PP 352

**A Rare Stroke Etiology; Basilar Artery Aneurysm**

*Özge Can<sup>1</sup>, Bülent Yüksek<sup>2</sup>, Özlem İnci<sup>3</sup>, Yusuf Ali Altuncu<sup>4</sup>, Selahattin Kıyan<sup>5</sup>*

**Objective:** Basilar artery aneurysms are rare and fatal conditions. The two type of aneurysms are acute and chronic. Acute type cause bleeding such as subarachnoid hemorrhage and cerebral ischemia. Chronic type characterized by giant aneurysm for its slowly growing.

**Case:** 64 years female patient present to emergency department with hemifacial and left arm parasthesia and disartria. She had similar symptoms 3 day ago and resolve spontaneously. Her medical history is only hypertension. On her examination had disartria, motor weakness on left arm, ptosis on left eye. All symptoms regressed for four hours. Finger blood glucose, electrocardiography was normal and brain and neck CT scanned. CT exam showed a fusiform basilar aneurysm. She hospitalized for observation.

**Conclusion:** Intracranial aneurysms are classified by shape into two types saccular and nonsaccular. Fusiform aneurysms are nonsaccular type. Intracranial fusiform aneurysms are rare but has fatal complications such as bleeding (1,2). They represent about 3%-13% of all intracranial aneurysms and are usually located in the vertebrobasilar system (1).

This type of aneurysm may be caused by dissection or atherosclerosis. Some collagen and elastin disorders and neoplastic invasions and infections induced them. Differential of etiological factors for fusiform aneurysms have been informed, including atherosclerosis, vessel dissection and accompanying to other diseases such as von Recklinghausen's disease, fibromuscular dysplasia, systemic lupus erythematosus and various collagen-associated vascular disease(1,2,3).

The patient often has symptoms and signs of occlusion, rupture, or a mass effect. They can be incidental or asymptomatic (2). They can present as a nonspecific headache without hemorrhage or other neurological signs or symptoms, as ischemia, transient ischemic attack, or complete stroke, as mass effect with or without seizure, or as hemorrhage, subarachnoid or intraparenchymal lesions (2,3). Treatment have recommended endovascular methods(1).

We want to recognise different diagnosis of stroke and transient ischemic attack.

**Keywords:** Transient ischemic attack, Stroke, Fusiform Aneurysms, Basilar artery Aneurysms



## PP 353

**Isolated Scapula Body Fracture after Pedestrian Injury: Case Report**

*Irfan Kala, Miray Baba, Binnur Polat, Mehmet Ali Ceyhan, Fevzi Bircan Özkan*

Ankara Numune Education and Research Hospital, Emergency Department, Ankara

**Objective:** We wanted to share our experience about isolated scapula fracture –which is uncommon- after pedestrian injury.

**Case:** 32 year old male has been taken to our emergency department with history of pedestrian injury with high energy trauma in highway. Possible head, chest and abdominal trauma was seen in patient's initial physical examination. There were lacerations on scalp and posterior of chest. His glasgow coma scale was 13 (E:3, V:4, M:6), there was loss of consciousness possibly because of alcohol usage but can not be distinguished from possible intracranial pathology. Blood pressure was 115/67mmHg, pulse:85, saturation:96%, fever:36.8 0C. Initial hemoglobin value was:14.2 g/dl. Patient underwent full vertebra, chest and pelvic x-ray scanning and there was no pathology except left scapular fracture, FAST usg showed no free fluid, brain CT showed no pathology, So that patient was moved to CT scanning of thorax and abdomen. Thorax CT showed left scapula body fracture and other CT findings were normal. Shoulder and arm hanger was performed to the patient and discharged safely after following 8 hours in emergency department by repeating hemoglobin value 14.2 g/dl again.

**Conclusion:** Scapula fractures after trauma is seen around %0.5-1 after trauma but isolated scapula fracture after trauma is very rare and uncommon. Our patient had isolated scapula body fracture but associated injury could possibly happen. So that if we face such a case, we must search also associated injury on clavícula, ribs or lung.

**Keywords:** Isolated Scapula Fracture, Pedestrian Injury, Trauma

## PP 354

**The Analysis of the Patients Presenting to a Training and Research Hospital Due to Excessive Alcohol Intake**

*Sadik A Girgin<sup>1</sup>, Mustafa Çalkı<sup>1</sup>, Kadir Özsviri<sup>1</sup>, Rabia Birsen Yolun<sup>1</sup>, Berna Karabina<sup>1</sup>, Mehmet Taskin Egici<sup>2</sup>*

<sup>1</sup>Taksim Gazi Osman Pasa Training and Research Hospital

<sup>2</sup>Beyoglu Health General Secretary

**Objective:** To analyze the demographical features of the patients who presented to a Training and Research Hospital due to excessive alcohol intake and to draw attention to special situations.

**Materials-Methods:** Patients who presented to Taksim GOP Training and Research Hospital between 01.01.2013-30.08.2013 were retrospectively analyzed. Cases were analyzed with respect to different demographic phactors.

**Results:** 561 cases were included in this study. 307(55%) of the patients were male and 254(45%) of them were female. Average age was 31 for males, 26 for females. 426(76%) of the patients presented to the hospital between 12PM-8AM, 24(4%) of them presented between 8AM-4PM and 111(20%) of them presented between 4PM-12PM. March was the month with highest patient number; 101(18%) patients. Blood test were asked for 374(67%) of the patients. While 545(97%) cases were discharged, 16 of them were hospitalized for various reasons and observed further. Cranial CT was taken for only 31(5.5%) of these cases and MRI was asked for 7(1.3%) of the cases.

**Conclusion:** The studies in this field is mostly about alcohol use in society. In the literature, alcohol abuse risk is 2 or more times higher in males than females. In our research female ratio was also high and this is thought to be related to high alcohol intake for females in big cities. Moreover, our hospital is in a region which has lots of restaurants and pubs where alcohol consumption is high. In our research average age is close to country average. Most of the cases presented to the hospital in the late hours when alcohol consumption is high. The fact that only 3% of these cases were hospitalized gives the impression that most of the cases present to the hospital for symptoms related to excessive alcohol intake and they do not have an important pathology.

**Keywords:** Alcohol, emergency medicine, toxication



## PP 355

### Emergency Inpatient Units

*Sadik A Girisgin, Zerrin Defne Dündar, M. Kürşat Ayrancı, Himmet Nak, Tamer Çolak, Alpay Tuncar, Mehmet Gul, Basar Cander*

Necmettin Erbakan University

**Objective:** We researched all patients' profiles to demographic structures for during 1 year.

**Materials-Methods:** We approached to our emergency inpatient unit's patient's; specialties, care periods, mortalities, discharge from hospital, sending of internal hospital or sending of external hospital from 01/10/2012 to 01/10/2013.

**Results:** During 1 year (01/10/2012-01/10/2013); 40812 of patients referred to our emergency clinic. And 3773 of patients were in emergency inpatient unite.

-1988 of patients were male (%52.7)

- 1785 of patients were female (%47.3)

-Their age averages were 48.8 year (0-114 year)

-End of the trailing periods, we discharged 3136 of patients (%83.12)

-9 of patients were discharged by themselves (%0.24)

**Conclusion:** We give treatment to patients who need to close following up and discharged in a short time inpatient unites. In this case the inpatient unit's fill a serious space. This results increase the patients' pleasure. Also the problems of cases solved in a short time. These shows that our emergency department working effectively.

**Keywords:** Emergency medicine, inpatient unit, critical care

## PP 356

### Diklofenak sodium-induced Anaphylactic reaction

*Edip Gonullu<sup>1</sup>, Hayriye Gonullu<sup>2</sup>, Sevdegul Karadas<sup>2</sup>*

<sup>1</sup>Van Region Training and Research Hospital, Department of Anesthesiology, Van, Turkey

<sup>2</sup>Yuzuncu Yil University, Department of Emergency Medicine, Van, Turkey

A 35-year-old women was admitted to the emergency department (ED) in May 2013, complaining of non-specific low back pain. Her allergy and other disease history were unremarkable. On admission to our ED, her vital signs were tension arteriel (TA) of 120/70 mmHg; heart beat (HB) of 75 beats/min; body temperature of 36°C. Her physical examination was shown as normal apart from lomber pain. Intramuscular (im) diklofenak sodyum 75 mg was performed as symptomatic and she was discharged from ED with advices. After about five minute, she was again admitted by her relative. On second admission to ED, general status was poor. Her vital signs were TA:50/20 mmHg; HB:120 beats/min; respiratory rate 4-6 beats/min. Immediately, intravenous access was achieved and started bolus isotonic fluid replacement. Im 0.5 mg Adrenalin was performed and she was intubated. 1mg/kg Metilprdnisolone was given as intravenously. She transferred to intensive care unit (ICU). On the second day in ICU, She was extubated because of her blood gase values were normal, general condition was good and her glasgow Coma Scale was Eye:4, Motor:6, Verbal:tube.

To our knowledge, in the literature there is many case report on allergic drug reaction especially against penicillin group and metamizol. We presented that anaphylactic reaction caused by diclofenac sodium which commonly used in our country's ED. Patients receiving parenteral drugs should be observe for a while despite being crowded emergency services

**Keywords:** Diklofenak sodium, anaphylactic reaction, emergency department



## PP 357

**Management of Ureteropelvic Junction Obstructed Kidney Rupture**

*Eray Kemahlı<sup>1</sup>, Mustafa Şit<sup>2</sup>, Adnan Gücük<sup>1</sup>, Uğur Üyetürk<sup>1</sup>, Mansur Kürşat Erkan<sup>3</sup>, Arif Duran<sup>3</sup>*

<sup>1</sup>Abant İzzet Baysal University, Medical Faculty, Department of Urology, Bolu, Turkey

<sup>2</sup>Abant İzzet Baysal University, Medical Faculty, Department of General Surgery, Bolu, Turkey

<sup>3</sup>Abant İzzet Baysal University, Medical Faculty, Department of Emergency Medicine, Bolu, Turkey

**Objective:** Renal injuries account for 1-5% of all trauma and in 10% of all abdominal trauma cases. Acute abdomen following blunt trauma is one of the rare presentations of preexisting renal abnormalities. We report a case with previously asymptomatic and undetected kidney stone that made uretero pelvic junction (UPJ) obstruction who first presented a case of acute abdomen following trauma.

**Case:** 42-year-old male developed mild flank pain immediately after a direct trauma to his left flank in an accident. There were no external injuries. Clinical assessment revealed a distended left abdomen without tenderness or rebounding pain. He was stable, his pulse and blood pressure were 68 per minute and 110/70 mmHg, respectively. His haemoglobin, haematocrit, and creatinine levels were 20.3g/dL and 59.3 and 1.7mg/dL. There was no hematuria in urinalysis revealed. CT showed a ruptured left hydronephrotic kidney with a possible UPJ stone and large urinoma. The patients lesion due to renal trauma was evaluated as grade-5 scale injury by radiologists. The patient was hospitalised for exploratory laparotomy. Operation performed with general surgeons with midline incision. There was no splenic and intestinal injury. The retroperitoneum was full of urinoma. The left kidney was extremely hydronephrotic and the parenchyma was severely thinned. There was 3x4cm rupture in renal pelvis and renal artery and vein were both intact. Nephrectomy was performed. There was no complication after operation and the patient has discharged in 3rd day.

**Conclusion:** Preexisting renal abnormalities that including hydronephrosis increase the risk for blunt renal injury. All the high grade renal injuries don't manifest with haematuria. Serum creatinine levels before damage can be useful in demonstrating renal anomalies. However initial nonsurgical management of high grade blunt renal trauma is effective, popular and is recommended for the treatment, surgery can be needed.

**Keywords:** blunt renal trauma, Ureteropelvic Junction Obstruction, grade 5 renal injury

## PP 358

**Retrospective Analyses of Patients Who Performed NIMV After MV**

*Yahya Kemal Günaydin, Can Gökay Yıldız, Ahmet Çağlar, Nazire Belgin Akıllı, Ramazan Köylü, Ozan Özelbaykal, Başar Cander*

Konya Training and Research Hospital, Department of Emergency Medicine, Konya, Turkey

**Objective:** Mecanic ventilation is the most important part in the treatment of respiratory failure. Mv can be invazive and non invazive. If we prefer nimv in suitable patients we can keep from the complications of invazive MV and at the same time we can make a better comfort for patients, shorter discharging times and also more less mortality levels. In this study we aimed to analyse the success and the mortality of the patients who performed NIMV after İMV in intensive care unit.

**Results:** We identified 52 patients in intensive care unit who applied NIMV after MV at last 5 years. We diagnosed 27 (%51,9) patients with COPD, 8 (%15,3) patients with pulmonary edema, 6 (%11,5) patients with pneumonia, 3 (%5.7) patients with cerebrovascular disease, 3 (%5.7) patients with COPD + pneumonia, 2 (%4) patients with COPD + congestive heart disease, 1 (%1.9) patient with COPD + cerebrovascular disease, 1(%1.9) patient with pneumonia + pulmonary edema and 1 (%1,9) patient with cerebrovascular disease + abdominal aortic trombozis. We performed CPAP 40 (%77) of these patients and BIPAP 12 (%23) of them. 40 (%50) of the patients who performed CPAP discharged from the hospital but 20 (%50) them died. 7 (%58) of the patients who preformed BIPAP discharged from the hospital and 5 (%42) of them died. 17 (%63) patients who diagnosed with isolated COPD, discharged from the hospital but 10 (%37) of them died.

**Conclusion:** We think performing NIMV after İMV can reduce the mortality and the entubation rates at the patients with hipercapnic respiratory failure. But for a certain judgement we need more prospective studies with more case number.

**Keywords:** Mechanical ventilation, Noninvasive, Mortality



PP 359

**Evaluation of the poisoning cases in Pediatric Intensive Care Unit**

*Emine Polat<sup>1</sup>, Nilden Tuygun<sup>2</sup>, Pınar Özbudak<sup>1</sup>, Halise Akça<sup>2</sup>, Can Demir Karacan<sup>2</sup>*

<sup>1</sup>Dr. Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Pediatric Intensive Care Unit, Ankara

<sup>2</sup>Dr. Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Department of Pediatric Emergency Medicine, Ankara

**Objective:** Poisoning is when cells are injured or destroyed by the inhalation, ingestion, injection or absorption of a toxic substance. Childhood poisoning is frequently seen health problem all around the world. The aim of this study was to describe the epidemiology, pattern, duration and the outcome of poisoned patients who were admitted to Pediatric Intensive Care Unit.

**Materials-Methods:** A review of medical reports of patients who admitted to Pediatric Intensive Care Unit with poisoning between July 2008 and July 2013 was performed, retrospectively. Demographical features, type and cause of poisoning (voluntary or accidental), treatment modalities and outcome of the patients were reviewed with Statistical Package for the Social Sciences 16.0 statistical program.

**Results:** The total number of patients with poisoning in the study period was 154. The mean patient age was 8,7 years (range: 0.5-17 years) and the proportion of females was 58,4%. Causes of poisoning were inhalation of carbonmonoxide (7,1%), ingestion of tricyclic antidepressants (15.6%), antihypertensives (7.7%), colchicine 5,8%, other antidepressant-antipsychotic (5,8%) and paracetamol (14,9%). Sixty-six (42,9%) patient were other and multidrug intoxication. Ninety-eight percent of the patients (98%) improved without sequelae. Three patients died due to inhalation of carbonmonoxide and ingestion of colchicine or antihypertensive. The majority of patients (56.5 %) were accidental poisoning.

**Conclusion:** Acute poisoning is one of the important causes of Pediatric Intensive Care Unit admissions. Identification and documentation of epidemiological aspects and other variables in childhood poisonings are of great importance for treatment plan and determination of proper preventive measures. The majority of the causes is ingestion of drugs especially antidepressant. Poisoning can be reduced through the use of effective prevention strategies.

**Keywords:** poisoning, childhood, intoxication



## PP 360

**A Rare Cause of Metabolic Acidosis:Glycogen Storage Disease Type I b***Emine Polat<sup>1</sup>, Mustafa Kılıç<sup>2</sup>, Barış Malbora<sup>3</sup>, Ayşenur Özel<sup>1</sup>, Nilden Tuygun<sup>4</sup>*

<sup>1</sup>Dr.Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Pediatric Intensive Care Unit, Ankara

<sup>2</sup>Dr.Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Department of Metabolism, Ankara

<sup>3</sup>Dr.Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Department of Pediatric Hematology, Ankara

<sup>4</sup>Dr.Sami Ulus Maternity, Children's Health and Diseases Training and Research Hospital, Department of Emergency Medicine, Ankara

**Objective:** Glycogen storage disease type Ib is an autosomal recessive transmitted disorder of glycogen metabolism caused by mutations in the glucose-6-phosphate translocase gene on chromosome 11q23 and leads to disturbed glycogenolysis as well as gluconeogenesis. Patients suffer from hepatomegaly, growth retardation, hypoglycemia, hyperlactatemia, hyperuricemia and hyperlipidemia. The disease is further characterized by neutropenia associated with functional defects predisposing for severe infections.

**Case:** We present here, a three-month old infant with GSD type b. The patient admitted to our Intensive Care Unit because of respiratory insufficiency, sepsis and deep metabolic acidosis with increased anionic gap. A day before the PICU admittance he had complaints of fever, cough, runny nose and received treatment for upper respiratory tract infection. On admission, his body temperature was 39°C, respiratory rate 58/min, heart rate 180/min blood pressure 70/40 mmHg. Physical examination revealed altered mental status, bilateral decreased respiratory sounds, retractions, hepatosplenomegaly, doll-like face. Laboratory results were as: Arterial blood pH 7.0, HCO<sub>3</sub>:2.9 mmol/L, PCO<sub>2</sub>:12mmHg, lactate 116 mg/dl, AST/ALT: 637/121 U/L, blood glucose 74 mg/dL, uric acid:15 mg/dL, WBC 10.100 x10<sup>3</sup> /µl (absolute neutrophil count:880) platelet:700.000 x10<sup>3</sup>/µl, hemoglobin:8,1 gr/dL. He needed mechanical ventilation for six days. Daily caloric intake was regulated also nocturnal and frequent was provided to avoid hypoglycemia.

**Conclusion:** GSD type Ib a rare condition, with possible life-threatening consequences. GSD type Ib should be considered in differential diagnosis of severe metabolic acidosis, prolonged hypoglycemia and neutropenia in the newborn and infant period. Metabolic diseases should be considered in differential diagnosis of patients with encephalopathy and shock whom admitted to intensive care units.

**Keywords:** glycogen storage disease type Ib, metabolic decompensation, neutropenia, hypoglycemia



PP 361

**Rectal trauma by a construction bar**

*Behic Volkan Boz, Ayhan Saritas, Muhammed Melik Candar*

Duzce University Faculty of Medicine, Emergency Medicine Department, Duzce, TURKEY

**Objective:** Mortality rate is 5% in bowel perforations. 20% of intraabdominal infections occur after colon injuries. In penetrating rectal traumas, anorectal injuries are more common than colon injuries. Patients usually admit to hospital with complaints of abdominal pain, cramps, anorectal bleeding and rectal discharge. In our case, a male patient with rectal trauma after an occupational injury is presented.

**Case:** An 18 year old male admitted to our clinic with a history of fall onto a steel construction bar. It was penetrated into anal canal for 15 cm in depth but it was pulled out at the field.

The patient was fully cooperated and oriented. His systemic examination was normal. Abdominal examination was normal but bilateral abdominal tenderness was observed in deep palpation. Anorectal examination showed normal muscle tonus and no bleeding at all.

Vital signs were normal. There were no blood in external urethral opening. Urinary catheterization was performed and no hematuria observed. Bedside Focused Assessment with Sonography for Trauma (FAST) was performed but no blood or free liquid were seen. We didn't see any signs of gastrointestinal system perforation on X-ray with contrast. Computed tomography signed nothing about bleeding or perforation. Blood tests were normal. 3hours later, serial abdominal examination became positive for peritoneal irritation signs. He had free liquid in perivesical area of abdomen which was detected on FAST. He was given to surgery for urgent diagnostic laparotomy. After the surgery the patient was observed for two days, then discharged from hospital.

**Conclusion:** Every day, tens of people admit to emergency by falling. These patients should have detailed abdominal examination including anal canal and rectal cavity. A history of penetrating injury should consider us about gastrointestinal perforations. Doubt is the golden standard in rectum injuries. Serial examinations should be done and FAST should be repeated if possible.

**Keywords:** rectum perforations, Focused Assesment with Sonography for Trauma (FAST), serial abdominal examination

PP 362

**Carotid-Cavernous Fistula in the Emergency Department**

*Mehtap Gürger<sup>1</sup>, Evren Ekingen<sup>2</sup>, Metin Ateşçelik<sup>1</sup>, Ömer Doğan Alataş<sup>2</sup>, Mustafa Yıldız<sup>1</sup>*

<sup>1</sup>Fırat University Medical Faculty, Emergency Medicine, Elazig, Turkey

<sup>2</sup>Elazig Education and Research Hospital, Emergency Medicine, Elazig, Turkey

**Objective:** A carotid-cavernous fistula (CCF) results from an abnormal communication between the internal or external carotid arteries and the cavernous sinus. It occurs because of traumatic or spontaneous rents. Seventy-five percent of the cases are traumatic. Etiology of spontaneous fistula is unknown but is thought to occur as a result of rupture of the arteriovenous malformation. Spontaneous fistula usually occurs in middle aged or elderly women. Atherosclerosis, systemic hypertension, collagen vascular disease, pregnancy, connective tissue disease and minor trauma may be a predisposing factor in development of spontaneous carotid-cavernous fistula. The clinical presentations of patients are pulsating or nonpulsatile exophthalmus, chemosis, reduced eye movements, blurred vision, seconder glaucoma, murmur, tinnitus and headache. In this report is presented spontaneous CCF.

**Case:** 45 year old female patient after headache, nausea and vomiting, pain and redness in the left eye was referred to the emergency department with a complaint. The patient had no history of trauma, and insecticide insertion. Her left eyelid was swollen and ecchymotic. There was chemosis, corneal edema and limitation in eye movements. Light reflex was absent in left eye. Ocular pressure was measured as 12 mmHg in right eye and 30 mmHg in left eye. Systemic examination and biochemical parameters (CBC, aPTT, PT INR) were found to be normal. The patient in whom CCF was detected on the cerebral CT angiography was admitted to neurosurgery clinic.

**Conclusion:** CCF is a disease which is rarely seen, difficult to diagnosis and needs to be considered on emergency department; and it can be treated profoundly with early diagnosis and treatment.

**Keywords:** Carotid, cavernous, fistula, emergency, department



## PP 363

**A preterm infant with cystic fibrosis that presenting as pseudo bartter syndrome***Hüsnüye Yücel, Sumru Kavurt, Dilek Ulubaş Işık, Özge Aydemir, Ahmet Yağmur Baş, Nihal Demirel*

Etlik Zübeyde Hanım Women's Health Teaching and Research Hospital, Department of Neonatology, Ankara, Turkey

Cystic fibrosis (CF), also known as mucoviscidosis, is an otosomal recessive genetic disorder that affects most critically the lungs, and also the pancreas, liver, and intestine. It is characterized by abnormal transport of chloride and sodium across an epithelium, leading to thick, viscous secretions. CF is caused by a mutation in the gene cystic fibrosis transmembrane conductance regulator (CFTR). The prevalence varies by report but, in general, approximates 1/3500 live births. CF may be diagnosed by many different methods including newborn screening, sweat testing, and genetic testing. Herein, we report a case of a preterm infant with cystic fibrosis who presented with hyponatremia, hypochloremia and alcoholysis; there was no the other characteristics of cystic fibrosis.

**Keywords:** Cystic fibrosis, preterm infant, pseudo bartter syndrome

## PP 364

**Congenital intracranial immature teratoma in a neonate with hydrocephalus and macrocephaly***Beyza Özcan<sup>1</sup>, İstemi Han Çelik<sup>1</sup>, Özge Aydemir<sup>1</sup>, Yusuf Kale<sup>1</sup>, Ahmet Yağmur Baş<sup>1</sup>, Nihal Demirel<sup>1</sup>, Evrim Önder<sup>2</sup>*<sup>1</sup>Department of Neonatology, Zübeyde Hanım Women's Health Teaching and Research Hospital, Ankara, Turkey<sup>2</sup>Department of Pathology, Diskapi Yıldırım Beyazid Training and Research Hospital, Ankara, Turkey.

A 2870 g male infant admitted to neonatal intensive care unit because of hydrocephalus after birth. His head circumference was 48 cm. He had separated sutures and enlarged fontanel. Prenatal ultrasonography (USG) showed echogenic cystic mass and hydrocephalus at 21th gestational weeks. Choroidal echogenic cystic mass and moderate hydrocephalus were seen in postnatal USG. Magnetic resonance imaging (MRI) revealed that a 9 cm diameter cystic and calcified mass was originated from 3rd ventricle to supraventricular region with midline shift and hydrocephalus. His preliminary diagnosis was immature teratoma. He underwent surgery and died one day after operation because of respiratory failure.

Teratomas are the most common brain tumors in newborns. Clinical features varies from incidentally discovered small tumors to massive tumors replacing intracranial contents and leading to hydrocephalus. In perinatal period, hydrocephalus, polyhydramnios, macrocephaly, pulmonary hypoplasia and high output cardiac failure can be seen. Ultrasonography, computed tomography and MRI are useful in the diagnosis of intracranial teratomas. The prognosis is usually poor with 90% mortality rate. Most of teratomas grow rapidly and destruct cerebral structures. Surgical treatment may be successful in patients with small and non-destructive teratomas.

Prenatal diagnosis is important for early treatment and preventing destructive effects of congenital intracranial teratomas. Termination of the pregnancy may be a choice in patients with large and destructive tumoral mass.

Intracranial tumoral mass should be considered in differential diagnosis of hydrocephalus and macrocephaly even they are rarely seen. Prenatal findings are helpful in these patients.

**Keywords:** hydrocephalus, newborn, teratoma



PP 365

**Should an angiography be performed on a patient that is on mechanical ventilator?**

*Fevzi Bayram, Güleser Akpınar, Zara Sınaytaş, Sami Şahin, Mehmet Ali Topal, Sibel Akbaş Hacıoğlu, İlknur Simsık, Onur Yılmaz, Ali Sarıdaş, Başar Cander*

1Department of Emergency Medicine, Okmeydanı Training and Research Hospital, Istanbul, Turkey

**Objective:** Within this case, we included a case that was brought to our hospital with cardiopulmonary arrest and after a successful cardiopulmonary resuscitation, an angiography was performed on the patient that was on mechanical ventilation and an stent was placed.

**Case:** A 27 year-old male patient, who experienced numbness in his left arm for the last two hours and who complained from pain and took two analgesics was included. The patient had lost his consciousness. Until he was brought into the Emergency Service, there had not been any intervention. Cardiopulmonary resuscitation was performed on the patient who had lost all circulatory and respiratory functions for approximately 15 minutes. The patient did not have any diseases priorly. Normal heart rhythm was maintained after 25 minutes of cardiopulmonary resuscitation. After it was discovered that the patient's vital functions were within normal boundaries, the ECG also showed that widespread ST elevation was present within the anterior derivations. The coronary intensive care angiography demonstrated 100% blockage in his LAD, a stent was placed in order to obtain patency LAD. At the moment the patient is conscious, however he is suffering from a speech impediment. the patient was released from the hospital with improvement and provided with follow-up recommendations.

**Conclusion:** Cardiac arrest is frequently seen in MI and the heart functions can be restored after performing resuscitation. During these first hours, the patient may be unconscious. A breathing device or ventilator might be necessary. An angiography might be required for the patient on the ventilator in order to ensure hemodynamic stability. Even though this was recommended within the latest guidelines, it is still not commonly applied. In this case, the emergency unit residents and experts insisted on applying invasive procedure for the patient who was on mechanical ventilation and the patient was overseen as such.

**Keywords:** Mechanical Ventilator, Cardiac Arrest, Cardiopulmonary Resuscitation

PP 366

**Rectal Foreign Bodies: A Report of Two Cases**

*Polat Durukan<sup>1</sup>, Tayfun Öztürk<sup>1</sup>, Ömer Salt<sup>2</sup>, Abdul Rıdvan Kulu<sup>3</sup>, Hızır Yakup Akyıldız<sup>3</sup>, Şule Yakar<sup>1</sup>, Seda Özkan<sup>4</sup>*

<sup>1</sup>Erciyes University Medical Faculty Department of Emergency Medicine Kayseri, Turkey

<sup>2</sup>Yozgat State Hospital, Department of Emergency Medicine Yozgat, Turkey

<sup>3</sup>Erciyes University Medical Faculty Department of General Surgery Kayseri, Turkey

<sup>4</sup>Dışkapı Yıldırım Beyazıt Training and Research Hospital Department of Emergency Medicine Ankara, Turkey

**Objective:** Colorectal foreign bodies are infrequently encountered and are mostly in association with homosexuality and anal auto-erotism. Retained rectal foreign bodies are a rare presentation worldwide, and various shapes and sizes have been described in the literature. As the foreign body can lead to obstruction and perforation. We report two cases of male who presented to the emergency department with pain in anal region.

**Case 1:** 19 year old male admitted to the emergency room with complaints of pain in the anal region. The patient was cooperative, well oriented and consciousness. Vital signs were stable. On detailed questioning did the patient admit to self-insertion of a deo-roll in the rectum. A plain abdominal radiograph and abdominal computerized tomography (CT) scan showed the deo-roll impacted in the rectosigmoid region. There were no signs of perforation. General surgery was consulted to see the patient and decided to take him to the operating room for removal.

**Case2:** A 38-year-old male presented to the emergency department with complaints of self insertion of an solution bottle. His vital parameters were normal, apart from slight tachycardia. He claimed that it was an accident. The patient was awake, alert, and oriented to time, person, and place. A plain abdominal radiograph and abdominal CT scan showed the solution bottle. On the rectal digital examination the object could not be palpated, and therefore no attempt was made to remove it. General surgery was consulted to see the patient and decided to take him to the operating room for removal.

**Conclusion:** Colorectal foreign bodies are infrequently encountered. Their presence is usually indicative of homosexuality, auto-erotism or a mentally unstable individual. The management of these cases varies from simple manual retrieval with or without general anesthetics or use of a sigmoidoscope, or adhesive attached to the object in order to its removal.

**Keywords:** rectal, foreign, body



## PP 367

**A case of penetrating thoracic trauma caused by stub of rebar***Şedat Kocak, Zerrin Defne Dundar, Tamer Colak, Mehmet Ergin, Mehmet Gul*

Emergency Department, Meram Faculty of Medicine, Necmettin Erbakan University, Konya Turkey

**Objective:** Penetrating thoracic injuries constitute 30% of all thoracic injuries. Stab wounds and gunshot wounds are most common etiologic factors. Here, it was presented that a case of work accident, a rebar had stub his chest, was brought to the emergency clinic in that way.

**Case:** Twenty eight year old male patient is falling on an iron rod from height of approximately 2.5 meters, while working in construction. The patient, way of about 1.5 meters long iron rod stuck in his chest, brought to our hospital by ambulance. On admission, he was alert and his vital signs were stable. On physical examination, in patient's chestwall, a round rebar that 1,5 meters in length and 1,5 cm in diameter was present. Entry point of rebar was in the right mid-axillary line at the level of 8. ICS and 15 cm part of its was within his chest. Iron rod seemed to be outside of the rib cage on plain X-ray. Foreign body was extracted under analgesia-sedation. Surgical wound care was provided. No any other pathology was detected in the lung parenchyma or bone structures on thorax CT later obtained. He was transferred to cardiothoracic surgery clinic for observation and then discharged on day of 4th.

**Conclusion:** Because thorax contains many vital organ, penetrating thoracic trauma has a high rate of mortality and morbidity. Our patient both had fallen high and about 15 cm part of the iron rod had stabbed to his chest. Despite this, the patient is very lucky for which has no damage on bone structures and the lung parenchyma. Except for those requiring urgent operative treatment of penetrating thoracic trauma, the vast majority of them are being treated with chest tube drainage or conservative methods.

**Keywords:** penetrating thoracic trauma, stub wound, industrial accident

## PP 368

**Ruptured Thoracic Aortic Aneurysm and Dissected Thoracic Aorta: Case Report***Mehmet Nihat Özüpek, Metin Özdemir, Irfan Kala, Uğur Bal, Mehmet Ali Ceyhan*

Ankara Numune Education and Research Hospital, Emergency Department, Ankara, Turkey

**Objective:** We wanted to share our experience about 79 year old male who had ruptured thoracic aortic aneurysm and dissection of thoracic aorta and to state that clinical symptoms of patient can easily show us true way for proper diagnostic testing of patient immediately.

**Case:** 79 year old male patient came to emergency department with sudden onset of epigastric and posterior thoracic pain in the morning which wakes him up. He describes his pain like tearing quality in interscapular area and he does not want to be palpated due to severe abdominal pain. His physical examination showed shortness of breath, tachypnea, epigastric tenderness. His vital signs were: blood pressure right: 82/55mmHg, left:80/56mmHg, pulse:68, saturation 90%. He had history of coronary artery bypass surgery operation and hypertension. His initial laboratory evaluation: Hgb: 14.2 g/dL, HCT 43.4%, WBC: 8.83 10x3 /µl, PLT: 162.000, Troponin I: 0.753 ng/mL. Plain chest x-ray showed mediastinal enlargement, raised cardiothoracic index. So we had suspicion about thoracic aorta aneurysm rupture or dissection of thoracic aorta. So the patient underwent thoracoabdominal CT angiography evaluation which showed us hematoma in mediastinal and retro-peritoneal area, around esophagus and markedly around descending thoracic aorta; descending thoracic aorta had 76mm dilatation with a 33mm true lumen and there were thrombus in false lumen, abdominal aorta had 45mm enlargement in thoracoabdominal junction. So our diagnosis was ruptured thoric aortic aneurysm, dissection of descending thoracic aorta and abdominal aortic aneurysm. 500cc normal saline was given and consulted cardiovascular surgery physician and then patient was moved to another hospital for cardiovascular surgery.

**Conclusion:** Dissection of aorta is separation of aortic wall layers so the blood pressure canulates another false lumen between these layers which can cause life threatening hemodynamic instability. Ruptured aneurysm can cause blood loss to third spaces, if not treated immediately, death is unavoidable.

**Keywords:** ruptured aortic aneurysm, aortic dissection, emergency department



PP 369

**A case of traumatic aortic dissection due to cattle coup**

*Sedat Kocak, Zerrin Defne Dunder, Nazli Kenan, Abdullah Sadik Girisgin, Basar Cander*

Emergency Department, Meram Faculty of Medicine, Necmettin Erbakan University, Konya Turkey

**Objective:** Aortic injuries due to blunt trauma are rare. Motor vehicle accidents, motorcycle accidents and falls from heights are more common etiological factors. Other causes are very rare. Here, it was presented an aortic dissection case that it was caused by an unusual trauma.

**Case:** Fifty two year old male patient brought to our clinic with a complaint of chest and abdominal pain as a result of a cattle coup. His general condition was good and he was conscious, oriented, cooperated on admission. His blood pressure was 140/90 mmHg, pulse 72 beat/min and number of breathing 14/min. Physical examination was unremarkable except for pain and tenderness on the left shoulder and both arcus costarum. Biochemical analysis was revealed only slightly elevated CK-MB and AST. It was appeared that dissection line starting from distal of arcus aorta and extending to iliac bifurcation along the abdominal aorta in obtained contrast-enhanced thoracic CT and angiography. Also, there were non-separated rib fractures on right side from 1st to 4th and on left side at 3rd and 4th. Any other pathology was not detected on abdominal CT. After the patient was consulted with cardiovascular surgery, thoracic surgery and cardiology clinics, he was admitted to intensive care unit of the cardiovascular surgery clinic. On day of 5, endovascular graft operation was applied to the patient due to aortic dissection type 3 and he was discharged on day of 18 with cure.

**Conclusion:** Sometimes, traumatic aortic dissections may appear unusual mechanisms. Not to overlook this situation which has a very high mortality rate, clinicians should keep in mind this pathology in blunt trauma cases.

**Keywords:** aortic dissection, blunt trauma, aortic injury

PP 370

**A spontaneous renal subcapsular hematoma due to naproxen**

*Mehmet Oguzhan Ay<sup>1</sup>, Nalan Kozaci<sup>2</sup>, Zikret Koseoglu<sup>1</sup>, Mustafa Acin<sup>1</sup>, Akkan Avci<sup>1</sup>, Salim Satar<sup>1</sup>*

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

**Objective:** Spontaneous subcapsular hematoma is a rare pathology which presents in capsular organs in the body. Spontaneous renal subcapsular hematoma is a condition characterized by called Lenks triad including acute pain, flank mass, and hypovolemic shock. The most frequent cause of this rare clinical condition is renal tumors, vasculitis, renal cysts, hydronephrosis, renal infections, pre-eclampsia, diseases that cause bleeding disorders and anticoagulant therapy. In this paper, we aimed to present a rare spontaneous renal subcapsular hematoma case due to naproxen.

**Case:** A 40 years old female patient admitted to our Emergency Department with left flank pain. In her medical history, we learned that she did not have any diseases before, she admitted to Urology polyclinic 3 days ago with a complaint of left flank pain, only mild hydronephrosis was detected in her left kidney with renal ultrasonography, and she used totally 2200 mg naproxen orally for two days for her flank pain. In her examination, she was conscious, oriented, cooperative, and her blood pressure was 110/50 mmHg, pulse rate: 84/min, fever 39.1 C. She had costovertebral angle tenderness on the left, a palpable left flank mass. We detected the left renal subcapsular hematoma with focused abdominal ultrasound, and there was no free fluid in the abdominal ultrasonography. Also renal subcapsular hematoma was detected on scans of abdominal computed tomography. Patients' white blood cell count was 15.1 103/uL, Htc: 31.5 %, CRP: 11.8 mg/dl, while her platelet (285 103/uL), urea (22.6 mg/dl) and creatinine (0.9 mg/dl) levels were normal. In the examination of urine, 65 leukocytes and 20 erythrocytes were detected.

**Conclusion:** It should be considered that Nonsteroidal anti-inflammatory drugs may cause bleeding by making platelet dysfunction. Focused abdominal ultrasonography should be done to every patient who admitted to emergency department with flank pain for differential diagnosis.

**Keywords:** Renal subcapsular hematoma, naproxen, flank pain, emergency



PP 371

**Rectal Examination and Removal of Fecaloid Associated Cardiac Arrest: Case Report**

*İrfan Kala, Selim Inan, Ercan Özler, Burak Demirci, Burak Altan, Tamer Durdu*

Ankara Numune Education and Research Hospital, Emergency Department, Ankara, Turkey

**Objective:** Toxic megacolon is enlargement of colon which can be measured more than 6cm with abnormal clinical findings. Rectal examination should be done to all patients with abdominal distention but we can face vasovagal complications. Our patient had bradycardia after rectal examination, then cardiac arrest because of concomitant abnormality in clinical findings.

**Case:** 68 year old male was brought to ED with ten days of constipation, abdominal distention. He had a history of cerebrovascular disease 3 years ago causing sequelae: neurogenic bladder, immobilisation. Physical examination showed dry mucous membranes, abdominal distention and tenderness. Fecaloid was detected in rectal examination. Vital signs were: Blood pressure:95/67, pulse:136/min, body temperature:39.5 C, saturation: 95%. Abdominal x-ray was performed and colonic enlargement was noticed. When we measure colonic diameter, transvers colon was 9.5cm and total colonic enlargement could be seen. Laboratory tests resulted: WBC: 17.67 10x3 /µl, HGB: 14.3 g/dL and positive anti-HCV, urinalysis showed urinary tract infection. There was no electrolyte abnormality. Toxic megacolon diagnosis was decided. We started normal saline with a rate of 250cc/h, 500cc of gastric content was seen after placing nasogastric tube. We consulted to general surgery clinic after stabilising patient. Fecaloid removal was tried but bradycardia developed for 30-40 seconds followed by cardiac arrest. Patient responded to ten minutes of cardiopulmonary resuscitation. Pulse turned back to 120-140/min. There was no perforation complication. Electrolyte imbalance, acidosis improved though fluid and antibiotherapy was initiated and patient died after two days of intensive care unit follow-up.

**Conclusion:** We connect cardiac arrest to excessive vagal stimulation associated bradycardia due to rectal examination. Concomitant abnormal clinical signs contributed to this situation. Once cardiac arrest had happened, patient couldn't improve normally. We must be aware of rectal examination complications and question if the fecaloid removal in toxic megacolon should be tried or not.

**Keywords:** toxic megacolon, rectal examination, cardiac arrest, emergency department

PP 372

**A rare complication of electrical injury: keraunoparalysis**

*Bedriye Müge Sönmez, Fevzi Yılmaz, Muhittin Serkan Yılmaz, Selim Inan, Burak Demirci, Funda Polat, Erinc Müderris, Selçuk Akoğlu*

Ankara Numune Training and Research Hospital, Emergency Department, Ankara, Turkey

**Objective:** Electrical injuries are relatively common in daily life and they are accidentally incurred. Many organs or tissues including the heart, muscles, kidneys, skin, vascular and nervous systems are especially vulnerable to such injury. We presented a case of keraunoparalysis which is a rare complication of electrical injury.

**Case:** A 29-year-old man without any systemic disease or drug history was admitted to our emergency department after an accidental electrical injury for 5-6 seconds. He complained of inability to move his left arm and leg. He denied any head trauma happened during electrical injury. Upon arrival, his blood pressure was 110/70 mmH and his pulse was 78 beats/minute. He had a normal sinus rhythm electrocardiogram with no ischemic changes. He was conscious, oriented, and cooperative. On his neurological examination muscle strength on the left side was decreased, with a grade of 3 on the Medical Research Council Scale. His cerebellar and sensory examination was otherwise normal. His laboratory findings and cranial tomography revealed no abnormality. He was consulted to neurology department. Neurological examination performed by them revealed a MRC scale of grade 4 and evaluated as transient hemiparesis (Keraunoparalysis) due to electrical injury. During ED follow-up repeating neurological examinations was indicated a complete remission of his motor deficit and after 6 hours of observation he was discharged.

**Conclusion:** The weakness in the extremities experienced after electrical injury may be attributed to many reasons as rhabdomyolysis, electrolyte imbalance, dehydration, thermal injury, hypoxic encephalopathy, cerebral hypoperfusion and mostly vascular injury causing electrical coagulation, vasospasm, dissection, aneurysm formation and rupture. On the other hand, keraunoparalysis is a rare complication of electrical injury characterized by transient paralysis of one or more extremities that the muscle strength and sensation usually return to normal within a few hours.

**Keywords:** electrical injury, complication, keraunoparalysis



PP 373

**Isolated shoulder dislocation after sneezing**

*Bedriye Müge Sönmez, Fevzi Yılmaz, Selim Inan, Burak Demirci, Uğur Bal, Funda Polat, Selçuk Akoğlu, Erinc Müderris*

Ankara Numune Training and Research Hospital, Emergency Department, Ankara, Turkey

**Objective:** Shoulder dislocations are the most common major joint dislocations encountered in the emergency departments. Most common type is anterior dislocation and is almost invariably traumatic. It usually occurs when people fall with a combination of abduction, extension and a posteriorly directed force on the arm. But sometimes shoulder dislocations may occur in non-traumatic origin and called as atraumatic shoulder instability in which the shoulder starts to slip part way out of joint without having had a significant injury. Shoulder dislocations due to this mechanism are unusual presentations in emergency department.

**Case:** A 22-year-old man presented to our emergency department with complaints of acute left shoulder pain and motion restriction after sneezing. He had no history of seizure, trauma, alcohol intake or previous shoulder dislocation. His left shoulder was abducted and externally rotated. Physical examination showed epaulet sign. Humeral head was palpated in the anterior aspect of the joint and there was a global, painful restriction of range of motion in the left shoulder without any evidence of peripheral motor, sensory and vascular deficit. Radiographs confirmed left anterior glenohumeral dislocation without any fracture. After sedation, closed reduction with Kocher maneuver was performed and the shoulder was immobilized with valpeau bandage for 3 weeks.

**Conclusion:** Unlike traumatic origin that we are used to see in emergency department the dislocation mechanism in our case is due to the instability of the glenohumeral joint and a forceful, rapid movement like sneezing positioned the glenohumeral joint at an extreme range of motion, which may compromise the shoulder muscles in stabilizing the glenohumeral joint.

**Keywords:** atraumatic, instability, shoulder

PP 374

**Abuse of The Old**

*Sadık A Girisgin, M. Raşit Özer, Betül Atalay, Başar Cander, Sedat Koçak, Mehmet Ergin*

Necmettin Erbakan Üniversitesi Meram Tıp Fakültesi

**Objective:** Old age is a physiological process that refers to individual's losing his/her physical and psychic strength slowly and irreversibly. Old age is a period through which individuals lose their status, dependency and trauma risk increase, physical abilities lessen, and many chronic diseases and problems crop up. Abuse of the old may show up in different ways like injuries, ignoring medical problems, poor hygiene, malabsorption, inadequate liquid intake, poor living conditions, being locked-in a house, being neglected and laying hand on the neglected individual's income. In this case, explained a patient who has been brought to the Emergency after an injury due to falling down, and whose lesions were not coherent with the trauma that said to be the reason.

**Case:** The patient, aged 85, was bedridden due to her Alzheimer's Disease, and was being looked after by a handler in her own house. She was brought to the Emergency because of her complaints of general pain in the body, and bruises around the eyes. She had serious tenderness and severe bruises on sternum and swellings and bruises around the eyes. After a detailed physical examination, all around the body, seen many ecchymotic lesions in different sizes and shapes whose ages were not coherent with each other. Lesions' being incoherent with the trauma which was said to be the reason in the anamnesis given to us and the radiological determining of subacute subdural hematoma led us to think that this case was an abuse. The patient was taken under observation for monitoring and treatment after consultation with Chest and Brain Surgery Departments. The patient whose general condition improved after 3 days monitoring, was discharged.

**Conclusion:** identify the abuse of the old, Emergency Physicians' awareness, knowing the signs of abuse, determining the risk groups are very important for the treatment of the old who are abused and for their access to social help.

**Keywords:** Abuse, old, Emergency



## PP 375

**Same abdominal ache again?**

*Sadik A Girisgin, Mustafa Calik, Ayse Fethiye Basa, Elif Kececi, Cemal Zeren, Alp Yilmaz*

Taksim GOP Training and Research Hospital

**Objective:** Although abdominal ache is a common complaint among society, it should be considered that it may vary demographically depending on patient portfolio.

**Method:** Abdominal pain consisting the 10-15% of emergency service patient population is the 6th one among the reasons of emergency service applications. As a result of emergency service examination, 41.3% of cases are diagnosed as non-specific abdominal pain. But those cases are very distressful for both of their environment and emergency services. In this study, patients applying to Taksim TRH between 01.01.2013-08.30.2013 have been scanned retrospectively. Situations such as ages, gender, application hours, and applications by months during year have been investigated.

**Results:** 4669 cases applying to emergency service due to abdominal pain were involved in study. 2894(62%) of patients were women, while 1775(38%) were men. The mean-age of males was 39, while mean-age of women was 40. Of patients, 3408(73%) have applied between 08-16 hours, 795(17%) between 16-24 hours and 466(10%) between 24-08 hours. Considering the distribution by months, no significant difference was observed. Blood-tests (hematology, biochemical) were requested from almost all cases. 495(11%) of 4669 cases have been hospitalized. CT was requested from 3092(66%) of cases, abdomen USG from 3074(66%) and MR from 549(12%).

**Conclusion:** No relationship between abdominal pain and gender and application hours was mentioned in literature. Abdominal pain is seen widely in adolescent and young adults. But in our study, the number of female patients and application between 08-16 hours are significantly high, mean-age was found to be 40. Also while 20-30% of patients applying to emergency service due to abdominal pain are hospitalized, this rate in our study was 11%. Other parameters are in harmony with literature. It may be thought that business-place dominance in hospital environment may change this rate. Consequently, patient profile may lead to demographic changes in even wellknown diseases.

**Keywords:** Abdominal pain, Emergency, retrospective

## PP 376

**Head Trauma- Computerized Tomography Relationship**

*Sadik A Girisgin, Abdulkadir Ince, Ayse Fethiye Basa, Elif Kececi, Cemal Zeren, Ali Saglik, Berna Karabina, Rabia Birsen Yolun, Burhan Aydin*

Taksim GOP Training and Research Hospital

**Objective:** Moderate or severe head-trauma exist in almost 50-60% of all trauma patients. Head-trauma is responsible for 50% of deaths due to trauma. But how necessary is tomography in those cases?

**Materials-Methods:** Moderate or severe head-trauma exist in almost 50-60% of all trauma patients. Head-trauma is responsible for 50% of deaths due to trauma. But how necessary is tomography in those cases?

**Results:** 1825 cases applying to emergency service were involved in study. 1327(73%) of patients were men, while 498(27%) were women. The mean-age of males was 33, while mean-age of women was 36. Of patients, 675(37%) have applied between 08-16 hours, 694(38%) between 16-24 hours and 456(25%) between 24-08 hours. Considering the distribution by months, it was observed that applications in May and June are 20% higher than other months. 162(9%) of cases have been hospitalized. CT was requested from 1718(94%) of cases.

**Conclusion:** The relationship between head-trauma and gender is mentioned. In our study, the 73% of cases have been found to be male. Also, there is no significant difference in terms of application hours. The mean-age was found to be 33. Also the hospitalization rate was found to be 9% in this study. Consequently, the head-trauma cases seem commonly but the hospitalization rate is low. Despite that, many tomographies are requested in those cases. The possibility of life-threatening results of head-traumas, as a general view, forces the physician to perform tomography imaging.

**Keywords:** Head trauma, Computerized Tomography, Emergency



PP 377

**Attention to Chest Pain in Women!**

*Sadik A Girisgin, Ayşe Fethiye Basa, Kadir Özsvirli, Cemal Zeren, Elif Kececi, Ali Saglik, Alp Yılmaz, Burhan Aydın*

Taksim GOP Training and Research Hospital

**Objective:** It was aimed to draw attention to increasing chest pain in women population.

**Materials-Methods:** Chest pain constitutes the 5% of applications to emergency service in USA. Almost 40-60% of patients applying with chest pain are discharged with non-specific chest pain diagnosis. In this study, the patients applying to Taksim TRH between 01.01.2013-08.30.2013 have been scanned retrospectively. Situations such as ages, gender, application hours, and applications by months during year have been investigated.

**Results:** 4669 cases applying to emergency service due to chest pain were involved in study. 3055(54%) of patients were men, while 2651(46%) were women. The mean-age of males was found to be 45, while mean-age of women was found to be 49. Of patients, 3880(68%) have applied between 08-16 hours, 1084(19%) between 16-24 hours and 742(13%) between 24-08 hours. Considering the distribution by months, no significant difference was observed except the significant decrease in application during June. Blood-tests (hematology, biochemical) were requested from almost all cases. 495(11%) of 4669 cases have been hospitalized. 2099 (37%) of 5706 cases were discharged from hospital by making proposals.

**Conclusion:** Coroner artery disorder has been diagnosed in patients applying with chest pain with rates of 0.5% in <45 years old males, 0.18% in <45 years old females. Although the share of male patients (54%) is larger than share of female patients (46%), but the rate is not in harmony with literature. It may be caused by that the women living in metropolitans carry higher risk. Also in our study, the application between 08-16 hours is high, and it is in harmony with the occurrence of pain of most of CAD in early hours of days. The decrease in application in June is a finding being in harmony with this disorder's aggravation with excessive hot and cold temperatures.

**Keywords:** Chest pain, emergency, female

PP 378

**Evaluation of the patients with upper gastrointestinal bleeding in emergency room**

*Musa Adanç, Serhad Ömercioğlu, Serkan Emre Eroğlu, Erhan Altunbaş, Haldun Akoğlu, Özge Ecmel Onur, Arzu Denizbaşı*

Emergency Department, Marmara University Pendik Research and Training Hospital, Istanbul, Turkey

**Objective:** Upper gastrointestinal bleeding (UGIB) is one of the important morbidity and mortality causes in emergency room. UGIB is frequently encountered with an incidence that varies between 50 and 150 out of 100,000 hospital admissions. In this study, we tried to evaluate the clinical follow-up of patients with UGIB in emergency settings.

**Materials-Methods:** In our study, we evaluated the data of 50 patients with acute UGIB who applied to the hospital between the dates April 2013 and August 2013.

**Patients who are older than 18 years of age and who presented with hematemesis were included in our study. Patients were asked about the endoscopic interventions, recurrent UGI bleedings, if they had any, and their time of hospitalization either in clinics or in intensive care units, one month after their hospital admission by telephone interviews; and their survival rates were followed.**

**Results:** In our study the mean age of patients was 56.5. In 19 of patients (38%) history of a previous UGIB was present. 6 of the patients (12%) were hospitalized as 44 of the patients (88%) were only followed in emergency department. 6 patients (12%) had recurrent UGIB after one month of their discharge. 2 patients (4%) passed away due to bleeding, and 6 patients passed away because of other causes.

**Conclusion:** UGIB is responsible for 300.000 cases of hospitalization and 1% of all hospitalization cases in USA. It is encountered more frequently in males and over the age of 60 years. In our study, hospitalization rate and gender distribution data was found to be compatible with the literature.

Mortality in UGIB varies between 3.5% and 14% regardless of any kind of treatment performed. We think the reason behind the low mortality rates in our study is the efficient treatment and high-quality health care provided in our hospital.

**Keywords:** Upper gastrointestinal bleeding, Emergency room, Mortality



## PP 379

**Analysis Of Emergency Patients With Abdominal Pain Applied To The Hospitals Of Beyoğlu Public Healthcare Association (BPHA)**

*Mehmet Taskin Egici<sup>1</sup>, Sadik A. Girisgin<sup>2</sup>, Yesim Koseoglu<sup>3</sup>, Osman Gazi Kiraz<sup>4</sup>*

<sup>1</sup>Sisli Hamidiye Etfal Education and Research Hospital

<sup>2</sup>Taksim GOP Education and Research Hospital

<sup>3</sup>Beyoglu Public Healthcare Association

<sup>4</sup>Istinye State Hospital

**Objective:** Although we often evaluate and treat abdominal pain, in pre-hospital and emergency department conditions, it is often difficult to diagnose exactly. More than 30 acute situations and changes in the underlying etiology according to patient age should be evaluated.

**Materials-Methods:** 10-15% of the population admission to the emergency department is caused by abdominal pain. Emergency department diagnostic evaluation results with nonspecific abdominal pain in 41.3% of the cases. In this study, between Jan – Agu 2013, the patients were admitted to hospitals of BPHA in Istanbul were reviewed retrospectively. Age, gender, time of admission and conditions such as applications by month were reviewed.

**Results:** 77.984 patients with abdominal pain from the emergency department were enrolled in the study. 59% patients were women and (41%) were male. The average age was 34. 60% patients were admitted between the hours of 08.00-16.00, 16% between the hours of 16.00-24.00 and 24% between the hours of 24:00-08:00. There was no significant difference in the distribution of the patients by month. 36% patients were requested to get in-hospital tests. Precise information on the outcome of 23.873 patients couldn't be reached and were excluded from the evaluation.

**Conclusion:** In literature, there is no mention of the relationship between the time of arrival and abdominal pain. However, the admissions were significantly higher between 08.00-16.00 hours in our study. Abdominal pain is more common in young adults and adolescents and there is no difference between the genders. In our study, average age was 34 and 59% of the patients were female. Other evaluated parameters are consistent with the literature.

**Keywords:** Abdominal pain, Public health, istanbul

## PP 380

**Analysis Of Head Injuries Applied to Hospitals of Beyoğlu Public Healthcare Association (BPHA)**

*Mehmet Taskin Egici<sup>1</sup>, Sadik A. Girisgin<sup>2</sup>, Guven Bektemur<sup>3</sup>*

<sup>1</sup>Sisli Hamidiye Etfal Education and Research Hospital

<sup>2</sup>Taksim GOP Education and Research Hospital

<sup>3</sup>Beyoglu Public Healthcare Association

**Objective:** Head trauma is responsible for 50% of all deaths due to trauma in the world. Approximately 56 - 60% of patients with trauma have head traumas. These indicate the importance of head traumas.

**Materials-Methods:** Head traumas are the reason of death and disability particularly in men between ages 15-24; especially in developing countries and in larger cities. Additionally, seniors aged 65+, athletes and children of school age are risk groups. In this study, patients applied to hospitals of BPHA were reviewed retrospectively between Jan- Agu 2013. Cases were reviewed by age, gender, time of admission, applications during the year on a monthly basis etc.

**Results:** 9.574 patients with head injury were enrolled in the study. 61% of patients were women and 39% were male. The average age was 29 for male and 31 for female. 53% of patients were admitted between the hours of 08:00-16:00, 25% between the hours of 16:00-24:00 and 22% between the hours of 24:00-08:00. Examining the breakdown by month, there was more admission in May, although the number was not significantly higher. 33% of these cases were asked to get CT. Precise information on the outcome of 42% of patients couldn't be reached and were excluded from the evaluation.

**Conclusion:** In our study, 61% of the patients were male and this is consistent with the literature. Also, the admissions were 53% between 08:00-16:00 in our study. Average age was thirty. The reason for a lot of head trauma patients admitting to hospitals in working hours might be considered that patients with mild traumas was waited for these hours to come to the hospital.

**Keywords:** head trauma, public health, emergency



PP 381

**Analysis of Patients with Excessive Alcohol Intake Admitted to the Emergency Departments of the Hospitals in Beyoğlu Public Healthcare Association (BPHA)**

*Mehmet Taskin Egici<sup>1</sup>, Sadik A. Girisgin<sup>2</sup>, Mehmet Erbakan<sup>3</sup>*

<sup>1</sup>Sisli Hamidiye Etfal Education and Research Hospital

<sup>2</sup>Taksim GOP Education and Research Hospital

<sup>3</sup>Beyoglu Public Healthcare Association

**Objective:** To examine the demographic characteristics of the patients with excessive alcohol intake in emergency services and special situations.

**Materials-Methods:** Retrospectively, between Jan - Agu 2013, cases were reviewed by age, gender, time of admission, average length of stay, how many of them were required to get tested and if they were accepted as intoxications or not.

**Results:** 698 patients were included in the study. 55% of patients were male; 38% were female, %7 didn't declare gender. Average age was 32 for males, 27 for female and 30 for total. 83% of the patients were admitted between the hours 24.00-08.00, 14% between 08.00-16.00 and 23% between 16.00-24.00. The average observation duration was 5 hours. The most applications were made in January with 164 cases with the second most in March with 144 cases. 368 patients were asked to get some blood tests. 640 cases were discharged, 58 were hospitalized for various reasons. 5 cases were considered as alcoholic intoxication. Only 39 of the cases got CT and only 4 cases got MR.

**Conclusion:** Studies on this subject is more about the use of alcohol. But those cases only get submitted to the emergency department because of the abnormal symptoms caused by the alcohol taken excessively. The female rate in our study was high more than literature in which men was 2-fold or more than women and this was related to high rate of alcohol consumption in larger cities. The average age was near the average age of the country. Admissions were mostly made on late night hours and were the highest in January and March but scientifically data wasn't enough. The fact that only 8% of the cases were hospitalized suggests that admissions for the most cases were made because of excessive consumption symptoms and there wasn't significant pathology.

**Keywords:** alcohol, public health, emergency

PP 382

**An unusual cause of acute renal injury; using an anabolic steroid oxymetholene**

*Emre Salçın, Ömer Faruk Çelik, Kerem Ali Kabaroğlu, Serkan Emre Eroğlu, Haldun Akoğlu, Özge Ecmel Onur, Arzu Denizbaş*

Marmara University Pendik Research and Training Hospital Department of Emergency Medicine, Istanbul, Turkey

**Objective:** Oxymetholene is a very potent anabolic steroid. It has also great effects on improving muscle mass and having a healthy look. That causes Oxymetholene abuse common among body builders and amateur athletes. Hepatotoxic side effects of oxymetholene is well known. But renal failure and rhabdomyolysis seen in rare cases. In our case; we present a patient with acute renal injury due to the use of Oxymetholene

**Case:** A 32 year old healthy look male visited emergency department with complaints of vomiting, generalized muscle pain and disuria. Physical examination was normal except costovertebral angle tenderness bilaterally. For differential diagnosis of renal colic and urinary tract infection, we wanted some laboratory testes (Table 1). Although the urine analysis was unremarkable; we found an unexpected diagnose on blood tests; acute renal failure (ARF). Renal usg were taken to investigate the etiology of ARF. Usg showed grade 1 renal paranchymal disease bilaterally. We started to take a new history focusing on the possible causes of ARF. The only thing we found was; the patient has taken Oxymetholone 2x75 mg every day to gain muscle last month. That misusage of Oxymetholene caused ARF due to rhabdomyolysis. As we administered IV salins; he urinated well. Also creatine and creatininphosfocinase levels decreased. After providing a nephrology polyclinic appointment next day; we discharged him.

**Conclusion:** Increasing athletic performance and aestetic reasons are main benefits of taking anabolic steroids. It is easy to reach anabolic steroids without prescription; by internet and also public gyms. Dosages used by athletes are often much higher than the normal endogenous testosterone production of 4 to 10 mg per day. Renal injury and rhabdomyolysis are reported in rare cases. Emergency physicians should be aware of anabolic steroid usage in the differential diagnosis of healthy and fit looking ARF/rhabdomyolysis patients.

**Keywords:** anabolic steroid, oxymetholone, renal failure, rhabdomyolysis



PP 383

**A rare but potentially lethal disease: Hereditary angioedema**

*Merter Gümüşel, Sefer Özkaya, Serkan Emre Eroğlu, Kerem Ali Kabaroglu, Emre Salçin, Özge Ecmel Onur, Haldun Akoğlu, Arzu Denizbaşı*

Emergency Department, Marmara University Pendik Training and Research Hospital, Istanbul, Turkey

**Introduction:** Hereditary angioedema (HAE) is a disease characterized by recurrent episodes of angioedema, without urticaria or pruritus. Although the swelling is self-limited, laryngeal involvement may cause fatal asphyxiation. The age at which attacks begin is variable, with rare reports of initial episodes of angioedema in the perinatal period. Approximately 40 percent of patients experience their first attack before age five, and 75 percent, by age 15, although repeated attacks in preadolescent children are uncommon. Thus, for the majority of patients, the disease first presents in childhood or adolescence. In most cases, the diagnosis is eventually made in the second or third decade of life and can be further delayed if there is no family history.

In our case, we present a HAE case which is 57 years old, yet undiagnosed and unresponsive to adrenaline and steroid but responsive to C1-INH concentration therapy.

**Case:** A 57 years old woman admitted to our hospital with lingual and neck edema. Patient had the complaint of difficulty to talk, swallow and dyspnea. Patient's complaints are increased after a while of admittance to hospital; lingual edema increased and patient started hyperventilating. Regarding to patient's clinic our diagnosis was: Angioedema. For treatment, standart angioedema procedure was applied but no clinical improvement visualised. Because the patient was unresponsive to standart angioedema treatment our first line diagnosis improved to Hereditary Angioedema and treated with C1-INH concentration, after C1-INH concentration therapy, patient's clinic improved dramatically and after 2 hours of observation patient was discharged with immunology clinic appointment.

**Conclusion:** As it is seen in this patient in case of adrenaline, phenylephrine and steroid unresponsive angioedema in any age, HAE must be considered. Thus our case indicates that ER physicians should not exclude HAE because the patient is old.

**Keywords:** Herediter angioedema, Old age, Emergency

PP 384

**Using The Emergency Department Of Adnan Menderes University Practice and Research Hospital By Elderly Patients**

*Aykut Akseli1, Aytül Akseli2, Bekir Dağlı3, Mücahit Avcı3, Yunus Emre Özlüer3*

1Emergency Department, Government Hospital of Buca Seyfi Demirsoy, İzmir, Türkiye

2Emergency Department, Government Hospital of Aydın, Aydın, Türkiye

3Emergency Department, Medical Faculty of Adnan Menderes University, Aydın, Türkiye

**Objective:** Diagnosis and treatment of geriatric patients in emergency departments is not easy. Because most of the elderly patients are usually have multiple diseases, anamnesis obtained from the elderly patients was not true usually, most of the patients developed dementia, they don't now their own drugs exactly, etc. For this reason, diagnosis and treatment of elderly patients in emergency departments have some difficulties. The hospitalization rates for geriatric patients in Emergency Department of Adnan Menderes University is higher than the other Emergency Departments of Turkish Hospitals. From this aspect, knowing the elderly patient profile presenting to Adnan Menderes University Emergency Department becomes important.

**Materials-Methods:** We evaluated 6227 files of patients older than 65 years, presenting to Adnan Menderes University Emergency Department from 1st January 2012 to 31st December 2012. Complaints, diagnosis, wards of admission, and mortality rates were recorded retrospectively from patient records.

**Results:** 19,96% of all patients (6227 of 31196) were in geriatric age group. 36,36% of elderly patients (2264 of 6227) were hospitalized. Hospitalization rate of geriatric patient population is 5-6 times higher than non geriatric patients population. The hospitalization rates of geriatric patients in Emergency Departments of Turkish Hospitals (21-28%) are lower than the universal rates (32-46%). But the hospitalization rates for geriatric patients in Emergency Department of Adnan Menderes University is closed to universal rates. Overall mortality rate was 9,84%, which was 16,56% in hospitalized patients and 6,01% in patients treated as outpatient. Emergency Department Observation Room, Internal Medicine, Cardiology and General Surgery departments had the highest admission rates.

**Conclusion:** The high rates of geriatric patients applying to The Emergency Department of Adnan Menderes University Hospital shows that the necessity for emergency staff to be informed and trained about geriatrics. Similar studies on younger patient populations would give opportunity for better comparisons.

**Keywords:** Geriatric patient, emergency department, hospitalization, mortality rate



PP 385

**Vesiculo-bullous drug reaction due to organic phosphates**

*Zikret Koseoglu, Mehmet Oguzhan Ay, Akkan Avci, Mustafa Acin, Mursel Kocer, Salim Satar*

Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

**Objective:** Fixed drug eruption (FIE) is a drug reaction emerging on the skin and / or mucosal areas due to various drugs. Many drugs, such as sulfonamides, barbiturates, and non-steroidal anti-inflammatory drugs are responsible for the pathogenesis of FIE, and also rarely organic phosphates may occur these skin lesions. In this article, we presented a case of an FIE who admitted to our emergency department with vesiculo-bullous lesions in the lower extremities due to exposure to organic phosphates.

**Case:** An 24-year-old male patient admitted to our Emergency Department with complaints of the pain and burning sensation in his both legs occurred after 5-6 hours spraying dichlovos (including 2.2 phoshate dichlorovinyl) to his plantation. On physical examination, he was conscious, cooperative, size of bilateral pupils were isochoric and normal, blood pressure: 120/80 mmHg, pulse rate: 82/min, fever: 36.8 C. Multiple various size vesiculo-bullous erythematous lesions were observed in the anterior side of his both ankle and on the dorsum of his feets (Figure 1,2). Examination of other systems were normal. In laboratory tests, white blood cell: 7930 u/L, hemoglobin: 16.0 g/dL, hematocrit: 45.1%, MCV: 90.4 fl, platelet: 209.000 L, glucose: 113 mg/dl, urea: 38 mg/dl, creatinine: 0.6 mg/dl, AST: 43 IU/L, ALT: 21 IU/L, Na: 136.1 mmol/L, K: 5.1 mmol/L, LDH: 299 IU/L, Ca: 8.7 mg/dl, CRP: 0.9 mg/dl. Blood pseudokolinesteraz values were within normal limits. Skin lesions were treated with a chemical burn treatment protocol. The patients lesions were evaluated as second and third degree chemical burns and he was hospitalised to burn unit of our hospital.

**Conclusion:** Pesticides may cause rarely bullous fixed drug eruptions. Calcium polysulfide, diazomet, methyl bromide, chlorpicrin, paraquat, diquat, diquazone and glyphosate are irritant pesticides that can cause chemical burns.

**Keywords:** Pesticide, fixed drug eruption, chemical burn

PP 386

**Todd paralysis**

*Mehmet Oguzhan Ay<sup>1</sup>, Zikret Koseoglu<sup>1</sup>, Nalan Kozaci<sup>2</sup>, Akkan Avci<sup>1</sup>, Salim Satar<sup>1</sup>*

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

**Objective:** Todd paralysis is defined as hemiparesis developed following focal seizures. Convulsions, muscle weakness and neurological symptoms usually ends in the first 24 hours. The exact cause of Todd paralysis is unknown, but it is thought to be developed due to neurotransmitter dysfunction. Temporary partial seizures usually occur due to the involvement of the frontal lobe. In this paper, we aimed to draw attention to Todd paralysis developed in a case who admitted to our Emergency Department with temporary focal seizures and hemiparesis after the episode of hypoglycaemia.

**Case:** A 65 years old male patient was admitted to our Emergency Department with complaints of loss of consciousness and seizures. In his medical history, we learned that he had diagnosis of Diabetes mellitus and using insulin. In the first examination, his blood pressure was 150/80 mmHg, pulse rate: 107/min, fever: 36.4 oC, patient was unconscious, Glasgow coma scale score was 10, he had right hemiparesis. His blood glucose was 31 mg/dL. We administered intravenous glucose of 30% and 5% infusion. He had 2 times tonic-clonic focal seizures in the emergency department. Computed brain tomography of the patient was normal. The consciousness of the patient was opened during follow-up, and right hemiparesis of the patient was recovered completely after 12 hours from his first admission. Todd paralysis was considered to be developed in this patient due to hypoglycemia. After 24 hours follow up, he was discharged from the hospital fully recovered.

**Conclusion:** Todd paralysis should be considered in the differential diagnosis of the patients who admitted with hypoglycemia, temporary focal hemiparesis and seizures.

**Keywords:** Todd paralysis, hypoglycemia, seizure, hemiparesis



## PP 387

**A glass of champagne**

Arefe Imak, *Ramazan Güven*, Inan Beydilli, Mehmet Nuri Bozdemir, Mustafa Kesaplı, Faruk Güngör, Omer Harun Sagnic

Antalya Training and Research Hospital, Emergency Medicine, Antalya

**Objective:** Edema of the uvula (EU) usually presents as fullness of the oropharynx and difficulty in talking. Acute uvular and tongue edema are rare occurrence and potentially life-threatening conditions with a variety of causes: drugs, airborne allergens, and food. Here we present a case report of a young gentleman who presented with uvula edema after drinking champagne.

**Case:** A 32-year-old man was presented to the emergency department with uvula edema and dysphagia. He did not use any drugs or medication. The patient has been previously uvula edema after intake champagne. The patient had no shortness of breath and on examination he was comfortable at rest. 80 mg methylprednisolone, 50 mg diphenhydramine were given intravenously. Followed by 6 hours after the patient was discharged on the decline uvula edema.

**Conclusion:** This single case, resulted to a severe allergic reaction. The emergency physician should be familiar with the potential serious side effects of foods and drinkings. Because of the life threatening potential, physicians should evaluate and manage the uvular edema patient very carefully.

**Keywords:** champagne, edema, uvula

## PP 388

**A dramatical suicide attempt: 19 years old patient cutting his own throat including trachea with a kitchen knife**

Aykut Akseli<sup>1</sup>, Aytül Akseli<sup>2</sup>, Ülkü Nur Sökmen<sup>2</sup>, Mücahit Avcı<sup>3</sup>, Yunus Emre Özlüer<sup>3</sup>

<sup>1</sup>Emergency Department, Government Hospital of Buca Seyfi Demirsoy, İzmir, Türkiye

<sup>2</sup>Emergency Department, Government Hospital of Aydın, Aydın, Türkiye

<sup>3</sup>Emergency Department, Medical School of Adnan Menderes University, Aydın, Türkiye

**Objective:** To emphasize the importance of specific preventive measures in case of a psychiatric patient with trauma aiming suicide.

**Case:** A 19 year old boy was admitted to emergency department by his parents with their own car. It was learned that he had cut his throat with a kitchen knife for suicide. His parents told us that he had schizophrenia for 3 years. The cut was so deep that the trachea was totally cut while the major vessels were intact. His vital signs were in normal ranges on admission. After then while we were preparing for intubation the patient became agitated and pulled his own hair and rotated his neck aiming to break his own neck. By doing that he caused a rupture of thyroidal vessels. The patient was controlled by three staffs, sedation was done by dormicum and was intubated. The patient was taken into operation room immediately. After that the surgical procedure was carried out by an experienced otolaryngologist and the patient was discharged after a week.

**Conclusion:** Suicidal trauma patients are specific and need comprehensive intervention including psychiatric evaluation. Especially in the case of a psychiatric patient with trauma aiming suicide, the doctors must be more alert to avoid further harms that might be caused by the patient by taking preventive measures against ongoing suicide. The preventive measure in such cases should be fixing of the patients hands on admission just before or simultaneously with the immediate sedation and intubation.

**Keywords:** trauma, suicide, psychiatric patient



PP 389

**The patient intubated for burned nose hairs in fire**

Aykut Akseli<sup>1</sup>, Aytül Akseli<sup>2</sup>, Nebi Sökmen<sup>4</sup>, Mücahit Avcil<sup>3</sup>, Yunus Emre Özlüer<sup>3</sup>

<sup>1</sup>Emergency Department, Government Hospital of Buca Seyfi Demirsoy, İzmir, Türkiye

<sup>2</sup>Emergency Department, Government Hospital of Aydın, Aydın, Türkiye

<sup>3</sup>Emergency Department, Medical Faculty of Adnan Menderes University, Aydın, Türkiye

<sup>4</sup>Family Health Center, Ministry of Health, Aydın, Turkey

**Objective:** The patients must be intubated on admission to the emergency room for burned nose hair to avoid possible airway obstruction due to edema

**Case:** A 23 year old male patient was brought to our emergency room by ambulance with smoke inhalation in home fire. He had sooty sputum, and burned nose hairs. On admission, his tension arterial, respiratory rate and blood oxygen saturation were 100/60 mmHg, 22 per minute and 97%, respectively. But after 3 hours the patient had breath shortness, his saturation declined to 87% and wheezing started. We applied rapid sequence intubation to the patient. Then saturation reached 97% again. We hospitalized the patient in the intensive care unit of our emergency department for two days. He was extubated after the first 24 hours. The patient was given intravenous antibiotic (ceftriaxone 1 gram twice a day) treatment for two days and vaccinated for tetanus. Vital signs were normal at follow ups. He was discharged with oral antibiotic (cefuroxim 500 mg twice a day) for five days.

**Conclusion:** Patients that are exposed to fire must be evaluated for inhalation burns by endoscopic procedures. However, endoscopic procedures might be unavailable in most of the emergency services. In such cases, the presence of burned nose hairs must be expected as inhalation burns and must be intubated in the emergency room as soon as possible. Furthermore, early intubation would avoid acute respiratory distress syndrome due to edema. Early antibiotic treatment should also be initiated at the emergency room, as well.

**Keywords:** burned nose hair, intubation, fire

PP 390

**Iatrogenic Cardiac Rupture And Tamponade Caused By Central Venous Catheterization**

Metin Ateşçelik<sup>1</sup>, Mehmet Çağrı Göktekin<sup>2</sup>, Mehtap Gürger<sup>1</sup>, Ömer Doğan Alatas<sup>3</sup>, Evren Ekingen<sup>3</sup>

<sup>1</sup>Fırat University, Department of Emergency Medicine, Elazığ, Türkiye

<sup>2</sup>Diyarbakır Research and Training Hospital, Emergency Service, Diyarbakır, Türkiye

<sup>3</sup>Elazığ Research and Training Hospital, Emergency Service, Elazığ, Türkiye

**Objective:** Hemodialysis is the most common dialysis method used in patients with chronic renal failure. Various complications can occur due to vascular access procedures such as arteriovenous (AV) fistula, AV graft and central venous catheterization in hemodialysis patients. Life threatening complications are more common in patients with central venous catheterization. We presented a patient with cardiac rupture and tamponade due to jugular venous catheterization for hemodialysis.

**Case:** A 59 year-old female patient with chronic renal failure to whom jugular venous catheterization was performed in a health unit was admitted to our hospital. She referred because of the complaints of dyspnea, weakness, numbness, back pain, and sweating for 2 hours.

When the patient was admitted to the emergency department her blood pressure was 80/60 mm-Hg, pulse: 140/min and philiphormik, respiratory rate: 24/dk and sPO2: %86. The patient was dyspneic, pale and sweaty on physical examination. ECG showed sinus tachycardia. Subsequently, the patient developed respiratory arrest and she was intubated and transferred to the intensive care unit. Chest X-ray demonstrated the tip of central catheter in the right ventricle (Figure 1). Echocardiography showed pericardial effusion and pericardiocentesis was performed. Cardiac tamponade due to cardiac rupture was considered and open-heart surgery was performed by cardiovascular surgery. The tip of the catheter was seen in the junction of right atrium and right ventricle protruding to the outside of heart. Catheter is pulled back to the atrium and the tear was repaired by primary suture.

**Conclusion:** It is extremely important to have knowledge about complications of the central venous catheterization and their treatment and to check the localization of catheter with chest X-ray to prevent from morbidity and mortalities.

**Keywords:** Central venous catheter, Tamponade, Cardiac rupture



## PP 391

**Analysis of Patients with Thorax Trauma***Metin Ateşçelik<sup>1</sup>, Mehtap Gürger<sup>1</sup>, Ömer Doğan Alataş<sup>2</sup>, Evren Ekingen<sup>2</sup>, Umut Gülaçtı<sup>3</sup>, Aslıddin Ahmedali<sup>4</sup>*<sup>1</sup>Firat University, Department of Emergency Medicine, Elazığ, Türkiye<sup>2</sup>Elazığ Research and Training Hospital, Emergency Service, Elazığ, Türkiye<sup>3</sup>Adıyaman University Hospital, Emergency Service, Adıyaman, Türkiye<sup>4</sup>Dr. İ. Şevki Atasagün Nevşehir Government Hospital, Nevşehir, Türkiye

**Objective:** Although trauma can be seen in all age groups, it is the leading cause of death at first 4 decades. Thorax injury is third most common trauma following head and extremity traumas. The present study aimed to present our data on thorax traumas.

**Materials-Methods:** The study included patients who presented to our emergency department with thorax trauma. Demographic data, trauma data, injury severity score (ISS), Glasgow Coma Scale score and outcomes were prospectively recorded to a data sheet for fifteen months. Data were analyzed by using SPSS version 20.0 software.

**Results:** The study included 201 patients. Of the cases, 152 (75.6%) were men and mean age was 41.13±19.9 years (min:1-max:90). Majority of the patients (75.1%) arrived to hospital by emergency medical services. Most injuries occurred at summer season between 13:00 and 21:00 (53.2%). It was found that patients were most frequently exposed to blunt trauma (73.6%). Time to presentation was found as 227.2±455.1 minutes. Most common cause of injury was traffic accident (43.3%); followed by fall (19.4%). Thorax trauma was most common at young adults aged 17-44 years. Head-neck (39,49%) and extremity injuries (24,36%) were most common concomitant traumas. A negative correlation was detected between GCS score and ISS ( $p<0.001$ ;  $r=-0.573$ ). The mean length of stay at emergency department was found as 161.4±108.2 minutes. Majority of the cases ( $n=149$ ; 74.3%) was admitted to hospital. Mortality rate was found as 14.9%.

**Conclusion:** Multidisciplinary approach is needed in thorax traumas as they are life-threatening injuries.

**Keywords:** Emergency department, trauma, thorax

## PP 392

**Diagnostic value of midregional proadrenomedullin at acute pulmonary embolism***Mehmet Güll<sup>1</sup>, Kenan Yavuz<sup>1</sup>, Zerrin Defne Dünder<sup>1</sup>, Ahmet Ozgur Basarir<sup>2</sup>, Aysun Toker<sup>3</sup>, Turan Akdag<sup>3</sup>, Mehmet Ergin<sup>1</sup>, Tarık Acar<sup>4</sup>, Cesareddin Dikmetas<sup>4</sup>*<sup>1</sup>Emergency Medicine Department, Necmettin Erbakan University Meram Faculty of Medicine, Konya, Turkey<sup>2</sup>Cardiology Department, Necmettin Erbakan University Meram Faculty of Medicine, Konya, Turkey<sup>3</sup>Biochemistry Department, Necmettin Erbakan University Meram Faculty of Medicine, Konya-Turkey<sup>4</sup>Emergency Department, Ordu University Training and Research Hospital, Ordu, Turkey

**Objective:** Acute pulmonary embolism (PE) remains a diagnostic and therapeutic challenge to physicians. Many neurohumoral factors play roles in the pathophysiology of PE. Adrenomedullin is an endogenous vasodilatory peptide hormone, which plays a key role in the regulation of cardiovascular and pulmonary functions. We aimed to investigate the relationship between midregional proadrenomedullin (MR-proADM) and PE.

**Materials-Methods:** Patients admitted to Necmettin Erbakan University Meram Faculty of Medicine between September 2012 and May 2013 and had suspicion of acute PE were included in this study. The assay was applied on 51 consecutive patients with PE. 31 patients without PE were included as controls. Blood samples were taken at the first admission from patients to determined MR-proADM levels. All participants were performed with echocardiography. Demographic characteristics, comorbidities, laboratory and clinical features were recorded.

**Results:** The median MR-proADM values of patients with PE group were higher than the control group (72.32-68.88 ng/ml, respectively), but there were no statistically significant difference ( $p>0.05$ ). The median PAB values with PE was 48.98±14.41 mmHg and control groups PAB values was 29.19±12.15 mmHg. There was statistically significant relation between PAB values and MR-proADM values in the PE group ( $p<0.001$ ).

**Conclusion:** Present study showed that MR-proADM is not an independent predictor diagnostic tool for PE. However, there was significant relation between PAB values and MR-proADM values in the PE. MR-proADM seems to be superior in predicting risk stratification of patients with PE.

**Keywords:** MR-proADM, pulmonary embolism, diagnosis



PP 393

**Interfacility critically ill patient transport with helicopter: Is there a suitable national triage system?**

*Erdem Çevik<sup>1</sup>, Yahya Ayhan Acar<sup>2</sup>, Hakan Dede<sup>3</sup>*

<sup>1</sup>Emergency Department, Van Military Hospital, Van, Turkey

<sup>2</sup>Emergency and Air Ambulance Department, Etimesgut Military Hospital, Ankara, Turkey

<sup>3</sup>General Surgery and Air Ambulance Department, Etimesgut Military Hospital, Ankara, Turkey

**Objective:** The aim of this study is to make an analysis of current literature and national legislation about critically ill patient transport with helicopter.

**Materials-Methods:** This is a narrative review of literature and legislation. Data were collected by internet/pubmed search and Ministry of Health legislation analysis.

**Results:** Critically ill patient transports are mainly interfacility transports rather than scene to facility in USA and Australia. Major adverse events are rarely reported during rotary-wing interfacility transfer of critically ill and mechanically ventilated patients. Longer transfer distance or transferred on vasopressors were reported as risk factors for minor adverse events. The effects of motion and vibration may make measurements or examinations less accurate. Before flight, taking a systematic ABCDE approach and stabilising the patient's physiology as much as possible is essential. For movement effect of aeromedical environment, all lines, tubes and drains must be secured. Best way to control endotracheal cuffs is measure the cuff pressure regularly with a cuff manometer. It is impossible to do this accurately with a saline filled cuff. Adequate analgesia and/or sedation is crucial for patient comfort and bispectral index can be used for adequate sedation monitoring during air medical transport. Invasive blood pressures have not any advantage over non-invasive. Main criteria of aeromedical evacuation in Turkey is the time (to exceed 30 minutes by ground transfer). Current legislation seems to be outdated and any official certification programme does not exist for aeromedical staff.

**Conclusion:** Air transport is more beneficial for major trauma, STEMI and stroke patients. Further regional studies are required to define the risks and benefits of interfacility transfer and to form a national system and update current official regulations.

**Keywords:** critically ill, aeromedical, air medical, transport

PP 394

**Cytokines and APACHE-II As A Trauma Severity Score**

*Mehmet Ünalı<sup>1</sup>, Hatice Eryiğit<sup>2</sup>, Mehmet Yiğit<sup>3</sup>, Özgür Söğüt<sup>3</sup>, Erkman Sanrı<sup>1</sup>, Sinan Karacabey<sup>1</sup>, Yasin Bozkurt<sup>1</sup>*

<sup>1</sup>Dr Lütfi Kırdar Kartal Training and Research Hospital Emergency Department

<sup>2</sup>Dr Lütfi Kırdar Kartal Training and Research Hospital Department of Thoracic Surgery

<sup>3</sup>Bezmialem University Faculty of Medicine Emergency Department

**Objective:** Trauma continues to be the most common cause of death in those aged 0-50 years and continues to account for more years of life lost cancer, heart disease and stroke combined. Mortality from the trauma is also one of the main causes of deaths in our country. The aim of this study was to evaluate APACHE-II as a trauma severity score and the early activation of interleukins in multiple trauma.

**Materials-Methods:** One hundred patients with multiple were included in this prospective study. APACHE-II was recorded and plasma levels of interleukin IL-1, IL-2, IL-6, IL-8 and TNF- $\alpha$  were measured in all patients.

**Results:** Of the 100 patients, 82 were male and 18 were female. The mean age was 26.6 $\pm$ 20.7 years. The mortality rate was 17%. Patients who died from trauma exhibited a significant increase for IL-2, IL-6 and IL-8 comparison with patients who survived but no significant difference for APACHE-II was found between survivors and nonsurvivors.

**Conclusion:** Traumatic injury and hemorrhagic shock induce a generalized inflammatory response, characterized by metabolic inflammatory and immunologic alterations of the whole organism. The consequences of the inflammatory process of in traumatized patients may cause adverse effects on vital cell systems ultimately leading to multiple organ dysfunction. As a result, these data revealed that the initial increase of IL-2, IL-6 and IL-8 might predict the multiple injured patients with a high possibility mortality. In addition, it is possible that early measures of cytokines are a more sensitive measure of tissue damage than APACHE-II.

**Keywords:** APACHE-II, Interleukin, Trauma



PP 395

### Retrospective Analysis of 91 Cases with Spinal Trauma Who Examined at Emergency Department and Admitted to Neurosurgery Clinic

*İbrahim Burak Atç<sup>1</sup>, Serdal Albayrak<sup>1</sup>, Emre Durdağ<sup>1</sup>, Evrim Gül<sup>2</sup>, Ömer Doğan Alataş<sup>2</sup>, Aysel Gürcan<sup>3</sup>*

<sup>1</sup>Bevin ve Sinir Cerrahi Kliniği,Elazığ Eğitim ve Araştırma Hastanesi

<sup>2</sup>Acil Servis, Eğitim ve Araştırma Hastanesi

<sup>3</sup>Fizik Tedavi Ve Rehabilitasyon kliniği,Elazığ Harput Devlet Hastanesi

**Introduction:** Spinal trauma is one of the most important causes of trauma-related morbidity worldwide with a frequency of 5 per 100,000 cases. In our country, its frequency is increasing due to higher density of younger population and increased number of motor vehicles.

Spinal injuries are often caused by traffic accidents [40%], falls (20-30%), sport injuries (10-20%), pathological fractures (4%) and firearm injuries. In the present study, 91 cases who presented to Elazığ Teaching Hospital within prior 3 years were retrospectively reviewed. The aim of this study is to stress incidence and injury mechanism of spinal traumas in our province by retrospectively reviewing 91 cases.

**Material-Method:** Ninety one patients, who presented to emergency department of Elazığ Teaching Hospital with spinal trauma between 2010 and 2013 and admitted to neurosurgery clinic, were retrospectively evaluated.

Traffic accidents were classified as in-vehicle or out-of-vehicle accidents, while falls were classified according to height as follows: falls from a height<=1 m and those from a height>1 m.

**Findings:** Of the cases, 36 were admitted due to fall from high whereas 20 cases due to in-vehicle traffic accident, 18 cases due to fall from a height<=1 m, 14 cases due to out-of-vehicle traffic accident, 2 cases due to sport injury, and one case due to assault. Thirty one cases underwent surgery due to neurological deficit and/or radiological instability. In 2 cases, surgery was indicated; however, these patients were managed with conservative approach as they declined surgery. Fifty eight patients were managed with conservative approach. One patient died during pre-operative period.

**Conclusion:** In general, spinal traumas appear as a public health issue due to loss of labor and economical costs they caused. We think its frequency could be reduced by prompt implementation of preventive measures and placing emphasis to education.

**Keywords:** Spinal Trauma, neurological deficit, spinal instability

PP 396

### A case of putamen hemorrhage with gaze palsy

*Hacer Arıkan, Can Özen, Serkan Emre Eroğlu, Kerem Ali Kabaroğlu, Musa Adanç, Haldun Akoğlu, Özge Ecmel Onur, Arzu Denizbaşı*

Emergency Medicine Department, Marmara University Pendik Training and Research Hospital, Istanbul, Turkey

**Introduction:** Intracerebral hemorrhage (ICH) is the second most common cause of stroke, following ischemic stroke. The most common causes of ICHs are hypertension, trauma, bleeding diathesis, amyloid angiopathy, drug abuse, and vascular malformations. ICH has many neurological findings and for most of times these findings help clinicians to localize the lesion even without imaging studies. In the current case, we present a patient who had a specific symptom for putamen hemorrhage due to hypertension and these symptoms helped us to keep track of patient's prognosis.

**Case:** 56 years old male presented in emergency department found unconscious. He had diabetes mellitus and hypertension, also had a history of ischemic stroke 3 years ago without any neurological deficits. When he presented his Glasgow Coma Scale was 13 (E3V4M6). Blood pressure was 212/102 mmHg. Pupils were myotic and his left eye was fixed in lower medial quadrant, left eye movement was lost and babinski reflex in left side had extensor response. Nitrate titration was initiated. A CT scan was obtained which showed intracerebral hemorrhage in putamen and right lateral ventricle. The patient was consulted with neurology and neurosurgery. Phenytoin was given for prophylaxis against seizures. Any operation was decided. Patient was transferred to an intensive care unit. It was recorded that symptoms related to eyes improved within five days. The recovery of patient was achieved by CT and neurological examinations.

**Conclusion:** Bleeding into putamen occurs in approximately 35 percent of cases with ICH. Hemorrhage into the putamen most commonly causes hemiplegia, hemisensory loss, homonymous hemianopsia, gaze palsy, stupor, and coma. CT has become the initial diagnostic test for ICH. A complete physical examination including ocular functions is very important when evaluating these patients and keeping track of their prognosis.

**Keywords:** CT, hemorrhage, putamen



PP 397

**The relationship between blood neutrophil lymphocyte ratio and length of hospital stay in patients with upper gastrointestinal bleeding**

*Fatih Coşkun, Eda Özkara, Mukadder Karahan Yıldız, Sevilay Sema Ünver, Başar Cander*

Okmeydanı Eğitim ve Araştırma Hastanesi, Acil Tıp Kliniği, İstanbul, Türkiye

**Objective:** Determining the relationship between blood neutrophil/lymphocyte ratio and patients' prognosis, length of hospital stay and gastroduodenoscopic findings in patients who applied to emergency service with upper gastrointestinal bleeding and admitted to hospital.

**Materials-Methods:** Between January and September of 2013, 73 patients included in the study who applied to Okmeydanı Training and Research Hospital Emergency Medicine Clinic with upper gastrointestinal bleeding and had gastroduodenoscopy. These patients' ages, sexes, blood neutrophil and lymphocyte values, prognoses, length of hospital stay and endoscopic findings are researched. Patients with esophageal varices bleeding or lower gastrointestinal bleeding are excluded from the study.

**Results:** 24% of the patients were women and 76% of them were men. Mean leukocyte value was  $8,65 \pm 3,84$  k/uL, mean neutrophil lymphocyte ratio was  $4,41 \pm 4,70$  k/uL. Mean age was  $55 \pm 19$  and mean length of hospital stay was  $4,96 \pm 3,90$ . The endoscopic findings were: 45% Grade 3, 23% Grade 2C, 17% Grade 2B, 5% Grade 2C, 5% Grade 1B and 1% Grade 1A.

**Conclusion:** Significant correlation hasn't been determined between blood neutrophil/lymphocyte ratio and length of hospital stay or endoscopic findings. Significant correlation between endoscopic grade and length of hospital stay has been determined.

**Keywords:** gastrointestinal bleeding, neutrophil lymphocyte ratio, endoscopy, length of hospital stay, Forrest

PP 398

**Evaluation of Cardiopulmonary Resuscitation Starting-Ending Criteria and Applicability of DNAR Concept in Emergency Room**

*Aşlı Şener<sup>1</sup>, Erol Ünlüer<sup>2</sup>, Güler Koroğlu<sup>3</sup>, Arif Karagöz<sup>4</sup>, Pınar Hanife Kara<sup>5</sup>, Pınar Yeşim Akyol<sup>6</sup>*

**Objective:** Goals of resuscitation are; saving lives, rehabilitating, stopping pain, decreasing inability, and respecting the decisions, rights, and the privacy of the individual.

Even though the general rule is to apply emergency treatment to cardiac arrest patient, a couple of exceptions have been suggested in which cardiopulmonary resuscitation (CPR) is not applicable.

Our aim in this study is to make a research in order to determine the consistency of Starting-Ending Criteria in CPR and the applicability of the DNAR concept in emergency room.

**Materials-Methods:** Our study is a cross sectional questionnaire.

Questions are set up as to analyze the approach of the physicians to the patient that requires CPR, the determination of decision criteria, the physicians' approach to the concept of DNAR, either they apply it or not, and the reasons of this decision. SPSS is used for the statistical analysis of the data.

**Results:** 246 physicians participated in the survey.

205 (83.7%) of the surveyed physicians considered existence of reliable criteria for irrecoverable death as DNAR whereas 187 (76.3%) of them considered malignancy patients with metastatic terminal period, 65 (26.5%) of them considered elders with multiple morbid illnesses, and 33 (13.5%) of them considered malignancy patients as DNAR.

69 of the participating physicians (30%) stated that they will apply DNAR if it is practically legal.

**Conclusion:** Fighting with all means against the cases that will result in certain death, causes loss of work power, finance, and also the time.

This study is important with regards to the examination of CPR and DNAR application practices of the physicians that have emergency room specialty education and that are currently having the education in our country, encountered challenges, applicable regulations, and innovations.

**Keywords:** DNAR, Emergency Room, Resuscitation



## PP 399

**After drinking senna tea; diarrhea, fever and transient ischemic attack**

*Mehmet Tatlı, Ergül Kozan, Kamil Emre Gürgün, Alparslan Mutlu, Özlem Güneysel*

Dr.Lütfi Kırdar Kartal Eğitim ve Araştırma Hastanesi, Acil Tıp Kliniği, İstanbul

**Objective:** Senna is an anthraquinone derivative which used in constipation as a herbal remedy. Senna reach the colon without change and hydrolyzed by the bacteria flora to form the main active metabolites. Senna stimulate the synthesis or release of a number of intestinal secretagogues including PGs, 5-HT and NO. We aimed to explain a case who had drunk senna tea for constipation

**Case:** 69 years old male patient brought to emergency department complaining of abdominal pain, diarrhea, fever and prostration. Patient had an history of diabetes mellitus and coronary heart disease and bypass grafting. He had drunk senna tea the day before for constipation. On examination, the patient was shivering. His temperature was 39 C0, heart rate was 95/min and blood pressure 133/51 mm/Hg. His heart and lung examination were unremarkable. The abdominal examination revealed hyperactive bowel sounds. There was diffuse mild tenderness but no guarding or rebound. Rectal examination were normal. Neurologic examination was unremarkable. His clinical condition was linked to senna tea. Patient said he got senna tea more than usual. We started treatment of intravenous hydration and paracetamol. Three hours later patient had a transient ischemic attack(TIA) for ten minutes. He had facial paralysis and dysphasia. A cranial diffusion magnetic resonance imaging(MRI) had been taken and no ischemic damage had seen. Patient was monitored for 24 hour and discharged.

**Conclusion:** Herbal remedies have been using greater and greater nowadays. Senna is a very old herbal remedy used in constipation which known as safe. In this case patient used senna tea for constipation and after he had diarrhea, fever and transient ischemic attack. We could not link TIA with senna tea directly, but indirectly due to dehydration it could cause TIA. People with old age and additional illness like diabetes and coronary artery disease should avoid such herbal remedies.

**Keywords:** senna tea, herbal remedy, constipation, transient ischemic attack

## PP 400

**Vertigo? Aortic Dissection**

*Sinan Karacabay, Mesut Zorlu, Mehmet Tatlı, Erkman Sanrı, Sıtkı Sarper Sağlam, Özlem Güneysel*

Dr.Lütfi Kırdar Kartal Eğitim ve Araştırma Hastanesi, Acil Tıp Kliniği, İstanbul

**Objective:** Aortic dissection is a condition that can be fatal if undiagnosed. with aortic dissection is defined as separation of layers along the long axis of the intima-media layer of the aorta associated with high mortality and morbidity. It is the actual cardiovascular emergency that requires prompt diagnosis and treatment. Classically patient has a tearing pain in chest, back and abdomen. However, %5-15 of cases presents painless aortic dissection. We aimed to explain a case who brought to emergency department with a vertigo attack like condition.

**Case:** 59 years old male patient was brought to emergency service with ambulance. His major complaint was dizziness. His was pale and he had cold sweats. He had a history of vertigo but he did not use any medicine for 6 months. He had a vertigo attack started half an hour ago and he could not walk and he had lied supine and call 112. His blood pressure was 84/51 mm/Hg, his heart was 73/min, respiratory rate was 16/min, his blood sugar level was 111mm/Hg. His neurologic examination was unremarkable; there was not any dysmetria or dysdiadochokinesia and four extremity did not have any weakness. His rectal examination was normal. However his left femoral pulse could not be took. His electrocardiogram was in sinus rhythm. A thoracaabdominal computerized tomography(CT) was taken to exclude dissection. In CT Standford Type C aort dissection was detected. Patient had consulted to cardiovascular surgery team. Patient had operated and post-operative seventh day he discharged with no morbidity.

**Conclusion:** Aortic dissection classically presents with tearing chest and back pain but however it can be presented painless with any symptoms. We explain a case femoral artery pulselessness witch revealed in detailed physical examination and dissection detected on CT. Dizziness or vertigo are usually benign symptoms but we should make detailed physical examination.

**Keywords:** aortic dissection, vertigo, dizziness



PP 401

**A Different Method of Suicide**

*Melih Yüksel, Caner Sağlam, Mahmut Taş, Hadi Bahadır, Leyla Solduk*

Department of Emergency Medicine, Diyarbakır Research and Training Hospital, Diyarbakır, Turkey

The suicide attempt is an important public health problem for all communities. As a voluntary life-ending activity, it requires a multi-disciplinary approach. Today, especially in the younger population, the second most common cause of death after traffic accidents. Most of the follow-up and treatment of such attempts take place at the emergency departments. For this reason, emergency departments have an important role in the treatment of such patients.

Our case study is a 32 year old female patient was admitted the emergency department with a stomach pain complaint. She stated that she took 4 units of NSAID; and her physical examination was normal except for epigastric tenderness. With the consideration of peptic ulcer perforation, chest and direct abdominal X-Ray were taken and many radio-opaque dense spots were detected. The patient was interviewed again. The patient confessed that she took one box of pins, and she was then consulted with a psychiatrist. For 24 hours the patient was kept at the unit, and her direct abdominal X-Ray was regarded as normal afterwards. The patient was notified about potential complications and she was discharged from the hospital.

A more comprehensive evaluation of a patient who attempted suicide should be keep in mind that different methods of suicide

**Keywords:** Suicide attempts, emergency department, pins

PP 402

**Pneumomediastinum in the Emergency Department**

*Caner Sağlam<sup>1</sup>, Melih Yüksel<sup>1</sup>, Muharrem Çakmak<sup>2</sup>, Mahmut Taş<sup>1</sup>, Ayhan Tabur<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Diyarbakır Research and Training Hospital, Diyarbakır, Turkey

<sup>2</sup>Department of Thoracic Surgery, Diyarbakır Research and Training Hospital, Diyarbakır, Turkey

Pneumomediastinum, the presence of air in the mediastinum. It has a very high mortality and morbidity rate. It is classified into three groups as spontaneous, traumatic and iatrogenic. The spontaneous pneumomediastinum occurs due to an increase in the intra-alveolar pressure as a consequence of intense physical activity, valsalva maneuver, vomiting and excessive coughing. It usually occurs in young adults. The traumatic pneumomediastinum occurs as a consequence of blunt and penetrating wounds related to the head, neck and chest traumas.

Our first case is a 14 year old male patient was admitted the emergency department with chest pain caused by sports injuries

Our second case is a 14 year old male patient was admitted the emergency department with a sudden onset of difficulty in swallowing and chest pain.

It is stressed that the emergency department physicians should always be careful regarding the possibilities of traumatic and spontaneous pneumomediastinum.

**Keywords:** Emergency department, spontaneous pneumomediastinum, traumatic pneumomediastinum



## PP 403

**Antibiotic sensitivity in patients with sepsis in emergency critical care unit**

*Sedat Kocak, Ertan Atabey, Basar Cander, Abdullah Sadik Girisgin, Mehmet Ergin, Zerrin Defne Dunder*

Emergency Department, Meram Faculty of Medicine, Necmettin Erbakan University, Konya Turkey

**Objective:** Sepsis keeps an important place in between the causes of hospitalization to critical care unit. In addition, there is a high risk of sepsis development in intensive care unit patients hospitalized for other reasons. On the other hand, sepsis is still an important cause of morbidity and mortality all over the world. Here, it was investigated that the causative microorganisms and antibiotic sensitivity in patients followed for sepsis in a level 3 critical care unit.

**Materials-Methods:** During the year 2012, patients with sepsis which was followed by an emergency intensive care unit, were included in this prospective study.

**Results:** In the study, 133 patients were included. Eighty three (62.4%) of the patients included in the study were detected gram-positive bacteria, and 50 of them (37.6%) were detected gram-negative bacteria. 52.3% of Gram-positive bacteria were coagulase-negative staphylococci (CNS), and 28.5% were *Staphylococcus aureus*. 31% of Gram-negative bacteria consisted of *E. coli* and 25% of them *Acinetobacter baumannii*. Penicillin resistance in coagulase negative staphylococci was found 70.4%, while resistant to methicillin was 29.5%. Methicillin resistance in *Staphylococcus aureus* was found to be 58.3%. Vancomycin resistance was not detected in staphylococci and enterococci. Ampicillin and amoxicillin/clavulanic acid resistance were the highest rate in *Escherichia coli* and *Acinetobacter baumannii*. In contrast, the lowest resistance rates were found for oflaksasin and amikacin.

**Conclusion:** Antibiotic resistance is often found in pathogen bacteria which more common isolated. These results, important role of local microbiology laboratory in determining the empirical antibiotic therapy for sepsis is noteworthy. The effective treatment of sepsis, requires information and data obtained from local surveillance studies.

**Keywords:** sepsis, antibiotic resistance, critical care

## PP 404

**Retrospective evaluation of the patients referred to general surgery clinic from emergency department**

*Veysi Eryiğit, Yasin Mahsanlar, Yoldaş Demirtaş, Neslihan Siliv, İsmet Parlak*

İzmir Bozyaka Training And Research Hospital

**Objective:** In this study the patients who were admitted to İzmir Bozyaka Research and Training Hospital Emergency Department (ED) and referred to general surgery clinic were evaluated retrospectively.

**Materials-Methods:** Totally 1798 patients those were admitted to ED yearly, and referred to general surgery clinic were evaluated retrospectively. Demographic features, dates and hours of admittance to ED and general surgery clinic, the length of stay in ED for patient groups, the patients who went under operation, mortality rates were evaluated.

**Results:** Study included 1798 patients. Of them; 1023 were male (% 56.9) and 775 were female (%43.1). Average age was 48.9 years. Totally 1798 patients referred to general surgery clinic and the most prevalent diagnosis was acute appendicitis (482 patients, 26.8%). Acute appendicitis is followed by gall bladder and biliary duct diseases (345 patients, 19.2%), ileus-subileus (147 patients, 8.2%), multiple traumas (134 patients, 7.5%), hospitalization for follow up (132 patients, 7.3%), acute pancreatitis (125 patients, 7.0%), hernias (106 patients, 5.9%) and GIS perforations (50 patients, 2.8%). When the duration of following up the patients in ED was evaluated; 1166 (64.8%) patients were stayed in ED less than 6 hours.

**Conclusion:** Acute appendicitis is the most frequent diagnosis in ED for referring the patients to general surgery clinic. Cases were predominantly young men. Also young men exposed to multiple traumas more frequently than others. In old population gall bladder and biliary emergencies, acut pankreatitis, ileus-subileus, and GIS hemorrhagies were more frequent.

**Keywords:** Emergency Department (ED), General Surgery, Acute Abdomen



PP 405

**Examination of assistant physicians application protocols of updated cardiopulmonary resuscitation study guides**

*Yoldaş Demirtaş, Veysi Eryiğit, Yasin Mahsanlar, Mustafa Küçük, İsmet Parlak*

Izmir Bozyaka Training And Research Hospital

**Objective:** In this study, we analyzed cardiopulmonary resuscitation practice of 86 emergency medicine, surgery and internal medicine resident physicians attending Izmir Bozyaka Research and Education Hospital.

**Materials-Methods:** This study consists of a test that analyses practice of resident physicians› practice of actual cardiopulmonary resuscitation guidelines and a survey that aimed to (tespit etmek) find out the causes of shortcomings. The test and survey were completed between 01.04.2012-01.05.2012 by face-to-face interviews.

**Results:** The study included 86 resident physicians attending to Izmir Bozyaka Research and Education Hospital. 28 ( 32,6 % ) of resident physicians were at emergency medicine, 33 ( 38,6 % ) of residents were residents at internal medicine and 25 ( 29,1 % ) were at surgery. Overall success of emergency medicine residents, internal medicine residents and surgery resident were 77,57±11,64; 37,45±9,99 and 38,4±11,08 out of 100 respectively. Total success of 86 residents are 50,79±21,58 out of 100. 46 ( 53.5 % ) resident of 86 total number have completed CPR course, 40 (46,5 % ) have not. 13 residents ( 15.1 % ) stated that they followed actual CPR guidelines; 41 residents ( 47,7 % ) stated that they did not followed actual guidelines; and 32 residents ( 32,2 % ) indicated that they partially followed actual CPR guidelines. 85 residents ( 98,8 % ) stated that CPR courses were necessary.

**Conclusion:** Emergency medicine residents are shown to be more successful than the other two groups, although the success rate of each of the three groups showed that it is quite far from requested. All residents think that CPR courses taken during training at school of medicine are insufficient. All physicians in the study stated that CPR courses were necessary.

**Keywords:** Emergency Department, Cardiopulmonary Resuscitation, Resident Physicians

PP 406

**Case With Metformine Intoxication And Lactic Acidosis**

*Mehmet Ergin, Kadir Küçükçerem, Fatih Altunay, İbrahim Kayıtmazbatır, Zerrin Defne Dündar, Başar Cander*

Emergency Department, Meram Medicine School, Necmettin Erbakan University, Konya, Turkey

**Introduction:** Metformine is an oral antidiabetic agent that has been used frequently. Even in the high dose, it doesn't cause hypoglycemia. Lactic acidosis is a rare but serious adverse effect. Case: In our presentation, 31 year old male had taken high dose of metformine together with alcohol for suicidal purpose. During his evaluation, lactic acidosis was diagnosed. He had hemodialysis treatment for two times at critical care unit of emergency department. He had been discharged with his own will with normal physical and laboratory results. Conclusion: Lactic acidosis is lethal complication of metformine intoxication. The critical points in management are early diagnosis and effective treatment of lactic acidosis with hemodialysis.

**Keywords:** Lactic acidosis, metformine, intoxication



## PP 407

**Effect of the height of the fluid and fluid volume to the rate of liquid administration**

*Mine Parlak, İsmet Parlak, Güner Yurtsever, Bahadır Çağlar, Umüt Öztürk*

Izmir Bozyaka Training And Research Hospital

**Objective:** The speed of administration of fluids is known that it correlates with branül diameter. However, the liquid amount and height is unknown for the effect of speed administration. In our study, we aimed to investigate fluid volume and infusion height to the effect of speed.

**Materials-Methods:** This study is performed at the laboratory. In our study, we fixed up blue (22 gauge), pink (20 gauge), green (18 gauge), and gray (16 gauge) branül with 100cc and 1000cc fluid. For each branül, liquids set to 50cm and 100cm the serum hangers. After opening the taps the first 100 cc of liquid poured down the drain of all groups for assessment of how many minutes to go. Duration of administration of the liquid in each group was compared with each other with the Mann-Whitney test and the Kruskal-Wallis test statistically.

**Conclusion:** We created for each of 4 group (blue, pink, green and gray branül) and a total of 16 groups. Each of the 100cc and 1000cc 50-100cm high end sets by inserting liquids in serum. (Table 1). Four branül group was found statistically significant difference between the groups when compared to each other ( $p < 0.05$ ). The comparison of the same group and different height of the liquid branül, a statistically significant difference was found between the two groups. (4 groups,  $p = 0.008$ ). The comparison of the different liquid group, the same height, the same branül group, a statistically significant difference was not found between the groups. (4 groups,  $p = 0,333$ )

**Keywords:** Branül, liquid, speed, diameter

## PP 408

**Cause of the Rare Abdominal Pain: Spontaneous Acute Spinal Hematoma**

*Mehtap Gürger<sup>1</sup>, Evren Ekingen<sup>2</sup>, Metin Ateşçelik<sup>1</sup>, Ömer Doğan Alataş<sup>2</sup>*

<sup>1</sup>Emergency Department, Firat University, Elazığ, Turkey

<sup>2</sup>Elazığ Education and Research Hospital, Elazığ, Turkey

**Objective:** Acute abdominal pain is one of the most common emergency complaints. It could happen during intra-abdominal and external abdominal organ related diseases. Acute spinal hematoma is a neurosurgical emergency condition that can cause acute abdominal and back pain and has a rare incidence of trauma, anticoagulant treatment, coagulopathies, vascular anomalies, neoplasias, epidural anesthesia, spinal surgical interventions and hypertension in its etiology. The most common reasons for acute spinal hematomas are traumas and anti-coagulant treatments. Usually they've seen in thoracolumbar region. Spinal hematoma can cause back pain, abdominal pain, waist pain, weakness in limbs, paraplegia, and quadriplegia in the servical locate dones. Diagnosis is usually made by MRI. Treatment is generally conservative and also surgical in serious cases.

**Case:** Male patient 72 years old; emergency admission with acute abdominal pain and side pain complaints. There was pulmonary embolism and warfarin use in the patient history. Vital findings were stable and in physical examination there was sensitivity in abdominal area. INR: 1.7 and other values were normal in laboratory results. There wasn't any emergency pathology in abdominal USG and CT. During the follow-up asked for a neurology consultant result of bilateral lower limbs weaknesses and hypohesia. Patient transferred to the neurology clinic with Guillian-Barre syndrome? – polyneuropathy diagnosis. EMG results that made in the neurology clinic showed common sensorimotor polyneuropathy in lower limbs. Thoracolumbar MRI results showed 53\*11 mm posterior localized spinal hematoma pressurize spinal cord in T10-11 level. Patient transferred to the neurosurgery clinic for surgical intervention.

**Conclusion:** Spontaneous acute spinal hematoma is a rare case and neurosurgical emergency that should consider as an abdominal pain cause and can diagnose by physical examination, patient history and MRI scanning.

**Keywords:** Abdominal, Pain, Acute, Spinal, Hematoma



PP 409

**Intra-articular hemorrhage as a rare complication of warfarin**

*İmam Eren<sup>1</sup>, Aynur Yurtseven<sup>2</sup>, Mehtap Kaynakçı Bayram<sup>3</sup>, Fatih Büyükcım<sup>4</sup>, Sinan Yıldırım<sup>5</sup>, Nihat Danlı<sup>2</sup>, Ayhan Sümer Yaman<sup>4</sup>, Sinem Burul Alp<sup>4</sup>, Kadir Dibek<sup>4</sup>*

<sup>1</sup>Batman State Hospital, Department of Emergency Medicine, Batman

<sup>2</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara

<sup>3</sup>Bitlis State Hospital, Emergency Department, Bitlis

<sup>4</sup>Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara

<sup>5</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı

**Objective:** Warfarin is primarily used to prevent thromboembolic events. The most common and most serious side effect of it is bleeding which has a patient-year incidence of 0.8 to 3.5% due to use of oral anticoagulants. We presented an intra-articular bleeding due to warfarin therapy.

**Case:** A 56 year-old-woman admitted to emergency department with swelling, ecchymosis, pain and limitation of movement of the right arm. She used warfarin for ischemic stroke for one year. INR was 3.12, other laboratory results were in normal ranges. Plain radiography and MRI of the elbow revealed 24mm hyperdense structure. It is assumed as intra-articular hemorrhage. Vitamin K with a dose of 10 mg was given intravenously; additionally intravenous 200 ml fresh frozen plasma and local cold therapy was applied. Patient was discharged with splint. At the control examination after ten days symptoms were regressed.

**Conclusion:** Warfarin acts by inhibiting the liver vitamin K-dependent clotting factors, and the most important complication is bleeding. Among all types of bleeding due to warfarin, intra-articular bleeding is seen nearly 0.5% of them. As we noted before, warfarin acts over vitamin K dependent clotting factors, the initial treatment is giving vitamin K as we did. In conclusion, patients who was admitted to the emergency department with any type of bleeding, history of drug use especially warfarin should be asked to the patient.

**Keywords:** Warfarin, rare complication, intra-articular hemorrhage

PP 410

**The Effect of Endothelin-1 Gene Polymorphism on Ischemic Cerebrovascular Disease**

*Orhan Arslan<sup>1</sup>, Mehtap Gürger<sup>1</sup>, Metin Ateşçelik<sup>1</sup>, Murat Kara<sup>2</sup>, Aşkın Şen<sup>3</sup>, Ömer Doğan Alataş<sup>4</sup>, Caner Fevzi Demir<sup>5</sup>*

<sup>1</sup>Department of Emergency, School of Medicine, Firat University, Elazığ, Turkey

<sup>2</sup>Department of Medical Genetics, School of Medicine, Muğla Sıtkı Koçman University, Muğla, Turkey

<sup>3</sup>Department of Medical Genetics, School of Medicine, Firat University, Elazığ, Turkey

<sup>4</sup>Emergency Service, Elazığ Education and Research Hospital, Elazığ, Turkey

<sup>5</sup>Department of Neurology, School of Medicine, Firat University, Elazığ, Turkey

**Objective:** Endothelin-1 is the most potent vasoconstrictor peptide implicated in the cerebrovascular alterations occurring in subarachnoid hemorrhage, stroke and brain trauma. Endothelins are implicated in vascular diseases of several organ systems, including the heart, general circulation and brain. Brain circulating levels of ET1 are elevated in risk factors for cerebrovascular diseases. The aim of the present study was to investigate the association between ischemic cerebrovascular diseases and Lys198Asn and rs10478694 polymorphism of Endothelin-1 gene.

**Materials-Methods:** Totally 100 patients with ischemic cerebrovascular diseases and 100 healthy controls were included the study. Blood samples were obtained from all cases within 1 hour after emergency department application. The blood samples were isolated and obtained DNAs were studied for Lys198Asn and rs10478694 polymorphism of EDN1 by PCR method.

**Results:** It was determined that 41 cases from patient group and 38 cases from control group were carrier for Lys198Asn and 39 cases from patient group and 39 cases from control group were carrier for rs10478694. There was Lys198Asn polymorphism in 8 cases from patient group and 9 cases from control group. Similarly, rs10478694 polymorphism was detected in 9 cases from patient group and 7 cases from control group. There was no significant age and gender difference in the cases with or without polymorphism. Also, no association was found between smoke and alcohol usage, hypertension, diabetes mellitus, coronary artery disease, chronic obstructive liver disease and positivity of gene polymorphism.

**Conclusion:** No correlation was determined between ischemic cerebrovascular diseases and Lys198Asn and rs10478694 polymorphism of Endothelin-1 gene.

**Keywords:** Ischemic, Cerebrovascular, Disease, Endothelin-1, Gene



PP 411

**Ischemic stroke with Behçet's Disease**

*Mehtap Kaynakçı Bayram*<sup>1</sup>, *Aynur Yurtseven*<sup>2</sup>, *Fatih Büyükcem*<sup>3</sup>, *Sinan Yıldırım*<sup>4</sup>, *Imam Eren*<sup>5</sup>, *Ayhan Sümer Yaman*<sup>3</sup>, *Kadir Dibek*<sup>3</sup>

<sup>1</sup>Bitlis State Hospital, Emergency Department, Bitlis

<sup>2</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara

<sup>3</sup>Dişkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara

<sup>4</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı

<sup>5</sup>Batman State Hospital, Department of Emergency Medicine, Batman

**Objective:** Neurological involvement of Behçet's Disease often presents with the brainstem or corticospinal syndromes, aseptic meningitis secondary to venous sinus thrombosis or increased intracranial pressure, isolated headache or behavioral disorders. In rare cases, intracerebral hemorrhage caused by a ruptured aneurysm, peripheral neuropathy, parkinsonism syndrome and isolated optic neuritis could be seen.

**Case:** A 38 year-old-woman was admitted to the emergency department with complaints of ataxia and speech disorder. She had Behçet's disease for 4 years and she use daltacortil 25 mg/day, omeprazol 30 mg/day, colchicine 1.5 mg/day. On physical examination, the right upper and lower extremity power was 3/5 and the right nasolabial groove loss was detected. Laboratory results were within the normal ranges. Diffusion MRI revealed diffusion restriction at the upper pole of the left middle cerebral artery. Intravenous dexamethasone 1mg q6h was given as initial treatment and stopped by reducing in ten days. Neurological symptoms completely improved and the patient was discharged.

**Conclusion:** In Behçet's Disease, vasculitis is responsible for occlusion of small and large blood vessels, local thrombus formation and vessel wall disorder constitutes the main mechanism of disorder. In conclusion patients with Behçet's disease can admit to emergency department with cerebrovascular symptoms, they could be treated with dexamethasone.

**Keywords:** Behçet's Disease, vasculitis, ischemic stroke



PP 412

**A rare reason for ischemic stroke; atrial myxoma**

*Aynur Yurtseven<sup>1</sup>, Sinan Yıldırım<sup>2</sup>, Fatih Büyükcım<sup>3</sup>, Ayhan Sümer Yaman<sup>3</sup>, Onur Aslan<sup>4</sup>, Mehtap Kaynakçı Bayram<sup>5</sup>, Kadir Dibeğ<sup>3</sup>, Sinem Burul Alp<sup>3</sup>*

<sup>1</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara

<sup>2</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı

<sup>3</sup>Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara

<sup>4</sup>Ağrı State Hospital, Cardiology Department, Ağrı

<sup>5</sup>Bitlis State Hospital, Emergency Department, Bitlis

**Objective:** Stroke, is one of the most important causes of morbidity and mortality especially in older age groups. Generally, atherosclerotic plaques of carotid artery play role in etiology. Embolisms originated from the heart are responsible for approximately 20% of the cases. Causes of ischemic stroke of cardiac origin are atrial fibrillation, ischemic heart disease, cardiac valve disease and surgery, aortic stenosis, atrial myxoma, cardiomyopathy, and inflammatory heart valve disease. We presented a case of a very rare cause of cardiac origin embolism called myxoma which is the most common primary tumor of the heart.

**Case:** A 52 year-old woman admitted to emergency department with sudden weakness on the left side and inability to walk. Brain CT was normal; diffusion weighted magnetic resonance imaging showed lesions compatible with acute ischemic infarct in the right middle cerebral artery. Carotid-vertebral artery doppler ultrasound was normal. Mass lesion in the left atrium was detected with transthoracic echocardiography. Transesophageal echocardiography revealed the mass with 25x25 mm size which is compatible with myxoma of the left atrium. After the resection of the intraatrial mass totally the pathology revealed atrial myxoma with heterogonous elements. In treatment acetylsalicylic acid 100 mg/day and low molecular weight heparin (LMWH) 600,000 IU/day were given. The 10th day of the treatment, neurological symptoms improved and the patient was discharged.

**Conclusion:** 70% of the primary cardiac tumors are benign, 50% of these are myxomas. The etiology of myxoma is unknown but believed that has originated from primitive mesenchymal cells. Solitary myxomas can be found in heart, heart valve or vascular structure of heart. Sometimes it can be multiple. Atrial fibrillation and ischemic heart disease are the most common causes in the etiology of ischemic stroke. In conclusion, clinicians should be aware of cardiac myxoma that could be a cause of ischemic stroke.

**Keywords:** Stroke, heart disease, atrial myxoma, atrial fibrillation



PP 413

**Sudden Suspected Death in Emergency Department: Autopsy Results***Mehtap Gürger<sup>1</sup>, Abdurrahim Türkoğlu<sup>2</sup>, Metin Ateşçelik<sup>1</sup>, Turgay Börk<sup>2</sup>, Mehmet Tokdemir<sup>2</sup>, Ömer Doğan Alataş<sup>3</sup>, Evren Ekingen<sup>3</sup>*<sup>1</sup>Department of Emergency, School of Medicine, Firat University, Elazığ, Turkey<sup>2</sup>Department of Forensic Medicine, School of Medicine, Firat University, Elazığ, Turkey<sup>3</sup>Emergency Service, Elazığ Education and Research Hospital, Elazığ, Turkey

**Objective:** Sudden deaths are those occurring within 24 hours after onset of symptoms. In sudden natural death, the most common reasons include cardiac, neurological and pulmonary diseases. In the present study, etiology of death was evaluated in cases which presented to our emergency department and underwent autopsy with the consideration of sudden, suspected, non-traumatic death.

**Materials-Methods:** This retrospective study included the cases aged 18 years or older with sudden suspected death which presented to our emergency department between 2008 and 2012. By reviewing patient charts, data regarding age, sex, time of death, date of death, comorbid diseases, vital signs at presentation, cardiac arrhythmia and autopsy findings were recorded. Traumatic deaths were excluded.

**Results:** Overall, 46 patients were included to the study. Mean age was 45.73±19.6 years (min:18-max:92). Of the cases, 84.78% were presented to emergency department with cardiopulmonary arrest. Thirty two (69.6%) of the cases were male. The most common cause of death was cardiovascular diseases; followed by central nervous system disorders (21.7%), intoxications (15.2%) and respiratory diseases (10.9%). Among cardiovascular diseases, the most common reason was myocardial infarction; followed by valve diseases, aorta dissection and pulmonary embolism. Among central nervous system disorders, the most common reason was subarachnoid hemorrhage; followed by intraparenchymal bleeding, seizure-related asphyxia, ischemic cerebrovascular disease and infection. There was drug ingestion in 3, carbon monoxide intoxication in 2, corrosive material ingestion in one and toxic gas exposure in one of the cases with intoxication (n=7).

**Conclusion:** Sudden suspected deaths are rarely encountered in emergency departments. Autopsy is the gold standard to determine cause of such deaths. Emergency medicine clinicians should consider cause of death in differential diagnosis and provide appropriate therapeutic approaches as the first clinicians evaluating these critically ill patients.

**Keywords:** Sudden, Suspected, Death, Emergency, Department



PP 414

**Oral anticoagulant-induced rectus sheath hematoma**

*İmam Eren<sup>1</sup>, Aynur Yurtseven<sup>2</sup>, Fatih Büyükcem<sup>3</sup>, Ayhan Sümer Yaman<sup>3</sup>, Sinan Yıldırım<sup>4</sup>, Mehtap Kaynakçı Bayram<sup>5</sup>, Sinem Burul Alp<sup>3</sup>, Kadir Dibek<sup>3</sup>*

<sup>1</sup>Batman State Hospital, Department of Emergency Medicine, Batman

<sup>2</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara

<sup>3</sup>Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara

<sup>4</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı

<sup>5</sup>Bitlis State Hospital, Emergency Department, Bitlis

**Objective:** Rectus sheath hematoma is blood collection into the rectus sheath due to rupture of the rectus muscle fibers in the anterior abdominal rectus muscle or rupture of epigastric vessels. Usually trauma, abdominal surgery, subcutaneous injections of drugs, anticoagulant therapy, hematological diseases, severe cough, physical exercise and pregnancy is the underlying cause. It rarely occurs spontaneously. We presented two cases of spontaneous rectus sheath hematoma in patients using oral anticoagulant therapy.

**Case 1:** A 67 year-old woman admitted to ED with abdominal pain continued for 2 days. Had a history of atrial fibrillation for eight years and using warfarin 7.5mg/day. INR was 4.32 other laboratory results were normal. On physical examination, a mass extended from umbilicus to inguinal region which is 46 mm long, it is diagnosed as rectus hematoma by superficial tissue ultrasonography.

**Case 2:** A 74 year-old female patient was admitted to the emergency department with abdominal pain for 1 day. She had a history of atrial fibrillation for twelve years and using warfarin 5mg/day. INR was 3.91 other laboratory results were normal. On physical examination, a 10 cm mass extended from umbilicus in the right side of abdomen. 35 mm rectus hematoma was detected by superficial tissue USG.

**Conclusion:** Although rectus sheath hematoma is a rare case, it can cause acute abdomen which may cause unnecessary surgical intervention. The patients history such as use of anticoagulants, subcutaneous injections, severe cough, heavy physical examination and proper imaging techniques provide the correct diagnosis and prevent unnecessary surgical intervention. Most patients treated conservatively with resting, analgesia, fluid replacement, but also blood products transfusion could be required. Our cases are similar who were treated conservatively. We have to know the complications of warfarin therapy and inform the patients about these complications.

**Keywords:** Rectus sheath hematoma, spontaneous, oral anticoagulant

PP 415

**Continuous renal replacement therapy for type 2 cardiorenal syndrome**

*Derya Gokcinar, Kadriye Kahveci, Ulas Ozcan, Leyla Guler, Afife Ayla Kabalak*

Ulus State Hospital, Department of Anesthesiology, Ankara, Turkey

**Objective:** Type 2 cardiorenal syndrome (CRS) is a condition characterized by chronic heart failure that leads to chronic kidney disease. In diuretic resistant chronic heart failure cases, continuous renal replacement therapy (CRRT) may remove volume overload. We report the use of CRRT for type 2 cardiorenal syndrome.

**Case:** A 54 year old male patient having heart failure is presented. Three years ago, the patient was diagnosed as ischemic heart disease and was suggested to take coronary artery by-pass surgery. However, he rejected having the operation. In the last year, he underwent an amputation at the distal level of his right knee. He underwent appendectomy two months ago, and was transferred to the intensive care unit in the post-operative period, since he was suffering from sepsis and intra-abdominal abscess. Ecocardiography introduced that Ejection Fraction was 15%. At the same time acute kidney injury signs and symptoms were also present. He had abdominal distention, dyspnea, tachypnoea, tachycardia, general edema, jugular venous distension, agitation, cyanosis on lips and peripheral edges. Abdominal ultrasonography revealed that there was fluid between intra-abdominal organs. In the ascitic fluid taken by abdominal paracentesis, neither bacteria, nor malign cells were established. We presumed that the fluid in the abdominal cavity was caused by heart failure. We administered spironolactone treatment as a diuretic to remove the excess fluid caused by congestive heart failure. Fluid removal from the machine was set at zero initially, and the rate then adjusted based on our patient's fluids status and central venous pressure. CRRT was sustained for 96 hours without any complication. After starting CRRT, patients complaints were slightly reduced and his hemodynamic status became more stable.

**Conclusions:** We suggest that CRRT should be considered for the treatment of volume overload in patients with severe decompensated HF.

**Keywords:** Continuous renal replacement therapy, type 2 cardiorenal syndrome, heart failure



PP 416

**Pain management***Aynur Yurtseven<sup>1</sup>, Umut Yücel Çavuş<sup>2</sup>, Ömer Faruk Demir<sup>3</sup>, Sinan Yıldırım<sup>4</sup>, Mehtap Kaynakçı Bayram<sup>5</sup>*<sup>1</sup>Aynur Yurtseven, Sincan Nafiz Körez State Hospital, Emergency Department, Ankara, Turkey<sup>2</sup>Umut Yücel Çavuş, Diskapi Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara, Turkey<sup>3</sup>Ömer Faruk Demir, Diskapi Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara, Turkey<sup>4</sup>Sinan Yıldırım, Ağrı State Hospital, Emergency Department, Ağrı, Turkey<sup>5</sup>Mehtap Kaynakçı Bayram, Bitlis State Hospital, Emergency Department, Bitlis, Turkey

Pain is the most common reason of seeking medical advice and constitutes 78% of all admissions to emergency units. The aim of our study was to investigate the analgesic usage in the emergency units, whether the patients were given sufficient analgesics or not, and the extent of patient satisfaction.

**Methods:** A total of 2931 patients with a complaint of pain have admitted the emergency unit of Dışkapı Yıldırım Beyazıt Education and Investigation Hospital during this double-blind prospective study, which was started upon the approval of the ethical committee of the same hospital. Among those, 876 met the inclusion criteria and therefore were included in the study. The treatment cards included the complaints on admission, pain assessment, analgesic usage, diagnoses, the educational level and professions of the patients, the duration of stay in the emergency unit, route of drug administration, and patient satisfaction.

**Results:** The mean age of the patients was 40.7 (18-88), and 465 of the patients (53.1%) were female. The most frequent type of pain was abdominal pain which was observed in 191 patients (21.8%). The most frequently used drugs were of the NSAID group. Opioid group drug usage was only 0.2%. The 21.1% of the patients was not given an analgesic treatment and 62.6% was discharged within one hour following the administration of a drug therapy. The mean duration of emergency unit stay was 60 minutes. Mean pain score on admission was 7 and on discharge was 5. The duration of emergency unit stay was directly correlated to the change in pain severity. On discharge, 46% of the patients were greatly satisfied, and 19% were not satisfied.

**Conclusion:** The positive correlation between patient satisfaction and analgesia is quite strong. Our study is similar to the previous studies carried out in other countries, and further studies are required.

**Keywords:** Emergency service, pain management, analgesics, patient satisfaction



PP 417

**Renal subcapsular hematoma induced by oral anticoagulant therapy**

*Aynur Yurtseven<sup>1</sup>, Ayhan Sümer Yaman<sup>2</sup>, Fatih Büyükcım<sup>2</sup>, Sinan Yıldırım<sup>3</sup>, Mehtap Kaynakçı Bayram<sup>4</sup>, Sinem Burul Alp<sup>2</sup>, Kadir Dibek<sup>2</sup>, Imam Eren<sup>5</sup>*

<sup>1</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara

<sup>2</sup>Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara

<sup>3</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı

<sup>4</sup>Bitlis State Hospital, Emergency Department, Bitlis

<sup>5</sup>Batman State Hospital, Department of Emergency Medicine, Batman

**Objective:** Spontaneous subcapsular hematoma is very rare in anatomically capsulated organs. Renal subcapsular hematoma presents with no symptoms to life-threatening clinical condition. We presented a case of renal subcapsular hematoma induced by oral anticoagulant therapy.

**Case:** A 78 year-old male patient admitted to emergency department with hematuria and flank pain. She had a history of atrial fibrillation for twelve years and using warfarin 5mg/day. Blood pressure was 190/100 mmHg, laboratory examination was unremarkable except for INR 3.42. Contrast-enhanced abdominal computed tomography revealed 13x19mm sized hyperdense subcapsular hematoma in the right kidney. Vitamin K 10mg im and 300 ml of fresh frozen plasma administered iv. Patient discharged after 3 days with decrease of the diameter of the hematoma to 5x7 mm.

**Conclusion:** Spontaneous renal subcapsular hematoma called Lenk's triad characterized by acute pain, flank mass, and hypovolemic shock. However, clinical symptoms are often nonspecific. This is a rare clinical condition; the most frequent causes are renal tumors, vasculitis, renal cysts, hydronephrosis, renal infections, and pre-eclampsia. In some of these cases as in our case, predisposing factors are uncontrolled hypertension or long-term anticoagulant therapy. Although, literature supports surgery (especially radical nephrectomy), in present years, publications are more common in conservative approach the follow-up of medical treatments and close monitoring of imaging techniques. Also our patients symptoms improved without surgery. In conclusion, conservative renal capsular hematoma could be seen in oral anticoagulant therapy and it could be treated conservatively.

**Keywords:** Spontaneous, subcapsular renal hematoma, oral anticoagulant therapy, Lenk's triad

PP 418

**Spontaneous resorption of epidural hematoma**

*Aynur Yurtseven<sup>1</sup>, Ayhan Sümer Yaman<sup>2</sup>, Fatih Büyükcım<sup>2</sup>, Sinan Yıldırım<sup>3</sup>, Mehtap Kaynakçı Bayram<sup>4</sup>, Kadir Dibek<sup>2</sup>*

<sup>1</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara

<sup>2</sup>Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara

<sup>3</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı

<sup>4</sup>Bitlis State Hospital, Emergency Department, Bitlis

**Objective:** Acute epidural hematoma is a serious and severe clinical entity. Early diagnosis and surgical drainage is the standard treatment approach, but rarely, epidural hematomas could disappear spontaneously in less than 24 hours. Asymptomatic patients with normal neurological examination can be managed conservatively. In this article a spontaneous resolution of acute epidural hematoma is presented.

**Case:** A 32-year-old male patient was brought to the emergency department after falling. Two years ago, patient was operated due to epidural hematoma. Awareness of the patient was prone to fall asleep. GCS was 14. Computed brain tomography revealed linear fracture of the right occipital bone and the occipital lobe of the right cerebellar hemisphere and epidural hematoma that is 8.5 mm long at the thickest place. In control tomography at the fourth hour, minimal resorption was observed. Patient was discharged after 24 hours with conservative management.

**Conclusion:** There are several theories related to spontaneously absorbed epidural hematomas. According to Lindenberg, Klinger and Scheideggers especially of chronic epidural hematomas are absorbed by fibrovascular neomembran. According to Ugarriza, between epidural hematoma and external adductor canal communication the resolution makes it possible to very early without symptomatic intracranial hypertension. Despite the resolution of these theories, hyperacute epidural hematoma is extremely rare. In our case, the cranium defect of the previous surgery may have prevented the increase in intracranial pressure and unnecessary surgery.

**Keywords:** Epidural hematoma, spontaneously absorbed, conservative management



## PP 419

**Prothrombin complex concentrate Treatment in diffuse alveolar hemorrhage due to warfarin overdose**

*Aynur Yurtseven<sup>1</sup>, Sinan Yıldırım<sup>2</sup>, Fatih Büyükcım<sup>3</sup>, Ayhan Sümer Yaman<sup>3</sup>, Mehtap Kaynakçı Bayram<sup>4</sup>, Kadir Dibek<sup>3</sup>, Sinem Burul Alp<sup>3</sup>*

<sup>1</sup>Sincan Nafiz Körez State Hospital, Department of Emergency Medicine, Ankara

<sup>2</sup>Ağrı State Hospital, Department of Emergency Medicine, Ağrı

<sup>3</sup>Dişkayı Yıldırım Beyazıt Training and Research Hospital, Department of Emergency Medicine, Ankara

<sup>4</sup>Bitlis State Hospital, Emergency Department, Bitlis

**Objective:** Diffuse alveolar hemorrhage (DAH) is excessive intraalveolar hemorrhage of small vessels due to from heavy damage of alveolocapiller membrane. Although it is rare, it is acrucial clinicopathologic entity. DAH could be seen due to congenital or acquired disorders affecting the coagulation system inhalation of toxic substances and infections.

**Case:** 67-years old male admitted to emergency department dyspnea, cough, and hemoptysis. The patient uses warfarin 5mg/day for atrial fibrillation for five years. On physical examination, lung sounds were degreased bilaterally. Chest X-ray and chest computed tomography revealed diffuse alveolar hemorrhage. INR was 6.5. For this reason, prothrombin complex concentrate (PCC) 20 IU/kg and vitamin K 10 mg administered intravenously. After 20 minutes the INR value was 1.1. Patient was discharged at 10th day of admission.

**Conclusion:** DAH is a rare complication of warfarin therapy. Mortality rates vary according to the DAH etiology and its treatment. As a result, when a patient admitted to the emergency department, DAH should be thought in differential diagnosis.

**Keywords:** Prothrombin complex concentrate, warfarin overdose, diffuse alveolar hemorrhage

## PP 420

**Serum S100B, HSP 70 and Neuron Specific Enolase Levels in Patients with Isolated Head Trauma**

*Ömer Doğan Alataş<sup>1</sup>, Mehtap Gürger<sup>2</sup>, Metin Ateşçelik<sup>2</sup>, Evren Ekingen<sup>1</sup>, Evrim Gül<sup>1</sup>, Özlem Güler<sup>3</sup>, Mehmet Kalaycı<sup>4</sup>*

<sup>1</sup>Emergency Service, Elazığ Education and Research Hospital, Elazığ, Turkey

<sup>2</sup>Department of Emergency, School of Medicine, Firat University, Elazığ, Turkey

<sup>3</sup>Department of Emergency, Education and Research Hospital, Adıyaman University, Adıyaman, Turkey

<sup>4</sup>Department of Biochemistry, School of Medicine, Firat University, Elazığ, Turkey

**Objective:** Head trauma is a common reason for death and disability at the early period of life. It is fourth leading cause of death and it accompanies to 50% of all trauma-related deaths. In the present study, it was aimed to determine how did serum NSE, S100B and HSP 70 levels alter and effectiveness of these parameters in predicting prognosis in patients diagnosed as head trauma with intracranial hemorrhage.

**Materials-Methods:** The study included 50 patients diagnosed as isolated head trauma at emergency department and 50 healthy individuals. For serum S100B, HSP 70 and NSE measurements, blood samples were drawn at presentation and on the day 5 after admission. These parameters were measured by using ELISA method. Glasgow Coma Scale and Modified Rankin Scale were calculated in all patients.

**Results:** The serum NSE, S100B and HSP70 levels measured at presentation (49,62±12,4ng/ml, 1,19±0,14µg/L, 5,05±1,77 respectively) and on the day 5 after admission (34,97±9,38ng/ml, 0,73±0,11µg/L, 2,74±0,4ng/ml respectively) were found to be significantly higher in patients diagnosed as head trauma when compared to controls (22,07±10,12ng/ml, 0,09±0,04µg/L, 0,48±0,3ng/ml respectively). NSE, S100B and HSP levels at tended to decrease on the day 5. NSE, S100B and HSP 70 levels were found to be significantly higher in patients with fatal outcome than those in patients survived.

**Conclusion:** We think that serum NSE, S100B and HSP 70 levels could be used as markers to predict prognosis in patients with head trauma.

**Keywords:** Head, trauma, NSE, S100B, HSP70



PP 421

**Resistant ongoing headache:A Case Report**

*Sevdegul Karadas<sup>1</sup>, Edip Gonullu<sup>2</sup>, Hatice Kara<sup>1</sup>*

<sup>1</sup>Yuzuncu Yil University, School of Medicine, Department of Emergency Medicine, Van

<sup>2</sup>Van Training and Research Hospital, Anesthesiology, Van

**Objective:** About half of the global adult population has an active headache disorder. Until persons reaches 18 years of age nearly every human has some personal experience with headache. Meningitis is a common emergency disease. We here report a case of acute meningitis admission to with only headache complaint.

**Case:** A 33-year-old women was admitted to the emergency department (ED) in Oct 2013, complaining of headache and nausea. Her headache was ongoing one week and resistant to analgesics. Her medical history was unremarkable. On admission to our ED, her vital signs were tension arteriel (TA) of 120/70 mmHg; heart beat (HB) of 75 beats/min; body temperature of 37 C. On the physical examination; general condition was good and her glasgow Coma Scale was Eye:4, Motor:6, Verbal:5. There were not meningeal irritation evidence (MIE) and other system signs were normal. Her initial laboratory parameters were shown as normal apart from leukocytosis (13300 mm<sup>3</sup>). An emergency cranial computed tomography ruled out signs of intracranial pressure. Lumbar puncture (LP) was performed due to resistant ongoing headache. LP showed mild pleocytosis (10 cells/ $\mu$ l) and high protein levels (1040 mg/l). The patient was hospitalized in critical care unit and on the assumption of acute meningitis was immediately administered antimicrobial therapy with intravenous Ceftriaxone (4 g per day on day 1, followed by 2 g per day). She discharged after ten days

**Conclusion:** Headache accounts for between 1 % and 3 % of admissions to an ED. Meningitis should be remembered resistant ongoing headache even normal physical examination signs

**Keywords:** Headache, meningitis, emergency department

PP 422

**Traumatic injury of the thoracic aorta: A Case Report**

*Halil Ibrahim Atalay, Özge Ecmel Onur, Musa Adanç, Kerem Ali Kabaroğlu, Serkan Emre Eroğlu, Haldun Akoğlu, Arzu Denizbaşı*

Emergency Department, Marmara University Pendik Research And Training Hospital, Istanbul, Turkey

**Objective:** Traumatic thoracic aortic rupture (TTAR) is still a fatal thoracic injury even though about half a century has passed since the first report by Parmley, et al. in 1958. Traumatic aortic injury represents 15% of motor vehicle related deaths with death occurring at the scene in 85% of the cases. With rapid diagnosis and treatment, there is the possibility of good recovery from traumatic aortic rupture. In this case, we want to present an unusual case of blunt aortic injury and try to emphasize that in patients with major blunt trauma, aortic rupture must be included in the differential diagnosis.

**Case:** 14 years-old-male admitted to emergency room (ER) with a motorcycle accident. His Glasgow Coma Scale (GCS) was 6; blood pressure was 93/56 mmHg, pulse rate was 154 bpm, oxygen saturation 93%. In his physical exam, there was no other pathology other than a deformity in left femoral region and bilateral femoral pulses were filiform. His upper extremity pulses were normal. Two large IV access was provided, patient was intubated. Fluid resuscitation, erythrocyte transfusion has begun. We started to investigate possible bleeding sites because he was in hypovolemic shock. Thorax CT with contrast showed; 20 mm\*26 mm pseudoaneurysm; located in the descending aorta 25mm near the subclavian branch. Patient has taken immediately to operation room.

**Conclusion:** TTAR is a fatal injury, mostly leading to death within 24 hours if untreated. Only 15-20% of patients with TTAR survive for 4 hours or more after injury. In polytraumatized patients, TTAR is usually caused by blunt vascular injuries due to deceleration. The aortic injury is generally located distal to the left subclavian artery. Even without further thoracic lesions, a computed tomography should be performed in the emergency room, because a rupture can exist even in the absence of symptoms.

**Keywords:** Traumatic aortic rupture, emergency room, hypovolemic shock



PP 423

**Effects of isolation rooms on the control of nosocomial infections in patients stayed at intensive care unit for long term**

*Derya Gokcinar, Kadriye Kahveci, Sebahat Tas, Orhan Koc, Afife Ayla Kabalak*

Ulus State Hospital, Palliative Care Center, Department of Anesthesiology, Ankara, Turkey

**Objective:** Nosocomial infections are a growing concern in intensive care units (ICU). The control of nosocomial infection transmission is a matter of debate. There are few data about the effect of isolation rooms in the ICU on prevention of nosocomial infections. We aim to study whether isolation rooms are effective or not to control the transmission of infections.

**Methods:** The present study was conducted between December 2012 and October 2013 in the ICU retrospectively. The study involved the patients who were long term (25 days>) stayed at intensive care unit. The patients having immunocompromised disease or diabetes mellitus or age of 65> were excluded from the study. We analyzed hospital records for the laboratory results of patients immediately after transferred to isolation room and then their follow-up.

**Results:** 8 of patients are male and 6 of theirs are female. Mean age of patients is  $37.70 \pm 17.52$  years. Three patients of total 14 patients had no any infection findings at admission and during stayed in isolation room. Eleven patients had positive culture immediately after transferred to isolation room. Then, their follow-up, they became culture negative. All patients mean length of stay at isolation room was  $12.78 \pm 5.36$  days.

**Conclusions:** Isolation rooms in the ICU may be an effective method to decrease nosocomial infections in the ICU.

**Keywords:** Isolation rooms, nosocomial infections, intensive care unit

PP 424

**Did you ever think of RTA as a cause of coma?**

*Serdar Ozdemir, Bahaeddin Onur, Ozlem Kusken, Mazlum Kilic, Tuba Cimilli Ozturk, Hasan Demir*

**Objective:** Hypokalemia, among the metabolic disorders which result from distal RTA (dRTA or type 1) is a rare cause of coma and paralysis. The term renal tubular acidosis (RTA) is applied to a group of transport defects; the reabsorption of bicarbonate, the excretion of hydrogen ion or both.

**Case:** 36 year old female admitted to emergency room with stupor, severe weakness and dyspnea. Patients' relatives denied any chronic disease. But they described weakness in the lower extremities which lasted for a few days and improved spontaneously six months ago. On presentation arterial blood gas analysis showed ph: 7.0, HCO<sub>3</sub>: 8, plasma K level 1.8mEq/l, Cl: 12mEq/l. The urinary anion gap was positive. The primary diagnosis in the emergency room was "Periodic Hypokalemic Paralysis" which was thought to be resulted from distal renal tubular acidosis. The control potassium didn't change despite 60 mEq KCl. One hour later, bicarbonate 1 mEq/kg was given. But the plasma K<sup>+</sup> was remained the same. Then the patient's mental status deteriorated. GCS was 6. Respiratory rate decreased so endotracheal intubation was performed. The patient was admitted to the ICU. K<sup>+</sup> and bicarbonate infusions continued. She was discharged without any squal 3 days later. Further detailed investigation revealed anti-SSA, anti-SSB, and Schirmer's test positivity compatible with Sjögren's syndrome.

**Conclusion:** dRTA is observed as a result of impaired distal acidification. Typically the patients are incompetent to decrease the urinary pH (< 5.5) in case of systemic acidosis. The impaired secretion of NH<sub>4</sub><sup>+</sup> is also secondary to this defect. Potassium leakage can result in hyperchloremic hypokalemic metabolic acidosis. HCO<sub>3</sub><sup>-</sup> reabsorption is quantitatively normal. In the form of severe acidosis, bicarbonate therapy can cause cellular shift, so hypokalemia may worsen. Therefore bicarbonate replacement should be started after potassium administration.

**Keywords:** Renal tubular acidosis, Periodic Hypokalemic Paralysis, Sjögren's syndrome



PP 425

**Topical lidocaine induced seizure in a child**

*Özlem Bilir<sup>1</sup>, Gökhan Ersunan<sup>1</sup>, Kamil Kayayurt<sup>1</sup>, Özcan Yavaş<sup>1</sup>, Ahmet Salih Calapoğlu<sup>2</sup>, Aydın Coşkun<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize,Turkey

<sup>2</sup>Department of Pediatric Surgery, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize,Turkey

**Objective:** Many adverse neurologic reactions including dizziness, perioral numbness, diplopia, tremors, delirium, seizures and respiratory depression have been reported with topical use of lidocaine in the treatment of painful disorders. Here, we present a children who had seizure after topical lidocaine use for dressing of burns.

**Case:** A two years old boy was presented to our emergency department by his parents with burn due to hot water. His and his family history do not have clinical significance. His vital signs were as following: Tension arterial; 90/60 mmHg, pulse rate; 136 bpm, respiratory rate; 22/min, temperaure; 36.8 C°, sPO<sub>2</sub>; 98%. He had a total of 15% second degree burn on his left upper extremity, upper left hemithorax, and neck. He does not have any pathological laboratory finding. In the emergency department he had a seizure during administration of silver sulphadiazine and topical lidocaine. His seizure was stopped with administration of 0.1 mg/kg intravenous diazepam and oksygen. He does not have any pathology on neuroimaging after stabilization. He does not have any other pathology revealing his clinical status. His seizure was attributed to the neurological effects of topically used lidocain on traumatized skin.

**Conclusion:** The close temporal relationship between the lidocaine instillation and the seizures, the lack of previous or subsequent seizures and the lack of any other apparent cause strongly suggest that lidocaine was responsible for the patients' convulsions. Lidocaine is readily absorbed from the gastrointestinal tract. The metabolites of lidocaine, namely glycine xylidide and monoethylglycine xylidine, are also capable of producing central nervous system reactions. The mechanism of convulsions due to lidocaine is not clear, but selective blockade of inhibitory cortical synapses has been proposed. Physicians should be aware of the potential for neurologic reactions after topical lidocaine use, and when obligatory, diazepam should be readily available.

**Keywords:** burn, emergency department, lidocaine, seizure

PP 426

**Spontaneous pneumomediastinum**

*Enes Suman<sup>1</sup>, Özlem Bilir<sup>1</sup>, Kamil Kayayurt<sup>1</sup>, Gökhan Ersunan<sup>1</sup>, Özcan Yavaş<sup>1</sup>, Ahmet Şen<sup>2</sup>, Barış Giakoup<sup>1</sup>*

<sup>1</sup>Department of Emergency Medicine, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize,Turkey

<sup>2</sup>Department of Anesthesiology, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize,Turkey

**Objective:** Spontaneous pneumomediastinum (SPM) is a rare condition characterized by collection of free air in mediastinal structures without trauma. Coughing, vomiting, strain, and valsalva maneuver that increase alveolar pressure may cause alveolar rupture without trauma. Asthma, chronic obstructive pulmonary disease, diabetic ketoacidosis, extreme egzersize, marijuana and cocain use, and diffuse interstitial fibrosis are predisposing factors. Here, we present a case with SPM with the history of narcotic drug use.

**Case:** A 46 years old man with loss of consciousness was transferred to our emergency department by ambulance. He was non cooperated and non oriented with a Glasgow Coma Scale Score of 7. Tension arterial was 90/70 mmHg, pulse rate was 127 bpm, respiratory rate was 13/min, temperature was 36,7 C°, and O<sub>2</sub> saturasyon was 85%. Pupils were isocoric but meiotic. There was subcutaneous amphysema on anterior chest wall around sternum. He had multiple skars on his bilateral antecubital regions supporting that he was a drug addict. He did not have any trauma and his other system examinations were all normal. He was intubated and bedside chest radiogram and then thorax tomography showed subcutaneous and mediastinal amphysema without pneumothorax and hemothorax. After 48 hours intensive care unit follow up, he was transferred to thoracic surgery ward.

**Conclusion:** SPM is a rare self limiting condition seen usually in young males. Low quality of alveolar walls resulting from nutritional defisits in narcotic drug addicts, damage of connective tissue and weakness of alveolar wall may cause this clinical condition. Free air may pass to subcutaneous space and may propagate to neck and face and subcutaneous amphysema developes. In diagnosis, chest radiogram and thorax tomography are helpful. Underlying cause must be treated rapidly. Emergency phycians must be aware of SPM especially in patients with subcutaneous amphysema and drug addicts.

**Keywords:** emergency, spontaneous pneumomediastinum, subcutaneous amphysema



## PP 427

**Coexistence of subdural hemorrhage and ischemic stroke**

Gökhan Ersunan<sup>1</sup>, Özlem Bilir<sup>1</sup>, Özcan Yavaş<sup>1</sup>, Kamil Kayayurt<sup>1</sup>, Vaner Köksal<sup>2</sup>, Fatih Subaşı<sup>1</sup>

<sup>1</sup>Department of Emergency Medicine, Recep Tayyip Erdogan University, Rize Research and Training Hospital, Rize, Turkey

<sup>2</sup>Department of Neurosurgery, Recep Tayyip Erdogan University, Rize Research and Training Hospital, Rize, Turkey

**Objective:** The term stroke defines the findings of a sudden focal neurological syndrome that occurs due to the vascular events. Stroke is the most common cause of morbidity and the second most common cause of death in the world. Ischemic events are the most common cause of stroke. The hemorrhagic events consist of primary intracerebral hemorrhage and subarachnoid hemorrhage. Changes in cerebral hemodynamics after hemorrhagic stroke can cause ischemic strokes. Here, we report a case of ischemic stroke presenting as hemiplegia following subdural hemorrhage.

**Case:** A 77 years old woman presented to our emergency department with the complaint of weakness of left side and facial asymmetry. She was alert and Glasgow Coma Scale score was 15. Vital signs were as following: blood pressure, 170/100 mmHg; pulse rate, 90 bpm; respiratory rate, 13/minutes. Left labial sulcus was obscured and there was 1/5 motor deficit on left upper and lower extremities. Her other systemic examination was almost normal. Electrocardiogram showed atrial fibrillation with normal ventricular response. Cranial tomography revealed left subdural hemorrhage not correlating with clinical signs. Diffusion magnetic resonance imaging revealed right cerebral ischemic area. Patient was consulted with neurosurgeon and neurologist and admitted for medical therapy.

**Conclusion:** Cerebral vasospasm resulting from cerebrovascular diseases is responsible for ischemic neurological events however, the exact pathogenesis remains obscure. Vascular resistance increases due to arterial vasospasm. Autoregulation is impaired, perfusion pressure decreases and ischemia occurs. Especially middle cerebral artery vasospasm show itself as progressive onset of ischemic symptoms such as hemiparesis, monoparesis and aphasia. It should be noted that impaired cerebral perfusion following cerebral hemorrhages, which have high morbidity and mortality in emergency department admissions, may result in ischemic strokes.

**Keywords:** ischemic stroke, subdural hemorrhage, vasospasm

## PP 428

**Due to Urinary tract stones delayed Visseral perforations**

Umut Gülaçtı<sup>1</sup>, Ugur Lok<sup>1</sup>, Bahattin Pektas<sup>2</sup>, Mehmet Özgür Yücel<sup>3</sup>

<sup>1</sup>Emergency Department, Adiyaman University of Medical Faculty, Adiyaman, Turkey

<sup>2</sup>General Surgery Department, Adiyaman University of Medical Faculty, Adiyaman, Turkey

<sup>3</sup>Urology Department, Adiyaman University of Medical Faculty, Adiyaman, Turkey

**Objective:** Acute abdominal pain is one of common problems encountered by emergency physician. Because diversity of abdominal pain causative factors making differential diagnose has vital importance. Urinary tract stones related abdominal pain characteristics may be in the style of dull and renal colic. The pain is mostly felt in flank region, but according to stone localization it can reverberate to lower abdomen, inguinal, genital or femoral regions respectively. In this cases we aimed emphasizing importance of making unconditionally perfect abdominal pain differential diagnose in patient who referred to emergency service with abdominal pain even he or she has known UTSD at the same time

**Case:** A-28 year-old man was admitted to emergency service due to having intense abdominal pain. Patient past medical history revealed that he has diagnosed right side ureterial Stone since last 1 month and because of this the patient having renal colic treatment last 5 days. In physical examination he has right costovertebral angle tenderness, right lower quadran tenderness, generalized defense and rebound. Right ureterial Stone, fecaloid image in apendicite and periappendiceal adipose tissue irregularities was seen in abdominal computerized tomography. In performed urgent laparotomy revealed that he has performed appendicitis

Case 2 A-33 year-old man referred to emergency service with severe abdominal pain. In past history showed that, due to kidney stone he is using medications last 3 days prescribed by a variety of hospitals. In physical examination; Blood pressure 50/30mmHg and pulse rate 125bpm respectively. abdomen examination there was generalized defence. In urgent laparotomy showed that patient has 1.5 cm diameter peripiloric perforation and intraabdominal large fluid mixture with bile.

**Conclusion:** Emergency physicians should keep in mind and exclude any other etiologies leading to acute abdomen and perform complete physical examination and large laboratory-radiologic tests in all patient who referred to emergency room with renal colic pain

**Keywords:** Acute abdominal pain, renal colic, perforation



PP 429

**A case of atrial fibrillation with left atrial thrombus**

Özcan Yavaş<sup>1</sup>, Enes Suman<sup>1</sup>, Kamil Kayayurt<sup>1</sup>, Özlem Bilir<sup>1</sup>, Ozan Karakişi<sup>2</sup>, Erhan Uğraş<sup>1</sup>

<sup>1</sup>Department of Emergency Medicine, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize, Turkey

<sup>2</sup>Department of Cardiovascular Surgery, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize, Turkey

**Objective:** Atrial fibrillation (AF) is very common, especially among the elderly, and leads to a substantial increase in mortality and morbidity, particularly from stroke and thromboembolism. Oral anticoagulant (OAC) and antiplatelet drugs decrease the risk of stroke and thromboembolism in patients with AF. According to the 2010 European Society of Cardiology (ESC) Guidelines on AF, anticoagulation therapy is the most highly recommended treatment for AF. We present a case of atrial fibrillation with left atrial thrombus diagnosed by bedside ultrasonography.

**Case:** A 79 year old woman presented to our emergency department with bilateral leg pain by his family. She was confused and non oriented. Her blood pressure was 130/70 mmHg and she had a pulse rate of 90 beats/min, respiration rate of 16 breaths/min and 96% oxygen saturation at room air. She was anticoagulated before for atrial fibrillation but she has not been taking her medication for a time because of serial INR follow up. Her ECG showed atrial fibrillation with normal ventricular response. Her cardiopulmonary examination did not reveal pathological finding. No lateralizing deficit was detected. Her right femoral pulse was palpable but distal pulses were not detected. Left femoral and distal pulses were not palpated. There was no ischemic color change. Her cranial tomography did not reveal hemorrhage or ischemia. Her laboratory findings were nearly normal including INR of 1,12. Bedside cardiac ultrasonography showed left atrial thrombus. She was heparinized oral anticoagulation started. For peripheral angiography and embolectomy he was hospitalised by cardiovascular surgery. During transfer to the intensive care she was arrested and immediate resuscitation was started. There was no response to resuscitation and the patient died.

**Conclusion:** Sociocultural status of the patient must be taken into consideration when planning anticoagulation or antithrombotic therapy. Bedside ultrasonography is highly diagnostic in unstable ED patients.

**Keywords:** atrial fibrillation, atrial thrombus, bedside ultrasonography, thromboembolism

PP 430

**Influence of neutrophil/lymphocyte ratio on prognosis in mushroom poisoning**

Ramazan Koylu<sup>1</sup>, Zerrin Defne Dundar<sup>1</sup>, Oznur Koylu<sup>2</sup>, Yahya Kemal Gunaydin<sup>1</sup>, Nazire Belgin Akilli<sup>1</sup>, Huseyin Mutlu<sup>1</sup>, Mustafa Onder Gonen<sup>1</sup>, Mehmet Yortanlı<sup>1</sup>, Basar Cander<sup>1</sup>

<sup>1</sup>Department of Emergency Medicine, Konya Education and Research Hospital, Konya, Turkey

<sup>2</sup>Department of Biochemistry, Konya Education and Research Hospital, Konya, Turkey

**Objective:** Mushroom poisoning is a severe poisoning which is commonly seen, particularly, in spring and autumn and may be mortal. This study aimed to study the influence of the neutrophil/lymphocyte ratio on prognosis in patients hospitalized in the toxicology unit with a diagnosis of mushroom poisoning.

**Materials-Methods:** A total of 236 patients, admitted to the emergency room and hospitalized due to mushroom poisoning between July 2008 and March 2013, were retrospectively analysed. Patients were analysed in terms of age, gender, medical history, type of mushroom ingested, onset time of symptoms, complaints upon admission, and whether they received extracorporeal therapy and laboratory tests.

**Results:** The mean age of patients hospitalized with mushroom poisoning was 41.88±17.81 years. Of the patients, 95 (40.3%) were male and 141 (59.7%) were female. In their medical history, 15 (6.4%) patients had diabetes mellitus, 8 (3.4%) had hypertension and 7 (3.0%) had coronary artery disease. 100 (42.4%) patients had eaten cultivated mushrooms, and 104 (44.1%) had eaten wild mushrooms. The mushroom type could not be determined in 32 (3.6%) patients. Symptoms appeared within the first 6 hours in 99 (84.3%) patients and after 6 hours in 37 (15.7%). Patients were usually admitted with nausea, vomiting, abdominal pain and diarrhea. 24 (10.2%) patients required hemoperfusion during their follow-up and treatment. Duration of hospital stay was 2.28±2.20 days in patients with normal liver functions, and 2 (0.8%) patients died. Neutrophil/lymphocyte ratio was 15.14±15.76 in patients with impaired liver functions, and this was statistically significant compared to patients with normal liver function tests (5.48±7.69) (p=0.001).

**Conclusion:** These results indicated that patients whose neutrophil/lymphocyte ratio is high upon admission should be monitored carefully both for prognosis and hemoperfusion requirement considering longer duration of hospital stay and more aggressive treatment options.

**Keywords:** mushroom poisoning, neutrophil/lymphocyte ratio, prognosis



## PP 431

**Renal laceration in a child detected by FAST***Özcan Yavaşı<sup>1</sup>, Kamil Kayayurt<sup>1</sup>, Gökhan Ersunan<sup>1</sup>, Özlem Bilir<sup>1</sup>, Hatice Sonay Yalçın<sup>2</sup>, Murat Zıyan<sup>1</sup>*<sup>1</sup>Department of Emergency Medicine, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize,Turkey<sup>2</sup>Department of Pediatric Surgery, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize,Turkey

**Objective:** Children are more vulnerable to abdominal injury caused by blunt forces than are adults. Physical examination is frequently unreliable and imaging studies are required. As abdominal injury is not associated with free fluid in 37% of children, compared with 22% in adult population, sensitivity of FAST (focused assessment with sonography for trauma) ranges between 33-97%.

**Case:** A 6 years old girl was presented to our emergency department by her parents after fall from 3 m. On physical examination, her vitals signs were: blood pressure, 107/52 mmHg; heart rate, 102 bpm; and respiratory rate, 20 breaths per minute. Her Glasgow Coma Scale score ws 15. She had abrasions on her face and left arm. Her abdomen was soft and no tenderness was noted. There was no bruising. Laboratory examination showed hemoglobin of 12,3 g/dL, hematocrit of 37,7%. Liver and kidney function tests were normal. Urinalysis showed 578 red blood cells per high-power field. Her FAST revealed free fluid in hepatorenal area and renal laceration. The patient was still stable. A CT scan of the abdomen and pelvis, with intravenous contrast, revealed a grade 4 right renal laceration. The decision was made to follow the patient conservatively by the pediatric surgeon. She was hospitalized and placed on bed rest, with total restriction of food and liquid. Serum hemoglobin and hematocrit values were checked serially and remained stable during her hospital stay. Hematuria resolved within third day. She was then taken off bed rest and was observed in the hospital. She was discharged on day 7 of her hospital stay. Follow-up CT scan were obtained one month later and resolution was seen.

**Conclusion:** Although FAST in pediatric trauma has a limited diagnostic ability, it should be performed immediately.

**Keywords:** blunt trauma, pediatric trauma, renal laceration, sonography

## PP 432

**Diffuse alveolar hemorrhage due to warfarin overdose***Özcan Yavaşı<sup>1</sup>, Gökhan Ersunan<sup>1</sup>, Özlem Bilir<sup>1</sup>, Kamil Kayayurt<sup>1</sup>, Cevriye Kartoğlu<sup>2</sup>, Erhan Uğraş<sup>1</sup>*<sup>1</sup>Department of Emergency Medicine, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize,Turkey<sup>2</sup>Department of Chest Diseases, Recep Tayyip Erdogan University, Rize Resarch and Training Hospital, Rize,Turkey

**Objective:** Warfarin has been the mainstay anticoagulant for over half a century. Its efficacy in the prevention of stroke in patients with atrial fibrillation has been well validated. In some AF patients who require oral anticoagulants (OAC), the risk of bleeding could prevail over the potential benefit of OAC and that decision in terms of the benefit and risk of OAC is sometimes difficult. Here we report a case who developed diffuse alveolar hemorrhage resulting from prophylactic warfarin use due to valvular heart disease and atrial fibrillation.

**Case:** An 82 years old woman presented to our emergency department with dyspnea and hemoptysis. Her vital signs were as following: blood pressure, 120/80 mmHg; pulse rate, 105 bpm; respiratory rate, 35/minute; temperature, 37,2 C°. She had rales on both hemithoraces and 2/6 systolic murmur on mitral area. Other systemic examinations were almost normal. The patient was on prophylactic warfarin therapy due to mitral stenosis and atrial fibrillation. Laboratory findings were as hemoglobin, 8.62 mg/dL; hematocrit, 27.5%; leucocyte, 11800/mm<sup>3</sup>; thrombocyte, 238000/mm<sup>3</sup>; APTT, 70.5 seconds; PT, 73 seconds; international normalized ratio (INR), 10.15 and arterial blood gases and other biochemical parameters were normal. On chest radiogram there was diffuse, symmetric alveolar densities propagating from central to periphery. Thorax tomography revealed areas of diffuse alveolar infiltration and patchy ground-glass opacity. With the diagnosis of alveolar hemorrhage due to warfarin overdose, 10 mg of K1 vitamin (Phytomenadion) intravenous and three units of fresh frozen plasma were given. She was hospitalised. Control INR decreased to 2.13. At the end of eleventh day of hospitalisation the patient was discharged free of symptoms.

**Conclusion:** Patients should clearly be informed about the benefits and side effects of OACs. Dyspnea and hemoptysis in patients who are on OAC therapy, should be evaluated for alveolar hemorrhage.

**Keywords:** alveolar hemorrhage, ground-glass opacity, oral anticoagulant, warfarin overdose



PP 433

**Neurologic Deficit and Potassium**

*Murat Yücel, Yasemin Yıldız, Yusuf Yürümez*

Sakarya University, School of Medicine, Department of Emergency Medicine, Sakarya, Turkey

**Introduction:** Hypokalemia Periodic Paralysis is a rare disease that shows itself with periodic muscle weakness and paralysis attacks. Due to cardiac effects of hypokalemia may require urgent intervention. In this case a patient presenting to the emergency department because of neurologic deficit to draw attention to the issue.

**Case:** Thirty two years old male patient has applied to our emergency department with the complaint of weakness of both legs during travel. It has learnt during the anamnesis that the patient has had nothing at the beginning of the travel; the weakness has begun after he has eaten chocolate and snacks. Previously he has had same complaints while resting after the meal. The patient was not using any medicine and had no known chronic disease. The patient's general condition was good, conscious, oriented and cooperated. Vital Findings: Blood Pressure: 110/60, Fever: 36,7, Pulse: 100/dk, EKG-normal sinus rhythm. There was not any heat and colour difference between right and left feet. Peripheral pulse was natural. There was not any clear deficit at both extremities. Proximal was at least 3/5 muscle strength and distal planter flexor and extension was 3/5 muscle strength at both lower extremities. Deep tendon reflexes were normoactive at upper extremities but patellar and achille reflexes were bilateral hypoactive. There was not any sense deficit. Laboratory examination was K+:2.0mg/dL and other values were normal. K+ replacement treatment was begun at ER. While the Serum K+ values were becoming normal, the complaints of the patient were decreased. Then the patient was hospitalized with the diagnosis of hypokalemic periodic paralysis.

**Conclusion:** If adult patients especially with neurologic deficit admitted to emergency department, hypokalemic periodic paralysis should be in the emergency physicians' differential diagnosis list.

**Keywords:** Hypokalemia, Paralysis, Emergency

PP 434

**ANTICHOLINERGIC TOXICITY after CONSUMPTION of DATURA INNOXIA from TURKEY**

*Mustafa Basturk<sup>1</sup>, Mustafa Icer<sup>2</sup>, Cahfer Guloglu<sup>2</sup>, Selcuk Ertekin<sup>3</sup>*

<sup>1</sup>Bagcilar Educational and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey

<sup>2</sup>Dicle University, Medical Faculty, Department of Emergency Medicine, Diyarbakir, Turkey

<sup>3</sup>Dicle University, Science and Art Faculty, Department of Biology, Diyarbakir, Turkey

**Objective:** The incorrect use of the flowers, leaves, and seeds of some plants by members of the general public may give rise to serious toxicities. *Datura innoxia* (DI) is frequently used for the treatment of asthma and cough and to alleviate cramps. DI is also a hallucinogenic, with tremendous potential for abuse and may cause anticholinergic toxicity. So, serious and fatal complications, such as coma, respiratory failure, and death have been reported.

**Case:** We present two women cases (21 and 41 -years-old) who were admitted to the emergency department with findings of anticholinergic toxicity, including mydriasis, agitation, and delirium after taking DI. The patients' pupils were widely dilated. Gastric decontamination, activated charcoal, IV fluids and midazolam/diazepam were performed. The patients' general conditions were recovered except mydriasis. However, after one week, the diameter of the patients' pupils returned to normal.

**Conclusion:** Unconscious misuse of some plants can cause fatal anticholinergic toxicity. Such toxicity has rarely been reported due to DI. When plants known to cause toxicity are usually endemic, clinicians should be alert to potential anticholinergic toxicity in patients who present with anticholinergic symptoms in these endemic areas.

**Keywords:** anticholinergic toxicity, consumption, *datura innoxia*



PP 435

**Traumatic Lumbar Hernia**

*Murat Yücel, Murat Gezici, Yusuf Yürümez*

Sakarya University, School of Medicine, Department of Emergency Medicine, Sakarya, Turkey

**Introduction:** Traumatic lumbar hernia is a rare consequence of blunt abdominal injury. In these cases, intraabdominal visceral injuries are common. Although physical examination is important for this diagnosis, computerized tomography is valuable for conforming the diagnosis, eliminating associated intraabdominal injuries and deciding the treatment modality of traumatic lumbar hernia.

**Case:** A 22 year-old man was admitted to our emergency department with the history of a fall from a ladder from a height of approximately three meters. He was hemodynamically stable and his Glasgow Coma Score was 14. CT showed us traumatic lumbar hernia, left crista iliaca damage and hematoma area in the left iliopectus muscle. The patient was hospitalized after General Surgery consultation.

**Conclusion:** Although traumatic lumbar hernia is a rare consequence of blunt abdominal injury it should be considered in trauma patients with flank pain and lumbar mass.

**Keywords:** lumbar hernia, trauma, emergency

PP 436

**Fahr's Disease Which is Confused with Traumatic Subarachnoid Hemorrhage**

*Mustafa Basturk<sup>1</sup>, Mustafa Yildiz<sup>2</sup>, Tark Ocak<sup>3</sup>*

<sup>1</sup>Bagcilar Training And Research Hospital, Department Of Emergency Services, Istanbul

<sup>2</sup>Firat University School Of Medicine, Department Of Emergency Medicine, Elazig

<sup>3</sup>Abant İzzet Baysal University School Of Medicine, Department Of Emergency Medicine, Bolu

Intracranial calcifications are rare occasions and endocrine, metabolic, congenital, infectious and toxic causes are included in the etiology. One of the most common causes of pathological intracranial calcifications is Fahr's disease. Fahr's disease is a rare neurodegenerative disorder which can be diagnosed with computer tomography. It is characterized with calcifications in cerebellum, thalamus and basal ganglia. It has a wide clinical course from asymptomatic stage up to neuropsychiatric symptoms. Intracranial calcifications observed in Fahr's disease may be confused with other diseases such as in traumatic subarachnoid hemorrhage, and the clinician should act carefully in differential diagnosis.

**Keywords:** Fahr disease, subarachnoid hemorrhage, intracranial calcification

PP 437

**A case of idiopathic bilateral vocal cord paralysis**

*Sedat Kocak, Fatih Altunay, Ertan Atabey, M. Rasit Ozer, Basar Cander*

Emergency Department, Meram Faculty of Medicine, Necmettin Erbakan University, Konya Turkey

**Objective:** Bilateral abductor vocal cord paralysis is a condition causing acute respiratory distress due to incapable of abduction of the vocal cords during inspiration and life-threatening. Here, a case of the idiopathic bilateral vocal cord paralysis emerging middle-aged male patient was presented.

**Case:** Forty four year old male patient was admitted to the emergency department with sudden onset of dyspnea about 1 hour ago. On admission, he was anxious and holding his throat. There was no history of any disease, and of drug use on his past medical history. He was not also giving history of foreign body aspiration. On physical examination, his body temperature was 36.7°C, pulse: 105 beats per minute, and blood pressure: 140/80 mmHg. He had a obvious stridor and his breathing voices were loudly with auscultation. Although given supplemental oxygen and bronchodilator therapy, the patient's symptoms did not diminished. The patient was consulted with Otorhinolaryngology (ORL) clinic, and vocal cords were determined not doing abduction during inspiration with the bedside indirect laryngoscopy. During follow-up, the patient who which increasing his respiratory distress and which declining his oxygene saturation was intubated. After intubation, the patient who which oxygen saturation improved was transferred to the emergency intensive care unit. Contrast enhanced thorax and neck tomography revealed no other pathology. The third day, vocal cord movements were observed to reversed at adequate level in control laryngoscopy. The patient was followed up for 2 more days in ORL Department.

**Conclusion:** Vocal cord paralysis is a rare cause of asphyctic respiratory failure. Malignancy and surgery are most common between the acquired causes. In some patients, any cause can not be found. In patients who admitted to the emergency department with signs of upper airway obstruction, if no history of trauma or foreign body aspiration, bilateral cord vocal paralysis should be considered.

**Keywords:** vocal cord, paralysis, asphyxia, upper airway obstruction



PP 438

**Contact dermatitis due to Tattoo application**

Muzaffer Durmus<sup>1</sup>, *Salim Kemal Tuncer*<sup>2</sup>, Yusuf Emrah Eyi<sup>2</sup>, Umit Kaldirim<sup>2</sup>, Abdulkirim Yapici<sup>1</sup>

<sup>1</sup>Gulhane Military Medical Academy, Department of Plastic, Reconstructive and Aesthetic Surgery, Ankara/Turkey

<sup>2</sup>Gulhane Military Medical Academy, Department of Emergency Medicine, Ankara/Turkey

**Objective:** Tattoo is a kind of body modification as a skin art, made by inserting indelible ink into the dermis of the skin. Although reducing risks by following precautions related with hygiene recently, tattooing carries serious health risks including infection and allergic reactions due to breaking the skin barrier. The aim of this study was to present an unusual case that developed after tattooing and to draw attention to the problem of public health in the light of the current literature.

**Case:** A 17-year-old male suffering from pain, edema and redness of his left forearm was admitted to emergency department. History revealed tattooing 24 hours ago. Physical examination revealed some statements written in far-eastern language and edema, hyperemia and ruptured bullae on the area of tattoo of left forearm. He was referred to the plastic surgeon. Plastic surgery decided to follow as outpatient after tattoo sites applied classic conventional dressing. Wound dressing was performed after drying tattoo site washed with surgical soap and saline. Being prescribed antibiotics and ointment, his wound was applied dressing. Conservative wound care in the patient's wound healed dramatically.

**Conclusion:** Medical complications in varying proportions associated with these decorative techniques such as tattooing have been reported in parallel with the rise in their popularity. Analysis of data in the literature revealed the most common complications were related with skin and allergic problems. Other complications may include temporary limb edema, palpable lymph nodes or contact dermatitis. Inspections of places and personnel who are performing tattoo and regulations are to be insufficient. This situation increases the incidence of complications due to tattooing. Intensifying inspections of tattoo salons by local authorities and serious sanctions for uncertified tattoo performers will minimize the potential for complication. Raising the awareness of especially young people by education is another important issue.

**Keywords:** Tattoo, Wound Care, Complication, Public health

PP 439

**A Topical Use Of Henna Tattoo Presented With Allergic Contact Dermatitis: A Case Of A Child**

Özgür Söğüt, *Mehmet Yiğit*, Ertan Sönmez, *Eda Yiğit*

Department Of Emergency Medicine, Bezmialem Foundation University Faculty Of Medicine Istanbul, Turkey

**Objective:** Skinpainting (psödötattooing) are becoming very popular during recent years. The most common dye for such temporary tattoos is henna. Henna is a plant from lythracea family. Henna is considered low allergic reaction however allergic reactions have been reported because of para-phenylenediamine (PPD). PPD is added to henna dye to make colour blacker and speed up dyeing. We describe allergic contact dermatitis due to temporary henna tattoo.

**Case:** A 15 years old boy was admitted to our emergency department for an erythematous and edematous reaction localized on the right arm (fig.1). This path approached one day after application of a temporary tattoo. Topical treatment with methylprednisolone asepomat 0,1% cream and ampicilin sulbactam intramuscular were administered. The lesions cleared without pigmentation after 1 week therapy.

**Conclusion:** We recommend the use of temporary henna tattoo should be inhibition especially in children. A high risk of prolonged post-inf. hyperpigmentation after allergic contact dermatitis from temporary tattoo should be alerted.

**Keywords:** Henna Tattoo, Contact Dermatitis, PPD



## PP 440

**Reflection of Syrian civil war & Experience of our burn center: Incendiary bombs are causing severe burn injuries**

*Koray Das<sup>1</sup>, Abdurrahman Selcuk Uzun<sup>1</sup>, Ali Yarce<sup>1</sup>, Gulden Sevgen<sup>2</sup>, Hasan Erdem<sup>1</sup>, Zikret Koseoglu<sup>3</sup>*

<sup>1</sup>Numune Training and Research Hospital, General Surgery; Burn Center, Adana.

<sup>2</sup>Numune Training and Research Hospital, Anesthesiology Department; Burn Center, Adana.

<sup>3</sup>Numune Training and Research Hospital, Emergency Department, Adana.

**Objective:** The incendiary bombs (IB) are being used in the Syrian civil war. In the present study it was aimed to assess the patients burned with IB.

**Materials-Methods:** Of 135 Syrian civil war burn patients referred to our burn intensive care unit between September 2012 and July 2013, 42 patients burned with incendiary bombs (IB) were included in the study. Records were obtained and demographics, burn severity and pattern, and clinical outcomes were analyzed.

**Results:** Of the 42 patients 57.1% (n=24) were male, 42.9% (n=18) were female and mean age was 24.02±14.4 years (2-80 years). Of the patients 11 were aged 0-15 years, 30 were aged 15-60 years and 1 was over 60 years old. The mean total body surface area burned (TBSA %) was 50.36±17.6 %. 3th degree burns were observed in all patients and 4th degree burns were encountered in 8 patients. Frequency of inhalation injury was 21.4 % (n=9). The chest, thighs, face and upper arms were the most frequently burned body areas, 90.5%, 90.5%, 73.8%, 71.4% respectively. Mean length of ICU stay was 8.57±8.3 days. Mortality was 45.2 % (n=19) and not associated with sex and age groups. It was obtained that TBSA % and existence of inhalation injury were strongly associated with mortality, (p=0.0001, p=0.002 respectively).

**Conclusion:** The incendiary bombs are being used largely in conflicts today. We observed that this weapon causes deep and large burns and increase mortality. New strategies, included technological burn centers with experienced personnel, must be improved for future wartime burn care.

**Keywords:** Burn injury, civilian, incendiary bombs

## PP 441

**A case of Zellweger syndrome accompanied by pes equinovarus**

*Yusuf Kale, Ülker Çelik, İstemi Han Çelik, Özge Aydemir, Ahmet Yağmur Baş, Nihal Demirel*

Etilik Zübeyde Hanım Women's Health Teaching and Research Hospital, Department of Neonatology, Ankara, Turkey

Zellweger Syndrome (ZS) is a fatal autosomal-recessive hereditary disease characterized by the reduction or absence of peroxisomes in the cells of the liver, kidneys and brain. The absence of peroxisomes results in impairment of many metabolic pathways, especially beta-oxidation of very long chain fatty acids (VLCFA). In the newborn period, affected children are hypotonic, feed poorly and have distinctive facies, seizures, hepatic dysfunction and renal cysts.

A club foot, also called congenital talipes equinovarus, is a congenital deformity involving one foot or both. It is divided into three groups as idiopathic, neurogenic, and syndromic. Association of club foot with an inherited neurometabolic disorders has been reported. We report a case of ZS accompanied by isolated pes equinovarus deformity.

**Keywords:** newborn, pes equinovarus, zellweger syndrome



PP 442

**Severe Uvular Edema Due to Use of Ecballium Elaterium**

*Güler Korol<sup>1</sup>, Zeynep Karakaya<sup>2</sup>, Aslı Şener<sup>3</sup>*

<sup>1</sup>Güler Korol Katip Çelebi University İzmir Atatürk Education and Training hospital Emergency Medicine Department, İzmir TÜRKİYE

<sup>2</sup>Zeynep Karakaya Katip Çelebi University İzmir Atatürk Education and Training hospital Emergency Medicine Department, İzmir TÜRKİYE

<sup>3</sup>Aslı Şener Katip Çelebi University İzmir Atatürk Education and Training hospital Emergency Medicine Department, İzmir TÜRKİYE

**Objective:** Ecballium Elaterium is a plant that grows in Mediterranean countries. Its seeds and fruit are used since old times. In Anatolia, besides sinusitis treatment the juice of its fruit is preferred because of its analgesic and anti-inflammatory properties.

It is reported that Ecballium elaterium, whose mechanism is not fully known and has bactericidal and cytotoxic effects, causes throat ache, irritation, increase in secretion, edema in nose, mouth and respiratory tract, and besides its side effects that progress to necrosis, life threatening anaphylactic reactions, bloody diarrhea, and hypovolemic shocks.

**Case:** A 36-year-old male patient consulted the emergency room with throat ache and aphagia complaints. It has been learnt that approximately 1 hour before the consultation, Ecballium elaterium nectar has been dripped to both of his nostrils with sinusitis treatment purposes. In examination, arterial tension (AT): 140/70 mmHg, pulse: 140 /minute, breath rate: 18 / minute, body temperature: 36,5°C and oxygen saturation was %92. Other system examinations other than edema in uvula velum and hyperemia were normal. Patient did not have allergic reaction story in his history and the only known illness was sinusitis. Symptoms of patient regressed in a couple of hours with standard angioedema treatment. After 24 hour monitoring he was discharged.

**Conclusion:** Despite it has been shown with experimental studies that E.Elaterium is useful for rhinosinusitis, it has been observed that it has life threatening side effects in case of its non-diluted usage. Awareness of public should be raised about the alternative treatment methods

**Keywords:** Ecballium elaterium, Emergency Room, Uvula Edema

PP 443

**Three In One**

*Ebru Yılmaz, Mehmet Ali Yılmaz, Barış Murat Ayyvaci, Şeref Emre Atiş, Zara Sınaytaş, Başar Cander*

Department of Emergency Medicine, Okmeydani Training and Research Hospital, İstanbul, Turkey

Dilated cardiomyopathy is a progressive disease of heart muscle that is characterized by ventricular chamber enlargement and contractile dysfunction with normal left ventricular wall thickness. Here we present a case of dilated cardiomyopathy in which risk factors alcohol, cocaine and sarcoidosis are included. 31 year old man with a medical history of sarcoidosis disease of 6 months duration, alcohol and cocaine abuse of 7 years. He applied to our service with dyspnea. The routines showed an increase of liver enzymes and in arterial blood gas analysis hypoxi, hiperkarbi were determined. Ekg also showed that widespread ST elevation was present within the V3 V4 V5 prekoridal derivations. High resolution computed tomography of chest revealed pleural effusion on right basal zone, consolidations with an air bronchogram and cardiomegaly. Eko showed an ejection fraction of 25%. After the cardiology consultation, the patient was transferred to intensive care unit. While we see related myocardial infarcts often, we also need to be aware of the dilated cardiomyopathy that is caused by cocaine.

**Keywords:** Dilated Cardiomyopathy, Sarcoidosis, Cocaine, Alcohol



## PP 444

**Multi-organ failure and death due to the intake of opiates**

*Mehmet Oguzhan Ay<sup>1</sup>, Nalan Kozaci<sup>2</sup>, Zikret Koseoglu<sup>1</sup>, Akkan Avci<sup>1</sup>, Salim Satar<sup>1</sup>*

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

**Objective:** Multi-organ failure is characterized by systemic sepsis and progressive organ failure. Mortality of the patients with multiple organ failure is between 30-100%. Persistent or severe perfusion defects, sepsis, tissue injury, ischemia, inflammatory processes such as pancreatitis, large hematomas, complications of organ transplantation may be initiated this syndrome. In this paper, we presented a 27 years old patient admitted to our Emergency Department with multi-organ failure due to the intake of opiates.

**Case:** A 27 years old male patient was admitted to our Emergency Department with the complaints of fever, cough, sputum and general poor health condition. He had confused consciousness, blood pressure: 80/50 mmHg, pulse rate: 114/min, fever: 38,9 oC, coarse crackles in right lower lung zones. We learned that he had a history of heroin use for two years. His urea (68.5 mg/dL), creatinine (2.3 mg/dL), ALT (153IU/L), AST (470 IU/L), amylase (744 U/L), CRP (8.4 mg/dL) were high, and other parameters were normal. The patient was hospitalised to the intensive care unit with the diagnosis of multiple organ failure. The patient was died in spite of all the treatments during the follow-up.

**Conclusion:** The patients who admitted to emergency departments with a history of opiate usage and fever should be questioned about the the presence of multi-organ failure which has a high mortality rate.

**Keywords:** Multi-organ failure, opiate, emergency

## PP 445

**Massive hemoptysis, upper gastrointestinal bleeding, hemothorax, and death due to dabigatran eteksilat usage**

*Mehmet Oguzhan Ay<sup>1</sup>, Nalan Kozaci<sup>2</sup>, Zikret Koseoglu<sup>1</sup>, Mustafa Acin<sup>1</sup>, Salim Satar<sup>1</sup>*

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

**Objective:** Because of the multiple limitations of the vitamin K antagonists, such as warfarin, oral anticoagulant alternatives recently have been developed. The two recent alternatives to warfarin are the oral thrombin inhibitors (dabigatran) and the oral factor Xa inhibitors (rivaroxiban and apixaban). Dabigatran (Pradaxa; Boehringer Ingelheim, Ridgefield, CT) is an oral direct thrombin inhibitor with a rapid onset. Patients on dabigatran do not require coagulation monitoring. In this paper, we presented a 73 year old female patient who admitted to our Emergency Department with massive hemoptysis, upper gastrointestinal bleeding due to dabigatran eteksilat usage.

**Case:** A 73 year old female patient admitted to our Emergency Department with complaints of massive hemoptysis, haematemesis and gingival bleeding. In her medical history, we learned that she had diagnosis of hypertension and heart failure. She was discharged after hospitalisation two weeks in the cardiology clinic for heart failure, acute atrial fibrillation and pulmonary embolism. After discharge she used 150 mg per day of Dabigatran eteksilat capsule for 7 days until admission to our Emergency Department. The patient was unconscious. Her Glasgow coma scale score was 6 (E:2,V:1,M:3). She had superficial style of sighing respiration, immeasurably low blood pressure, bradycardia (pulse rate: 35/min). We have intubated the patient. The femoral catheter was placed. We started rapid intravenous fluid infusion. Her INR was 10.39, APTT:90.4 sec, PTZ:99.3 sec, HCT:34.3 %. We gave 10 mg intravenous vitamin K and 3 units of fresh frozen plasma. Her vital signs had become stable. Her control values of INR was 5.66, APTT: 130.9 sec, PTZ:58.9 sec, HTC:16.3 %. We gave 5 units of erythrocyte suspension. She has died after 2 days follow-up in the intensive care unit.

**Conclusion:** Dabigatran etexilate should be carefully used in terms of which can cause fatal bleeding, and also possible drug interactions should be considered.

**Keywords:** Dabigatran etexilate, bleeding, hemoptysis, haematemesis



PP 446

**Poisonous fish bites**

*Mehmet Oguzhan Ay<sup>1</sup>, Zikret Koseoglu<sup>1</sup>, Nalan Kozaci<sup>2</sup>, Mustafa Acin<sup>1</sup>, Akkan Avci<sup>1</sup>, Salim Satar<sup>1</sup>*

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Antalya Education and Research Hospital, Department of Emergency Medicine, Antalya, Turkey

**Objective:** The most severe toxic poisoning from fish or seafood occurs by contact with the body. Although it is reported that 26 kinds of toxic fish in our seas, trakonya, scorpion fish, sad fish, addicted fish, rina and vatoz are more common. They can cause local edema, pain, or systemic side effects such as taşikardi, dyspnea, anaphylaxis. They can poison the patients by pressing on them, or sinking of the poison spines on their back and gills. If it is possible, avoid from their needle. Nevertheless, if the needle is still pricked in the skin and visible, it should be quickly removed with a pair of tweezers as possible without touching the needle. In this paper, we presented a case who was bitten from his foot.

**Case:** A 18 year old male patient admitted to our Emergency Department with complaints of tense edema and pain in his foot and leg. The patient was consciousness, his vital signs were stable. On physical examination, there was tense edema on his right foot and leg o the knee. We observed the needle of the fish and removed it by tweezers. We have elevated his limb and applied resting splint to the extremity. We began infusion of mannitol after increased tension of the patients extremity to avoid development of compartment syndrome. The patients laboratory findings were within normal limits. The patient was discharged after his edema has decreased during the follow-up in the emergency department.

**Conclusion:** We should be careful for poisonous fishes which can cause local edema or led to systemic life-threatening complications.

**Keywords:** Poisonous fish bite, edema, emergency

PP 447

**Sixteen year old girl admitted to emergency service who has her first multiple sclerosis attack that presented with ataxia and ophthalmopathy**

*Başar Cander, Kasım Öztürk, Mahmut Arda Çınarlık*

Sağlık Bakanlığı Okmeydanı Eğitim Ve Araştırma Hastanesi, Acil Tıp Kliniği, İstanbul

**Introduction:** Multiple sclerosis (MS) is an inflammatory disease that attacks myelinated axons in the central nervous system. Attacks of MS are presented variable among patients. Some patients have a predominance of cognitive changes, while others present with prominent ataxia, hemiparesis or paraparesis or visual symptoms.

**Case:** Sixteen year old, female patient admitted to emergency service with symptoms of diplopia and disability of eye movement. There were nothing abnormal in the patient history. All vital signs were at the normal range. In physical exam both eyes were disable to look inside, at the spontaneous look right eye was deviated to outside, nystagmus had been reported at horizontal looking to both right and left side and vertically. Walking of patient reported as ataxic, and patient couldn't be able to make «Tandem Walk». Lab findings and other physical examinations were all normal. Several contrast holding lesions were detected in the cranial MRI. With a prediagnosis of MS attack, patient had been given medication of pulse steroid treatment, 1000mg/day. LP results were positive as OCB and normal as biochemically. After ten days of treatment at neurology service, patient were discharged from hospital with cure. After seven weeks from her discharging day, patient had admitted to neurology clinic with symptoms of parestesis on the left side of the body and loss of sight with the right eye. In physical exam, with normal vital signs, right eye was disable to look inside, nystagmus at both eyes with horizontal look and loss of sight were reported. At the MRI, a contrast holding lesion was reported on the pontine region that didn't reported before. With clinical and radiological findings, she was diagnosed as second MS attack with Internuclear Ophthalmoplegia and Optic Neuritis.

**Conclusion:** Patients admitted with sudden ophthalmopathy and ataxia, MS attack should be considered as an prediagnosis.

**Keywords:** multiple sclerosis, ataxia, ophthalmopathy



PP 448

**The Worl Of Changing Language With Herpes***Mehmet Ali Yilmaz, Ebru Yılmaz, Kasım Öztürk, Fatih Coşkun, Zara Sınaytaş, Başar Cander*

Department of Emergency Medicine, Okmeydani Training and Research Hospital, Istanbul, Turkey

Encephalitis is an acute inflammation of brain. Symptoms include fever, headache, confusion and behaviour disorders. Herpes Simplex Virus is the most common cause of acute sporadic encephalitis. Encephalitis has been reported in different neurological behaviours. We present a patient who had started talking a language that she has not known before. She admitted to our hospital with acute severe headache, vomiting, visual disturbances and depersonalisation. When we asked her questions, the patient answered in a foreign language. Ct, ekg and laboratory routines were in normal range. Her Glasgow score was 11. MRI revealed hiperdense areas in left temporal lobe. Eeg revealed abnormalities. Two times lumbar puncture procedure was performed, however it did not succeed due to patients obesity. She was diagnosed as herpes encephalitis according to her clinical symptoms, Mri and Eeg results and the patient was started on acyclovir. Then, she was transferred to neurology clinic and completed the recommended 21 dat course of acyclovir. At the end of that time her mental status was back to normal, she was discharged home with significant improvement in her symptoms.

**Keywords:** Encephalitis, Herpes Simplex Virus, Foreign Language

PP 449

**Intracranial aneurysm is on the way of rupturing in hospital***Alparslan Mutlu, Zeynep Konyar, Mehmet Tatlı, Eren Gökdağ, Burak Bayır, Özlem Güneysel  
Dr.Lütfi Kırdar Kartal Eğitim ve Araştırma Hastanesi, Acil Tıp Kliniği, İstanbul*

**Objective:** Rupture of intracranial aneurysms is the most common cause of subarachnoid hemorrhage except trauma. It has a high rate of morbidity and mortality. Headache, vomiting, nuchal rigidity are common symptoms. Also, it could be asymptomatic. Approximately ninety percent of intracranial aneurysms are arisen from the anterior circulation. The remainder occurs in the posterior circulation. We aimed to explain an intracranial aneurysm diagnosed in emergency and bleed in neurosurgery department after he had admitted.

**Case:** 32 years old male patient suffering from a continuous headache and vomiting to emergency service. His vitals were normal, and neurological examination was unremarkable. Crainal computerized tomography(CT) was taken. The hyperdense view was revealed on the left temporal region. After CT taken, a magnetic resonance imaging(MRI) was decided. MRI was taken. An aneurysm on Middle Cerebral Artery(MCA) in left temporal region was detected. The patient admitted to the neurosurgery. MRI angiography was decided. The patient's vital signs remained stable. Headache was remained. The second day of hospitalization; sudden loss of consciousness developed. The patient's Glasgow coma scale(GCS) was 5 and intubated. A cranial computerized tomography was taken urgently. Rupture of aneurysm and intraparenchymal, and intraventricular hemorrhage was seen. Endo-ventricular drainage process was done urgently. The patient had two more operations after initial operation but his neurological functions did not develop yet. He is already intensive care unit.

**Conclusion:** As shown in the case; aneurysm ruptures have high risks for morbidity and mortality. Everyday in the emergency department lots of patient admit with headache and lots of cranial tomography is taken. Emergency medicine specialists should be alert to identify aneurysm to protect the patient and ourselves legally.

**Keywords:** aneurysm, rupture, headache



PP 450

**Early outcome for burn injury patients our unit of burn**

*Zeynep Özkan<sup>1</sup>, Evrim Gül<sup>2</sup>*

<sup>1</sup>Genel Cerrahi Kliniği, Eğitim ve Araştırma Hastanesi, Elazığ/TÜRKİYE

<sup>2</sup>Acil Servis, Eğitim ve Araştırma Hastanesi, Elazığ/TÜRKİYE

**introduction:** The aim of the present study was to investigate the influence of age on etiological, clinical and prognostic features of burn injury. We reviewed 260 patients treated during a 2-year period in our Burn Unit, retrospectively.

**MATERIALS-METHODS:** Age, gender, degree of burn, demographics, etiology of burn, complications, length of hospital stay, total body surface area percentage, and outcome data of 260 who admitted to the Burn Unit of Elazığ Training and Research Hospital between November 2008 and June 2011 were recorded.

**RESULTS:** Totally 139 males (% 53,7) were burn injured patients. The male to female ratio was 0,87:1. The highest incidence appeared in the 0-4 years of age group (60 %). The most frequent cause of injury was scald burns followed by and flame and electrical injury. Scald burns in 211 (82.5) patients. Distribution of the degree of burns was 200 (77.5%) second-degree and 52 (21%) second- third degree. The mean total body surface area burn was 104(40%). The mean length of hospitalization was 15±9 days.

**CONCLUSION:** Burn injuries are seen mostly in men and children. Diffuse body surface are effected more than other parts of the body. The most cause of burn injury is hot liquids. Especially hot drinks should be avoided such as tee, milk, water near by children.

**Keywords:** Burn, burn unit, epidemiological features

PP 451

**Evaluation of forensic cases admitted to emergency department**

*Nazmiye Ulu Tannkulu, Sinan Yıldırım, Murat Dicle, Burak Gün, Göknur Yıldız, Mesut Başara*

Ağrı state hospital, Department of Emergency Medicine, Ağrı

**Introduction:** All of the cases such as pounding, traffic accident, injury with firearm and explosive materials, all kinds of tool injury, ambustion, electric shock, asphyxia, torture, child abuse, descent and other lacerations, intoxications, suicide attempts that apply to emergency services of hospitals have the characteristics of judicial case. In our study aimed that to identify general characteristics of patients apply to emergency service of our hospital as judicial case.

**Methods:** This retrospectively study was done among patients applied to emergency service of Ağrı State Hospital as judicial case was carried out between January 2013 and August 2013.

**Results:** 983 patients were included to our study. 372 (%37,8) of the patients were women and 611 (%62,2) were men. Average of age was determined 27.38±15.87. According to existence mechanisms, 339(%34.5) was torture, 314(%31,9) was traffic accident, 124(%12.6) was sharp object injury, 97(%9.9) was working accident, 49(%5.0) falling down from height, 39(%4.0) was drug intoxications and 21(%2.1) was other injuries. 824(%83.8) of the cases were treated at emergency service, 55(%5.6) were medevaced, 54(%5.5) were hospitalized services, 27(%2.7) were hospitalized to intensive care unit and 23(%2.3) were died.

**Conclusion:** Damage due to trauma, is one of the most frequent reasons for emergency department. In 1995, 37% of patients in the United States when applying the emergency department because of damage due to injury, therefore, from %6 of all deaths and %8 of discharged from hospital included patients. The most frequent cause of trauma in the emergency department is traffic accidents. Our study was carried out in one of the eastern provinces of the country as opposed to the literature is a study of local assault and trauma due to stab wounds from the first place. At present this pass in front of traffic accidents, injury mortality is surprising.

**Keywords:** Forensic cases, emergency department, trauma



## PP 452

**The analysis of injury of animals in city of Ağrı***Burak Gün, Sinan Yıldırım, Murat Dicle, Nazmiye Ulu Tanrıkkulu, Göknur Yıldız, Mesut Başara*

Ağrı state hospital, Department of Emergency Medicine, Ağrı

**Introduction:** There is livestock at the beginning of livelihood in eastern parts of the country. Therefore, it is encountered trauma related with animals. The aim is that it is presented the data regarding to demographic and clinic of the animal situation.**Methods:** In this study, old data is controlled with computer record because of trauma related with animals in January 2013 – August 2013.**Results:** 98 people (78.4%) are male, 27 people (21.6%) are female in 125 cases. In addition to this, the mean age is 18.67 ±22.47 and the range is 4-82. The range of causing injury to animals is that they are 53 dogs (42.4%), 46 cattle (36.8%), 17 horse (13.6%), 6 donkey (4.8%), 1 wolf (0.8%), 1 badger (0.8%). Among these, 82(%65.6) injuries are penetrating and 43(%34.4) injuries are blunt. The following is shown the most common injuries: the extremity are 83(% 66.4), head- neck are 29(%23.2), batin and toraksa are 13(%10.4). 117 patient are been out patient. 7 patient are hospitalized an done patient is been exitus because of acute epidural bleeding.**Conclusion:** Although horses often is caused injuries regarding to animals, these animals can change with society characteristic. It often is reported extremity and head injuries of animal-related trauma and it is observed that this situation affects young population. In addition to this, the animals are not hospitalized and their rate is %0.9-6.9 in this type trauma. Moreover, in our study, the hospitalize rate is 5.6% and the death rate is 0.8%.

Finally, In our study, injury to animals usually is seen that they are bitten by dogs and this situation is affection to male and young population. People is must trained about trauma regarding to animals.

**Keywords:** Animal trauma, emergency department, trauma

## PP 453

**Prognostic Value of Lactate in Critically Ill Patients and Comparison With Intensive Care Unit Scoring Systems***Emin Fatih Vişneci<sup>1</sup>, Başar Cander<sup>1</sup>, Zerrin Defne Dündar<sup>1</sup>, Ali Dur<sup>2</sup>, Tank Acar<sup>3</sup>, Orhan Koç<sup>4</sup>*<sup>1</sup>Emergency Department, Meram Medicine School, University of Necmettin Erbakan<sup>2</sup>Emergency Department, University of Bezmi Alem<sup>3</sup>Emergency Room, Educational and Research Hospital, University of Ordu<sup>4</sup>Ulus State Hospital**Objective:** The critical patient is defined as one with unsta bil life signs and requiring supportive treatment and has unfavourable general condition. It is important to know the prognosis of patient and perform immediate management. Our study was to determine the relation between prognosis and lactate, also to compare the results with scoring systems in patients who presented to emergency department (ED) and admitted to critical care unit (CCU).**Materials-Methods:** During study period, 647 patients were admitted to CCU and 147 of who was included in the study. The vital signs, laboratory results including complete blood count, biochemistry and arterial blood gas with lactate level were recorded. The scoring systems including APACHE-II and SOFA were calculated. The results of hospitalization in terms of CCU and all admission were recorded**Results:** The patient who admitted to CCU for less than 7 days had been admitting to hospital for a shorter period ( $p<0.001$ ) The relation between mortality in 28 days and 3 months and APACHE II ( $p<0.001$ ), SOFA ( $p<0.001$ ), mean value of lactate at 24th hour and mean value of lactate ( $p<0.001$ ) were statistically significant. There were statistically significant correlation between APACHE II and lactate levels on admission (0 hour) ( $p=0.0031$ ), mean value of lactate ( $p=0.018$ ) and SOFA scores ( $p<0.001$ ). Also results showed that the correlation between SOFA score at 48 th hour and lactate levels on admission time (0 hour) ( $p<0.0019$ ), mean value of lactate at 24th hour ( $p<0.001$ ) and mean value of lactate ( $p<0.01$ ) were statistically significant.**Conclusion:** Lactate values showed correlation with these scoring systems and was thought that it can be used in predicting prognosis. Scoring systems and lactate values are also useful in predicting prognosis and mortality when used together. However there is requirement for further research though all of our results.**Keywords:** critical patient, lactate, APACHE II score, SOFA Score



PP 454

**Scarf Pin And Unfortune Events**

*İnan Beydilli<sup>1</sup>, İsmail Atik<sup>1</sup>, Nilay Çavuşoğlu<sup>2</sup>, Asım Arı<sup>1</sup>, Faruk Güngör<sup>1</sup>, Arefe İmak<sup>1</sup>, Ramazan Güven<sup>1</sup>*

<sup>1</sup>Antalya Eğitim Araştırma Hastanesi Acil Tıp Ana Bilim Dalı, Antalya

<sup>2</sup>Antalya Eğitim Araştırma Hastanesi Göğüs cerrahisi Kliniği, Antalya

**Objective:** Aspirated foreign bodies from the respiratory system are important to identify and remove for preventing complications. Generally aspirated bodies localized to the right bronchial system. Scarf pin for fasting turban may be aspirated by young adults. Needle knob is commonly aspirated downwards. In the early period of foreign body aspiration pneumomediastinum, after failure removal of foreign body, laryngeal edema, bronchospasm, endobronchial bleeding, pneumothorax and cardiac arrest can be seen as a complications.

**Case:** A 21-year-old woman represented to hospital after aspirating scarf pin during change of turban. posteroanterior chest radiography taken in the first center she admitted. By consulting gastroenterology patient underwent to endoscopy. Endoscopy was clean for foreign body in gastrointestinal system and lateral cervical radiography planned. Scarf pin seen in radiography and verified in the left main bronchus by rigid bronchoscopy. needle knob was taken in first trial by forceps. Crocodile-tipped forceps used for aspiration after failure of removal. Pneumomediastinum was seen in the patient chest radiography next day. Patient was discharged after 3 hospital days without any additional complication to pneumomediastinum.

**Conclusion:** As a result, for localization of foreign body lateral cervical radiography should be planned with posteroanterior chest radiography. needle should be removed by holding near part of knob to liberalize needle from mucosa with pushing knob to distal.

**Keywords:** Respiratory, Pneumomediastinum, Bronchoscopy

PP 455

**Every syncope does not result from neurogenic origin**

*Halil İbrahim Çikrikler, Sinan Kaya, Mümin Karaali, Kamuran Çelik*

Emergency Clinic, Ministry of Health, Sevket Yılmaz Research and Training Hospital, Bursa, Turkey.

**Objective:** Syncope is one of the most frequent reason that forces people head towards emergency service. In this article, we want to draw attention to the issue by presenting a case in which a patient applies to emergency department.

**Case:** 64 years old male patient with history of prostatectomy operation 2 days ago because of BPH experienced a syncope in the morning after using bathroom and had a head trauma, and is brought to emergency department by ambulance. General status was medium, conscious, cooperating and oriented. Glaskow coma score was 15. The patient looked pale and sweaty. Blood pressure, pulse rate and oxygen saturation were found to be 80/50 mmHg, 68 per minute and 96% respectively. The rest of the findings of systemic physical examination were considered to be normal including rectal examination. ECG revealed QS wave formation at DII and aVF derivations. The fluid therapy through a peripheral vein was implemented and a bedside ultrasound examination was performed. Through ultrasound an aneurysm at abdominal aort was detected and immediate thorax and abdominal CT with contrast material was scheduled. The images were consistent with an aneurysm of 12 x 8 cm and 15 cm at the thickest level which originated from orifice of left renal artery and extended towards iliac bifurcation on the left side and towards right retroperitoneal space on the right side. The patient was consulted with department of cardiovascular surgery and referred to a higher center with a diagnosis of ruptured abdominal aortic aneurysm. After the surgical repair of aneurysm the patient was ex at 3rd hour of post operative care in ICU.

**Conclusion:** Especially if patients with advanced age are under consideration, abdominal aortic aneurysm should definitely come to mind in the differential diagnosis of syncope.

**Keywords:** Syncope, aneurysm, emergency



## PP 456

**Assessment of admissions to adult intensive care unit from a university emergency department**

*Betül Akbuğça Özel, Gökhan Aksel, Meliha Fındık, Ebru Biyıklı, Cemil Kavalcı*

Emergency Department, Medicine School, Başkent University, Ankara, Turkey

**Objective:** To describe the demographic characteristics of cases and outcome for admissions to intensive care units (ICUs) from emergency department (ED).

**Materials-Methods:** We planned a retrospective and descriptive study using data from hospital database, of adult intensive care admissions from a university hospital emergency department. There were 658 adult admissions to ICU from emergency department between 1 September 2012 and 30 September 2013. Data were analyzed using Statistical Package for the Social Sciences (SPSS) for Windows v11.0 program.

**Results:** Direct admissions to ICU from ED constituted 39.7% (658/1656) of total admissions to ICU and 1.8% (658/36264) of total admissions to ED. 42.6% (280/658) of the patients were female and 57.4% (378/658) were male. 32.2% (212/658) of the patients were 45-64 ages and 43.8% (288/658) were between 65-84 ages in those admitted to ICU from ED. It was 93.0% (612/658) endotracheal intubation (ETE) rate. The most common diagnosis group was cardiac pathologies with 46.0% (303/658). Acute coronary syndrome with 72.6% (220/303) was the biggest group in those. The second common diagnosis group was cerebral pathologies with 14.3% (94/658). Intracranial haemorrhage with 43.6% (41/94) was the biggest group in those. We determined that 3.4% (22/658) was referred with cardiopulmoner arrest in those admitted to ICU from ED. Mortality rate was 14.9% (98/658) and discharge rate was 84.2% (554/658). 60.2% (59/98) of dying patients were male and 39.8% (39/98) were female. Of dying patients, 59.2% (58/98) were between 65-84 ages and 19.4% (19/98) were between 45-64 ages.

**Conclusion:** Admissions to ICU originating from ED has diversity with regard to demographic characteristics and outcome. Additionally, these admissions for both EDs and ICUs have a great importance in terms of duration of hospital stay, hospital mortality rates and costs. Causes and observed resultative differences between different admission routes require further investigation and explanation.

**Keywords:** emergency department, intensive care unit, patient admission, retrospective study

## PP 457

**A rare cause of abdominal pain: Giant Lymphoscele**

*Salim Kemal Tuncer, Yusuf Emrah Eyi, Umit Kaldırım, Ali Osman Yildırım, Sukru Ardic*

Gulhane Military Medical Academy, Department Of Emergency Medicine, Ankara/Turkey

**Objective:** Abdominal pain, composes a significant portion of emergency cases. Chronic abdominal pain may be due to numerous pathologies of the gastrointestinal system or to systemic disease. Pathologies of solid organs are seen as much more rare and less frequently accompanied by symptoms. The aim of this study was to present an unusual cause of chronic abdominal pain that developed after surgery of endometrial carcinoma.

**Case:** A 69-year-old female suffering from fever abdominal pain for one month was admitted to emergency department. History revealed surgery of endometrial carcinoma two months ago admittance to emergency department repeatedly. According to her statement, her pain was increasing after alimентация and during supine position and pain was decreasing when she was afoot. Tenderness on both left and right lower quadrant and were present on physical examination. No other pathologic results of the physical examination were obtained. Laboratory findings were within normal range except white blood cell counts (WBC:12,5 x 10.e3/μL). Abdominal ultrasound revealed hydronephrosis in grade two in left kidney and cystic mass presenting echogenities and fine septa inside with surrounding thick wall measured 128x87mm in size located in left quadrant and two cystic mass which the biggest one measured 30x20mm in size located in right quadrant. The lesions was confirmed via contrast enhanced CT. She was referred to the general surgeon. She was undergone percutaneous cyst drainage.

**Conclusion:** Lymphocele rarely causes abdominal pain and leads to symptoms due to occupying such as hydronephrosis, ileus and pain etc. Bigger cystic lesions may cause hydronephrosis as in our case. Developing lymphocele after abdominal surgery is well known. Diagnosis could be easier if emergency doctors keep in mind abdominal pain with the repeatedly admittance with a history of recent abdominal surgery.

**Keywords:** Abdominal Pain, Lymphocele, Abdominal Surgery



PP 458

### A Rare Case: ileus Associated With the Use of Coumadin

*Ali Kılınc<sup>1</sup>, Harun Aslan<sup>1</sup>, Tolga Düzenli<sup>1</sup>, Muharrem Akhan<sup>1</sup>, Levent Yamane<sup>2</sup>, Erol Arslan<sup>1</sup>, Kenan Sağlam<sup>1</sup>*

<sup>1</sup>gülhane military medical school, internal medicine, ankara

<sup>2</sup>gülhane military medical school, critical care unit, ankara

**Objective:** Warfarin is often used in the treatment or prophylaxis of a variety of thromboembolic events agent. Although it is known caused by all kinds of bleeding one of the most common complications is gastrointestinal bleeding. In rare cases may lead to bleeding inside the organ. Our patient was a case of ileus due to intramural hematoma associated with warfarin

**Case:** 77 years old male patient, about 1 weeks to clinic ongoing abdominal pain, nausea and vomiting and constipation. The story of the patient present use of coumadin after the left lower extremity deep venous thrombosis (DVT). Physical examination: distended abdomen, revealed right upper quadrant tenderness to a deep palpation. Laboratory: Hgb 13.0 g / dL, WBC: 20900/mm<sup>3</sup>, plt: 402000/mm<sup>3</sup>, urea: 103 mg / dL, creatinine: 2.17mg/dL, potassium 4.13 mmol / l, sodium: 135 mmol / L, AST 31 U / l, ALT: 17 U / l, PTZ:> 200 sec and INR:> 10. Stool occult blood were negatif and urinalysis were normal. Direct abdominal radiograph showed air-fluid levels. Nasogastric tube was inserted. Complete blood count and routine blood tests were repeated 12 hour later. Hgb: 7.2 g / dl and the others were normal. The patient had undetectable overt source of bleeding abdominal CT scan was planned. Abdominal CT revealed an ileal intramural hematoma. Fresh frozen plasma and I.V K vitamin supplementation was planned due to the intramural hemorrhage associated with use of warfarin. Patient's INR were found to decrease. As a result of reduction of intramural hematoma decreased symptoms of ileus.

**Conclusion:** Although a condition that requires close monitoring of warfarin therapy in the event of any bleeding requires immediate intervention. Decrease in hemoglobin levels and the undetectable source of bleeding in patients with symptomatic, advanced imaging methods should be used. Before considering surgery should be corrected warfarin-related bleeding disorder.

**Keywords:** ileus, intramural hematoma, warfarin



## PP 459

**How Does Vena Cava Inferior Diameter Accurately Estimate Intravascular Volume Status?**

*Nalan Gökçe Çelebi Yamanoglu<sup>1</sup>, Adnan Yamanoglu<sup>2</sup>, İsmet Parlak<sup>3</sup>, Pelin Pınar<sup>3</sup>, Burak Erkurun<sup>3</sup>, Gizem Aydınok<sup>3</sup>, Fatih Torlak<sup>4</sup>*

<sup>1</sup>Beykoz State Hospital

<sup>2</sup>Haseki Training and Research Hospital

<sup>3</sup>İzmir Bozyaka Training and Research Hospital

<sup>4</sup>Marmara University

**Objective:** We aimed to determine whether Vena Cava inferior (IVC) diameter is useful or not for volume status estimation. Our second objective is to determine the most convenient sonographic method for this purpose.

**Materials-Methods:** Patients were admitted in two groups. First group occurs from dehydrated patients and their doctors suggest minimum 20ml/kg iv. fluid treatment. Second group occurs from patients with volume overload and their doctors suggest diuretic treatment. IVC diameters were measured by using M-Mod and B-Mod. IVC measured at 4 serial times every after 500cc isotonic giving in hydration group and every 500cc urine output in diuresis group. IVC measurements were compared before hydration or diuresis and after hydration or diuresis with their own group.

**Results:** 42 patients were admitted to study which have inclusion criteria, 28 of them are in the Hydration group and 14 of them are in the Diuresis group. VCI diameter were significantly changed after of each 500cc fluid replacement in hydration group both B-Mode and M-Mode, both VCI maximum diameter and minimum diameter and caval indeks ( $p < 0.05$ ). VCI maximum diameter and minimum diameter at B-Mode, VCI maximum diameter and minimum diameter at M-Mode, and caval indeks calculation at M-Mod were significantly changed after of each 500 cc urine output in diuresis group ( $p < 0.05$ ). But caval indeks calculation at B-Mod were not significantly changed after of each 500cc urine output in diuresis group ( $p > 0.05$ ).

**Conclusion:** We evaluated VCI fluid response with six method in hydration group and with six method in diuresis group. IVC diameter were significantly changed in 11 method of the total 12 method. IVC diameter measurements can be useful for the hyper-hypovolemic patients who should be monitored of volume conditions.

In our study we found the most sensitive method VCI M-Mod minimum diameter measurement, which can be more useful for monitoring volume status of patients, that have than other methods.

**Keywords:** emergency department, vena cava inferior diameter, volume status, ultrasonography

## PP 460

**A fatal case of adult tetanus**

*Özlem Bilir, Gökhan Ersunan, Özcan Yavaş, Kamil Kayayurt*

Department of Emergency Medicine, Recep Tayyip Erdoğan University, Rize Research and Training Hospital, Rize, Turkey

**Objective:** Tetanus is an acutely progressive central nervous system (CNS) infection characterized by severe respiratory distress and persistent tonic spasms (1). It is still a serious public health issue in developing countries. Here, we present a rapidly progressive fatal case of tetanus who had not been immunized before.

**Case:** A 67 years old woman was presented to emergency department with back pain and ongoing contractions since two days. Five days ago, she had stepped onto a metal nail and she had her first tetanus vaccination. She had not been immunized before. She was alert and oriented. Vital signs were as follows: blood pressure, 140/90 mmHg; hearth rate, 97 bpm; respiratory rate, 22/minutes; temperature, 36.8 C°. She was in left lateral decubitus position and had neck hyperextension. She had a 1x1 cm hyperemic enduration on plantar side of right foot. Her other systemic examination was almost normal. Laboratory findings, electrocardiogram and imaging studies were normal. During emergency department follow up she had periodic contractions. History, position of the patient and the physical examination findings let us to think about tetanus. He was consulted with specialist of infectious diseases. Diagnosis was confirmed and she was hospitalised in intensive care unit. At 19.th hour of hospitalization she had apnea periods. She was started to be mechanically ventilated. At 20.th hour after bradycardia and hypotension she was arrested. She did not response to cardiopulmonary resuscitation and died.

**Conclusion:** In spite of active immunization programs, the mortality rate of tetanus is 28/100000 in developing countries. We should educate public about the risk of tetanus and the importance of tetanus immunization.

**Keywords:** tetanus, tetanus immunization, tetanus prophylaxis



PP 461

**An Unusual Cause of Unintentional Poisoning: Glyphosate**

*Salim Satar*<sup>1</sup>, *Ayca Acikalın*<sup>2</sup>, *Muge Gulen*<sup>3</sup>, *Selen Acehan*<sup>4</sup>, *Mehmet Oguzhan Ay*<sup>1</sup>, *Ahmet Firat Bektas*<sup>5</sup>, *Ferhat Icme*<sup>6</sup>, *Umut Gumusay*<sup>7</sup>

<sup>1</sup>Adana Numune Education and Research Hospital, Department of Emergency Medicine, Adana, Turkey

<sup>2</sup>Cukurova University, School of Medicine, Department of Emergency Medicine, Adana, Turkey

<sup>3</sup>Yunus Emre State Hospital, Department of Emergency Medicine, Eskisehir, Turkey

<sup>4</sup>Mersin State Hospital, Department of Emergency Medicine, Mersin, Turkey

<sup>5</sup>Akdeniz University, School of Medicine, Department of Emergency Medicine, Antalya, Turkey

<sup>6</sup>Ankara Atatürk Education and Research Hospital, Department of Emergency Medicine, Ankara, Turkey

<sup>7</sup>Cukurova Dr Askim Tufekci State Hospital, Emergency Medicine Service, Adana, Turkey

**Objective:** Glyphosate is a non-selective organophosphate herbicide which has a wide spectrum and systemic effects and used widely in many countries including Turkey. This is resulted in inhibition of aromatic amino acid, hydroxy phenolic compounds and chlorophyll synthesis and consequently a reduction occurs in protein synthesis and growing and cell deaths are seen. Glyphosate is considered to lead to gastrointestinal irritation, hepatic and renal dysfunction, cardiovascular instability and pulmonary insufficiency also in humans similarly as the result of reduction in protein synthesis and cell deaths by inhibiting some enzyme systems.

**Case:** In this paper, we desired to discuss a group of poisoning cases who were admitted to emergency department with complaints of nausea after noticing that they had mistakenly added glyphosate containing herbicide in the meal instead of oil and who developed thrombocytopenia and elevation in renal function tests.

**Conclusion:** While it causes death in rats in very low doses, death occurs in humans only in very high doses (330 ± 42 ml).

**Keywords:** Emergency, Glyphosate, Poisoning

PP 462

**Humerus fracture due to epileptic attack during sleep with the prediagnosis of myocardial infarction**

*Salim Kemal Tuncer*, *Yusuf Emrah Eyi*, *Umit Kaldirim*, *Ali Osman Yildirim*, *Sukru Ardic*

Gulhane Military Medical Academy, Department Of Emergency Medicine, Ankara/Turkey

**Objective:** The main causes of fracture of the shoulder are either seizures or a direct trauma on the anterior side of the shoulder or indirect trauma by falling on the outstretched arm. Muscular forces generated during a seizure can lead to various fractures and dislocations including those of the shoulder, hip and jaw. The aim of this study was to present a misprediagnosed patient as myocardial infarction with complaints of loss of consciousness.

**Case:** A 55-year-old male presented with the prediagnosis of myocardial infarction by prehospital medical care personnel. According to history from his relatives, he started to make weird noises and he got purple face while he was sleeping. Tenderness on left shoulder and loss of consciousness were present on physical examination. Shoulder x-rays on admission revealed fracture of the left humeral head. No other signs and results pointing myocardial infarction were obtained. Laboratory findings were within normal range. He finally diagnosed fracture of left humeral head secondary to undiagnosed epilepsy.

**Conclusion:** This case demonstrates that fracture of shoulder is implicated with witnessed seizures. Therefore, a high index of suspicion of a seizure disorder must exist to ensure that there is no delay in the diagnosis and treatment of the underlying condition. With regard to treatment of the shoulder injury, early diagnosis and prompt surgical intervention is needed to determine a good outcome. Emergency doctors should not underestimate the muscular forces in seizure disorders and be alert for fractures of the shoulder and/or other joints even under the circumstances of misprediagnosis.

**Keywords:** Seizure, Shoulder, Fracture



## PP 463

**cerebellar infarctions with headache**

*Neslihan Siliv, Güner Yurtsever, Birol Örsoğlu, Cenk Kıranlı, Kadriye Ela Oğuz, Alper Gündüz*

Izmir Bozyaka Training And Research Hospital

**Objective:** Cerebellar infarction is an important cause of stroke that often presents with common and non-specific symptoms such as dizziness, nausea and vomiting, unsteady gait, and headache. Accurate diagnosis frequently relies on careful attention to patients' coordination, gait, and eye movements--components of the neurological physical examination that are sometimes omitted or abridged if cerebellar stroke is not specifically being considered.

**Case:** 70 years old patient admitted emergency services and she was complaining of headache for 6 hours. She told that this was the most severe headache of her life. When she came to hospital, her GCS was 15. Vital functions of her are all normal (BP:130/70mmhg, pulse 66/mn, RR:18/mn). We saw her dismetri at neurologic examination. She was taken to computed tomograph for her brain imaging. Her brain ct had no infarction or hemorrhage. After 15 minutes, her GCS was decreased to 12. She had E4M4V4. Her eyes are deviated toward left. Respiratory arrest was seen in 30 minutes. Then she was intubated and taken to MRI. She had bilateral cerebellar infarction. She lied in the intensive care unit.

**Conclusion:** Cerebellar infarctions often go unrecognized and misdiagnosed. Easily confused with peripheral vestibular system dysfunction, physicians often miss the cardinal symptoms of dizziness and an abnormal gait. If not treated appropriately and quickly, cerebellar infarcts can lead to coma and death.

**Keywords:** cerebellar infarctions, headache, intubation

## PP 464

**Intracranial Lipoma**

*Özlem Bilir, Gökhan Ersunan, Kamil Kayayurt, Özcan Yavaşı, Enes Suman, Aydın Çoşkun*

Department of Emergency Medicine, Recep Tayyip Erdoğan University, Rize Research of Training Hospital, Rize Turkey

**Objective:** Intracranial lipomas are very rare tumors with an incidence of approximately 0.1% of diagnosed brain tumors and 0.08% of tumors found on autopsy. Lipomas, classified in congenital malformations of the central nervous system, constitute 0.06-0.46% of intracranial lesions. In this paper, 60 year-old female patient admitted to the emergency department with headache, brain lipoma identified are discussed.

**Case:** A 60-year old female patient admitted to our department because of headache. She said, gradually increasing the severity of the headache. Vital and physical examination revealed no pathology findings. The patient uses the warfarin patients who had a CT brain, the center of the lateral ventricle in both frontal impact and pressure forming hornlara extending 27mm x 29mm x 16mm hypodense lesion size was defined as the observation of lipoma lesions on cranial MRI is taken. Neurological examination of the patient is not symptomatic treatment after brain surgery clinic proposed by the lack of mass effect, and was discharged from the emergency department.

**Conclusion:** These tumors are usually asymptomatic, and detected during radiological investigations and autopsy. Intracranial lipomas usually present with headache, epileptic seizures, psychomotor retardation and cranial nerve paralysis.

**Keywords:** Brain tumors, headache, intracranial lipoma



PP 465

**The diagnostic value of Mean Platelet Volume in Patients With Hypertensive Crises**

*Mustafa Karabaçak*<sup>1</sup>, *Abdullah Doğan*<sup>2</sup>, *Kenan Ahmet Türkoğan*<sup>3</sup>, *Ali Duman*<sup>4</sup>, *Orhan Akpınar*<sup>4</sup>, *Mücahit Kaççı*<sup>4</sup>

<sup>1</sup>Isparta State Hospital, Department of Cardiology

<sup>2</sup>Süleyman Demirel University, Medical Faculty, Department of Cardiology

<sup>3</sup>Bezalel Foundation University, Department of Emergency Medicine

<sup>4</sup>Isparta State Hospital, Department of Emergency Medicine

**Objective:** Patients with hypertension have evidence of platelet activation. Platelets have an important role in the pathophysiology of cardiovascular diseases. Mean platelet volume (MPV), an indicator of platelet activation, is increased in patients with hypertension. Hypertensive crisis is an extreme phenotype of hypertension and hypertension-related thrombotic complications. The aim of this study was to assess the MPV in patients with hypertensive crises.

**Materials-Methods:** We included 215 hypertensive emergency patients, 60 hypertensive emergency patients and 39 normotensive control patients who were admitted to the emergency department with a diagnosis of hypertensive crises between March 2011 and December 2012. Hypertensive crisis was defined as systolic BP over 180 mmHg and/or diastolic BP over 120 mmHg.

**Results:** Systolic and diastolic BP were significantly higher in hypertensive emergency and hypertensive urgency than in normotensives. It was also higher in hypertensive emergency than in hypertensive urgency ( $p < 0.001$ ). The MPV values of patients with hypertensive emergency were significantly higher than those of the hypertensive urgency and normotensives (8.3 (7.7-8.7) and 8.4 (7.7-9.1) versus 9.5 (8.7-10.1) fL;  $p < 0.001$ ). In multivariable analysis, we found that the presence of systolic hypertension ( $\beta = 0.17$ ,  $p = 0.011$ ) and DM ( $\beta = 0.23$ ,  $p < 0.001$ ) were associated with higher MPV.

**Conclusion:** We have shown that MPV, an indicator of platelet activation, was significantly higher in patients with hypertensive crises when compared with control subjects. Besides, the presence of DM and systolic blood pressure elevation was a significant predictor of higher MPV.

**Keywords:** Mean Platelet Volume, Hypertensive Crises, Hypertensive Emergency, Hypertensive Urgency

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T: +90 312 426 12 14

F: +90 312 426 12 44

info@atuder.org.tr - www.atuder.org.tr



SOCIETY OF CRITICAL CARE

Oğuzlar mah. Barış Manço Cad.  
1388. Sokak no 52/5 Balgat - ANKARA / TURKEY

T: +90 312 231 20 08

+90 533 448 52 65

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## ORGANIZATION SECRETARIAT



İcadiye Caddesi No: 3 Kuzguncuk  
34674 İstanbul / TURKEY

T:+90 216 310 11 00 F:+90 216 310 06 00

info@genx.com.tr - www.genx.com.tr

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**ATUDER**  
EMERGENCY MEDICINE PHYSICIANS  
ASSOCIATION OF TURKEY

Yukarı Ayrancı Güteryüz Sk. No: 26/19  
06550 Çankaya - ANKARA / TURKEY

T: +90 312 426 12 14

F: +90 312 426 12 44

[info@atuder.org.tr](mailto:info@atuder.org.tr) - [www.atuder.org.tr](http://www.atuder.org.tr)



**SOCIETY OF CRITICAL CARE**

Oğuzlar mah. Barış Manço Cad.  
1388. Sokak no 52/5 Balgat - ANKARA / TURKEY

T: +90 312 231 20 08

+90 533 448 52 65

[www.kritikbakim.com](http://www.kritikbakim.com)