

16-19 MAY 2024

Starlight Resort Hotel, Side / Antalya

**11th INTERCONTINENTAL EMERGENCY
MEDICINE CONGRESS**

&

**11th INTERNATIONAL CRITICAL CARE AND
EMERGENCY MEDICINE CONGRESS**

In Conjunction With

**20th NATIONAL EMERGENCY
MEDICINE CONGRESS**

&

2024 WACEM SUMMER SUMMIT OF LEADERS



ABSTRACT BOOK



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***SÖZEL BİLDİRİLER
ORAL PRESENTATIONS***

Ref No: 1041

Foreign body aspiration mimicking myocardial infarction

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Introduction and Purpose: As Hippocrates said, "there is no disease, there is a patient". Anamnesis and physical examination are very important when evaluating each patient. Especially in patients whose diagnosis cannot be certain, detailed anamnesis and repeated physical examinations are very important.

Materials and Methods: A 51-year-old male patient was referred to our hospital with a preliminary diagnosis of myocardial infarction (MI). The patient's anamnesis revealed pain in the epigastric region, radiating to the right upper quadrant and chest. An ECG showed T negativity in leads V2-V6 and a troponin T value of 25 ng/L. The patient's pain started last night, increased in intensity, was burning, and was unrelated to exertion. The patient's abdominal tenderness was normal. We sent routine blood samples, posteroanterior (PA) chest X-ray, and standing abdominal plain X-ray, and started symptomatic treatment. Blood results showed WBC: 15000 /uL, CRP: 25 mg/L, and troponin T: 23ng/L. No acute pathology was detected in chest and abdominal plain X-ray. Since the patient's pain was not typical, decrease in troponin value, and there were no active ECG changes, we turned to investigate diagnoses other than MI. To investigate other diagnoses, we requested contrast-enhanced abdominal CT to avoid missing possible intra-abdominal pathologies. A 3 cm long foreign body was observed in the stomach antrum region, penetrating the stomach wall. The patient was hospitalized for endoscopy due to a foreign body in the gastrointestinal system (GIS). The patient developed gastric perforation and was operated on. The patient, who had no symptoms during and after the operation, was discharged with full recovery.

Results and Conclusion: Upper GI foreign bodies are common at early ages. Although it is less common in the adult age group, it can cause serious mortality and morbidity. The appropriate imaging method should be selected. It depends on many factors such as the patient's age, clinic, what the foreign body is, and its anatomical location.

Keywords: Endoscopy, gastrointestinal tract, foreign body

Ref No: 1062

A Rare Cause of Headache in Emergency Department - Porencephalic Cyst

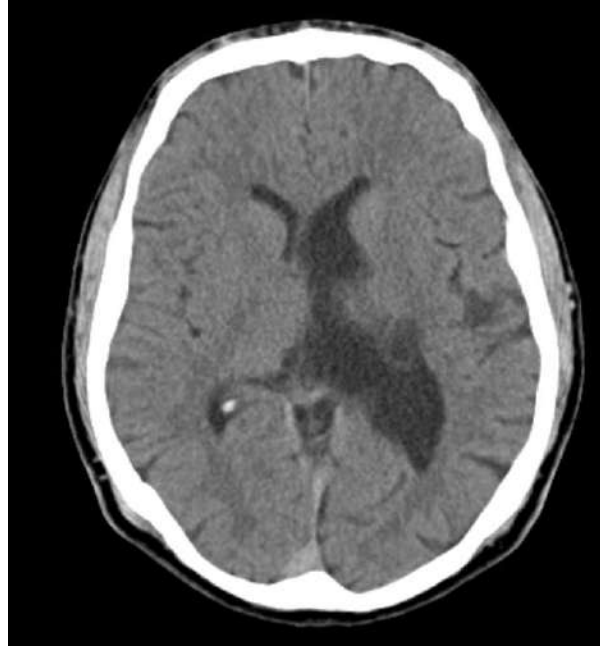
Yasin Yıldız¹, İbrahim Keş¹, Mithat Toruk¹, Mustafa Çiftçi¹, Emin Fatih Vişneci¹, Muhammet Gökhan Turtay¹

¹Konya City Hospital, Emergency Medicine Clinic

Introduction and Purpose: Porencephaly is an extremely rare cephalic disorder involving encephalomalacia. Its etiology remains not entirely elucidated and manifests as a neurological condition affecting the central nervous system. We presented a case of a porencephalic cyst, which is a rare cause of headache in adults.

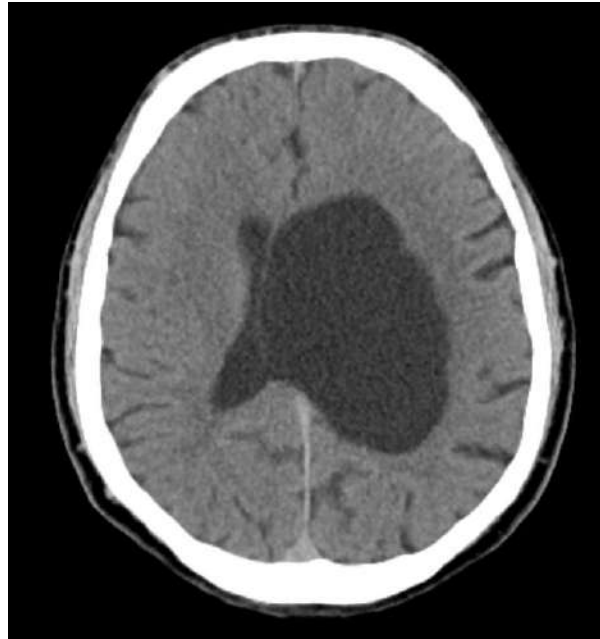
Materials and Methods: A 25-year-old male patient presented to our emergency department with a recent onset of headache. On arrival, his Glasgow Coma Scale (GCS) was 15, vital signs were stable, and he had no fever. Physical examination did not reveal neck stiffness, and cranial nerve examinations were normal. There was no evidence of an infectious focus in the patient. Brain computed tomography (CT) imaging revealed asymmetric enlargement in the left lateral ventricle, with a hypodense lesion extending towards the left supraventricular level adjacent to the lateral ventricle (Image 1,2 and 3). The CT report indicated no midline shift. The patient was consulted to the Department of Neurosurgery. The consultation resulted in the diagnosis of a porencephalic cyst based on the CT findings, with no evidence of edema or midline shift. Since no urgent pathology was identified, the patient was discharged with recommendations for outpatient follow-up at the Neurosurgery Clinic, with a Brain MRI requested. The patient benefited from analgesic treatment in the emergency department and was discharged with instructions.

Image 1



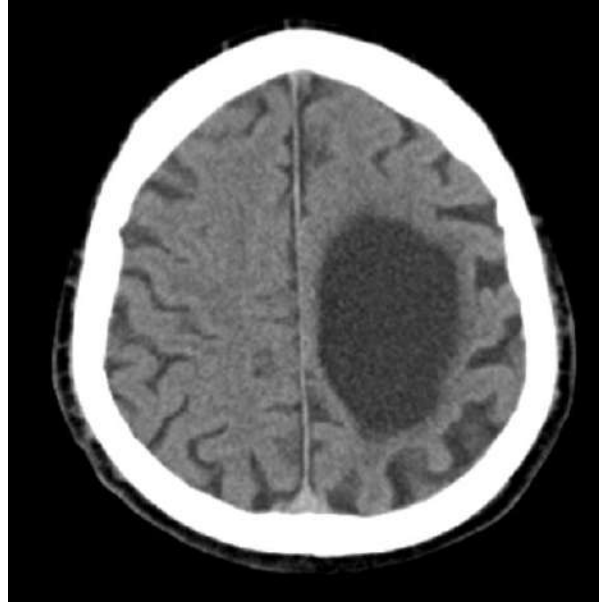
CT scan of the patient that reveals porencephalic cyst.

Image 2



CT scan of the patient that reveals porencephalic cyst.

Image 3



CT scan of the patient that reveals porencephalic cyst.

Results and Conclusion: Cysts and cavities can cause a variety of symptoms. The symptoms of porencephaly vary depending on neuronal loss following cyst formation or the mass effect of the cyst itself. In the literature, psychiatric disorders such as seizures, visual, speech, and hearing impairments, rhinorrhea, otorrhea, schizophrenia, and psychosis have also been reported. In diagnosis, Brain CT scan reveals an intracranial cyst with well-defined borders and central hypodensity attributed to cerebrospinal fluid. Mass effect on adjacent parenchyma is usually not observed, although very large cysts may locally cause such effect. Brain Magnetic Resonance Imaging (MRI), along with cerebrospinal fluid signal, may depict a well-defined cyst within the brain parenchyma covered by white matter. Neurosurgical treatment is reserved primarily for symptomatic patients, such as those with drug-resistant epileptic seizures. There is no literature discussing treatment for asymptomatic porencephalic cases that require only monitoring.

Keywords: Emergency medicine, Porencephaly, Porencephalic Cyst

Ref No: 1104

A rare case hidden under the mask of diabetic ketoacidosis: myeloid sarcoma

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Introduction and Purpose: Myeloid sarcoma is an extramedullary tumor of immature granulocytic cells. It is a rare disease with a poor prognosis. It consists of myeloblastic cells and usually occurs with acute myeloid leukemia. Diagnosis requires high clinical suspicion due to non-specific clinical and radiological findings.

Materials and Methods: A 54-year-old female patient applied to an external center due to confusion, shortness of breath, weakness and abdominal swelling that developed 1 day ago. After her initial examination, she was referred to our emergency department with a preliminary diagnosis of diabetic ketoacidosis. The patient has been diagnosed with diabetes mellitus for the past 15 years. On physical examination, the patient's general condition was poor and consciousness was confused. The patient's vital signs were blood pressure: 128/70 mmHg, pulse: 118/min, respiratory rate: 42/min, and oxygen saturation: 93%. Fingerstick blood glucose: 420 mg/dl on arrival. The abdomen was distended. There was bilateral pretibial edema. Abnormal laboratory findings; wbc:21000 neutrophil:19000 crp:61 glucose:355 bloodgas ;ph:7,00 co2:14 hco3:7.5 urinalysis;ketone:>=80 glu:500. The patient received treatment for DKA. Due to the presence of acid and metastasis? findings in the abdominal CT scan taken in our emergency department, paracentesis was performed and sent to medical pathology for cytological examination. Peritonitis wasn't detected. The cytological examination revealed abundant histiocytes with mitosis. Numerous apoptotic bodies were observed. The Ki67 proliferation index was found to be high in the identified cells. The patient was admitted to the internal intensive care unit due to DKA. Endoscopic and colonoscopic examinations were planned due to suspicion of a mass in the rectum detected during abdominal imaging. However, as these examinations did not reveal a primary malignancy focus in the rectum, the patient underwent a bone marrow biopsy, which yielded results consistent with acute myelomonocytic leukemia. Additionally, peritoneal biopsy was performed on the patient with omental involvement, and chemotherapy was initiated suspecting myeloid sarcoma.

Results and Conclusion: The initial sample taken in the emergency department has been diagnostically illuminating. In patients presenting with ascitic fluid for the first time, we believe that obtaining initial samples in the emergency department can contribute to shortening the patient's diagnostic process and facilitating early initiation of treatment, particularly in capturing neoplastic diseases.

Keywords: Diabetic Ketoacidosis(DKA), Paracentesis, Peritoneal myeloid sarcoma

Ref No: 1153

Paederus Dermatitis in a field worker

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Introduction and Purpose: Paederus dermatitis(PD) occurs after contact with Paederus beetles. This type of dermatitis is a form of contact dermatitis caused by pederin a haemolymph fluid secreted not by the bite or sting of the insect, but by some crushing of the insect on the body. Paederus dermatitis clinically manifests as pustules and vesicles on an erythematous background. Patients usually present with sudden onset of burning sensation and skin pain. They are usually found in hot and humid regions.

Materials and Methods: A 55-year-old male patient presented to the emergency department 1 day after working in the field because of red lesions on the neck and chest with mild pain. He had no known co-morbidities. He reported no pruritus. Vital signs are normal. On examination, there was a ring-shaped lesion approximately 4 cm in diameter on the left posterior neck with a vesicular structure on an erythematous ground and small red round lesions extending under the left clavicle towards the anterior chest wall. GCS 15, other systemic examinations were normal. Based on the patient's history and the appearance of the lesions, Paederus dermatitis was considered in the emergency department and wet dressing and topical steroid cream were prescribed. He was discharged with a recommendation to attend a dermatology outpatient clinic for follow-up if her lesions did not resolve.

Lesion on the neck



Lesions on the anterior chest



Results and Conclusion: PD is a type of dermatitis characterised by vesicular and pustular eruptions on an erythematous background with a sudden onset and mostly burning and stinging sensation. It is usually diagnosed clinically. Lesions appear within 24-48 hours after contact between haemolymph and skin, usually on exposed areas of the body. Thermal burns, allergic or irritant contact dermatitis, herpes zoster, herpes simplex, cantharidin dermatitis, phytophotodermatitis, pustular psoriasis, bullous impetigo and Sneddon-Wilkinson disease should be considered in the differential diagnosis of PD. Lesions usually appear on exposed parts of the body, often in a linear configuration, and heal with hyperpigmentation in about two weeks. When recognized, irritants should first be removed from the skin by washing with soap and water. This can prevent the development of serious symptoms. PD may heal on its own within a week or it may cause some complications.

Keywords: Contact dermatitis, paederus dermatitis, insect contact

Ref No: 1217

Empyema and Pneumothorax occurring in the long term after Bariatric Surgery; Case Report

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Introduction and Purpose: Obesity is a public health problem with increasing prevalence, associated with many comorbidities. The most effective treatment is bariatric surgery. Bariatric surgeries provide long-term weight loss and regression of obesity and obesity-related diseases. The perioperative complication rate is below 1% .

Materials and Methods: Case:A 24-year-old male patient, with no known comorbidities, presented to the emergency department with left side pain and respiratory distress. In his history, it was learned that he had bariatric surgery 3 months ago. In the physical examination of the patient, breath sounds were decreased at baseline in the left hemithorax. Tests performed: Glucose 277 mg/dl, AST 21 U/L, ALT 19 U/L, Urea 26.5 mg/dl, Creatinine mg/dl, CRP 360.3 mg/L WBC 17.44 K/Ul, Hb 13 .4 g/dl, plt 306 K/Ul, pulmonary CT angiography showed pneumothorax and empyema in the left lung . The patient was punctured from the left lateral thorax. Empyematous fluid was removed. A 28f tube thoracostomy was performed from the same location. The patient was followed up in the ICU. As his general condition worsened, an operation decision was made. The patient underwent partial decortication and air leak repair via left thoracotomy. It was determined that the patient's developing condition was related to the development of leakage due to the laparoscopic sleeve gastrectomy operation he had previously undergone.

Results and Conclusion: With the increasing prevalence of obesity, interest in bariatric surgeries is increasing. Physicians working in emergency departments are expected to recognize the possible complications of bariatric surgeries and manage them appropriately. Anastomotic fistula that develops after surgery may develop even 3 months after surgery (Fuks et al., 2009). Dysphagia, left shoulder pain and hiccup can be considered as early symptoms .It is known that bariatric surgery gives effective results in the treatment of obesity. However, having complex surgical techniques increases the possibility of encountering different complications.

Keywords: Bariatric Surgery, Empyema, Pneumothorax

Ref No: 1245

A Rare Cause Of Abdominal Pain: Harjola-Marable Syndrome

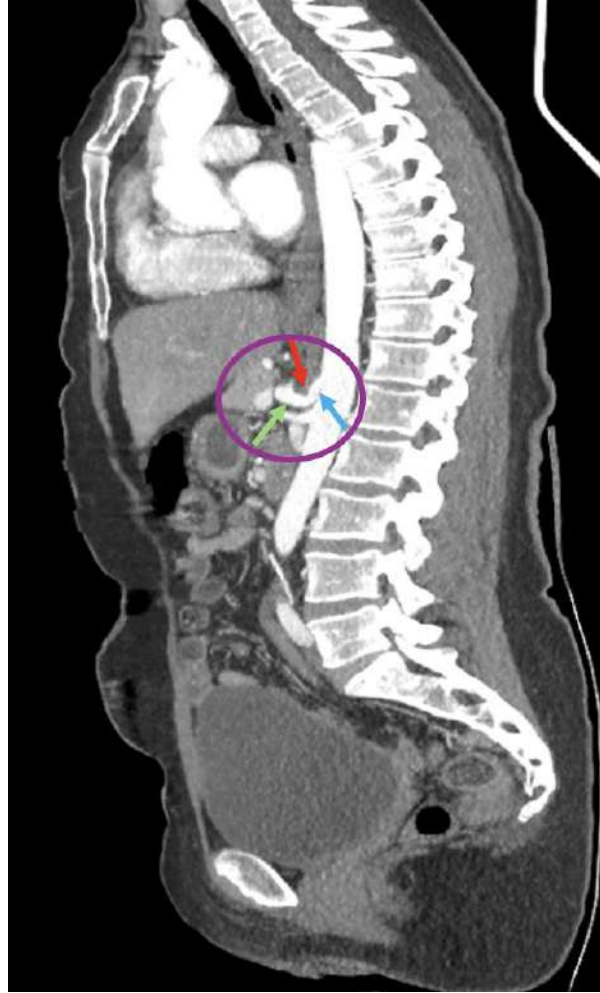
İsmail Atas¹

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Introduction and Purpose: Harjola-Marable Syndrome is a disease caused by compression of the Median Arcuate Ligament (MAL) into the celiac artery. It is usually characterized by postprandial abdominal pain. Here, we will describe a case who was admitted to the emergency department due to abdominal pain and diagnosed with Harjola-Marable Syndrome using computed tomography (CT) angiography.

Materials and Methods: A 47-year-old female patient was admitted to the emergency department with severe epigastric abdominal pain. During abdominal auscultation, a murmur was detected in the epigastric region. CT angiography showed focal narrowing of the proximal celiac artery, poststenotic dilatation, and indentation in the upper part of the celiac artery (Figure 1). Harjola-Marable Syndrome was considered and general surgery was consulted. He was admitted to the ward by the general surgeon considering elective laparoscopic surgery.

Figure 1



Focal narrowing (blue arrow) in the proximal celiac artery, poststenotic dilatation (green arrow), indentation in the upper part of the celiac artery (red arrow).

Results and Conclusion: It is thought that not only mesenteric ischemia due to compression of the celiac artery but also neurogenic stimulation due to compression of the celiac ganglion and plexus plays a role in the pathophysiology. The most specific diagnostic method is CT angiography. The basic approach to treatment is to remove the pressure on the celiac artery. In conclusion, the way to reach the diagnosis is an unbiased, detailed anamnesis, a murmur that rises with expiration in the epigastric region, and CT angiography in case of doubt.

Keywords: Harjola-Marable Syndrome, median arcuate ligament, celiac artery

Ref No: 1260

Systemic Inflammatory Response Index (SIRI) and Aggregate Index of Systemic Inflammation(AISI) in Pulmonary Thromboembolism

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¹university of karabuk

Introduction and Purpose: Pulmonary thromboembolism (PTE) is a significant cause of emergency department visits, especially among young and middle-aged adults. The diagnosis and treatment of pulmonary thromboembolism require great attention and speed due to the broad clinical symptoms and potentially fatal outcomes. The aim of this study is to determine the relationship between the systemic inflammatory response index (SIRI) and the aggregate index of systemic inflammation (AISİ) with the location of pulmonary thromboembolism and hospital stay duration.

Materials and Methods: The study is a cross-sectional study conducted in the emergency department of a tertiary university hospital. The study population consisted of patients diagnosed with pulmonary thromboembolism in the emergency department between January 1, 2020, and February 31, 2024. Patients under 18 years old, pregnant, or with inaccessible data were excluded from the study. The demographic characteristics of the patients such as age, gender, comorbidities (Diabetes mellitus, hypertension, cardiac disease history, malignancy, chronic obstructive pulmonary disease, cerebrovascular disease), duration of hospital stay, and in-hospital mortality status were recorded. Laboratory parameters (platelet, neutrophil, lymphocyte, monocyte, high-sensitivity troponin I (TnI), D-Dimer) levels were recorded. The aggregate index of systemic inflammation (AISİ: neutrophils x platelets x monocytes/lymphocytes) and the systemic inflammatory response index (SIRI: neutrophils x monocytes/lymphocytes) were calculated.

Results and Conclusion: No statistically significant relationship was found between the systemic inflammatory response index (SIRI) and the aggregate index of systemic inflammation (AISİ) and the severity of pulmonary thromboembolism (PTE) (Respectively, p:0,395, p:0.402). Furthermore, no significant relationship was found between age and hospitalization and the severity of pulmonary thromboembolism (Respectively, p:0.838, p:0.220). Our study found no significant relationship between SIRI and AISİ and the location of PTE, hospital stay duration, and mortality. This may be explained by the fact that the tests taken at the time of presentation to the emergency department with acute PTE are still in the early stages of inflammation. Considering the limitations of the study, further research is needed on more extensive and diversified populations to assess the potential value of these indices, and this study highlights the complex nature of the use of inflammation markers in the diagnosis and treatment of PTE.

table 1

Descriptives

	Median [IQR]
Age (year)	74 [25.0]
	n (%)
Gender	
Female	61 (60.4%)
Male	40 (39.6%)
Comorbidities	
Hypertension	36 (35.6%)
Coronary artery disease	17 (16.8%)
Diabetes Mellitus	22 (21.8%)
Chronic Obstructive Pulmonary Disease	10 (9.9%)
Cerebrovascular Event	17 (16.8%)
Malignancy	16 (15.8%)
Hospitalization	79 (78.2%)
Discharge	22 (21.8%)
Mortality	9 (8.9%)

Descriptives

table 2

	Saddle	Lobar	Segmental	Subsegmental	p
Age (Year)					
Median(IQR)	79 (17.8)	72 (23.0)	77 (24.5)	74.5 (1.50)	0.838
Hospitalizasyon Duration(Day)					

Median(IQR)	5.50 (2.50)	6 (6.00)	4.50 (6.00)	0 (0.00)	0.220
Neutrophil($10^9/L$)					
Median(IQR)	7.60 (4.44)	7.31 (3.80)	7.91 (4.06)	8.18 (2.98)	0.973
Platelet($10^9/L$)					
Median(IQR)	214 (122)	224 (126)	233 (105)	180 (34.5)	0.420
Monocyte($10^9/L$)					
Median(IQR)	0.36 (0.130)	0.71 (0.450)	0.64 (0.282)	0.61 (0.180)	0.112
Lymphocyte($10^9/L$)					
Median(IQR)	1.90 (0.840)	1.80 (0.940)	1.83 (1.27)	1.21 (0.095)	0.702
Troponin(ng/ml)					
Median(IQR)	0.120 (0.410)	0.030 (0.100)	0.020 (0.104)	0.185 (0.175)	0.259
D-Dimer(mcg/ml)					
Median(IQR)	10.1 (12.9)	6.04 (9.51)	3.99 (6.64)	0.65 (0.00)	0.063
AISI					
Median(IQR)	368 (374)	585 (935)	714 (1047)	975 (725)	0.402
SIRI					
Median(IQR)	1.72 (0.693)	2.85 (3.88)	3.20 (4.66)	4.83 (3.11)	0.395

Relationship between laboratory parameters and pulmonary thromboembolism type

Keywords: pulmonary thromboembolism, AISI, SIRI

Ref No: 1263

Comparison of Emergency Department Stroke Admissions During the COVID-19 Pandemic Period with the Pre-Pandemic Period

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Introduction and Purpose: The SARS-CoV-2 type COVID-19 disease, which started in the city of Wuhan, China in December 2019, quickly spread worldwide and became a pandemic. Microbiological and radiological examinations are used for the diagnosis of COVID-19 infection. COVID-19 disease affects vascular structures and leads to diseases such as myocardial infarction, ischemic stroke, and venous circulation disorders due to vascular occlusion. In this study, we investigated the relationship between COVID-19 disease and patients diagnosed with ischemic stroke admitted to our emergency department. During this process, we compared the hematological and biochemical parameters of the patients.

Materials and Methods: Our study is a retrospective study, including adult patients aged 18 and over who presented to the emergency department of Manisa Celal Bayar Hospital with imaging-diagnosed or clinically suspected stroke during the pre-pandemic period from March 10, 2019, to March 10, 2020, and during the pandemic period from March 11, 2020, to March 11, 2021. All parameters were recorded by scanning patient files through the Hospital Information Management System (HIMS)

Results and Conclusion: 211 cases were included before the pandemic, while 224 cases were included during the pandemic. Both groups had a higher proportion of male patients. Among those before the pandemic, 150 and during the pandemic, 144 had at least one chronic illness. Ischemic stroke was diagnosed in 174 (82.5%) cases before the pandemic and 186 (83%) cases during the pandemic. Significant differences were observed in respiratory rates and ALT values between the groups. Statistically significant differences were also found in fever levels and respiratory rates based on COVID-19 status. COVID-19 particularly affects vascular structures, leading to hypercoagulability, resulting in various conditions including stroke. Understanding the relationship between COVID-19 and stroke and investigating the mechanisms could be crucial for early diagnosis and implementing preventive measures such as anticoagulation to reduce morbidity and mortality in COVID-19 patients.

Keywords: Covid-19, stroke, pandemic

Ref No: 1279

Pneumomediastinum following maxillofacial trauma: a case report

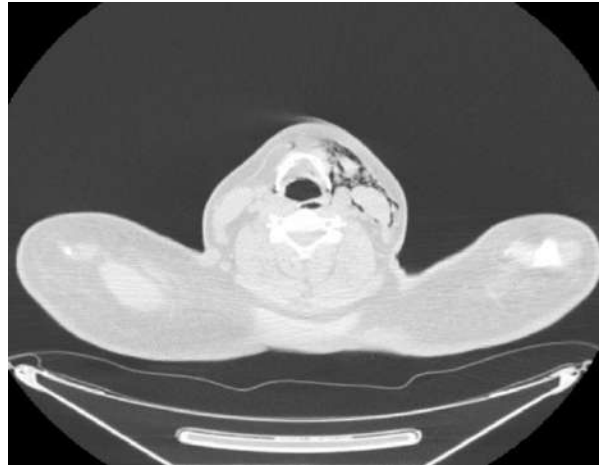
Esma Büşra Güzeş¹, Dilber Üçöz Kocaşaban¹

¹Ankara Eğitim ve Araştırma Hastanesi

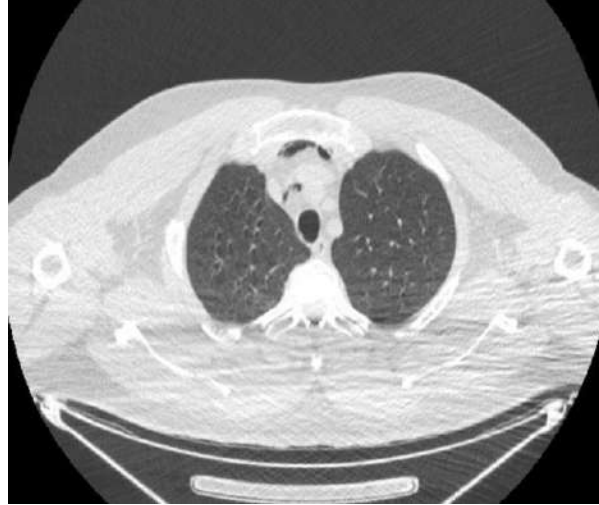
Introduction and Purpose: Iatrogenic cases of subcutaneous emphysema are most commonly seen in patients with dental intervention or a history of oral/maxillofacial surgery. There are also reported cases of subcutaneous emphysema and pneumomediastinum associated with maxillofacial trauma, but they are much rarer. Subcutaneous emphysema associated with maxillofacial trauma is still not widely observed but has an incidence of 7%.

Materials and Methods: A 39-year-old man presented to the emergency department as an outpatient with a report of battery. On arrival, his vitals were stable, GCS was 14, and his consciousness was evaluated as sleepy. Physical examination revealed edema in the nasal dorsum, inferolateral left orbit and superior lip, pain and tenderness in the left zygoma. External examination was normal. Imaging studies showed air densities and pneumomediastinum in the anterior neck wall and mediastinum sections, which appeared to continue into the muscle planes. Multiple fractures were observed in the facial bones. The patient was consulted to surgical clinics related to trauma. He was referred to a thoracic surgery center for bronchoscopy because of pneumomediastinum.

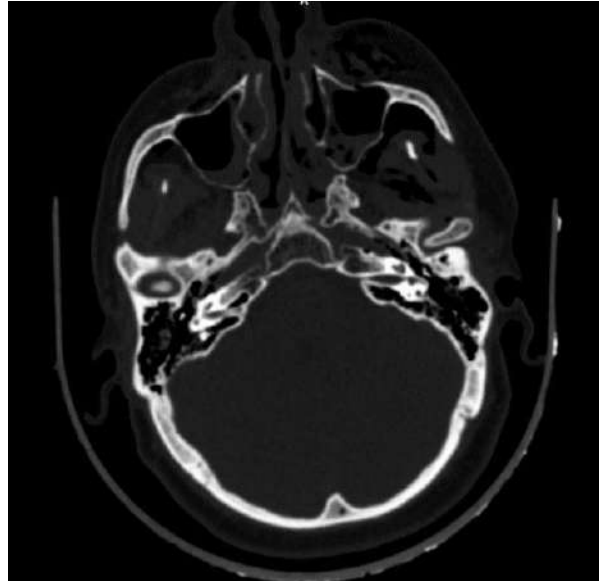
pneumomediastinum



pneumomediastinum 2



facial bones fracture



Results and Conclusion: Pneumomediastinum is the presence of free air in the mediastinal region. It is a life-threatening clinical condition due to complications such as pneumothorax, tension pneumothorax, mediastinitis and pneumopericardium. There are also reported cases of subcutaneous emphysema and pneumomediastinum associated with maxillofacial trauma, but they are much rarer. Pneumomediastinum associated with maxillofacial trauma is a rare condition. It is a diagnosis that should be kept in mind and investigated for serious complications.

Keywords: Pneumomediastinum, maxillofacial trauma, subcutaneous emphysema

Ref No: 1317

THE STONE Clogging THE CANAL

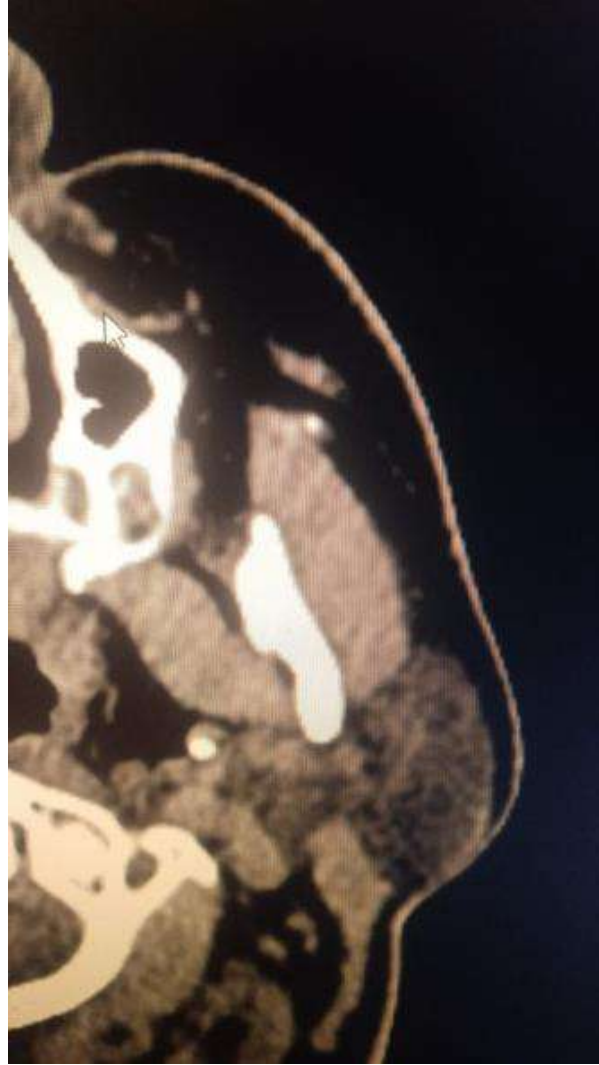
yusuf burak eker¹, erhan şahin¹, erdal tekin¹

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Introduction and Purpose: Acute, single-focal salivary gland swelling is most commonly associated with obstruction, often attributed to sialolithiasis (salivary gland stones). Ductal strictures are also a frequent cause of obstruction either alone or in conjunction with stones. Other common causes of acute single-focal swelling include bacterial infection and inflammation following external beam radiation. The cause (obstruction, bacterial infection, or post-radiation) can typically be determined based on clinical history and physical examination and varies in treatment approach accordingly.

Materials and Methods: A 32-year-old male patient presented to our emergency department with increasing pain in the left cheek, especially after meals for the past few days, and swelling for the past day. There were no accompanying symptoms of fever, chills, sweating, or throat pain. The patient had no known medical conditions or medication use, and his vital signs were within normal limits. Upon systemic examination, tenderness was noted over the left parotid gland. Further history revealed episodic nature of these symptoms, occasional fever, bad breath, and discharge around the right cheek inside the mouth. A stone was detected in the left Stensen's duct on tomography, with preliminary diagnoses of parotid abscess and stricture.

salivary gland stones



Results and Conclusion: Suppurative parotitis can spread to the deep fascial spaces of the head and neck and can be life-threatening, thus initial treatment should involve inpatient care. In cases like ours where sialadenitis is not complicated by abscess, follow-up with non-steroidal anti-inflammatory drugs and explaining the clinical course to the patient regarding abscess development is crucial in emergency departments.

Keywords: salivary gland stones

Ref No: 1336

Initial Assessment of Cytopenia Patients: The Role of Neutrophil to Lymphocyte Ratio and Blood Tests in Differential Diagnosis of Malignancy

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Introduction and Purpose: The approach to diagnosing and managing cytopenia varies in medical practice, with a notable scarcity of publications that comprehensively address this condition. Recent studies have highlighted systemic inflammation as a critical component of tumor progression, utilizing markers like the neutrophil-lymphocyte ratio (NLR) to gauge prognosis in cancer patients. This study investigates the demographic characteristics, complaints, laboratory parameters, clinical outcomes, and emergency treatments of patients with cytopenia at the emergency service. By evaluating hematological ratios such as NLR and platelet-lymphocyte ratio, this research aims to establish their relationship with malignancy diagnoses and clinical outcomes, providing a clearer understanding of the prognostic significance of these markers in a real-world clinical setting.

Materials and Methods: This retrospective cohort study included patients who presented to a university hospital Emergency service between 1 January 2018 and 1 January 2024 and were diagnosed with cytopenia due to laboratory tests and consulted with the Department of Haematology. Eligible patients included those with anemia (Hb <12), thrombocytopenia (platelets <150,000), or neutropenia (absolute neutrophil count <1000), excluding those under 18 or with bleeding-related anemia. Data on demographics, symptoms, comorbidities, full blood count parameters, and hematological ratios were recorded.

Results and Conclusion: The study was conducted on 240 patients. Laboratory findings revealed marked differences in several parameters between the two groups. Non-malignant cytopenias were associated with higher WBC counts, NLR, and reticulocyte counts. Conversely, lymphocyte counts, serum iron, and ferritin levels were higher in patients with hematological malignancies, suggesting these as potential biomarkers for differentiating between malignant and non-malignant conditions. Statistical analysis supported the robustness of these laboratory parameters in distinguishing between the groups, with multiple measures demonstrating significant p-values. ROC analysis further validated the predictive value of NLR in assessing the risk of hematological malignancies, showing high sensitivity and specificity. Logistic regression analysis confirmed the significance of NLR as a predictor for the risk of hematological malignancies. This study provides critical insights into the diagnostic characteristics of hematological disorders and underscores the potential of specific biomarkers in enhancing

diagnostic accuracy and patient management. These findings pave the way for future research and the development of tailored therapeutic strategies in hematological medicine.

Keywords: malignancy, lymphocytes, neutrophils

Ref No: 1358

Psoas Abscess Detected After Abdominal Imaging in a Patient Whose Findings Can Be Explained by Urinary System Infection

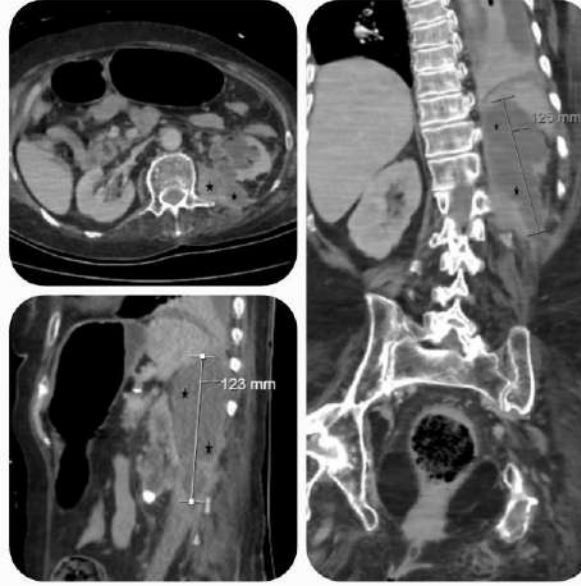
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Introduction and Purpose: Psoas abscess (PA) is a disease with a high mortality and morbidity rate that develops as a result of primary infection of the psoas muscle by haematogenous pathogens or by dissemination of infections in nearby tissues. Due to non-specific symptoms, the diagnosis is often delayed or incidental. Delayed diagnosis complicates the treatment process of the patient. Urinary tract infections (UTI) and especially pyelonephritis is one of the possible causes of PA.

Materials and Methods: An 87-year-old woman was admitted to the emergency department with complaints of chills, tremor, fever, and general condition deterioration. Her medical history included hypertension, coronary artery disease, heart failure and previous stroke. The patient has been bedridden for 3 years and has been using a urinary catheter. Arterial blood pressure was 90/58 mmhg, pulse rate was 122/min, oxygen saturation was 87% and body temperature was 37.3 °C. Abdomen was distended, abdominal examination revealed diffuse tenderness, no defence or rebound. WBC 6500/mm³, CRP 17 mg/dL, creatinine 0.7/mg/dL and procalcitonin 0.25 ng/mL. Urine analysis showed abundant leucocytes, but nitrite was negative. The fluid coming from the urinary catheter has a pyuric appearance. UTI due to long-term catheterisation was considered. Contrast-enhanced abdominal tomography (CT) was planned in the patient who was unable to express himself due to a history of stroke and had a septic appearance. CT scan showed localised fluid in the left psoas muscle extending to the splenic neighbourhood and reaching extrarenal level in the axial plane (Image 1). The current image was interpreted in favour of abscess. In addition, grade 3 hydronephrosis in the left kidney and a 2 cm stone in the ureter lumen were detected.

Image 1



Results and Conclusion: PA is a disease with non-specific or non-sensitive symptoms and is often diagnosed incidentally or delayed. In patients who are unable to express themselves, in poor general condition, and in a frail state, physical examination and laboratory findings, as well as imaging tests to be ordered, will prevent the diagnosis of PA from being missed or delayed. Prevention of delay in diagnosis and early treatment will prevent mortality and morbidity due to PA.

Keywords: Emergency Department, Psoas Abscess, Abdominal Computerised Tomography

Ref No: 1405

Concurrent Cerebrovascular Event and Pulmonary Thromboembolism: A Rare Case Report and Management

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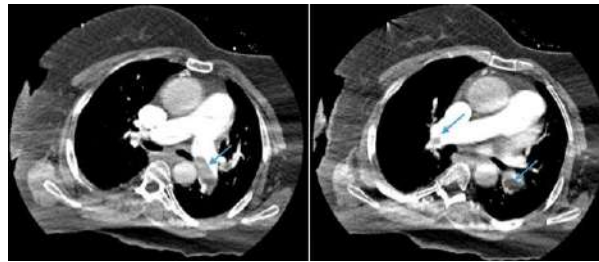
Introduction and Purpose: Ischemic stroke is a clinical condition that occurs with focal loss of cerebral function without any cause other than vascular causes. Approximately 87% of strokes are ischemic strokes. Pulmonary Thromboembolism (PTE) is one of the early complications of deep vein thrombosis and is a life-threatening acute clinical picture. The incidence of PTE, which is a common and important health problem in the community, is approximately 23-2697/100000. Although Cerebrovascular Event (CVE) and PTE are rare, the incidence of patients with these diagnoses simultaneously is unknown.

Materials and Methods: A 65-year-old woman with known hypertension (HT) and morbid obesity was admitted to the emergency department of an external center with complaints of chest pain, palpitations and cough for 4 days. Electrocardiogram (ECG) was compatible with atrial fibrillation in the tests performed in the outpatient emergency department and she was referred to the emergency department with a prediagnosis of Acute Coronary Syndrome (ACS) due to elevated cardiac enzymes in blood tests. The patient was followed up in the emergency department with full monitoring. Upon the sudden onset of confusion, weakness in the left extremities (muscle strength was evaluated as 0/5), central facial paralysis and dysarthria, central imaging was performed with a prediagnosis of CVE. Simultaneous CVE and PTE were detected and the patient was discharged with recovery on the 8th day of the follow-up period after oral anticoagulant prescription.

Figure 1. Dense MCA sing (red arrow) on non-contrast brain CT



Figure 2. Contrast filling defect in bilateral pulmonary arteries (blue arrow) entering the sections on Cerebral - Carotid CT Angiography



Results and Conclusion: This case report presents a rare but clinically important coexistence of simultaneous CVE and PTE. Both CVE and PTE are emergencies associated with severe morbidity and mortality, and both represent different aspects of vascular pathophysiology. Cardiac investigations revealed AF and the patient had a previous diagnosis of HT, which may have increased the risk of thromboembolic events. This case report highlights the rare but serious co-occurrence of simultaneous CVE and PTE, emphasizing the importance of early diagnosis, appropriate treatment, and a multidisciplinary approach in such cases. Monitoring patients and assessing their response to treatment are vital to prevent potential complications and improve patient survival.

Keywords: pulmonary embolism, cerebrovascular accident, atrial fibrillation

Ref No: 1415

A Retrospective Study of CT Scan Utilization in the Emergency Department for Patients Presenting with Seizures

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Introduction and Purpose: The indications for neuroimaging in emergency department (ED) patients presenting with seizures have not been clearly defined. In this study, we aimed to investigate the findings that may influence the emergency management of patients with seizures undergoing brain computed tomography (CT) and the factors that influence these findings.

Materials and Methods: This is a retrospective, single-center study. Patients presenting to the ED with seizures—both patients with diagnosed epilepsy and patients with first-time seizures—who underwent brain CT were included. Demographic information and indications for CT scans were recorded. According to the CT findings, patients were classified as having or not having significant pathology, and comparisons were made. Intracranial mass, intraparenchymal, subdural, and subarachnoid hemorrhage, fracture, and cerebral edema were considered significant pathologies.

Results and Conclusion: This study included 404 patients. The most common reason for a CT scan was head trauma. A significant pathology was found on the CT scan in 5.4% of the patients. A regression analysis showed that hypertension, malignancy, and a prolonged postictal state were the predictive factors for significant pathology on CT. In conclusion, CT scanning of patients presenting to the ED with seizures has a limited impact on emergency patient management. Clinical decision-making guidelines for emergency CT scanning of patients with seizures need to be reviewed and improved to identify zero/near-zero risk patients for whom imaging can be deferred.

Keywords: CT scan, emergency department, seizures

Ref No: 1424

The forgotten intrauterine device

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Introduction and Purpose: The intrauterine devices (IUD) are the most common and effective method of reversible contraception available recently. When it is successfully performed by an experienced healthcare provider, complications are rare. In the emergency department, we frequently face patients who forgot to get their IUDs removed. In some cases, IUDs are the reason for complaints.

Materials and Methods: A 62-year-old female patient with known hypertension and who has a surgical history of thyroidectomy was admitted to our emergency department with a complaint of right lower abdominal pain which started as a generalized abdominal pain earlier the same morning. Also no history of diarrhea, dysuria, or constipation recently. During the physical examination of the patient, abdominal tenderness and guarding were detected in the right lower quadrant. Abdominal usg was performed and supported our diagnosis with a blind-ending, non-compressible 10 mm bowel loop whose proximal part can not be demonstrated and accompanied by fat stranding adjacent to the bowel. The patient was referred to General Surgery, and CT scan was recommended. CT scan showed similar findings with usg in addition to a foreign material in the uterus that could be most likely an intra-uterine device. There were also several abscess formations with diameters around 25 mm in the endometrial cavity and myometrium. The patient was also consulted with Obstetrics & Gynecology. TVUSG was performed. IUD thread was detected. No cervical tenderness, swelling or temperature increment were detected. Following the removal of the IUD at the Obstetrics & Gynecology outpatient clinic, the patient was internalized by general surgery with the purpose of treatment and follow-up. An appendectomy was performed and the patient was successfully discharged after a few days of follow-up.

Results and Conclusion: In our case, we incidentally detected the forgotten IUD which wasn't the reason for patients' complaints. Whether it's symptomatic or asymptomatic at the time of detection, it should be removed as soon as possible. The number of elder patients who are admitted to the emergency department with forgotten IUDs may indicate that patients need more comprehensive education about the IUD implementation procedure. And as an emergency physician, we should also consider IUD-related PIDs as our differential diagnoses.

Keywords: intrauterine device, emergency department, appendicitis

Ref No: 1435

Methemoglobinemia in a Case of Paint Thinner Intoxication, Treated Successfully with Vitamin C and Methylene Blue

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Introduction and Purpose: Methemoglobin is an oxidized form of hemoglobin. It is a poor transporter of oxygen and is unable to deliver oxygen to the tissue. Globally, drug and toxin induced methemoglobinemia is more common as compared with the congenital form. Methemoglobinemia caused by paint thinner intoxication is rare. Methylene blue is well established as the first-line therapy for severe methemoglobinemia.

Materials and Methods: A 13-year-old boy was brought to the emergency room by 112 with the complaint of a cut on his arm after falling at school. The vital signs of the patient, whose general condition was good and he was conscious, showed that his fingertip oxygen saturation was 83 and that he did not respond to oxygen therapy. The following results were detected in the blood gas analysis taken from the patient: pH:7.338, sO₂: FMetHb:20.2%, lactate :2.4, base(ecf)c:-0.1, HCO₃:22.9. From the patient's history, it was learned that his father was a painter and that he was voluntarily exposed to thinner. The patient, who was admitted to the pediatric intensive care unit and weighed approximately 50 kg, was given 50 mg vitamin C treatment and pH:7.382, FMetHb:18.9%, la :1.1ctate, base(ecf)c:-3.1, HCO₃:21.9 were detected in the blood gas taken after the treatment. Methylene blue was given to the patient with a minimal decrease in control blood gases, with a 15-minute infusion, and the pH:7.402, FMetHb:2%, lactate :1.3, base(ecf)c:-2.6, HCO₃:22.4 were determined after this treatment. The patient was discharged 72 hours after admission.

Results and Conclusion: Methemoglobin is an oxidized form of hemoglobin. It is a poor transporter of oxygen and is unable to deliver oxygen to the tissues. MetHb at higher concentrations can cause tissue hypoxia, cyanosis, dyspnea, headache, seizures, acidosis, cardiac dysrhythmias, coma, and even death. Globally, drug and toxin induced methemoglobinemia is more common as compared with the congenital form. Although paint thinner is regularly used in the printing industry, methemoglobinemia caused by paint thinner intoxication has rarely been reported. The therapeutic role of vitamin C in severe methemoglobinemia has not been well established. Here, we present a case of severe methemoglobinemia caused by paint thinner intoxication that was treated successfully Methylene blue and vitamin C.

Keywords: Methemoglobinemia, Methylene blue, vitamin c

Ref No: 1441

Retrospective evaluation of mortality among stroke patients receiving thrombolytic therapy in the emergency department

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Introduction and Purpose: Since stroke is an important cause of morbidity and mortality all over the world, early diagnosis and treatment are extremely important for sequela-free recovery. Approximately 88% of strokes are ischemic, 10% are intracerebral hemorrhage, and 2% are subarachnoid hemorrhages. The best treatment option for ischemic stroke is intravenous thrombolytic therapy with recombinant tissue plasminogen activator. In this study, we aimed to determine the factors affecting in-hospital mortality among patients who applied to the emergency department due to ischemic stroke and received thrombolytic therapy.

Materials and Methods: This cross-sectional study examined the archive file records of patients who applied to the emergency department with stroke symptoms between January 2018 and August 2022, who were proven to have ischemic stroke, whose thrombolytic treatment was started within the first 4.5 hours, and who were hospitalized.

Results and Conclusion: After excluding patients who did not meet the inclusion criteria, 184 patients were included in the study. It was found that 42 (22.8%) of the patients were ex in the follow-up. While there was no statistically significant difference between male and female genders in terms of mortality rate; This frequency was found to be higher in those aged 65 and over ($p<0.05$). We determined that the mortality rate was higher in patients admitted to the emergency department with emergency health services compared to outpatients ($p<0.05$). Mortality frequency was higher in patients with NIHSS score $21 \leq$ or hospitalized for more than 14 days ($p<0.05$). In the results obtained from the univariate analysis, age, admission status, hospitalization day, and multiple logistic regression analysis with NIHSS score, which are thought to be associated with mortality status, in terms of mortality, compared to those with a NIHSS score of 21 and above and a score of 20 or below, with an OR of 18.49 (6.55-52.20). (95% CI) was found to be times more risky. In our study, it was observed that the mortality rate was increased in patients aged 65 and over, with diabetes mellitus or atrial fibrillation comorbidities, admitted to the hospital with emergency health services, hospitalized for more than 14 days, and NIHSS score of 21 and above.

Keywords: stroke, thrombolytic, emergency

Ref No: 1472

Diagnostic significance of the systemic immune-inflammation index in ovarian torsions presenting to the emergency department

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Introduction and Purpose: Ovarian torsion, though infrequent, poses a significant challenge in the emergency department, representing a gynecological emergency with potential severe repercussions. Diagnosis of ovarian torsion often relies on inflammation markers and imaging techniques; however, the presence of nonspecific abdominal symptoms complicates its differentiation from other acute abdominal emergencies. Despite their established utility in various diseases, the association of systemic immune inflammation index (SII) and neutrophil/lymphocyte ratio (NLR) with ovarian torsion remains unclear. This study aimed to assess the diagnostic value of preoperative SII in women with ovarian torsion.

Materials and Methods: This retrospective study categorized patients into torsion and control groups based on surgical findings. Among patients undergoing surgery, 94 were diagnosed with ovarian torsion (torsion group), while the remaining had no evidence of torsion (control group). NLR and SII values were compared between the two groups.

Results and Conclusion: The study included 198 patients with a mean age of 24.23 ± 4.27 years. In the torsion group, the mean cyst size was 74.60 ± 18.76 mm, with the largest cyst measuring 118 mm. Predominantly, cysts were located in the left adnexal region (103 patients). NLR and SII levels were significantly elevated in the torsion group compared to the control group ($p < 0.001$). The predictive performance of SII for ovarian torsion ($AUC = 0.724$) surpassed that of NLR ($AUC = 0.548$). Preoperative NLR and SII cut-off values were 2.34 and 628.6, respectively. NLR and SII values, offering straightforward and cost-effective diagnostic parameters in emergency settings, demonstrate potential utility in diagnosing ovarian torsion. Elevated SII values can aid in supporting surgical decisions in suspected torsion cases, with SII proving to be a superior indicator compared to NLR. This study highlights the importance of considering SII as a diagnostic adjunct in the evaluation of ovarian torsion, potentially enhancing diagnostic accuracy and aiding in timely management decisions. In conclusion, the systemic immune inflammation index emerges as a promising biomarker for diagnosing ovarian torsion, offering a simple yet effective tool to complement existing diagnostic modalities. Elevated SII levels may serve as a valuable indicator, aiding in the differentiation of ovarian torsion from other acute abdominal emergencies and facilitating timely intervention.

Keywords: ovarian torsion, systemic immune inflammation index, neutrophil/lymphocyte ratio

Ref No: 1507

Subarachnoid Hemorrhage with ECG Abnormalities: A Case Report

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Introduction and Purpose: Subarachnoid hemorrhage (SAH) has long been known to be associated with electrocardiogram (ECG) changes(1) The reported prevalence of ECG changes in patients with SAH ranges from 27% to 100%(2). This case is about the underlying subarachnoid hemorrhage in a 52-year-old patient was brought to the hospital after experiencing cardiac arrest and was suspected to have had a myocardial infarction.

Materials and Methods: A 52-year-old male patient was brought to the hospital by ambulance in a state of arrest. The ambulance team found the patient in cardiac arrest at home. The patient was intubated in the emergency department. Following 12 minutes of CPR, a pulse was obtained, and the patient was started on inotropes. An EKG was performed, and Dopamine infusion was initiated, resulting in a blood pressure of 143/88 mmHg, a pulse rate of 126 bpm, and SpO2 of 99%. Consultation with cardiology was sought due to suspicion of inferior myocardial infarction based on the EKG findings (Fig1). While under observation in the emergency department, the patient became hypotensive and tachycardiac, and was diagnosed with unstable ventricular tachycardia with a palpable pulse. Cardioversion was performed at 100 Joules, and the patient was taken to angiography with a diagnosis of inferior MI. No stenosis requiring stent placement was identified during angiography; however, elective CT was recommended due to suspicion of coronary fistula. Subsequent brain CT revealed extensive subarachnoid hemorrhage (Fig2). The patient was deemed inoperable by neurosurgery and unfortunately deceased despite all interventions in the intensive care unit the following day.

Fig1

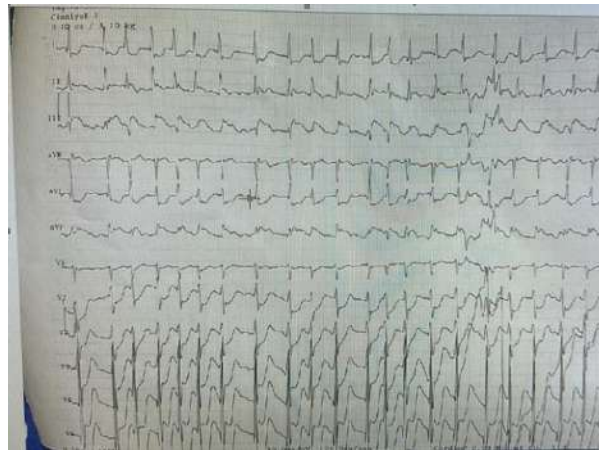
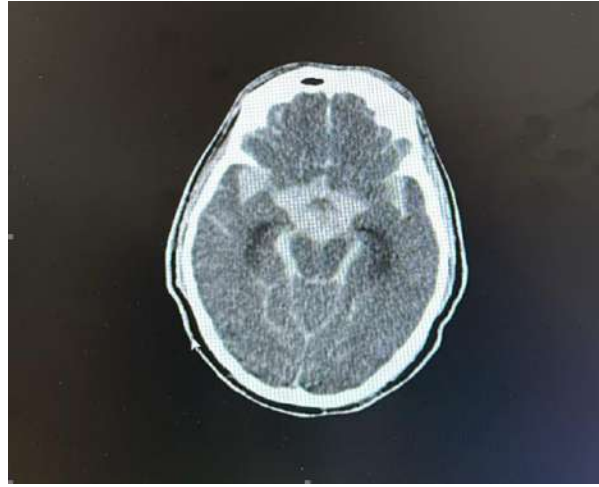


Fig2



Results and Conclusion: Myocardial infarction and subarachnoid hemorrhage are life-threatening and severe diseases that could lead to death. Morphological and rhythm abnormalities are frequently observed in patients with SAH, which may cause diagnostic dilemmas and unnecessary workups.(3) ECG changes, though common in SAH, are not an accurate predictor of myocardial dysfunction, rather myocardial dysfunction is related more closely to the severity of neurological dysfunction caused by SAH.(4) Although ECG changes may suggest myocardial infarction, intracranial pathologies should always be kept in mind in these patients.

Keywords: ECG abnormalities, ST Elevation, Subarachnoid hemorrhage

Ref No: 1583

Exposure to aluminum phosphide through respiratory route

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Introduction and Purpose: There is no antidote for aluminum phosphide (ALP) poisoning, and mortality rates are high. While most cases of poisoning are due to intentional oral ingestion, toxicity can also occur accidentally through inhalation. Respiratory exposure to ALP, however, is rare. This case presentation illustrates a case of ALP poisoning via respiratory exposure presenting to the emergency department.

Materials and Methods: A 21-year-old female patient presented to our emergency department with complaints of chest pain. In her history, it was revealed that four days prior to her presentation, she had been exposed to aluminum phosphide through respiratory route along with her family, which led to her visit to the emergency department with this complaint. Subsequently, she was admitted to the Intensive Care Unit for follow-up but voluntarily discharged herself on the 3rd day of admission. The patient's general condition was fair, and vital signs were stable. Physical examination was unremarkable. Electrocardiography showed normal sinus rhythm with no other pathological findings noted. Hemogram, biochemistry, blood gas, coagulation, and cardiac marker tests were all normal. No pathology was detected on echocardiography, and cardiac-origin chest pain was not considered. Despite the absence of any pathology detected during follow-up in the emergency department and resolution of her symptoms, the patient chose to leave the emergency department against medical advice.

Results and Conclusion: While most cases reported in the literature are due to intentional oral ingestion for suicide purposes, toxicity can rarely develop as a result of respiratory exposure. Symptoms that may occur in patients include nausea, vomiting, dysphagia, abdominal pain, palpitations, shock, cardiac arrhythmias, pulmonary edema, dyspnea, cyanosis, and sensory changes, which can develop within a few hours after ingestion. Clinical suspicion and history of drug intake are crucial in diagnosis. Early presentation and prompt initiation of treatment are associated with a favorable prognosis. Supportive therapies are the mainstay of treatment for poisonings resulting from respiratory exposure. In cases of ALP poisoning, where mortality rates are high, careful attention should be paid to the history of drug intake. It should be remembered that clinical suspicion is crucial in diagnosis, and early treatment can increase survival.

Keywords: Aluminum phosphide, Emergency service, Intoxication

Ref No: 1592

Point-of-care ultrasound knowledge, attitude and confidence among radiologists and emergency physicians in Jordan

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Introduction and Purpose: Background / Introduction: Portable ultrasound machines are becoming increasingly popular in different healthcare settings. Moreover, ultrasound technology has grown rapidly over time, resulting in the development of Point of care ultrasound (POCUS). It can be used by emergency physicians, radiologists or other healthcare professionals at the patient's bedside for diagnostic or procedural guidance. Objectives: to explore POCUS knowledge, attitude, confidence, and practice and its associated factors among radiologists and emergency physicians in Jordan. The study also aims to explore the perceived barriers and enablers to its use.

Materials and Methods: Method / Description: This is a cross-sectional questionnaire-based study including five sections: the socio demographics, Knowledge, attitude and confidence, practice and barriers and enablers. Descriptive analysis was used to summarize the participants' characteristics. Correlation and regression analyses were performed to explore the factors associated with the different outcome measures. A P-value of <0.05 was considered statistically significant.

Results and Conclusion: Result / Outcomes: A total of 164 physicians completed the questionnaire, with a mean age of 33.8 years and the majority were from military hospitals 48.2%. Study participants were 86 (52.4%) radiologists and 78 (47.6%) emergency physicians. Participants showed a good level of knowledge, attitude and confidence. Based on the regression analysis, having higher attitudes scores ($b=0.28$, $p<0.001$) and having the POCUS machine in the department ($b=1.8$, $P\text{-value}=0.01$) were associated with higher knowledge scores ($R^2=.217$, $p<0.001$). Moreover, having higher knowledge scores ($b=0.64$, $p<0.001$) was associated with higher knowledge scores ($R^2=.184$, $p<0.001$). Also, having higher attitude scores, having longer experience in using POCUS ($b=.695$, $p<0.001$), higher attitude score ($b=.295$, $p<0.001$), being a radiologist ($b=8.1$, $p<0.001$) and older age ($b=.20$, $p<0.001$) were associated with higher knowledge scores ($R^2=0.55$, $p<0.001$). Conclusion: The majority of radiologists and emergency physicians had good knowledge, attitudes and confidence towards POCUS in Jordan. Higher knowledge was associated with having higher attitude scores and having the POCUS machine in the department. Also, a higher attitude was associated with higher knowledge scores. While, higher confidence levels, were associated with having longer experience in using POCUS, higher attitude scores, being a radiologist, and older age. POCUS utilization in Jordan could be improved through compulsory continuing education courses.

Keywords: POCUS, Emergency, Knowledge and Attitude

Ref No: 1656

Coexistence of Multifocal Ischemic Infarct and Pulmonary Thromboembolism: A Rare Case

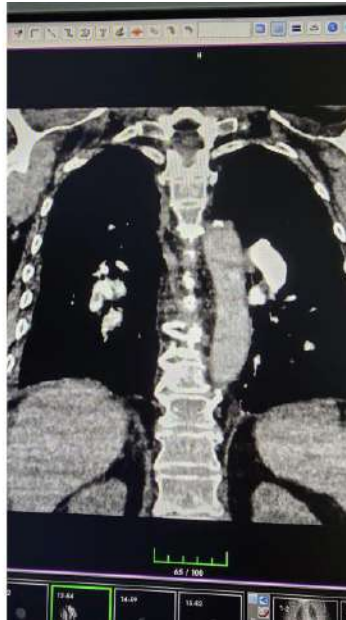
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¹Coexistence of Multifocal Ischemic Infarct and Pulmonary Thromboembolism: A Rare Case

Introduction and Purpose: Multifocal cerebral ischemic infarction and pulmonary thromboembolism (PTE) represent different spectrums of cardiovascular system diseases and are often studied separately. However, the simultaneous occurrence of these two conditions presents significant challenges in terms of both diagnosis and treatment. This poster presents the coexistence of multifocal ischemic infarction and PTE in a 1-year-old female patient who complained of sudden shortness of breath and subsequently developed slurred speech.

Materials and Methods: A 71-year-old female patient was admitted to the emergency room with a complaint of sudden onset of shortness of breath. While being examined in the red area, the patient developed a lisping speech. Emergency chest computed tomography (CT) revealed pulmonary thromboembolism, while cranial magnetic resonance imaging (MRI) detected multiple lacunar infarcts. The patient was admitted to the neurology ward and anticoagulation and supportive treatment was started.

PTE



PTE2



Results and Conclusion: This case demonstrates that the coexistence of multifocal cerebral ischemic infarction and PTE is a rare but potentially life-threatening condition, especially in young adults. Management of this condition requires a careful balance between the potential benefits and risks of anticoagulation therapy. A multidisciplinary approach is essential in the management of such complex cases. Additionally, this highlights the importance of comprehensive evaluation of underlying causes such as thrombophilic disorders. The coexistence of multifocal ischemic infarct and PTE is a condition rarely encountered in our clinical practice and is usually an indicator of serious underlying diseases. Rare situations like this case require an individualized approach to both acute and long-term treatment strategies. Early diagnosis and multidisciplinary treatment are key to success in managing these complex cases.

Keywords: Multifocal Ischemic Infarct, Pulmonary Thromboembolism, Emergency

Ref No: 1667

The Role Of COPD Scales (Bap-65, Decaf And Decaf-L) İn Predicting Mortality And Morbidity İn Patients With COPD Who Apply To The Emergency Department

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Introduction and Purpose: There are many COPD patients who apply to emergency departments with shortness of breath (1). In this study, we aimed to demonstrate the roles of BAP-65, DECAF and DECAF-L scores in predicting morbidity and mortality in order to provide effective and rapid service.

Materials and Methods: Our study is a prospective study and was conducted by recording 200 patients with COPD who applied to Manisa Celal Bayar University Faculty of Medicine Hospital Emergency Service between 01 May 2022 and 01 May 2023. Patients who met the inclusion criteria were included in the study and their BAP-65, DECAF and DECAF-L scores were calculated. The outcome of the patients, their readmission within 1 month after the outcome, and their mortality were monitored and recorded

Results and Conclusion: 200 patients were included in study. Significant differences were detected between the outcome type of the patients (discharge, ward or intensive care admission) and BAP-65, DECAF and DECAF-L scores ($p < 0.001$ for each). In our study, a significant difference was found between lactate value and patients who died in the last month ($p = 0.004$). A significant difference was detected between the DECAF-L score, which was obtained by adding the lactate value to the DECAF score, and exitus within 1 month after the emergency department ($AUC = 0.653$; $p = 0.039$). COPD is among the leading causes of mortality and morbidity in the world (2). We found that the rate of admission to intensive care or wards for patients with high BAP-65 or DECAF scores increased compared to discharges. A significant difference was detected between the DECAF-L score and exitus within 1 month after the emergency department ($p = 0.039$). We also found significant differences between the DECAF-L score and the outcome of the patients in terms of hospitalization or discharge ($p < 0.001$). The use of BAP-65, DECAF and DECAF-L scores will facilitate the discharge and hospitalization planning of COPD patients applying to emergency departments (3, 4). We also believe that it would be beneficial to increase the use of the DECAF-L score, which has been found to be effective in predicting mortality, in emergency departments.

Keywords: Emergency Department, COPD, DECAF-L

Ref No: 1741

THE EFFECT OF VIOLENCE IN HOSPITALS EMERGENCY DEPARTMENTS ON THE PSYCHOLOGY OF THE EMPLOYEE

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¹BEZMİALEM VAKIF ÜNİVERSİTE HASTANESİ

Introduction and Purpose: Violence; It is a type of psychological behavior aimed at harming a target with verbal or physical force. World Health Organization violence; It is defined as “the actual or intentional use of physical force against oneself, another person, or a group or community, resulting in injury, death, psychological harm, or loss.” Violence in health institutions; “Coming from the patient, patient relatives or any individual that poses a risk to healthcare professionals; It is defined as "a situation consisting of threats, economic exploitation, physical assault and sexual assault". According to studies conducted in our country, the rate of healthcare workers being exposed to violence is between 49-91%, and the rate of being psychologically affected by violence is between 39-62%

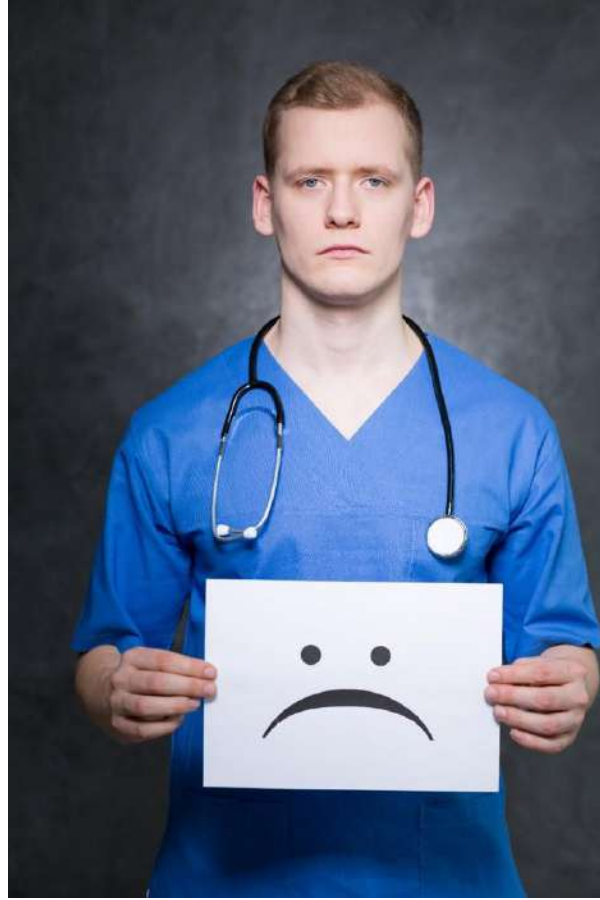
Materials and Methods: Nurses are in a high-risk group for violence among healthcare professionals. When cases of violence in the hospital are examined, it is reported that nurses are most frequently attacked by patients. Waiting in line to be examined is among the most important causes of violence. A study shows that 82% of emergency workers have faced violence. Healthcare workers exposed to violence experience physiological and psychological problems, which negatively affects their work performance and social relationships. This situation also causes problems in employees such as low morale, restlessness, disappointment, decreased self-confidence, and decreased respect for the profession. When health care workers' exposure to violence is evaluated according to where they work, 72.2% of emergency service workers have been exposed to violence throughout their careers. More frequent exposure of emergency workers to violence may be due to more stressed patients and their relatives coming to emergency rooms, patients waiting for long periods of time in unsuitable physical conditions, and an increase in the patient load of emergency departments despite lack of sufficient infrastructure.

Results and Conclusion: More efforts are needed to prevent or minimize violent incidents, to report violence, and to take regulatory and preventive measures regarding its causes. The healthcare team/nurses need to be trained on the management of anger and rage situations and measures to ensure environmental safety need to be increased. Particularly crisis management and communication training should be provided during training.

VIOLENCE



NURSE



Keywords: VIOLENCE-NURSE-EMERGENCY

Ref No: 1752

Acute Mesenteric Ischemia: The Life-Saving Role of Rapid Diagnosis and Intervention

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Introduction and Purpose: Acute mesenteric ischemia occurs as a result of sudden reduction of blood flow in the gastrointestinal tract and is characterized by severe abdominal pain, nausea, and sometimes bloody diarrhea. This condition may require urgent surgical intervention, and early diagnosis has a decisive impact on patient outcomes.

Materials and Methods: A 62-year-old female patient was admitted to the emergency room complaining of sudden onset of severe abdominal pain and nausea. The patient complained of increasing pain without any relief over the last few hours. On physical examination, the abdomen showed diffuse tenderness to palpation, and laboratory tests showed elevated white blood cell counts and signs of acidosis. Emergency abdominal CT angiography detected acute occlusion in the superior mesenteric artery, confirming the diagnosis of acute mesenteric ischemia. The patient was admitted to the general surgery service.

Results and Conclusion: In cases of acute mesenteric ischemia, rapid diagnosis and intervention are vital. In this case, immediate surgical intervention is critical to prevent intestinal necrosis and reduce patient morbidity and mortality. The literature supports that the early use of CT angiography in patients with suspected acute mesenteric ischemia provides high sensitivity and specificity in diagnosis. Early diagnosis and intervention can significantly increase survival rates in this potentially fatal condition.

Keywords: Acute Mesenteric Ischemia, Abdominal Pain, Ischemia

Ref No: 1772

ASSOCIATION OF NEUTROPHIL LYMPHOCYTE RATIO, PLATELET LYMPHOCYTE RATIO AND MONOCYTE LYMPHOCYTE RATIO WITH MORTALITY IN SEPSIS

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Introduction and Purpose: Sepsis is one of the most life-threatening diseases worldwide and its high mortality requires early interventions. The aim of this study was to evaluate the neutrophil to lymphocyte ratio, platelet to lymphocyte ratio and monocyte to lymphocyte ratio in mortality prognosis for sepsis in adult patients. A comprehensive study of these parameters will significantly improve the prospects of therapeutic tactics and save time for emergency performance.

Materials and Methods: The research conducted in this study includes adult patients admitted to the emergency department between 2021 and 2022 and diagnosed with sepsis. It is a data set consisting of 77 patients in total. Hematologic parameters such as neutrophil lymphocyte ratio (NLR), platelet lymphocyte ratio (TLR) and monocyte lymphocyte ratio (MLR) obtained from the blood results of the patients were evaluated.

Results and Conclusion: Between January 2021 and December 2022, 77 patients who were hospitalized with various clinical outcomes were retrospectively analyzed. Of these patients, 29 died and 48 survived. The procalcitonin levels of patients who died were significantly higher than those of survivors [943.71 ± 2073.30 pg/ml vs. 128.33 ± 417.25 pg/ml, ($p=0.010$)]. Furthermore, the mean age of deceased patients was significantly higher than that of surviving patients [75.72 ± 15.39 vs. 67.79 ± 18.92 , ($p=0.049$)]. Among patients requiring intensive care, diastolic blood pressure values were found to be significantly lower than in patients with normal hospitalization; [diastolic: 51.43 ± 14.69 mmHg vs. 59.00 ± 12.69 mmHg, ($p=0.031$)]. The neutrophil/lymphocyte ratio was also found to be significantly higher in intensive care unit patients compared to those hospitalized normally [23.09 ± 29.98 vs. 10.82 ± 9.28 , ($p=0.008$)]. The low diastolic blood pressure values and high neutrophil/lymphocyte ratios observed in intensive care unit patients suggest that these patients exhibit more severe clinical pictures and inflammation plays an important role in these pictures. Elevated neutrophil/lymphocyte ratio, especially as an indicator of acute inflammatory response, may be associated with worsening prognosis in ICU patients. The combination of these parameters are valuable biomarkers that can be used to predict the clinical outcome of patients.

Keywords: NEUTROPHIL LYMPHOCYTE RATIO, PLATELET LYMPHOCYTE RATIO, SEPSIS

Ref No: 1774

The Relationship Between LMR, RDW, PLR Level At Admission and the Prognosis of Patients With Ex After Cardiopulmonary Resuscitation: A Retrospective Observational study

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Introduction and Purpose: This study aims to retrospectively investigate the changes in hematological parameters and the relationship of changes with causes of death in cases who died after cardiopulmonary resuscitation in the emergency department.

Materials and Methods: This study was planned retrospectively. 142 patients who died after undergoing cardiac and respiratory massage in the emergency department were determined as the patient group. 150 healthy individuals constituted the control group. Both groups were compared in terms of clinical laboratory and demographic characteristics. Group comparisons were made using either the Mann-Whitney U-test or the Student's t-test. $P < 0.05$ value was considered significant. ROC analysis was performed to determine whether the parameters found to be significant predicted the death event.

Results and Conclusion: During the period when the study was conducted, a total of 142 deaths occurred for which blood values were studied. The most common causes of death were cardiac diseases by 50% (n:71), trauma by 21.8% (n:31), and respiratory diseases by 10.6% (n:15). When the groups were compared, neutrophil, lymphocyte, WBC average, NLR, LMR and RDV variables were measured at high levels in the patient group. It was found statistically significant ($p < 0.001$). In our emergency department, the leading cause of death is heart failure, the second is acute MI, and the third is traffic accidents. LMR, RDW, PLR may reflect inflammation. It can be used to follow up the group of patients who died after cardiac and respiratory massage. Further and comprehensive studies are needed to support the current findings.

Keywords: Emergency Department, Blood Indices, Cardiopulmonary Resuscitation

Ref No: 1852

Difficult diagnoses in a tetraplegic patient: a case of hypopotassaemia after surgical intervention

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Introduction and Purpose: There are many causes of muscle strength loss. Myopathies, fibromyalgia, cerebrovascular events, rhabdomyolysis, neuromuscular junction diseases, trauma, anaemia, malignancy, infectious disease, depression, multiple sclerosis, drugs, and physical limitations due to substance abuse are some of them. In such cases, it is important to evaluate the etiology and the underlying cause by deepening the anamnesis, conducting extensive physical examinations, and conducting laboratory and radiological examinations. With this case report, we wanted to remind you that electrolyte imbalance may also present with a similar clinical presentation and the importance of anamnesis in overcoming the difficulty of the diagnostic process.

Materials and Methods: A 43-year-old male patient was admitted to the emergency department with the complaint of muscle weakness. The patient was conscious, oriented, and coherent. Vital values were normal. Neurological examination revealed that muscle strength in 4 extremities was 1/5 and deep tendon reflexes were decreased. No pathology was found on central imaging, and spinal imaging was normal. In the admission biochemistry parameters of the patient, K:1.7 was measured. The K value one day before was 4.5. When the anamnesis deepened, it was learned that a double J catheter was inserted by urology on the morning of the day of admission. The patient was hospitalised in the internal medicine intensive care unit for follow-up and treatment with a prediagnosis of tetraplegia due to acute hypopotassemia. After the electrolyte imbalance was corrected, the patient's clinical condition improved completely.

Results and Conclusion: In the literature, cases with similar neurological findings due to hypopotassemia developing in a short time after major surgical interventions have been reported. In this case, the development of such a picture after a smaller surgical intervention that does not require general anaesthesia should suggest that such patients may present to the emergency department with a loss of muscle strength. Finally, anamnesis and medical history should be carefully questioned in patients presenting to the emergency department with sudden loss of muscle strength. It should be kept in mind that electrolyte imbalance may lead to this picture, and the history of surgical intervention should not be overlooked.

Keywords: Complication, postoperative, hypopotassaemia

Ref No: 1866

A RARE CAUSE OF BACK PAIN IS GARDNER DIAMOND SYNDROME

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Introduction and Purpose: A 14-year-old case with severe low back pain and ecchymotic lesions was reviewed in the light of the literature and evaluated jointly with other departments to emphasize that Gardner-Diamond Syndrome, a rare and easily overlooked condition, should be kept in mind in the differential diagnosis.

Materials and Methods: Gardner-Diamond Syndrome (autoerythrocyte sensitization syndrome) (GDS) is a rare syndrome characterized by ecchymosis and pain with normal hematological tests, usually seen in young women. Although it usually occurs spontaneously during stress, it may also occur following minor trauma or surgery. Although the etiology of Gardner Diamond syndrome is unknown, it has been associated with hemorrhagic findings and depression, dissociative disorder, psychogenic traumas in childhood and conversion. Ecchymosis occurs within hours following pain, burning and stinging sensation. GDS often presents with severe pain and ecchymosis in the extremities, rarely in the face and trunk, and typically recurs. The best treatment is psychotherapy and psychotropic medication. A 14 year old girl was admitted to the emergency department with complaints of severe low back pain and bruising in the lower back 1 day after the trauma. The imaging and laboratory tests were normal. The patient applied to our outpatient clinic with complaints of low back pain and bruising in the lower back. It was learned that she hit her back on a bench 2 months ago and had low back pain and recurrent bruising in the lumbar region since then. Physical examination revealed ecchymosis in the lumbar paravertebral region. Physical examination was within normal limits except for lumbar tenderness. Lumbar MRI and sacroiliac MRI were within normal. Laboratory tests revealed normal. Histopathologic examination of the biopsy revealed diffuse erythrocyte extravasation in the upper and middle dermis, and mild lymphocytic infiltration around the vessels. The patient was diagnosed with GDS based on typical anamnesis, current clinical and histopathologic status and skin test. Nonsteroidal anti-inflammatory drugs were started for analgesic purposes. Written informed consent was obtained from her parents for the case report

photo



Results and Conclusion: As seen in this case report, GDS, which is very rare, should be considered in patients whose pain complaint is accompanied by skin findings such as ecchymosis. Pain complaint may not always be related to the musculoskeletal system, other system involvement should be considered in the diagnosis and differential diagnosis approach.

Keywords: trauma, pain, recurrent ecchymosis

Ref No: 1926

SPECIAL INFORMATION FOR UNITS FIGHTING AGAINST COVID19

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¹SPECIAL INFORMATION FOR UNITS FIGHTING AGAINST COVID19

Introduction and Purpose: Fighting against Covid-19 disease is the common goal of all countries. Millions of people have died from Covid-19 disease. There is no definitive treatment for this disease yet and vaccination studies have not yet reached a sufficient point. Therefore, in the fight against Covid-19 disease, preventing the disease comes to the fore. It is much easier not to get sick than to fight the disease. There are some simple measures to prevent the disease: wearing a mask, hygiene rules and distance. Unfortunately, sufficient sensitivity is not shown to these rules. The reasons for this are that general information is provided and information is not provided on an institution or unit basis. For this reason, our project has been planned as special information for the units. The problems of all employees in society are not the same, and conditions vary depending on the environment in which they work. It is not clear to the society what precautions should be taken in these changing conditions. Our project is designed to close this gap. Specially prepared information brochures were delivered to relevant units and individuals. As a result, due to the information given, the transmission of the disease has decreased and the protection from the disease has increased.

Materials and Methods: Information brochures were prepared considering the information collected from relevant units. The prepared information brochures were distributed by hand to the relevant units. Afterwards, the relevant people were tracked down. People who were distributed the relevant brochures were followed for 1 month. Finally, the rate of catching the disease was determined. It was compared with the disease rate of Erzurum, the city we live in. The obtained data were evaluated statistically.

Results and Conclusion: The information brochures prepared within the scope of our project have achieved their purpose. Our primary goal, which was to reduce the rate of disease, was achieved. Considering the results of the people followed, our main goal has been achieved and the number of patients has decreased. The effectiveness of brochures has been proven by our study. As a result, information brochures prepared for units can be used to protect against Covid-19 disease.

Keywords: SARS-COV2, Covid-19, Covid-19 disease

Ref No: 1931

Fatal Consequences of Lighter Gas Abuse: A Case Report

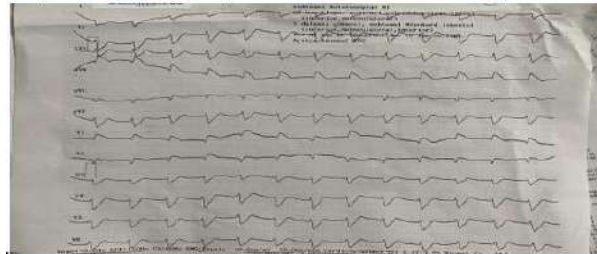
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Introduction and Purpose: Volatile solvent abuse among young people poses a significant public health threat due to its accessibility and fatal outcome potential. This case report presents a 22 year old otherwise healthy male who died after lighter gas abuse, which highlights the severity of inhalant abuse related outcomes.

Materials and Methods: A 22 year old male was brought to our hospital by emergency services at 2 am in a critical condition without a pulse, intubated and actively undergoing CPR for 20 minutes. Before being admitted, emergency services noted that he went into ventricular fibrillation twice. Upon being admitted, CPR was continued, but the patient still had no pulse, with ventricular fibrillation present, requiring defibrillation. After CPR continued for 40 minutes, the patient was responsive to defibrillation, showing a detectable cardiac rhythm. Despite continuous monitoring, the patient continued to be hemodynamically unstable with hypotensive blood pressure readings. At 10 am, the patient went into cardiac arrest with ventricular fibrillation again (Fig. 1), and adrenaline was administered every three minutes. Despite all resuscitation efforts the patient succumbed to cardiac arrest.

fig1



Electrocardiogram after performing CPR

Results and Conclusion: To conclude, volatile substance abuse proves to be a significant and rising problem across the globe especially among younger populations, driven by its immediate psychoactive effects and ease of access. Lighter gas is a commonly abused inhalant which contains volatile hydrocarbons that cause central nervous system and respiratory depression, cardiac arrhythmias, myocardial infarction and pulmonary edema. 1,2 The exact mechanism of death associated with butane abuse is still uncertain, however research done by Pfeiffer et al. focused on acute and chronic myocardial changes, and lung histology that was similar to that of drowned persons which is characterized by capillary endothelial vesicular transformation and the

development of obstructive microangiopathy. Intense nonspecific fibrosis with the absence of coronary disease with immunohistochemical analysis confirming acute ischemia was also noticed. Fatal arrhythmia is thought to arise from the inhaled hydrocarbons or 0.5-15% butane which are suspected to increase the myocardium's sensitivity to adrenaline, and this sudden hormonal surge is thought to be the culprit for the occurrence of fatal arrhythmia, and ventricular fibrillation 4 like in this case.

Keywords: Lighter gas intoxication, Sudden cardiac death, Volatile solvent abuse

Ref No: 1935

Characteristics of Patients with Dermatological Complaints in Emergency Department

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Introduction and Purpose: Data evaluating the general characteristics and outcomes of Emergency Department (ED) patients admitted with dermatological problems are limited. In this study, we aimed to report the general characteristics of ED patients admitted with dermatological problems and their outcomes.

Materials and Methods: All ED visits from the hospital database of our tertiary adult center were analyzed and screened for dermatology-related conditions. A retrospective scan was made of all preliminary and final diagnoses in the patient records. Data collected included sex, age, diagnosis, and outcome.

Results and Conclusion: A total of 14956 patients (0.89%) were admitted with a dermatology-related symptom in the 3-year period. The average age of patients in the dermatology group was 42 years old (range: 19-82 years) and about 54.9% were female (n:8221). The most common diseases presented to the ED with a dermatological issue were anaphylaxis, urticaria, cellulitis, and eczema/dermatitis. The general hospitalization rate was 3.7%. Dermatology patients presented most frequently during the evening hours or at weekends (72.1%, n:10783). Only 5.7% (n:852) of all dermatology admissions required a dermatology consultation. The proportion of patients presenting to the ED with a dermatological problem is small. Although these problems are generally non-urgent, they can be successfully managed by emergency physicians.

Keywords: Emergency Department, Dermatology-related symptom, Urgent Dermatological Diseases

Ref No: 1955

Bilateral Intraparancymal Brain Hemorrhage Due To Hypertension

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Introduction and Purpose: Hypertension is a major risk factor for both cerebral infarctus and intracranial hemorrhage. There is a continuous, gradual and consistent relationship between blood pressure and stroke risk. As blood pressure increases, even if not in the hypertensive range, the risk of stroke also increases. preventing ischemic and hemorrhagic stroke. Simultaneous multiple hypertensive intracranial hemorrhage is rare and its mechanism is unclear. By systematic search in PubMed, we found 41 cases of concurrent bilateral hypertensive putaminal or thalamic hemorrhage: 18 with bilateral putaminal, 12 with bilateral thalamic, and 11 with unilateral putaminal and contralateral thalamic hemorrhage. However, since we rarely encounter cases of bilateral intraparenchymal hemorrhage, we aimed to demonstrate this with our own case.

Materials and Methods: A 45-year-old male patient was admitted to the emergency department with complaints of foaming at the mouth, convulsions, and tremors. The most effective strategy is hypertension treatment. There is no feature in his medical history other than hepatitis. He uses no medication. There is no alcohol or substance use. The blood pressure measured at admission to the emergency department was 210/120 mm/Hg, and the ECG showed normal sinus rhythm. On neurological examination, the person is confused, uncooperative, sometimes disoriented, there is no anisocoria, IR: +/+, and there is meaningful verbal output. All four limbs have spontaneous movement. Bilateral intraparenchymal hematoma was observed in the brain tomography. No aneurysmatic dilatation was observed in the brain computed tomography angiography examination. According to neurosurgery consultation, mass bleeding was not considered.

Results and Conclusion: Brain hemorrhages are mainly seen in the putamen central substance in the brainstem, temporal lobe, parietal lobe or frontal lobe, thalamus, cerebellar hemisphere and pons region. Intracranial hemorrhages due to hypertension are most commonly seen in the basal ganglia. Bilateral intraparenchymal bleeding is extremely rare; an underlying cause is sought. In our patient, there was no underlying cause. Bilateral intraparenchymal bleeding was detected.

Keywords: Hypertensive, intraparenchymal, Bleeding.

Ref No: 2025

Effectiveness of communication-skills training interventions in the Emergency Department (ED)

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Introduction and Purpose: In the stressful, time-deprived environment of the emergency department (ED) there is too little time for effective patient communication, patient-centered care, or opportunity to establish a great patient experience. Patient care poses many challenges as it is necessary to communicate with different healthcare professionals and complex terms prohibiting effective communication.

Materials and Methods: A systematic review was conducted to explore the effectiveness of communication skills training interventions in the ED. A search of the current literature was conducted using Scopus, Pubmed and Web of Science. The databases were searched using a combination of text terms in the title and abstract fields. The search strategies were limited to the Greek and English language.

Results and Conclusion: There is active ongoing research evaluating ED healthcare professionals' communication ability, and several intervention programs have been designed to improve communication skills. These interventions have a positive effect on ED healthcare professionals namely on attitude, self-efficacy, empathy and communication skills, as well as directly affecting patient health outcomes and patient satisfaction. Communication training interventions, also, improve the safety culture and quality of care in ED settings. The interventions' design, and evaluation methods varied widely. There was no widely accepted uniform training modality recognized. Most programs were generic, and tailored to each department's specific needs non-formal and informal mainly self-directed. Others were implemented purely for research reasons. On-the-job learning adhering to a formal certified communication skills training program that combines evidence-based methods and objective measures will benefit employee engagement and increase job performance while maximizing the benefits for patients. Further research is needed to fully explore the effectiveness of communication skills training and to determine the best intervention in the field of ED. The creation of a formal communication skills training program addressing ED personnel's specific needs may be warranted.

Keywords: Communication skills interventions, Emergency department, Training

Ref No: 2092

Analysis of Dermatology Consultations in the Adult Emergency Department of a University Hospital: A 2-year Retrospective Study

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Introduction and Purpose: The aim of this study was to examine the demographic and clinical profiles of patients presenting with dermatologic conditions in the emergency department of a university hospital.

Materials and Methods: A retrospective analysis of all dermatology consultations at the Emergency Department of Aksaray Education and Training Hospital from January 1, 2021 to December 31, 2023 was performed. Patients under 18 years of age and those with inaccessible medical records were excluded. Data analysis was performed using IBM SPSS Statistics 22, and results were presented as mean \pm standard deviation and percentage (%).

Results and Conclusion: Results: Over two years, 153 out of 956,378 patients (0.20%) sought care for dermatologic problems. The mean age was 42.8 ± 13.5 years, 78 (50.9%) males and 75 (49.1%) females. Skin infections were the most common reason for admission (60.1%), mainly viral and fungal infections, followed by urticaria/angioedema, drug allergy and inflammatory dermatoses. Hospitalization was required in 1.9% of patients, mainly due to cellulitis. In addition, 22 patients (14.3%) were identified as having "true dermatologic emergencies". Conclusion: This study highlights the importance of recognizing and managing dermatologic emergencies in the ED. Increasing emergency physicians' awareness and expertise in the diagnosis and management of common dermatologic conditions is critical to improving patient outcomes and reducing mortality and morbidity.

Keywords: Dermatology consultations, Emergency department, Dermatologic emergencies



mass lesion of 50x41x37 mm in size showed contrast enhancement

Results and Conclusion: The most common mechanism by which tumor cells spread to the heart is hematogenous spread through the coronary arteries. Cardiac metastasis should be considered if cardiomegaly and heart failure symptoms occur during the clinical follow-up of a case with carcinoma (6). Acute Pulmonary edema; It can be defined as an increase in pulmonary blood pressure or deterioration in capillary permeability, resulting in fluid passage to the interstitial space and alveoli, and impaired oxygenation of blood in the lungs. The patient's advanced age, existing chronic and comorbid diseases, and the presence of metastases to the right ventricle and pulmonary artery also worsen the clinical symptoms. The relationship between the pulmonary edema that developed in our patient and the dysfunction in the right ventricle, in which a mass extending to the pulmonary artery was formed, is left open to discussion.

Keywords: Cardiac metastasis, pulmonary edema, emergency

Ref No: 2196

Analyses of CK Value over 1000 IU/L Patients Who Admitted Emergency Service

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Introduction and Purpose: CK is a member of the guanidine phosphagen kinase family and has three different isoenzymes: CK-BB, CK-MM, and CK-MB. CK level is an appropriate test to detect rhabdomyolysis. The aim of this study is to evaluate the patients who admitted to the ED for any reason and whose CK level was found to be above 1000 IU/L.

Materials and Methods: In this hospital-based, single-center, prospectively planned study, 435 patients who applied to the ED of Health Sciences University Konya Training and Research Hospital between June 2018 and March 2019 for various reasons and had CK value above 1000 IU/L were included. The etiological features, comorbid conditions and laboratory parameters of the patients were examined, and the development of ARF and fatality conditions were recorded in the follow-up of the patients. The five most common etiologic causes are infection, acute cardiovascular diseases, Crush Syndrome, gastrointestinal diseases, and pulmonary diseases. ARF developed in 99 of the patients participating in the study, however, dialysis was applied in 16 patients. In terms of ARF development in multivariate analyzes; age, presence of dehydration in etiology, comorbid diabetes mellitus and urological disease were determined as independent risk factors for the development of ARF, and a high GCS was determined as an independent protective factor. The two best biomarkers for predicting the development of ARF are creatinine and urea. In terms of fatality in multivariate analyzes; age and heart rate, DBP was determined as independent risk factors, and high GCS was determined as an independent protective factor. Best laboratory parameters for predicting fatality in patients are arterial blood gas lactate level and troponin.

Results and Conclusion: In terms of fatality in multivariate analyzes; age and heart rate, diastolic BP was determined as independent risk factors, and high GCS score was determined as an independent protective factor. The two best laboratory parameters for predicting fatality in patients are arterial blood gas lactate level and troponin. According to the findings obtained after this evaluation, appropriate test should be requested. If there is a significant laboratory result in terms of ARF as a result of the tests, the patient should be evaluated for treatment without losing time.

Keywords: Creatine kinase, rhabdomyolysis, acute renal failure.

Ref No: 2233

Pyogenic Liver Abscess:A Case Repor

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Introduction and Purpose: Pyogenic abscess can cause septicemia or septic shock. And this situation can be a life-threatening condition. So delaying diagnosis or misrecognition increase mortality and morbidity rates. Prevalance studies showed that is rare disease in united states of america. Reported 11 cases per year. Abscess are usually polimicrobial. Abscess can contain Klebsiella pneumonia, Escherichia coli, Streptococcus milleri. Pathogenic organisms often settle right lobe of liver. For diagnosis, Blood cultures, CT, MRI, Ultrasonography are useable methods. But MRI and CT are more sensitive. All Abscesses treatment are similar: drainage and antibiotics. IV access should be preferred for giving antibiotics to the patient.

Materials and Methods: An 87-year-old male patient was brought to the emergency room with deterioration in general condition. Patient was living alone and not communicating with his friends and family members. His neighbor brought him to the hospital. He did not know about the patient's medical history or his medications. And he could just say that he felt bad for three days. We started to patient's assesment with vital signs. Temperature 36.8. Pulse: 117 bpm. Oxygen saturation: 94% in room air. Blood pressure: 94/52. We wanted to see venous blood and complete blood test. Complete blood test showed leukocytes value is 15,8. Crp value is 201.60. Procalcitonin value is 14.83 ng/ml. Inr: 1.27, Aptt: 36.2. AST: 186 U/L. ALT: 171 U/L, total bilirubin: 4,56 mg/dl, direct bilirubin: 2,15 mg/dl. were noted by the medical staff. Glasgow coma Scale (GCS) score is 15. Inspection showed that patient has jaundice. Physical examination revealed no abnormalities in abdomen. In chest, Respiratory sounds were wheezing. And during the examination, we observed that patient was coughing. Due to blood results and physical examination, we decided to plan thoracic and abdominal computer tomography scan. Thoracic ct scan revealed ground glass densities right and left lungs inferior fields. It was associated with atypical pneumonia. Abdominal Ct scan with contrast showed that abscess in segment 7. Its size was 85*65 mm.

Results and Conclusion: We consulted patient to infection disease, internal medicine, General surgery, pulmonary medicine. During the clinical following, Patient's situation suddenly got worse. He was intubated and sent to the intensive care unit for close monitoring.

Keywords: Pyogenic Liver Abscess, Atypical pneumonia

Ref No: 2255

A COMPARATIVE STUDY ON THE EFFICACY OF DEXKETOPROFEN AND METHYLPREDNISOLONE IN THE TREATMENT OF ACUTE LOW BACK PAIN

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Introduction and Purpose: Objective: Many methods are used in the treatment management of low back pain. In this study, we aimed to investigate the efficacy of dexketoprofen alone and in combination with methylprednisolone in the treatment of low back pain in the emergency department, using the Visual Analog Scale (VAS) and the Oswestry Disability Index (ODI).

Materials and Methods: Material and Method: This study was conducted in a prospective, randomized, single-blind manner with 150 patients at the emergency department of a university hospital. Patients with low back pain were examined in two groups: those receiving intravenous dexketoprofen treatment (Group D) and those receiving dexketoprofen + methylprednisolone treatment (Group DM). The efficacy of the treatments received by the patients was evaluated with the VAS at minutes 0, 15, 30, and 60 and hour 48. Statistical evaluations were also undertaken on the ODI results evaluated at minute 0 and hour 48.

Results and Conclusion: Results: The VAS scores decreased in both groups at all follow-up evaluations performed throughout the treatment ($p < 0.05$). The mean VAS score evaluated 48 hours after treatment was 1.69 ± 1.71 cm in Group DM and 4.13 ± 2.27 cm in Group D ($p = 0.000$). The decrease in the ODI score was greater in Group DM than in Group D ($p = 0.000$). Conclusion: Dexketoprofen showed analgesic efficacy in the treatment of non-traumatic low back pain and decreased disability. When combined with methylprednisolone, dexketoprofen treatment exhibits a greater analgesic effect and further reduces disability.

Keywords: Low back pain, Dexketoprofen, Methylprednisolone

Ref No: 2410

The Dark Side of Homemade Alcohol

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Methanol intoxication is a serious and potentially fatal condition that occurs primarily as a result of consuming illegal or improperly manufactured alcoholic beverages.

Materials and Methods: A 50-year-old male patient was admitted to the emergency room with severe nausea, vomiting and visual impairment. The patient stated in his anamnesis that he consumed homemade alcohol. On physical examination, mild confusion in mental status and difficulty in speaking; In laboratory tests, acidic blood pH (7.25), high anion gap (30 mEq/L), increased osmolal gap (25 mOsm/kg) and serum methanol level (50 mg/dL) were observed. These findings indicated methanol intoxication. The patient's condition required rapid transfer to the intensive care unit. High dose intravenous ethanol treatment was started to inhibit the metabolism of methanol and prevent the formation of toxic metabolites. Additionally, hemodialysis was performed to correct metabolic acidosis and eliminate methanol and its metabolites. With these interventions, the patient's hemodynamic parameters were stabilized and laboratory values improved.

Results and Conclusion: Methanol intoxication is one of the challenging cases encountered in emergency departments. Cases of methanol intoxication that develop after consumption of homemade alcohol require a rapid and effective intervention. Intravenous ethanol therapy and hemodialysis are vital treatment options in the management of methanol intoxication.

Keywords: Homemade alcohol, Alcohol, Methanol

Ref No: 2413

Investigation of the Effect of Burnout Levels of Pre-Hospital Healthcare Workers on Chest Compressions in Resuscitation

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Introduction and Purpose: The working environments of pre-hospital healthcare professionals are both stressful and may involve encountering aggressive behaviors. This can lead to stress and burnout among the workers. The burnout of the staff can also affect patient interventions. One of the interventions for patients is chest compressions, which is one of the steps in cardiopulmonary resuscitation (CPR). Therefore, we aimed to investigate the impact of the burnout levels of pre-hospital healthcare professionals on chest compressions.

Materials and Methods: Our study was conducted on ATTs and paramedics working in Erzurum Provincial Health Directorate, Provincial Ambulance Service. Socio-demographic characteristics of the participants were recorded. Subsequently, the Maslach Burnout Inventory was administered to all participants. The inventory assesses burnout in three sub-dimensions: emotional exhaustion (EE), depersonalization (D), and personal accomplishment (PA), consisting of a total of 22 questions. Lastly, CPR was administered to each participant for two minutes. Leardel Resusci Anne QCPR SIMPAD and Skill Reporter model were used as CPR simulators. The resuscitation success of the participants was recorded as a percentage after 2 minutes. Following the procedure, all data were digitally collected and entered into the data collection form. The data obtained were statistically analysed.

Results and Conclusion: 126 people participated in our study and the mean age was 27.57 years. 67 (53.2%) of the participants were paramedics. Two groups were identified as successful and unsuccessful based on the 70% acceptance rate for chest compression success in our study. 64 (50.8%) of the study's participants were successful. According to Maslach burnout inventory, 53 (42.1%) of the participants were experiencing occupational burnout. The statistical analysis conducted between the groups revealed the following results: EE ($p=0.652$), DE ($p=0.192$), D ($p=0.594$), PA ($p=0.416$). No statistical significance was found in the burnout evaluation between the groups after CPR application. In contrast to studies in the literature, our research concluded that burnout levels did not affect job performance.

Keywords: Pre-hospital health workers, maslach burnout scale, cardiopulmonary resuscitation

Ref No: 2424

Femoral Artery Aneurysm Developing After Percutaneous Intervention

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Introduction and Purpose: Iatrogenic pseudoaneurysm (IPA) is a false aneurysm that occurs after localized arterial wall injury associated with an incomplete hemostatic plug at the site of injury. Local extravasation of blood is limited and controlled by the developing pseudocapsule. Pseudoaneurysms can develop at any arterial site used for arterial puncture, but for percutaneous-based diagnostic and interventional procedures, IPA secondary to femoral artery access is by far the most common etiology and site. Most uncomplicated IPAs can be managed without open surgery, with observational management, or sometimes using endovascular techniques. In this case report, femoral artery pseudoaneurysm that developed as a result of percutaneous intervention is described.

Materials and Methods: In this case, an 88-year-old female patient diagnosed with primary hypertension and chronic ischemic heart disease, who developed a femoral artery aneurysm after percutaneous intervention, was referred to us. She had history of coronary angiography one week ago. She applied to the emergency room with complaints of bruising and pain in his right thigh for three days. During the examination, a 4 cm diameter bruise and a pulsatile mass approximately 2 cm in diameter were detected on the skin of the medial right thigh. The patient had normal muscle strength in all 4 extremities, normal sensation, distal circulation and pulses. Doppler ultrasonography revealed a hypoechoic image compatible with a 2 cm long pseudoaneurysm reaching 10 mm in diameter, with a 4 mm neck. The patient's CT angiography had similar results. The patient was consulted to cardiovascular surgery and was hospitalized with an intervention plan.

image 1



Results and Conclusion: Iatrogenic femoral pseudoaneurysm (IPA) is rare overall, occurring in <1 percent of all interventional procedures[2-7]. Well-established risk factors for IPA include female gender, increasing age, concomitant venous puncture, hypertension, severely calcified vessels, and use of anticoagulation during arterial cannulation or in the immediate postprocedural period[1]. Therefore, iatrogenic pseudoaneurysm should be considered in patients presenting with pain, swelling, pulsatile mass in the region after percutaneous arterial intervention.

Keywords: Emergency Department, iatrogenic pseudoaneurysm, Coronary angiography

Ref No: 2449

Evaluation of Anaphylaxis Patients Applying to the Emergency DepartmentSevdenur Azcan¹, Seyma Nur Çalışır¹, Bahadır Taşlıdere¹, Başar Cander¹¹Bezmialem Vakıf University

Introduction and Purpose: The aim of our study is to evaluate patients presenting to the Emergency Department with anaphylaxis. The goal is to increase awareness about anaphylaxis and to provide assistance to patients and physicians in approaching anaphylactic patients.

Materials and Methods: This study was conducted retrospectively in accordance with the Helsinki criteria after obtaining approval from the ethics committee. Patients aged 18 and over within the period from January 1, 2018, to December 31, 2022, were examined at the Emergency Department of Bezmialem Vakıf University Faculty of Medicine Hospital. The diagnosis of anaphylaxis was made according to the National Institute of Allergy and Infectious Disease 2021 guidelines. Initial treatment involved intramuscular adrenaline with infusion therapy for unresponsive cases. Patient data were recorded for demographics, comorbidities, consciousness, and examination findings.

Figure 1

	Intramuscular N(%)	Infusion N(%)	p
Number of patients	68 (88,4)	9 (11,6)	
Female	37 (54,4)	6 (66,7)	
Male	31 (45,6)	3 (33,3)	
Age	49,28±1,56	55±5,34	0,09
Reason (unknown/drugs)	35 (51,5)	4 (44,4)	0,03
Comorbidity	25 (36,8)	8 (88,9)	0,04
Neurological symptoms	4 (5,9)	6 (66,8)	<0,001
Biphasic	6 (8,8)	0	0,004
Duration (shorter than 1 hour)	52 (76,5)	5 (55,6)	0,01

Demographic findings

Figure 2

	Intramuscular N(%)	Infusion N(%)	p
In-hospital admission	57 (%83,8)	6 (%66,7)	0,340
Dermatological symptoms	53 (77,9)	7 (77,8)	1,00
Respiratory Symptoms	54 (79,4)	8 (88,9)	0,680
Cardiovascular symptoms	43 (63,2)	8 (88,9)	0,259
GI symptoms	15 (22,1)	2 (22,2)	1,00
Intubation	0	3 (33,3)	0,001
ICU	8 (10,4)	6 (66,7)	0,01

Vital signs and results

Results and Conclusion: If initial intramuscular injections are insufficient, initiating infusion therapy is recommended for a more stable response, particularly in patients with neurological symptoms and patients with comorbidities. Monitoring comorbidities is crucial due to their increased anaphylaxis risk. The absence of biphasic reactions in patients receiving infusion therapy is important for disease monitoring. We used infusion therapy to the patients which are severe enough to taken to ICU.

Keywords: Anaphylaxis, Emergency, Adrenaline

Ref No: 2506

COULD BE ANOTHER REASON FOR TRAUMA

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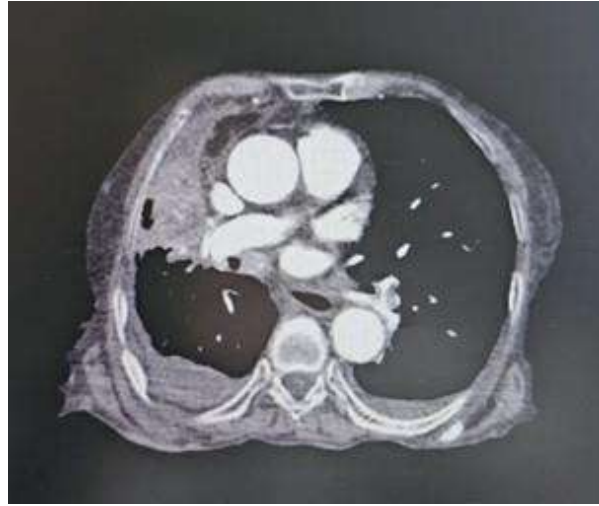
Introduction and Purpose: It is crucial to determine the cause of trauma as much as to identify the injuries sustained from it. Trauma may occur due to other underlying medical conditions, such as dizziness, syncope, or presyncope. In cases where the cause cannot be determined by physical examination or medical history, advanced imaging methods should be considered. Bedside ultrasonographic imaging is a valuable examination in identifying the cause of trauma and detecting any related injuries. In this case, we presented a patient with aortic aneurysm and pulmonary embolism diagnosed by bedside ultrasonographic imaging to emphasize the importance of bedside ultrasound.

Materials and Methods: A 88-year-old female patient was admitted to the emergency department after falling from a balcony. The patient could not provide clear information regarding the incident, and her relatives were also unable to provide any additional information. The patient had a history of nephrectomy with no current medication use. The vital signs were stable, and the bedside ultrasonographic examination did not reveal any trauma-related pathology. However, the examination did show that the aortic diameter had reached approximately 7 cm in the abdomen. Therefore, thoracoabdominal CT angiography was planned to identify aortic aneurysm. The CT angiography revealed fusiform aneurysmatic dilatation, and embolism was simultaneously detected in the posterobasal-anteriomedial segmental pulmonary artery branches of the left lung lower lobe. The cardiovascular surgeon did not consider urgent surgical intervention for the patient and the patient was hospitalized by the pulmonology department for observation.

Picture 1



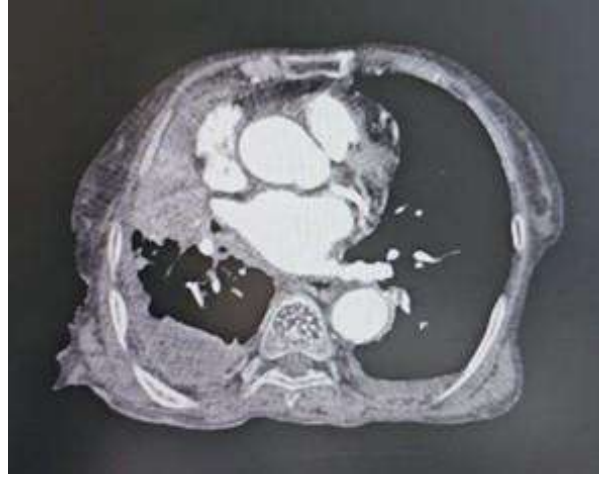
Picture 2



Picture 3



Picture 4



Results and Conclusion: When evaluating patients whose trauma mechanism is unknown, it is essential to investigate not only the injuries caused by trauma but also the underlying cause of the trauma. Bedside ultrasound is a significant tool for differential diagnosis and determining the further imaging method required for diagnosis. We intend to raise awareness of the importance of using ultrasound to identify the cause of trauma and detect related injuries, thus providing the best possible care for our patients.

Keywords: Trauma, ultrasound, embolism

Ref No: 2520

Acil Serviste Pnömoni Tanısı Konulan Geriatrik Hastalarda MEDS Skorunun Klinik Öneminin araştırılması

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Introduction and Purpose: Yaşam beklentisinin artması ve sağlık hizmetlerindeki gelişimlerden dolayı dünyada yaş ortalaması giderek artmaktadır (1). Bu artışla birlikte, geriatrik hastalarda özellikle pnömoni gibi birçok enfeksiyon hastalığına bağlı acil servislere başvuru oranları da sürekli olarak artmaktadır (2). Acil servise başvuran geriatrik hastalarda hastalık ciddiyetini ve mortalite riskini değerlendirmek yeteneği önemlidir. Acil Servis Sepsisinde Mortalite (MEDS) skoru enfeksiyon şüphesiyle acil bakıma başvuran hastalarda 28 günlük hastane içi mortaliteyi tahmin etmek için geliştirilmiştir. Hızlı ve kolay bir şekilde hesaplanabilen dokuz parametresi vardır (3). Bu çalışmanın amacı, acil serviste pnömoni tanısı konulup yatış için konsültasyon yapılan tüm geriatrik hastalarda mortalite tahmini için MEDS skorunun etkinliğini araştırmaktır.

MEDS skoru

Puanlar	Kriterler
6	Terminal komorbid hastalık
3	Band formasyonu \geq %5
3	Taşıpne veya hipoksemi
3	Şok
3	Trombosit sayısı \leq 150.000 mm ³
2	Değişmiş mental durum
2	Evde bakım hastası
2	Pnömoni

0-7 düşük, 8-12 orta, 13-15 yüksek, >15 şiddetli

Skor parametreleri

Materials and Methods: Bu çalışmaya pnömoni tanısı alan 148 geriatrik hasta dahil edildi. Hastalar 1 Kasım 2019 ile 31 Ekim 2020 tarihleri arasında retrospektif olarak gerçekleştirildi.

Hastaların MEDS skoru hesaplandı ve sonuçlanma şekli hazırlanan formlara kaydedildi. hastalar hayatta kalan ve ölenler olarak gruplandırılıp analiz edildi.

Sonuçlar

		Yaşayan (n=114, 77%)	Ölen (n=34, 23%)	Toplam (n=148)	p
Yaş (mean±SD)		69.2±7.99	77.19	73.3±7.11	0.081
Cinsiyet	Kadın	43 (38%)	17 (50%)	60 (40%)	0.283
	Erkek	71 (62%)	17 (50%)	88 (60%)	
MEDS skor median (min- max)		9 (3-23)	14.5 (5-25)	10 (3-25)	0.001

MEDS skoru ve mortalite

Results and Conclusion: Toplam 148 hasta çalışmaya dahil edildi. Hastaların 88'i (%60) erkek ve 60'i (%40) kadın olup, ortalama yaş $73,3 \pm 7,11$ idi. Mortalite oranı %23 (n=34) olarak bulundu. Yaşayanların olduğu grupta MEDS skoru 9 (3-23), ölenlerde 14.5 (5-25) puan olarak hesaplandı. Aradaki fark istatistiksel olarak anlamlıydı (p=0.001). MEDS skorunu artmış mortalite ile ilişkili bulunan çalışmamızın sonuçlarına göre Acil Servise kabul sırasında hesaplanan MEDS skoru mortaliteyi doğru bir şekilde tahmin edebilir. Konu ile ilgili daha geniş ve ileri araştırmalar yapılmalıdır.

Keywords: Phomoni, Mortalite, MEDS skoru

Ref No: 2550

It's just fly spray: mortal case of aluminum phosphide inhalation toxicity

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Introduction and Purpose: Aluminum phosphide(ALP) is currently one of the most common causes of pesticide poisoning. Aluminum phosphide pellets react with water or moisture to form phosphine gas, which is the primary cause of toxicity. Phosphine gas is a potent mitochondrial toxin and inhibits the enzyme cytochrome c oxidase. ALP poisoning causes severe metabolic acidosis, acute respiratory distress syndrome, cardiogenic shock and multiple organ failure. While the majority of cases are caused by oral ingestion, this case report aims to present the presentation and outcome of a rare case of inhaled phosphide gas exposure to the Emergency Department(ED).

Materials and Methods: A 22-year-old female patient with no known history of chronic diseases mixed an ALP-active ingredient insecticide, which she had taken in powder form about 3 hours ago, with water. After spraying it on various parts of the house, she presented to the ED with complaints of nausea, vomiting, and shortness of breath. GCS was 14, tachycardic, tachypneic, and SpO2 was 80. With oxygen support, SpO2 was 92, blood pressure 90/60, and fever 36.7. Venous blood gas pH: 7.038, PCO2:40, HCO3:9 Lactate:11.3, Glucose:256. The ECG showed diffuse ST segment depressions accompanied by sinus tachycardia. Cardiopulmonary arrest developed in the patient who was intubated due to rapidly decreasing SpO2 values and deteriorating consciousness. Despite interventions, the patient died.

Results and Conclusion: As seen in this case, the mortality rate for ALP poisoning is high. The lack of a specific antidote and the fact that the patient did not present to the AS with a specific complaint reveal the importance of taking careful anamnesis from the patients in this toxic picture with a mortal course. In the social sense, increasing the controls on the sale of these products is an important practice that can reduce the incidence of such incidents.

Keywords: phosphine, Aluminum phosphide toxicity, inhalation

Ref No: 2553

Ovarian Hyperstimulation Syndrome in The Emergency Department, A Complication of IVF Treatment

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Introduction and Purpose: Ovarian hyperstimulation syndrome occurs as a result of excessive stimulation of the ovaries during IVF treatment, leading to massive ovarian enlargement and excessive follicle development within the ovaries due to medication administered during the treatment. This condition can cause swelling of the ovaries and discomfort in the pelvic region, as well as systemic effects(1). Women at high risk of OHSS are; under the age of 25, FSH levels below 5 mIU/ml, AMH levels above 5 ng/ml, FSH/LH ratio below 1 and diagnosed with PCOS (2,3). OHSS Grade 1: Mild, abdominal tightness. Grade 2: Mild, nausea, vomiting, diarrhea, and ovaries measuring between 5-12 cm. Grade 3: Moderate, ascites may be observed. Grade 4: Severe, ascites, pleural effusion, and dyspnea may be observed. Grade 5: Severe, increased viscosity, dyspnea, renal failure may be observed(4,5)

Materials and Methods: A 34-year-old female patient presented to our ED with complaints of abdominal pain and nausea. The patient's vital signs were normal and her general condition was good. Bilateral tenderness was present in the lower quadrants. It was learned that the patient had undergone IVF treatment. Laboratory results showed CRP: 3.48 mg/dL, WBC: 14.39 mcL, beta-hCG: 5.5 mIU/mL, creatinine: 0.6 mg/dL. The patient underwent ultrasound multiple cysts were observed in the ovaries. ACT scan showed multiple cysts, the largest measuring approximately 4 cm, and diffuse fluid in the abdomen. The patient was assessed as having Grade 2 OHSS. IV hydration therapy was initiated. After treatment, the patient felt relieved. She was discharged from the ED with recommendations for exercise restriction, increased fluid intake, rest and follow-up at the gynecology outpatient clinic.

Results and Conclusion: There is no specific treatment method for OHSS. Mild and moderate OHSS can be managed on an outpatient basis (rest, adequate fluid intake, exercise restriction). If necessary, excess fluid leaking into the body can be aspirated (6). The most important factor is prevent its development. Such as obtaining fewer mature eggs, continuing therapy with low-dose medication, collecting eggs early and using progesterone instead of excessive hCG during the luteal phase (6).

Keywords: Emergency Department, Ovarian hyperstimulation syndrome, IVF

Ref No: 2554

A Rare and Urgent Diagnosis in Patients with End Stage Renal Failure: Uremic Pericarditis

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Introduction and Purpose: Acute pericarditis may be caused by malignancies, infections, autoimmune diseases, trauma, previous myocardial infarction, amyloidosis and uremia. With the development of dialysis technologies, the prevalence of uremic pericarditis has increased from 41% in the past to less than 5% today. Since uremic pericarditis is a rare condition that can be seen in patients with undiagnosed end-stage renal failure and in routine dialysis patients after inadequate dialysis, we share our case with you.

Materials and Methods: A 28-year-old male patient was admitted to the emergency department with complaints of shortness of breath and cough for 2 days. His known diseases were hypertension, chronic renal failure and heart failure. On physical examination, general condition was good, consciousness was clear, cooperative, oriented, cardiac examination revealed froth and rales were heard in the left lower lung basals, neck venous distention and peripheral oedema in bilateral lower extremities. Other systemic examination was within normal limits. Vital signs were as follows: Temperature: 36 °C, blood pressure 144/117 mm/Hg, pulse 105 beats/minute, respiratory rate 20 breaths/minute, oxygen saturation 96% in room air. On electrocardiogram; normal sinus rhythm, typical pericarditis findings were not observed. Blood analyses; Leukocyte 14,83 10³ mm³, Haemoglobin 7,72 g/dL, C reactive protein 15,59 mg/dL (Normal Range [NR] 0- 0.5), Urea 109,2 mg/dL (NR 15- 50) creatinine 5,34 mg/dL, troponin 0, 20 ng/mL (NR 0- 0, 16) and other blood tests and blood gas values were within normal range. Transthoracic echocardiography revealed an ejection fraction of 25-30%, dilated cardiomyopathy, pleural and pericardial effusion, and fibrin bands secondary to inflammation. Thoracic computed tomography showed a pericardial effusion approximately 4 cm thick at the thickest part. The patient who was hospitalised by the cardiology unit with the diagnosis of uremic pericarditis was discharged with healing after treatment and follow-up.

Figure 1



Pericardial effusion with a depth of 4 cm on thoracic computed tomography is shown with a red arrow.

Results and Conclusion: It should be considered that classical electrocardiogram findings may not be present in every patient with acute pericarditis. Uremic pericarditis, which may result in cardiac tamponade and death, should be included in the differential diagnosis and should be diagnosed and treated early, especially in patients with end-stage renal failure and acute renal failure that may require dialysis for the first time.

Keywords: Uremic pericarditis, Pericardial effusion, End-stage renal failure

Ref No: 2627

The clinical features of abdominal pain, a relatively lesser-known manifestation of COVID-19

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Introduction and Purpose: While the characteristic symptoms of COVID-19 are primarily respiratory, gastrointestinal symptoms have also been observed in patients. Various studies report that between 11.4% to 61.1% of patients exhibit gastrointestinal symptoms, with some research indicating a strong association between abdominal pain and high mortality.

Materials and Methods: In our study conducted at the Pamukkale University Hospital Emergency Department, a tertiary referral center, we examined the clinical characteristics of patients presenting with abdominal pain who were diagnosed with COVID-19 between March 2020 and March 2023. The aim of our study was to elucidate the clinical features of abdominal pain, a relatively lesser-known manifestation of COVID-19.

Results and Conclusion: The average age of patients in our study was 59.12years, with 46.6% being over 65years-old. We found that 45.2% of patients in our study experienced respiratory symptoms, a significantly lower percentage compared to existing literature. Additional gastrointestinal symptoms alongside abdominal pain were present in 34.2% of patients, while 19.2% exhibited no additional symptoms alongside abdominal pain. The most common type of pain observed was diffuse abdominal pain, occurring in 27.4% of cases. The 7-day mortality rate was 16.4%, the 30-day mortality rate was 27.4%, and the intensive care unit (ICU) admission rate was 26%. Among those admitted to the ICU, the 7-day and 30-day mortality rates were 52.9% and 89.5%, respectively, highlighting advanced age as a significant risk factor and indicator of poor prognosis. Our findings revealed statistically significant associations between high mortality and high rates of service and ICU admissions with levels of Neutrophil-to-Lymphocyte Ratio (NLR), bilirubin, D-dimer, creatinine, urea, and counts of leukocytes and lymphocytes. While biochemical markers such as AST, ALT, GGT, ALP, INR, and CRP were higher in patients with poor prognosis, this difference was not statistically significant. In conclusion, at the time of emergency department presentation, levels of NLR, bilirubin, D-dimer, creatinine, urea, and counts of leukocytes and lymphocytes are strong predictors of poor prognosis. Advanced age remains a significant risk factor associated with poor outcomes. Our data suggests a correlation between pathological findings in hepatobiliary enzymes and liver function tests with poor COVID-19 prognosis. The high mortality rate in our study underscores the severe prognosis of abdominal pain in patients diagnosed with COVID-19.

Keywords: COVID-19, gastrointestinal symptoms

Ref No: 2754

AN EMERGENT REASON FOR CHEST PAIN IN THE EMERGENCY DEPARTMENT: ACUTE AORTIC DISSECTION

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Introduction and Purpose: CASE: 26-year-old male patient with a known diagnosis of Marfan syndrome presented to us with severe, tearing chest pain and accompanying severe neck pain that had started half an hour ago. The patient's general condition was moderate, with a saturation of 94%, a pulse of 91, a right arm arterial blood pressure of 113/72 mmHg, a left arm arterial blood pressure of 121/77 mmHg, and a temperature of The patient's temperature was 36.4°C. On physical examination, lung sounds were normal with bilateral auscultation. Four extremity pulses were equal and open. Contrast-enhanced upper/lower abdominal tomography was performed in the patient who stated that her pain was getting more severe although her examinations were normal. Dissection in the arcus aorta was detected in the tomography (Figure 1). The patient was referred to the cardiovascular surgery department and was hospitalised by the relevant department and operated rapidly.

Materials and Methods: Thoracic tomography

Figure 1: Thoracic tomography demonstrates an appearance compatible with dissection in the arcus aorta.



Results and Conclusion: In patients presenting with sudden onset of chest pain and neck pain, particularly those with systemic diseases, consideration should be given to the possibility of performing a dissection.

Keywords: DISSECTION

Ref No: 2813

Atrial Myxoma and Syncope

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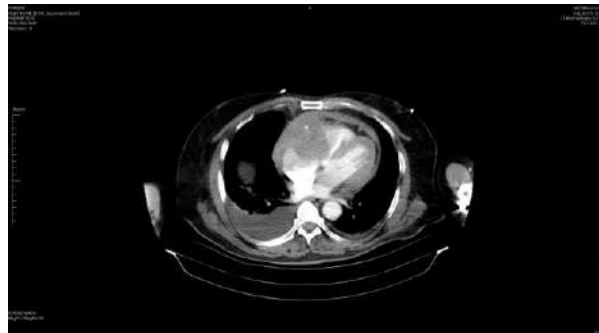
Introduction and Purpose: Atrial Myxoma and Syncope

Atrial Myxoma



atrial myxoma tomography image

atrial myxoma tomography image



atrial myxoma tomography image

Materials and Methods: .

Results and Conclusion: Among cardiac tumors, intracardiac myxomas are the most common primary tumors of the heart and are benign in nature. The incidence is higher in women and familial transmission is common. Myxomas are located in the left atrium in 75-80% of cases and originate from the right atrium in 20% of cases. Cases in which it originates from both atrium and ventricle have been reported rarely (2). A 74-year-old patient with a previous trauma-

induced cerebral hemorrhage presents with increasing shortness of breath, dizziness and syncope for one day. Physical examination revealed tachypnea and gks:9. His vitals showed high blood pressure and low oxygen free saturation. ECG revealed atrial fibrillation and when the relatives were asked about rhythm disorder, it was learned that there was no diagnosis of heart disease and rhythm disorder. Extensive blood parameters including troponin were ordered. The patient was put on oxygen and a foley catheter was inserted. Initial blood gas pH:7.04, bicarbonate: 10.3 mmol/L, K: 5 mmol/L, lactate: 10 mmol/L. He was hydrated and sodium bicarbonate and buffered fluid treatment was started. During follow-up, the patient with deepening acidosis in blood gas and deteriorating general condition was transferred to the resuscitation area. Bedside echo performed by the emergency physician revealed a lesion resembling a thrombus or mass in the right atrium. Initially, pulmonary embolism was suspected and brain tomography, contrast-enhanced thorax and contrast-enhanced abdominal tomography were performed. The official tomography report requested from radiology was as follows: 'No contrast agent passage into the right atrium was observed. Imaging findings in the patient with suspicion of myxoma in this area support a 6 cm diameter myxoma'. Echo performed by cardiology showed a hyperechogenic appearance with eff 45%, extending from the right atrium to the right ventricle with dimensions of 4*1 and 3*1, which could be a mass or thrombus. It is useful to perform bedside echo in patients presenting to the emergency department with syncope. Cardiology opinion may be requested in suspicious patients.

Keywords: Syncope, Atrial myxoma, Bedside echocardiography

Ref No: 2826

An atypical presentation of acute appendicitis in a patient with Situs Inversus Totalis

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Introduction and Purpose: Acute appendicitis is one of the most common surgical emergencies worldwide, accounting for 4-8% of all emergency department visits. Misdiagnosis of acute appendicitis is a common phenomenon that occurs in patients presenting to the emergency department with atypical symptoms. Midgut malrotation and situs inversus totalis are two congenital conditions lead to an atypical manifestation of appendicitis which may mimic other diseases that cause acute abdomen, thus delaying diagnosis, surgical treatment, and increasing morbidity and mortality.

Figure 1



Situs Inversus Totalis

Materials and Methods: A 57 year old female patient presented to our emergency department with a 2 day history of left lower quadrant abdominal pain. The patient denied having nausea, vomiting, or any other symptoms besides severe lower abdominal pain. The patient's vital signs were normal during initial clinical examination. Physical examination revealed generalized abdominal guarding with abdominal tenderness in the left lower quadrant. We could not differentiate if the abdominal guarding was voluntary due to severe pain upon palpation. The patient did not have any rebound tenderness or abdominal distention. An abdominal and pelvic intravenous contrast CT scan was performed on the same day and revealed transposition of all visceral organs, confirming congenital SIT with. In addition, the CT revealed an increase in the wall thickness and the diameter of the appendix, measuring approximately 10 mm in the pelvic left lower quadrant with periappendiceal stranding (figure 1). These findings were consistent

with acute appendicitis. There was no evidence of any abscess collection or perforation. The patient was admitted to the hospital on the same day for surgery.

Results and Conclusion: Our case report demonstrates the importance of considering the diagnosis of acute appendicitis in patients presenting with atypical signs and symptoms, since the only sign that the patient had was abdominal guarding with a moderately elevated CRP. The atypical presentation of our patient in this case report can contribute to future investigations when diagnosis seems unlikely according to previously mentioned scoring systems. This may also help in reducing the rate of misdiagnosis of acute appendicitis in the emergency department and reduce the rate of complications

Keywords: Acute appendicitis, Situs Inversus Totalis, Emergency

Ref No: 2837

Status of emergency medicine assistant quotas and emergency medicine expert public employment data in turkey in the last decadeFatih Cemal Tekin¹, Demet Acar¹¹Konya City Hospital, Department of Emergency Medicine

Introduction and Purpose: In recent years, Emergency Medicine Expert(EME) have taken and continue to take important roles in many different positions in our country. The number of quotas in the Medical Speciality Education Entrance Examination(TUS) and the number of assistants is increasing rapidly. We aimed to draw attention to the increase in the number of Emergency Medicine Assistant quotas in recent years and to evaluate EME public employment data.

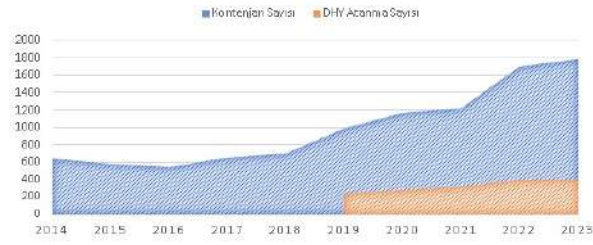
Materials and Methods: The study was designed in ecological terms. The quota data of the TUS Guides of the Measurement, Selection, and Placement Center (SYM) and the data of the State Service Obligation Course (DHY) were taken from the website of the General Directorate of Management Services of the Ministry of Health. Since 2023, TUS quota data for 10 years and DHY emergency medicine specialist appointment data for 5 years have been analyzed retrospectively.

Results and Conclusion: It was found that 9.997 quotas were opened to the emergency medicine branch in TUS in the last decade, and the quota opened in 1 year was min 545, max 1788. So it was determined that 8.9% of all quotas opened were in the emergency medicine branch; this rate decreased from 11.6% in 2014 to 8.5% in 2023. In the last 5 years, a total of 1640 appointments were made for EME in the DHY (Table 1) Courts, min 14, max 92 (1st Quarter 38, 3rd Quarter 68) in 1 period. During this period, there was a positive, significant, and moderate correlation between the number of EMEs appointed in 85–114 periods and the periods ($p<0.01$, $\phi =0.571$) and a positive, significant, and excellent correlation between the years and the number of appointments ($p<0.01$, $r_s =1$). In conclusion, it is seen that the previous quota increase rates did not cause an increase in the number of appointments at the same rate (Figure 1). It is thought that this situation may be related to emergency department working conditions, security, malpractice lawsuits, and EME personal rights. It will be seen in the future DHY lottery appointments whether a much higher increase in the number of Emergency Medicine TUS quotas in the last 5 years will overcome this problem.

Table-1 Data on State Service Obligation Courtship Periods and Number of Emergency Medicine Specialist Assignments

Yıllar:	DHY Kurra Dönemlerinde Atanan Kişi Sayıları						
Gösterge	1.Dönem	2.Dönem	3.Dönem	4.Dönem	5.Dönem	6.Dönem	Toplam
2019	37	39	32	40	52	42	242
2020	22	56	14	83	66	38	281
2021	27	34	70	60	58	68	317
2022	62	63	80	76	52	66	399
2023	78	69	46	92	65	31	401

Figure-1 The Relationship between the Increase in the Number of Emergency Medicine Specialist and Assistant Quotas and the Number of DHY Appointments



Keywords: Education, Medical residency, Employment

Ref No: 2903

Sign of Vulpian Sign: Spontaneous Intracranial Hemorrhage

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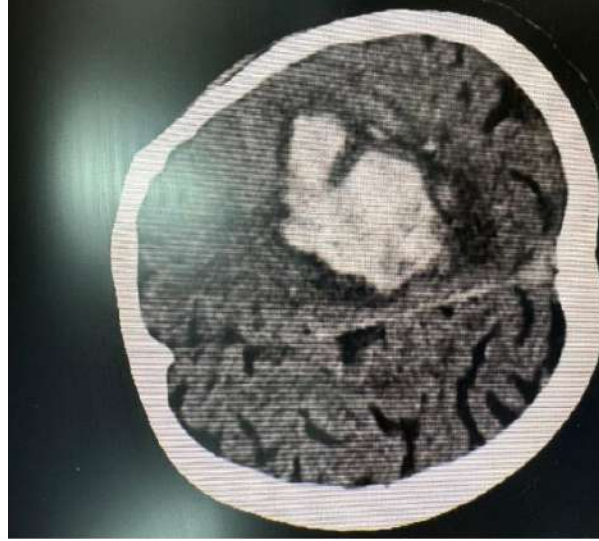
¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Spontaneous intracranial hemorrhages are neurological conditions that require urgent intervention. These cases are often associated with predisposing factors such as high blood pressure. In particular, clinical findings including unilateral deviation of the eyes (Vulpian sign) are strongly indicative of hemispheric lesions.

Materials and Methods: A 68-year-old female patient with known hypertension was brought to the emergency department with impaired consciousness and unilateral deviation of the eyes (Vulpian sign). The patient was unconscious and GCS was evaluated as 8. Physical examination revealed weakness in the right upper and lower extremities (strength 1/5) and eye deviation to the left. Emergency brain tomography revealed a large intraparenchymal hemorrhage and shift in the left intraventricular and left parietotemporal regions. These findings demonstrated that the Vulpian sign indicates the location and severity of intracranial hemorrhage. The patient was urgently consulted to neurosurgery and underwent surgery to evacuate the large hemorrhagic area.

Results and Conclusion: The vulpian sign is an important clinical sign in the early diagnosis and management of spontaneous intracranial hemorrhages. This case emphasizes the importance of detecting the Vulpian sign during neurological examination, prompt diagnosis, and urgent neurosurgical intervention. Early diagnosis and rapid intervention can reduce morbidity and mortality in intracranial hemorrhages.

Intracranial hemorrhages



Keywords: Vulpian, Intracranial, Hemorrhage

Ref No: 2916

Evaluating the Predictive Power of the PECARN Score in Pediatric Patients with Minor Head Injury

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Introduction and Purpose: The purpose of this study is to evaluate the utility of the PECARN clinical decision rule in determining the need for CT imaging in children with head trauma.

Materials and Methods: Patients under 18 years of age presenting to the emergency department within 24 hours of sustaining a head injury will be eligible for inclusion. This retrospective study will adhere to the tenets of the Declaration of Helsinki. The effectiveness of the PECARN algorithms will be assessed during the clinical evaluation of the patients.

Results and Conclusion: Results: A total of 144 patients were included in the study. Of these, 116 (80.5%) underwent a CT scan and 28 (19.5%) did not. None of the 28 patients who did not undergo CT scans had clinically significant traumatic brain injury (TBI). Of the 116 patients who underwent CT scans, 43 (30%) met the PECARN criteria and 75 (52%) did not. None of the patients who underwent CT scans but did not meet the PECARN criteria had clinically significant TBI. Of the 43 patients who underwent CT scans and met the PECARN criteria, only 3 (2.1%) were diagnosed with clinically insignificant TBI. Thus, the compliance rate with the PECARN criteria in our emergency department was 50.6%. Conclusions: The accuracy of the PECARN guidelines is limited based on our results. Therefore, while advocating the avoidance of unnecessary CT scans, it is important to recognize that the ultimate decision rests with the clinician, taking into account the specific circumstances of each case.

Keywords: CT scan, head trauma, PECARN

Ref No: 2928

POST-TRAUMA RENAL INFARCT; CASE PRESENTATION

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Introduction and Purpose: Although the kidney is the most frequently injured organ in the urinary system, kidney injuries constitute 1-5% of all injuries. We wanted to present this case because we think it is a good example of kidney damage after blunt trauma and the need for detailed examination even though there are no findings on high-energy post-trauma examination.

Materials and Methods: An 18-year-old female patient was brought to our hospital by 112 after a traffic accident while crossing the road. Temperature on arrival vitals: 36.5 °C pulse: 80/50 mmHg at 100/min GCS: 15. In her first examination, there was a 1*6 cm open wound on the lower lip, an open wound on the chin, abrasions of various sizes in all 4 extremities, and a fracture in the left elbow. There was no tenderness on abdominal examination and no defensive rebound was observed. In the tomography report: A few wedge-shaped, large hypodense areas were observed in the right kidney parenchyma and were primarily evaluated in favor of traumatic infarction. USG report: Contusion areas seen in the right kidney on tomography could not be distinguished sonographically. No pathology was detected in other organs

Results and Conclusion: In recent years, conservative approaches have been preferred rather than interventional treatment approaches in renal trauma. In this selection, the patient's hemodynamic status, renal functions and vascularization status are taken into consideration. Our patient was discharged after 2 days of intensive care follow-up and 2 days of follow-up in the ward. Renal damage should be especially considered in the presence of macroscopic and microscopic hematuria, abdominal examination findings and hypotension, especially in patients who have experienced high-energy trauma. In our case, the examination was very comfortable, there was no macroscopic or microscopic hematuria, but there was hypotension. Imaging was our main tool in making the diagnosis. Therefore, we think that CT scanning should be performed in high-energy traumas, even if there are no examination findings. should be kept in mind that kidney damage may occur in the presence of hypotension, especially in high-energy traumas, even if there are no examination findings. The absence of hematuria, absence of additional organ injury and normal urea-creatinine values do not exclude kidney damage.

Keywords: RENAL INFARCT, TRAUMA, EMERGENCY MEDICINE

Ref No: 2996

Retrospective Examination of Renal Colic Patients Admitted to the Emergency Department

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Introduction and Purpose: Acute renal colic is considered a distinct pain symptom of urological stone disease. This disease is seen in 1-10% of people throughout life. Patients with kidney stones may have no symptoms or experience mild to severe pain. Renal colic is characterized by pain starting from the lumbar region and radiating from the front to the groin areas. This pain usually occurs as a result of irritation and obstruction caused by the stone passing into the ureter. Among the clinical symptoms of urinary system stone disease,

Materials and Methods: Patients who applied to our hospital's emergency department in the last six months before 01.01.2023 and were diagnosed with flank pain were examined. Data analysis was performed using hospital IT records. Trauma cases were not included in the study and patients under the age of 18 were not included in the study. The demographic information, physical findings and imaging methods of the patients were recorded. Statistical analyzes were performed using SPSS IBM Statistics 20 program.

Results and Conclusion: The clinical findings of patients who applied to the emergency department with the complaint of flank pain and their relationship with hematuria were examined. A total of 2543 patients were examined and findings consistent with renal colic were found in 26.5%. Urinary tract infection was detected in the majority of patients with hematuria. Ultrasound and/or computed tomography were performed for the diagnosis of renal colic. The average age of the patients in the study group was 38.22 and the majority were men. The most common complete urinalysis finding is hematuria. When the location of the stones was examined, it was determined that most of them were at the ureterovesical junction. When looking at the stone sizes, it was determined that 41% smaller than 5 mm and 34% were between 5-10 mm. Hematuria is an important symptom of renal colic and is often associated with urinary tract infection. Among imaging techniques, ultrasonography is preferred because it is non-invasive and does not involve X-rays. However, in some cases computed tomography may be a more accurate option. In conclusion, gender distribution, symptoms and imaging techniques play an important role in the evaluation of patients with renal colic.

Keywords: Neuroleptic malignant syndrome, schizophrenia, nuchal rigidity

Ref No: 3049

AKUT PULMONER EMBOLİ SONRASI GELİŞEN KRONİK PULMONER EMBOLİ

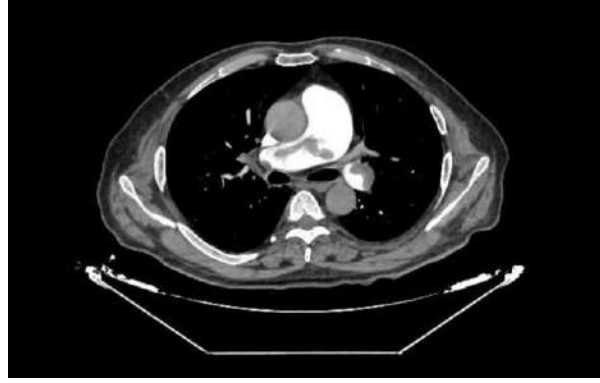
Süeda ZAMAN¹

¹Mamak Devlet Hastanesi

Introduction and Purpose: Pulmoner Emboli (PE), ani ölüme yol açan kardiyovasküler hastalıklardandır. Akut PE'nin yaygın klinik bulguları dispne, göğüs ağrısı, taşikardi, hipotansiyon, öksürük ve hemoptizi şeklinde belirtilebilir. Ekokardiyografik olarak, akut PE'li hastalarda sağ kalp yapılarında dilatasyon, septal harekette bozulma, TY, sPAB artış ve azalmış triküspit anüler plan sistolik esneme mesafesi (TAPSE) bulguları gözlenebilir. Akut PE'den kurtulan hastalarda tekrarlayan PE, antikoagülan tedaviye bağlı kanama, kronik tromboembolik hastalık (KTEH) ve kronik trpmboembolik pulmoner hipertansiyon (KTEPH) gibi komplikasyonlar görülebilir. Bu yazıda akut pulmoner emboli sonrası gelişen kronik pulmoner emboli olgusu sunuldu.

Materials and Methods: 50 yaş erkek hasta yokuş çıkarken artan nefes darlığı ve göğüs ağrısı şikayetiyle acil servise başvurdu. Hastanın geliş vitalleri Ateş: 37 °C Nabız:134 atım/dk Tansiyon:144/78 mmHg Saturasyon:92 GKS:15 olup EKG: sinüs taşikardisi şeklindedir. Hastanın özgeçmişinde 4 yıl önce COVID geçirdiği buna bağlı akut pulmoner emboli geliştiği öğrenildi. Hastadan tedavisini tamamlamadığı bilgisi alındı. Hastanın laboratuvar değerleri Hb:13,9 g/dl wbc:6.420/ ml Ddimer: 0,53 mg/dl fibrinojen: 3,44g/dl Aptt:23,8 sn crp:2.1mg/L totalbilirubin:1.06mg/dl direktbilirubin:0.43mg/dl AST:53U/L ALT:71U/L Na:139 mmol/L şeklindedir. PULMONER BTA RAPORU: Ana pulmoner arter çapı: 40 mm Sağ pulmoner arter çapı: 30 mm Sol pulmoner arter çapı:25 mm'dir. Sol ana pulmoner arterden lobar ve segmenter dallara uzanan, sağ ana pulmoner arter distalinden lobar ve segmenter arter dallarına uzanan tromboembolik materyal ile uyumlu dolum defektleri izlenmiştir. SAĞ ALT EKSTREMİTE VENÖZ RENKLİ DOPPLER US: Sağ CFV ve SFV üst 1/3 kesimde subakut DVT ile uyumlu görünüm izlenmekte olup RDUS ile rekanalize dolum izlenmektedir. Sağ VSP nin tüm trasesi boyunca ve popliteal ven bileşkesinde ekojenik trombüs materyali izlenmektedir. Hasta göğüs Hastalıkları, Kardiyoloji ve Kalp Damar Cerrahisi bölümlerine danışıldı. EKO'da EF:% 55-60 Duvar hareketleri :SEPTUM HIPOKİNETİK D ŞEKLİLLİ (SEPTAL FLATTENING+) Pulmoner arter basıncı: SPAB:26+8MMHG MPAB:15+8MMHG izlendi. Medikal tedavisi başlanan hasta KVC servisine yatırıldı. Hastaya takiplerinde Pulmoner Endarterektomi planlandığı öğrenildi ancak hasta cerrahi tedaviyi kabul etmeyerek medikal tedavi ile hastaneden taburcu edildiği bilgisi alındı.

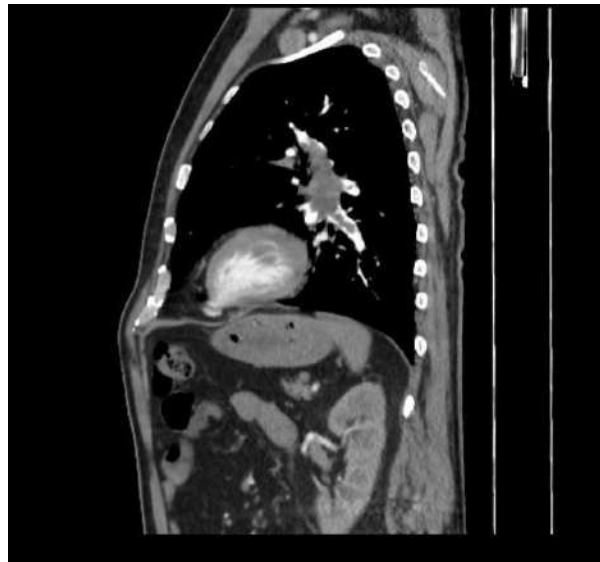
pulmoner emboli bta görüntüsü



pulmoner emboli bta görüntüsü



pulmoner emboli bta görüntüsü



Results and Conclusion: Akut PE hastalarında KTEPH gelişmesi nadir görülen bir durumdur. küratif tedavi seçeneği bulunan tek PH nedeni olması, tanı ve tedavinin gecikmesi halinde prognozu kötü seyredebilen bir hastalık olması nedeniyle erken tanı ve tedavi için KTEPH risk faktörlerinin tespit edilmelidir. Olgumuzda akut PE tanısı anında ve takiplerinde yapılan ekokardiyografilerinde sağ kalp disfonksiyonu bulgularının olmasının KTEPH için önemli bir risk faktörü olabileceği vurgulanmıştır.

Keywords: pulmoner emboli, sağ ventrikül disfonksiyonu, endarterektomi-pulmoner arter

Ref No: 3053

Knowledge, Attitude, And Practice Toward Spinal Motion Restriction among Emergency Medical Services Personnel in Jorda

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¹Jordan University of Science and Technology

²Monash University

Introduction and Purpose: Background / Introduction: Traumatic Spinal Cord Injuries (TSCI) are severe injuries affecting patients and their families. Prehospital healthcare providers are the first professionals dealing with TSCI and are responsible for transporting them to the definitive care. Prehospital healthcare providers have applied spinal motion restriction (SMR) to these patients as the standard of care. However, there is a paucity of research regarding knowledge, attitude and practice. Objectives: This study aims to examine the knowledge, attitude, and practice towards using SMR as well as the broadly used clearance criteria, including the national emergency X-ray utilisation study (NEXUS) and Canadian C-spine roles (CCR).

Materials and Methods: This cross-sectional study uses a newly developed questionnaire targeting the Jordanian Emergency Medical Services (EMS). The questionnaire has four sections, including the participant's demographics, knowledge (19 items), attitude (17 items) and practices (18 items) toward the SMR, which were based on the CCR and NEXUS criteria. Descriptive Statistics, independent t-tests, and correlation analyses were used

Results and Conclusion: Result / Outcomes: A total of 146 participants completed the questionnaire after providing informed consent. The majority of participants were males (96%), with a mean age of 27.6 (3.9). A neutral attitude was observed among EMS personnel regarding SMR (mean= 3.17 (SD±0.787)) and the SMR clearance criteria (mean= 3.03 (SD± 1.068)), with no significant differences between trained and untrained. Also, participants could accurately identify suspected TSCI in 42.9% to 76.9% of CCR-based scenarios and 30.6% to 73.5% of the NEXUS-based scenarios. Higher knowledge correlated with higher attitude scores and ability to identify suspected TSCI (p value<0.05). Conclusion: Low levels of knowledge and neutral attitude levels toward SMR and the selective SMR criteria are present among prehospital care providers in Jordan. Furthermore, a suboptimal practice regarding using SMR raises the concern about missing suspected TSCI. There is also a need to standardise the care for TSCI patients using evidence-based practices

Keywords: Prehospital, Spinal Motion Restriction, Knowledge and Attitude

Ref No: 3081

Septic Embolism Not Caused By Infective Endocarditis

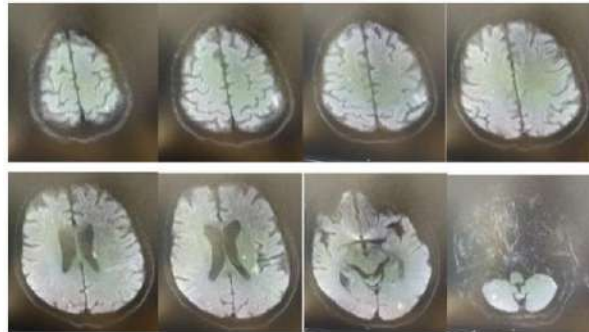
Fatma Sontay¹, Nurullah Parça¹, Gökhan Ersunan¹, Özlem Bilir¹

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Introduction and Purpose: Septic embolism is an obstruction of a blood vessel, typically by an infected thrombus that travels through the bloodstream from a distant infectious source and blocks a blood vessel. Septic emboli result in two complications the early embolic/ischemic insult due to vascular occlusion that may lead to infarction and the infectious insult that leads to inflammation and possible abscess formation. Septic embolism frequently results from infective endocarditis. Septic embolism comes from infected heart valves, thrombophlebitis, and pulmonary artery catheter or infected pacemaker wires as many sources. Other causes are pulmonary infection, pulmonary arteriovenous malformation, intravenous drug use and cyanotic heart disease. Cases often present with ischemic stroke, fever, toxic encephalopathy, meningism, seizure, and headache. Factors such as s. aureus (most common), s. viridans and fungal are often blamed.

Materials and Methods: A 57-year-old male patient was admitted to the emergency with sudden speech disorder. The patient is being treated for lung adenocarcinoma, malignant pleural effusion, pneumonia, and atrial fibrillation. The patient is conscious, obeys orders, vital signs are stable, and infective parameters are elevated in laboratory tests. In Diffusion Magnetic Resonance Imaging (MRI), diffusion restriction is observed in the form of multiple foci in both cerebellar hemispheres and both posterior parietal-frontoparietal levels. The patient was admitted to the neurology service with a preliminary diagnosis of septic embolic enfarct.

Figure 1. Bilateral multiple infarcts detected on brain diffusion MRI



Results and Conclusion: Septic embolic infarcts mostly fit into the Middle Cerebral Artery (MCA) area. Posterior Cerebral Artery (PCA) area is rare. Infarction, cerebritis and abscesses are observed. Septic emboli are more prone to bleeding than embolic infarcts. Septic embolic

encephalitis should be distinguished from sepsis-associated encephalopathy, which develops secondary to circulatory disorders and endotoxins. Sepsis-associated encephalopathy is characterized by diffuse brain dysfunction. More much gray matter is affected. Mitochondrial dysfunction and apoptosis due to oxidative stress are observed. Computed Tomography (CT) Angiography, Diffusion MRI, cardiac echography, blood culture are used to confirm the diagnosis.

Keywords: septic embolism, vegetation, embolic encephalitis

Ref No: 3094

An often-forgotten diagnosis: midgut malrotation and volvulus in an adult

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Introduction and Purpose: Intestinal malrotation is a rare congenital abnormality that occurs when the usual 270° counterclockwise midgut rotation around the superior mesenteric vessels fails to occur during embryonic development. It typically presents in the neonatal period or the first year of life, although some cases may remain asymptomatic and present later in childhood or adulthood. We report a case of a 70-year-old male who presented to the emergency department with intermittent abdominal symptoms, was detected to have midgut malrotation with volvulus, and managed conservatively with an uneventful discharge follow-up.

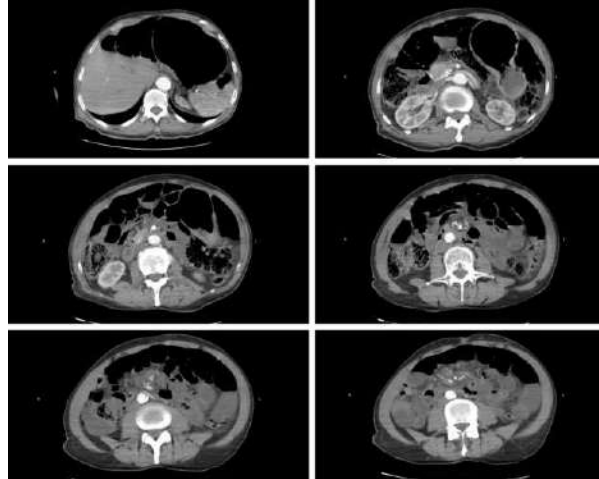
Materials and Methods: A 70-year-old man presented with abdominal pain, nausea, vomiting, and bloating persisting for two days, with a history of intermittent abdominal pain over 15 years and hypothyroidism. Initial assessment showed stable vital signs and a soft abdomen without tenderness. Imaging revealed distended small bowel loops and confirmed midgut malrotation with volvulus on a contrast-enhanced CT scan. Hospitalization, supportive care, and discontinuation of oral intake led to symptom improvement and discharge on day 3. Follow-up confirmed the patient's asymptomatic status, with plans for elective Ladd's procedure to prevent recurrence.

An often-forgotten diagnosis midgut malrotation and volvulus in an adult 1



An abdominal radiograph shows signs of a distended small bowel.

An often-forgotten diagnosis midgut malrotation and volvulus in an adult 2



An axial CT image series shows the typical whirlpool sign and widespread edema in the intestinal loops.

Results and Conclusion: Intestinal malrotation, a congenital anomaly characterized by incomplete midgut rotation during embryonic development, typically manifests in infancy but can also present later in childhood or adulthood. In adults, malrotation commonly presents with chronic abdominal pain and intermittent vomiting, often leading to misdiagnosis. Diagnostic tools include upper GI series or CT scans, with the latter preferred in adults. Treatment options range from symptomatic management to surgical intervention, such as Ladd's procedure, to prevent complications like midgut volvulus. Our case, involving a 70-year-old man with intermittent symptoms resembling small bowel obstruction, underscores the diagnostic challenges posed by malrotation in adults. Despite no surgical intervention, the patient's symptoms resolved with conservative treatment. This case is noteworthy for its atypical presentation, patient age, and absence of ischemic signs, highlighting the importance of considering malrotation in the differential diagnosis of adult bowel obstruction. Maintaining a high index of suspicion is crucial for timely diagnosis and management of this rare condition.

Keywords: Midgut malrotation, midgut volvulus, intestinal malrotation

Ref No: 3113

A rare case in the emergency department: Traumatic aortic dissection

Hasan Gazi Uyar¹, Emine Başaran Uyar²

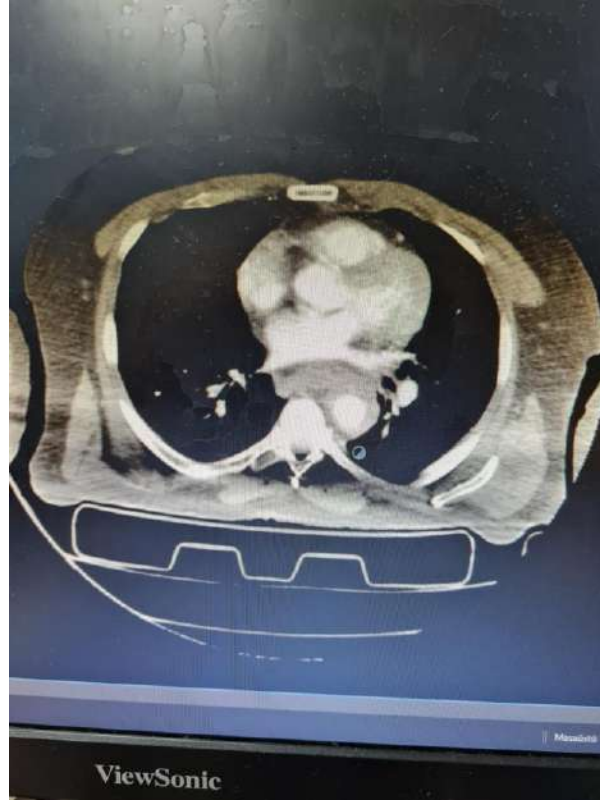
¹Yunak Devlet Hastanesi

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Introduction and Purpose: Aortic dissection is defined as the separation of the tunica media of the aorta and the filling of blood into the aortic wall as a result of a tear in the aortic intima, with the contribution of various mechanisms, especially blood pressure and structural anomalies of the aortic wall. In traumatic rupture of the aorta, the intima and media are lacerated. According to the Stanford classification, regardless of the distal extension, dissections involving the ascending and arch are called Type A, and those involving the descending aorta are called Type B. Aortic dissections occurring after acute trauma carry a high risk of mortality. The mortality rate in Stanford type B aortic dissections is between 50-60%. In this case report, we aimed to discuss traumatic aortic dissection (type B), which is very rare in the literature, especially its diagnostic aspect.

Materials and Methods: Case: A 44-year-old male patient came to the emergency room after an in-car traffic accident. When he arrived, GCS: 14, blood pressure was 95/65 mmHg, pulse: 120. Physical examination of the patient was suboptimal because his consciousness was confused. In laboratory examinations, Ph:7.22 hco3:17 BE:-8 lactate:5.5. Contrast-enhanced tomography showed a partial flap proximal to the descending aorta. Traumatic aortic dissection was accepted. The patient was taken to emergency surgery and was accepted as exitus on the 2nd post-operative day.

Traumatic aortic dissection



Results and Conclusion: Aortic dissection is classically characterized by severe sudden onset of chest, back waist pain, and patients may encounter atypical presentations in the clinic. Aortic dissection is seen in the ascending aorta in 60% of the cases, the aortic arch in 10% and the descending aorta in 30%. In Traumatic Aortic Dissection (TAD), when the tear involves all layers of the aortic wall, mortality is high and rapid due to excessive bleeding. The single most important factor in diagnosing TAD is a high degree of suspicion arising from the nature of the trauma. Plain chest radiography, thorax computed tomography, transesophageal ECHO and angiography are used for definitive diagnosis. In our case, it was suspected and contrast-enhanced thorax and abdominal CT angiography was performed. Treatment of aortic injuries is surgery or endovascular repair.

Keywords: Trauma, Aortic Dissection, Vessels

Ref No: 3133

A Pulmonary Embolism Case Resembling a Textbook Presentation in the Emergency Department

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Introduction and Purpose: Pulmonary embolism (PE) and deep vein thrombosis (DVT) are among the top three most common acute cardiovascular diseases. Here, we aim to present a case of PE detected in a patient presenting to the emergency department with complaints of hemoptysis and a history of DVT.

Materials and Methods: A 40-year-old male patient presented with a complaint of cough and bloody sputum that started the night before. The patient had a history of deep vein thrombosis (DVT) 40 days prior and also complained of chest pain and dizziness. He described coughing up approximately 400cc of blood in total. On arrival, the patient had a Glasgow Coma Scale (GCS) of 15, Blood Pressure (BP) of 60/60 mmHg, Heart Rate (HR) of 130/min, and oxygen saturation (SpO₂) of 95% on room air. The electrocardiogram (ECG) revealed sinus tachycardia, widespread T-wave inversion in inferior and precordial leads, and S1Q3T3 pattern (Image 1). Arterial blood gas analysis showed an increased arterio-alveolar gradient (calculated: 58, expected for age: 14). Bedside ultrasound demonstrated McConnell's sign in the apical four-chamber view and D-sign in the parasternal short-axis view (image 2). Intravenous contrast-enhanced pulmonary angiography revealed extensive thrombi in both main pulmonary arteries and segmental branches (Image 3). The patient was admitted to the Intensive Care Unit under the care of Pulmonology for further diagnosis and treatment.

Image 1



Sinus tachycardia on ECG with widespread T-wave inversion in inferior and precordial leads and S1Q3T3 pattern.

Image 2



McConnell's sign on apical four-chamber cardiac ultrasound (USG) on the left, and D-sign on parasternal short-axis cardiac USG view on the right.

Image 3



Thrombi appearances (arrowheads) in both main pulmonary arteries and segmental branches on pulmonary CT angiography.

Results and Conclusion: It should be remembered that delayed diagnosis in cases of pulmonary embolism (PE) can lead to mortality rates of up to 30%, while timely diagnosis can reduce mortality to below 10%. The most important step in the diagnosis of PE is to have a suspicion. In the presence of suspicion, diagnosis should be confirmed with appropriate cases undergoing the gold standard diagnostic method, pulmonary CT angiography, in addition to laboratory, EKG, and bedside echocardiographic findings. Patients should be referred to the appropriate specialty for management.

Keywords: Emergency Medicine, Pulmonary Embolism (PE)

Ref No: 3135

A Rare Case of Aortic Dissection Complicated by Cardiac Tamponade

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Introduction and Purpose: Aortic dissection is a catastrophic medical condition characterized by the separation of the layers within the aortic wall, allowing blood to enter the wall and propagate along its length. It is often associated with hypertension and can lead to significant morbidity and mortality if not promptly diagnosed and managed. We present a case of aortic dissection complicated by cardiac tamponade and discuss its clinical presentation, diagnostic workup, and management.

Materials and Methods: A 59-year-old male with a known history of hypertension and diabetes presented to the emergency department with sudden-onset fainting sensation. On examination, the patient was diaphoretic, tachycardic, and hypotensive with mild hypothermia (34.5). Auscultation revealed distant heart sounds with no murmurs. An electrocardiogram (ECG) showed sinus rhythm with no ST-segment abnormalities. Computed tomography angiography (CTA) of the chest revealed a Stanford type A aortic dissection involving the ascending aorta with a diameter of (54mm) and extending into the pericardial sac, resulting in cardiac tamponade. There was evidence of pericardial effusion of (17mm) with compression of the right atrium and ventricle. Transthoracic echocardiography confirmed the presence of cardiac tamponade with diastolic collapse of the right atrium and ventricle. The patient was immediately transferred to the operating room for emergent surgical intervention.

Results and Conclusion: Concurrent occurrence of aortic dissection and cardiac tamponade is a rare but life-threatening condition that requires prompt recognition and management. Clinical suspicion should be high in patients presenting with acute chest pain, especially those with risk factors such as hypertension. Imaging modalities such as CTA and echocardiography play a crucial role in confirming the diagnosis and guiding immediate intervention. Surgical repair of the aorta and pericardial drainage remain the mainstay of treatment, aimed at restoring hemodynamic stability and preventing further complications. We present a rare case of aortic dissection complicated by cardiac tamponade, emphasizing the importance of early recognition and prompt surgical intervention. Timely management is paramount in improving patient outcomes and reducing mortality associated with this life-threatening condition. Further studies are warranted to explore optimal treatment strategies and long-term outcomes in such cases.

Keywords: Aortic Dissection, Cardiac Tamponade, Emergency

Ref No: 3151

A History Of Facial Paralysis With A Peripheral Appearance, A Bulbus Infarction

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Introduction and Purpose: Any damage that may occur in the course of the facial nerve from the motor nucleus in the pons to the most distal neuromuscular junction may cause peripheral facial paralysis clinic. Patients who experience ischemia in the cortex, internal capsule or brainstem region where the nerve nucleus is located have upper motor neuron damage. They have damage and therefore cannot purse their lips and asymmetry develops in the lips when showing their teeth. However, they can wrinkle their forehead, raise their eyebrows and close their eyes. Patients with lower motor neuron damage cannot raise their eyebrows or close their eyes in addition to the disorders mentioned above. Our aim in this study is to show that we need to pay attention to additional neurological findings in patients with peripheral facial paralysis in order to rule out central pathologies, and that facial paralysis with a peripheral appearance may develop in some central events.

Materials and Methods: Case: A 46-year-old male patient applied to the emergency department with a complaint of asymmetry at the corner of the mouth. He has a history of ischemic stroke, hypertension, and diabetes. Blood pressure measured at the admission to the emergency department. 180/100 mm/Hg, ECG was seen as normal sinus rhythm, neurological examination revealed consciousness, cooperative orientation, no anisocoria, IR: +/+ , speech dysarthria. Ptosis in the left eye and left nasolabial groove palsy were noted. Swallowing reflex could not be detected bilaterally. Diffusion MRI detected an acute infarct in the left half of the bulb.

Results and Conclusion: Discussion: The clinical picture of peripheral facial paralysis is that any damage that may occur in the infranuclear part of the facial nerve after it leaves the motor nucleus in the pons in its course up to the most distal neuromuscular junction may cause peripheral facial paralysis. In addition, the 8th and 9th cranial nerves can also occur anywhere after they emerge from their nucleus in the pons. Swallowing function may be impaired in patients as a result of the lesion. With this case, we declare that cerebrovascular diseases should be considered in patients who develop peripheral type facial paralysis with risk factors.

Keywords: Bulb, infarct, facial paralysis

Ref No: 3164

Dislocation After Hip Replacement: Emergency Response and Rapid Recovery

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Introduction and Purpose: Hip replacement operations are surgical interventions frequently performed to improve hip joint functions, especially in the older age group. However, complications such as dislocation may occur in the postoperative period.

Materials and Methods: A 70-year-old female patient recently underwent left hip replacement surgery. The patient was admitted to the emergency room due to loss of movement in the left hip as a result of his leg constantly rotating around itself. In the radiographic evaluation, dislocation was detected in the left hip with prosthesis. The orthopedic team intervened immediately and the closed reduction procedure was successfully performed. The patient's dislocation was corrected and the hip prosthesis was confirmed to be stable. In the control radiography taken after reduction, it was seen that the prosthesis was in the appropriate position and no additional complications were detected. The patient was discharged after a short observation period after the reduction procedure.

Results and Conclusion: Dislocation cases after hip replacement are situations that require urgent intervention. This study emphasizes the importance of a multidisciplinary approach and early intervention in the management of orthopedic emergencies. For patient safety and optimization of the healing process, early diagnosis and treatment of prosthesis dislocations are of great importance.

Keywords: Emergency Response, Dislocation, Emergency

Ref No: 3201

A Rare Case of Refractory Headache: Sphenoid Sinus Mycetoma

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Introduction and Purpose: Aspergillus infections of the paranasal sinus are frequently seen in a single sinus and usually in the maxillary sinus, followed by the sphenoid sinus. In addition to headache, purulent rhinorrhea, retropharyngeal discharge, nasal obstruction, visual disturbances and nerve deficits may accompany the clinic which most commonly presents with headache. Fungal sinusitis is classified in four clinical forms: allergic fungal sinusitis, miçetoma (fungal ball), acute fulminant form and chronic invasive form. Of these, the first allergic fungal sinusitis and miçetoma are noninvasive, whereas the others are invasive, progress rapidly and cause serious disease pictures. In our case, infection due to a fungal agent was detected in the patient who presented to the emergency department with complaints of headache and acute sinusitis symptoms for 15 days after endoscopic surgery.

Materials and Methods: A 45-year-old male patient was admitted to the emergency department with the complaints of headache that had been persistent for 10 days and mild ptosis of the left eyelid that started 1 day ago. In the anamnesis, it was learned that the patient was admitted to an external center with symptoms of upper respiratory tract infection and treatment was started with a diagnosis of acute sinusitis, but there was no regression in his symptoms despite the treatment. Physical examination of the patient was normal except for mild ptosis of the left eyelid. Cranial MRI with contrast was performed due to a suspicious area of hemorrhage at the level of the left sphenoid sinus on brain tomography which was performed due to severe headache. The patient was hospitalized in the ENT clinic upon the appearance of an abscess in the left sphenoid sinus. Endoscopic sinus surgery was performed by ENT and a fungus ball was seen in the sphenoid sinus.

sphenoid sinus mycetoma



Results and Conclusion: Aspergillus is the most common fungal agent causing infection in the paranasal sinuses. In this type of infection, the maxillary sinus is most commonly involved. However, it is rarely seen in the sphenoid sinus. Isolated sphenoid sinus lesions are not common and present with non-specific complaints. Clinically, non-invasive sinusitis may present as allergic fungal sinusitis or fungal ball (mycetoma).

Keywords: Mycetoma, sphenoid sinus, emergency department

Ref No: 3230

Don't forget Fournier's gangrene when you think of sepsis.

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Introduction and Purpose: Fournier's gangrene is a specific form of necrotizing fasciitis that usually begins in the perianal region, is accompanied by thrombosis of the feeding arteries, including the external genital organs, and causes gangrene of the skin and subcutaneous tissue, which may develop symptoms of sepsis and multiple organ failure. It is seen more frequently in men than in women. Our aim in this case report is to present Fournier's gangrene among other causes of sepsis in emergency department admissions and because it is relatively rarely diagnosed.

Materials and Methods: 73-year-old female patient is brought to the emergency room by 112 teams with complaints of shortness of breath, cough, fever, phlegm, and decreased eating and drinking for 3-4 days. She was admitted to the emergency room 3 days ago and was considered to have URTI and was discharged. Vitals; Fever: 36.5 Pulse: 122 TA: 90/60 SpO2 Without Oxygen 60 SpO2 With Oxygen 94 Respiratory Rate was 28. In the FM performed, Neurological examination is Natural, Conscious, Oriented and Cooperative, GCS is 15, SS is Natural, OF is Natural, Abdominal examination is Natural, Urogenital examination; There is swelling, redness, abscess, and foul-smelling infective tissue, including a hard muscle mass with a diameter of approximately 30 cm, starting from the perianal region and extending to the thigh-knee region. In the laboratory panel; WBC 15.88K/uL, NEU 14.25K/uL, Crescent in the UK. 2.06mg/dL, Urea 124mg/dL, CRP 365mg/L, Albumin 26g/L. In Blood Gas, pH was 7.26, pCO2 was 31.3mmHg, Lactate was 5.90 mmol/L. The patient had swelling, redness, bad anaerobic odor starting from the perianal region to the thigh-knee area, and was considered to have Sepsis due to Fournier Gangrene due to hypothermia, hypotension, tachypnea, and Lactate positivity. General surgery was consulted and the patient underwent emergency surgery, wound debridement, and admission to the 3rd step ICU. The patient, who was followed up in intensive care for 2 days after emergency surgery, died.

Results and Conclusion: Delay in treatment is accompanied by a high lethality of up to 90% due to the development of septic shock and related complications. The basis of treatment for Fournier's gangrene is urgent surgical intervention combined with antibacterial and detoxification therapy. Since it progresses very quickly late diagnosis increases mortality.

Keywords: Fournier's gangrene, sepsis, Emergency medicine

Ref No: 3252

Hypertensive crisis due to pheochromocytoma: A Case Report

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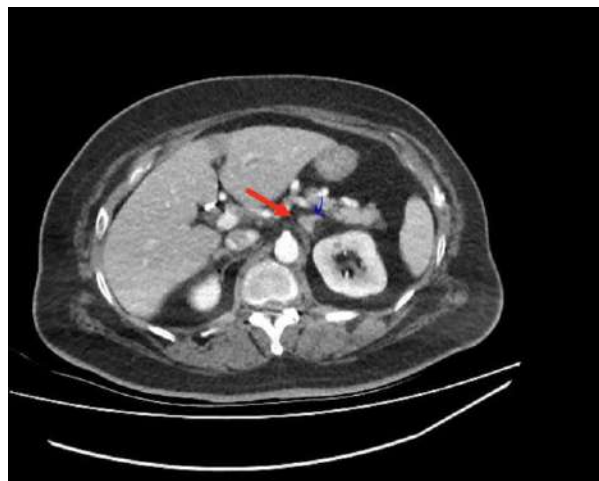
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Introduction and Purpose: Pheochromocytomas are rare tumors in the adrenal medulla that derive from the chromaffin cells and produce catecholamines. They are an uncommon cause of hypertension, palpitations, and tachycardia, and only 50% of the patients present symptoms compatible with this pathology. Emergency doctors and clinicians should focus on early diagnosis as delay in initiating the appropriate treatment can lead to mortality.

Materials and Methods: Our case presents a 58-year-old female patient with a past medical history of hypertension, type 2 diabetes, and coronary artery disease. She was brought to the emergency department for a severe headache associated with nausea and two episodes of vomiting that started 4 hours before his arrival to the emergency room. On arrival to the emergency room, her vitals were as follows Blood pressure (BP):210/98 mmHg, heart rate (HR) 135 beats/min, respiratory rate (RR)18/min, temperature: 36.4 °C oxygen saturation:98% on room air. On physical examination, the general condition was alert and oriented, and the Neurological examination and the mental status examination were normal. Computerized tomography (CT) imaging showed a 1.5*0.9 cm left adrenal mass.

Figure 1. CT imaging showed a 1.5*0.9 cm left adrenal mass



Results and Conclusion: Catecholamine-secreting tumors are a rare neoplasm, occurring in approximately 0.1 to 1% of hypertensive patients. Pheochromocytomas are most common in the

fourth to fifth decade, although they can occur at any age. They are equally common in females and males. Pheochromocytomas are rare neuroendocrine tumors responsible for less than 1% of hypertensive cases. Only 50% of individuals will present symptoms compatible with this tumor, and, in most cases, the symptoms will be paroxysmal. Surgery is curative for pheochromocytomas, but long-term surveillance is necessary.

Keywords: pheochromocytomas, emergency room, hypertensive crises.

Ref No: 3254

Cerebral venous sinus thrombosis after spinal anaesthesia

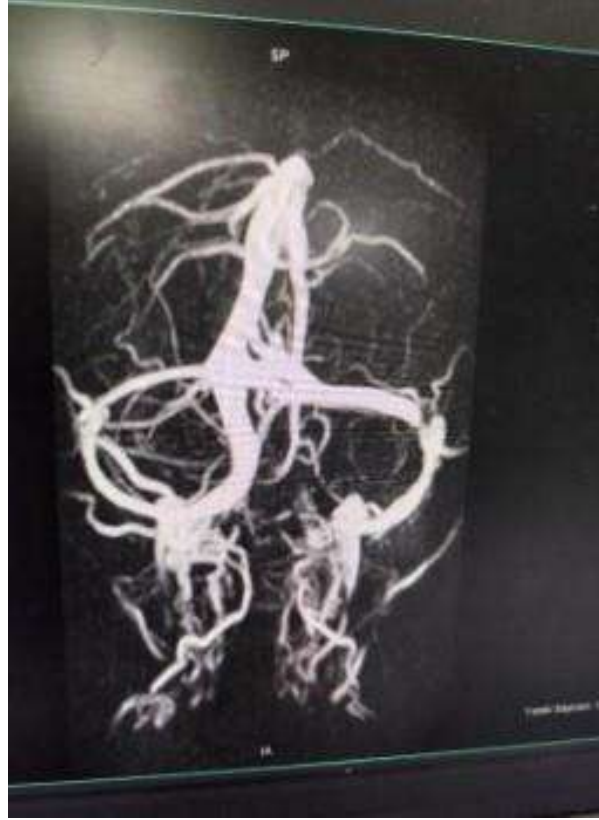
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Introduction and Purpose: Cerebral sinus vein thrombosis is a rare clinical entity after spinal anaesthesia. It often presents with prolonged headache after spinal anaesthesia and unresponsive to standard treatments. Aseptic meningitis, subdural haemorrhage, subarachnoid haemorrhage, cerebral herniation and exacerbation of pre-existing neurological disease should be considered in severe headache lasting longer than 7 days after spinal anaesthesia. Report a 23-year-old female patient who underwent spinal anaesthesia one week before admission to our emergency department, presented to the emergency department with headache and numbness and was finally diagnosed with cerebral sinus thrombosis in our clinic.

Materials and Methods: A 23-year-old female patient who gave birth with C/S under spinal anaesthesia one week ago came to the emergency department with headache 2 days ago, right hemihypoesthesia one day ago and new onset of hemiparesis. The patient has cortical diffusion limitation in the left parietal (picture 1). MR venography was performed due to the possibility of venous infarction and 0.6 enoxaparin, dexamethasone 4mg was started as treatment. The patient was admitted to the intensive care unit after having two generalised tonic clonic seizures in the emergency department. Levetiracetam loading and maintenance was performed as 2x500mg. MR venography showed partial thrombosis in the CNS and thrombosed appearance in the left cortical veins.

picture 1



Results and Conclusion: Emergency physicians should consider sinus vein thrombosis in patients with postdural headache that occurs after spinal anaesthesia and does not respond to standard postdural headache treatment methods. Sinus vein thrombosis is a disease with high mortality and morbidity if not diagnosed early and treated appropriately. Recent studies have reported that the mortality rate is between 6-10% despite treatment. Although sinus vein thrombosis is a rare disease, it should be considered in patients with severe headache and papillary oedema who present with epileptic seizures and may potentially be predisposed to thrombosis. Early diagnosis is important and anticoagulant, thrombolytic, antiepileptic and etiological treatments should be performed. Among these treatments, anticoagulant therapy is effective and safe. Close vital follow-up and seizure follow-up should be performed under intensive care unit if necessary.

Keywords: Cerebral ven, sinus thrombosis, spinal anaesthesia

Ref No: 3259

An unusual case of gunshot injury involving the shoulder and neck region

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Introduction and Purpose: Gunshot injury is a critical group of patients who first present to emergency departments(ED).Gunshot injuries can present in different patterns depending on the site of injury, the type of firearm, the distance fired, the trajectory of the bullet or pellet in the body, and the structures injured.In the case we will present, we would like to remind that the clinical course may vary in this group of patients by describing the favorable prognosis of a patient with gunshot injury in the neck and shoulder region.

Materials and Methods: A 41-year-old woman was admitted to the ED with a gunshot injury. General condition was poor, Glasgow Coma Scale was 7, and vital signs were normal. There was a tissue loss of 15x20 cm in the left supraclavicular region and 8x10 cm in the sternocleidomastoid tracings(Figure 1). The plastic fuze of the rifle cartridge was removed from the wound.The patient was intubated due to her level of consciousness.Imaging studies revealed multiple metallic densities at the left supraclavicular and paravertebral levels, occipital level, C3 level in the left half of spinal canal and adjacent to neural foramen.Metallic densities were observed in the parenchyma and adjacent to the pleura of the left lung(Figure 1).The patient was admitted to the intensive care unit.During follow-up, patient regained consciousness and was extubated. Surgery for tissue defects was performed.The patient was discharged with no neurological deficits.

The patient's wound and the image of the pellets on computed tomography



Results and Conclusion: Patients with gunshot injuries require a multidisciplinary approach.Initial evaluation of these patients, it is possible to estimate which organs are injured based on the entry wound.However, atypically located bullets and unexpected injuries have been reported in many cases.Imaging should be performed considering the mechanism of injury, clinical status of the patient, and entry and exit holes.Our case was a high-energy rifle injury.The

injury was at a level to cause tissue loss in the shoulder and neck region, and the pellets spreading throughout the body could have caused morbidities including paraplegia and mortality due to their location. However, this didn't occur and the patient was discharged without any sequelae. It is noteworthy that our patient didn't have any neurological and vascular injuries despite injuries to critical anatomical regions.

Keywords: Gunshot injury, Emergency department, Rifle injury

Ref No: 3305

Association of acute pancreatitis complications: diabetic ketoacidosis and walled off pancreatic necrosis (wopn)

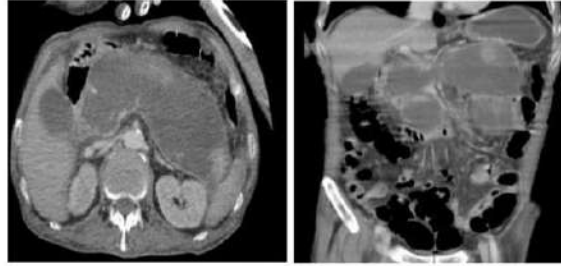
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Introduction and Purpose: Walled off pancreatic necrosis (WOPN) is a rare complication of pancreatitis. It usually presents with severe and persistent abdominal pain, requiring urgent evaluation and detailed assessment, as it can lead to mortality and morbidity. (1) Diabetic Ketoacidosis (DKA) is one of the most serious complications of diabetes. In its etiology, infections and misuse of drugs are frequently implicated. (2-3) In this case, we aimed to investigate the concurrent presentation of diabetic ketoacidosis and one of the rare complications of acute pancreatitis, walled off pancreatic necrosis.

Materials and Methods: A 67-year-old male patient presented to our emergency department with a one-day history of shortness of breath. The patient, diagnosed with acute pancreatitis at an outside center one month ago, has been receiving treatment during this period and has had two admissions to the intensive care unit. He has a history of known hypertension and diabetes. On arrival, vital signs were as follows: temperature 36.9°C, heart rate 111 bpm, respiratory rate 20 breaths per minute, and oxygen saturation 98% on room air. The Glasgow Coma Scale (GCS) was 15. The patient had Kussmaul breathing. Laboratory tests revealed glucose 231 mg/dL, CRP > 200 mg/L, WBC $22.8 \times 10^3/\mu\text{L}$, creatinine 1.02 mg/dL, AST 15 U/L, ALT 22 U/L, GGT 91 U/L, calcium 9.2 mg/dL, LDH 337 U/L, amylase 95 U/L, lipase 38 U/L, and urine ketones +3. Arterial blood gas analysis showed pH 7.04, pO₂ 140 mmHg, HCO₃ 16 mmol/L, K⁺ 4.2 mmol/L, and Na⁺ 147 mmol/L. DKA was suspected based on the preliminary diagnosis and treatment was initiated. During follow-up, the patient complained of nausea, and considering his history of pancreatitis, contrast-enhanced abdominal CT was performed. The CT scan revealed a picture consistent with Walled Off Pancreatic Necrosis (WON) as a secondary complication of acute pancreatitis. The patient was started on hydration and insulin therapy, and admission was provided for further investigation and treatment.

Coronal and axial CT of the patient



CORONAL AND AXIAL CT IMAGES OF THE PATIENT

Results and Conclusion: In this patient, the coexistence of Diabetic Ketoacidosis (DKA) and Walled Off Pancreatic Necrosis (WON), a complication of acute pancreatitis, highlights the association between diabetes and pancreatic complications.

Keywords: Diabetic Ketoacidosis, Necrosis, Walled-off Necrosis

Ref No: 3329

PATIENT DIAGNOSED WITH INFECTIVE ENDOCARDITIS IN THE EMERGENCY DEPARTMENT

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Introduction and Purpose: Infective endocarditis is an infection of the endocardial surface of the heart, often arising from infection of one or more heart valves or intracardiac devices. Its incidence ranges from 3 to 7 per 100,000 individuals in developed countries. Fever is the most common presenting symptom. Common findings include cardiac murmur, splenomegaly, petechiae, or splinter hemorrhages. Janeway lesions, Osler nodules, and Roth spots are all part of the diagnosis of infective endocarditis. The diagnosis is primarily based on clinical presentation and suspicion. The modified Duke criteria are also used to aid in diagnosis.

Materials and Methods: A 41-year-old female patient was brought to the emergency department by her relatives with complaints of fever for 6 hours, altered consciousness and meaningless speech. The patient had a history of pneumonia and was hospitalized in the chest disease department 3 weeks ago and was discharged 10 days ago. The patient, diagnosed with hypertension and chronic renal failure, receives hemodialysis through an arteriovenous fistula in her right arm three times a week. Blood pressure was 137/100 mmHg, heart rate was 115 beats/minute, SPO2 was 97% and body temperature was 37°C but had been 40°C during follow-up. The patient was consulted for cardiology due to the presence of widespread infarction areas on diffusion MRI and septic embolism was considered. Transthoracic echocardiography revealed a 19*11 mm mobile structure on the mitral posterior leaflet of the left ventricle that enters and exits the left ventricle and fibroelastoma suspicion arised. Three sets of blood cultures were taken. Blood culture yielded growth of Staphylococcus aureus. The patient's current aspirin was stopped and clopidogrel and low molecular weight heparin were started at renal doses. Meropenem and vancomycin were started at renal doses.

Results and Conclusion: Systemic complications due to septic embolization can occur, especially in infective endocarditis with left heart involvement. These often manifest as stroke, brain abscess, infarction in the kidney, spleen, and other organs, as well as metastatic infections.

Keywords: Infective endocarditis, emergency department, Fever

Ref No: 3356

Orthostatic Syncope in Patients with Superior Vena Cava Syndrome

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Introduction and Purpose: Superior Vena Cava Syndrome is a clinical condition resulting from obstruction of blood flow in the superior vena cava. Its causes primarily include cancers, especially lung cancer and lymphomas, but can also be attributed to various factors such as infection and thrombosis. The most common presenting symptoms include facial and neck edema, dilatation of neck and chest veins, watery eyes, and particularly dizziness upon bending forward.

Materials and Methods: A 77-year-old male patient presented to the emergency department with complaints of dizziness and syncope lasting for two days. He reported experiencing dizziness followed by blackout upon standing up, which then progressed to brief episodes of sudden loss of consciousness lasting a few seconds. Cyanosis was prominent in the head, neck, and upper extremities compared to the rest of the body. Peripheral pulses in all four extremities were equal and palpable. The patient continued to experience syncope attacks in the emergency department and was consulted to the neurology department. Bedside echocardiography revealed left ventricular ejection fraction of 60%. Doppler ultrasound in the emergency department showed near-total thrombus formation in the bilateral jugular veins. No significant stenosis was observed in the bilateral carotid arteries. Given the findings of bilateral jugular vein thrombus on bedside ultrasound, congestion, edema, and cyanosis observed on inspection of the upper extremities, head, and upper chest, the patient was consulted to the cardiology and vascular surgery department with a presumptive diagnosis of vena cava syndrome. Neck and thorax CT was planned to rule out pathologies causing compression on the vena cava. No pathological findings were observed on imaging. Detailed ultrasound performed by the radiology department revealed a mixed plaque causing 70-90% stenosis in a 16 mm segment at the entrance of the right internal carotid artery.

Results and Conclusion: Superior Vena Cava Syndrome is primarily an emergency diagnosis requiring clinical suspicion. Identifying the underlying cause plays a key role in resolving the clinical picture, as illustrated in our presented case. It necessitates collaboration among multiple departments. Bedside ultrasound performed by an experienced emergency physician plays a rapid and life-saving role in diagnosis.

Keywords: Orthostatic Syncope, Vena Cava Syndrome, Emergency

Ref No: 3377

aspiration of nuts

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Introduction and Purpose: Foreign body aspiration into the tracheobronchial system is often difficult to diagnose, with serious consequences and sometimes morbidity and mortality. For this reason, it is sometimes treated for asthma or recurrent lung infection, leading to delayed diagnosis and granuloma formation. Foreign body aspiration is less common in children under 1 year of age, but is usually seen in children under 3 years of age. Foreign bodies usually enter the right bronchus and its branches, but can also enter both bronchi. Sunflower shells, hazelnuts, peanuts and toy parts are frequently aspirated.

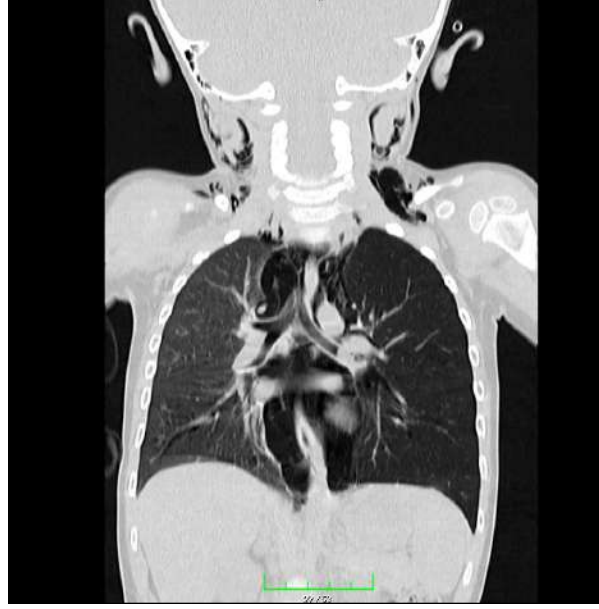
Materials and Methods: A 3-year-old girl presented to us with sudden onset of dyspnoea and emphysema on the anterior chest wall, neck and right side of the face after aspiration of cookies 2 days ago. On examination, there was crepitation on the skin. left lung sounds were decreased by listening. pneumothorax and pneumomediastinum were observed on the thorax ct image.

Results and Conclusion: Pneumomediastinum is a rare clinical condition in our thoracic surgery practice and is defined as the formation of free air images in the mediastinal region, which develops spontaneously or due to an underlying cause. It should be kept in mind in the differential diagnosis especially in young patients presenting to the emergency outpatient clinic with sudden onset of chest pain or dyspnoea in the absence of additional findings.

BT image



BT image



Keywords: emphysema, aspiration

Ref No: 3394

Auricular Zona

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Introduction and Purpose: Unilateral, painful, regional, vesicular rash that arises from reactivation of the varicella virus is termed herpes zoster or shingles. It typically affects a single dermatome but can sometimes spread to adjacent areas. While it is commonly seen in elderly individuals and those with immunosuppression, it can occur in individuals of all ages who have previously had chickenpox or been vaccinated. Following exposure, the virus initially becomes dormant within the sensory nerve root and then proliferates and spreads towards the sensory nerves of the skin. Herpes zoster is often a unilateral condition affecting a spinal or cranial nerve, sometimes involving neighboring dermatomes as well. Cranial or trigeminal involvement occurs in 20% of patients. Rash typically follows the pain in the affected area after a few days or even weeks. The pain can be stabbing or deeply uncomfortable, or there may be increased sensitivity, tingling, or burning sensation in the affected area.

Materials and Methods: A 22-year-old female patient presented with a complaint of rash and pain around her left ear for the past 3 days. There is no known medical history of the patient. Inspection during the physical examination revealed vesicular rash around the left ear and its surroundings. The vesicular rash was consistent with herpes zoster.

Results and Conclusion: As in this case, herpes zoster can occur not only in elderly or immunocompromised individuals but also in young individuals who have encountered the virus or been vaccinated. Careful attention is necessary in cases of rash illnesses, and patients should seek medical attention at the nearest healthcare facility.

figure1



Keywords: Herpes zoster, vesicle, pain

Ref No: 3488

A Case of Aortic Dissection Presenting with Influenza-Like Symptoms

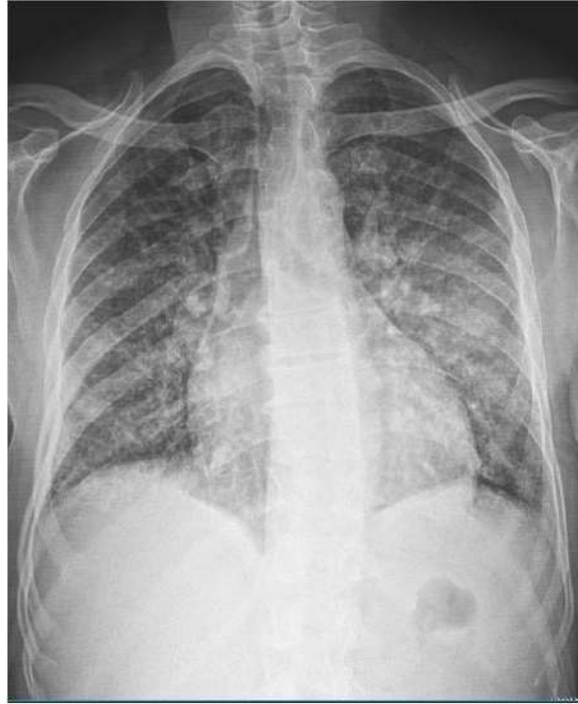
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Introduction and Purpose: Aortic dissection is defined as a life-threatening condition caused by a tear in the intima layer of the aorta or bleeding into the aortic wall, causing the separation of different layers of the aortic wall. Influenza is an acute viral respiratory infection that can cause worldwide pandemics, is highly contagious and can cause significant morbidity and mortality. In this case report, we would like to emphasize that aortic dissection should not be ignored in patients presenting with influenza-like symptoms, even if they do not meet the classical diagnostic criteria for aortic dissection.

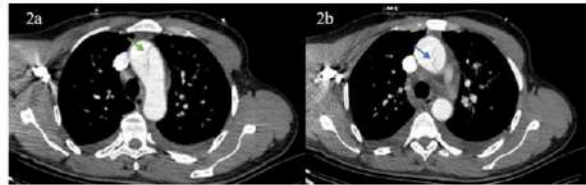
Materials and Methods: Case: A 45-year-old male patient was admitted to the emergency department as an outpatient with complaints of fatigue, cough and stabbing chest pain in the anterior chest for two days. He had no known medical history. Patient's general condition was poor and his vitals were stable and normal; except his blood pressure was mildly high (160/56) and he was slightly tachycardic (112/minute). The X-ray and ECG showed no pathologies. Troponin level was 6050 ng/L in bloodwork, other tests were normal. The patient was consulted to the Cardiology Department due to high troponin levels and echocardiography (ECHO) was performed on the patient. ECHO findings included left ventricular ejection fraction (EF) is 50%, left ventricular dilatation and grade 3 aortic regurgitation, as well as the appearance of a flap starting from the ascending aorta. Contrast Enhanced Thorax CT showed dissection flap on the ascending and arcus aorta. The patient was consulted to the Cardiovascular Surgery Department with a diagnosis of acute Type 2 aortic dissection. After evaluation, the patient was transferred to an external center by ambulance for surgery.

Image 1



Diffuse infiltrative areas on patient's chest X-ray

Image 2



- (a) The area indicated by the green arrow shows a dissection flap in the arcus aorta. (b) The area indicated by the blue arrow shows a dissection flap in the descending aorta.

Results and Conclusion: Before making definitive diagnoses with atypical symptoms, the patient should be evaluated once more and it should be considered whether there is an underlying critical disease that can explain the current clinic. The fact that influenza-like symptoms presented on a patient may indicate to an underlying condition that can lead to mortality within hours. The condition of the patients at this stage should not cause serious diseases to be overlooked by physicians.

Keywords: aortic dissection, influenza, thorax CT

Ref No: 3510

Rhabdomyolysis and acute renal failure in a patient admitted to the emergency department with high voltage electric shock and hypothermia: a case report

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Introduction and Purpose: Deep burns and organ loss due to compartment syndrome, rhabdomyolysis, myoglobinuria, acute renal failure and multiple organ failure due to muscle destruction are common in high-voltage electrical injuries (HVBI) and these cases are fatal if not treated in time.

Materials and Methods: Case Report

Results and Conclusion: A 21-year-old male patient was found by villagers in the morning in the field about to freeze and was brought to us after 112 emergency medical teams were notified. According to the anamnesis, the patient had tried to enter the transformer building in the field to steal electrical equipment and was then electrocuted. When the patient arrived, there were traces of arc burns on the trunk, which were thought to be due to electrical burns on the extremities. The patient was conscious, oriented and cooperative. Vital signs included blood pressure: 130/80 mm/Hg, pulse rate: 80/minute, temperature: 35.6°C and fingertip oxygen saturation: 80. There were no pathologic findings on electrocardiography. The patient was started on saline intravenously which was heated at room temperature. Physical warming was performed with a heating blanket and fan. Tetanus and antibiotic prophylaxis was given. Thorax and abdomen tomography were performed and no pathologic findings were found in the imaging results. Bladder catheterization was performed to monitor urine output and black urine (myoglobinuria) was observed (Figure 1). Laboratory tests of the patient from the time of admission to the emergency room during hospitalization are given in detail in Table 1. After being admitted to the intensive care unit, the patient was hemodialyzed 4 hours a day for 17 days. During the treatment process, wound care and debridements were performed regularly by the plastic surgery clinic. The patient, who was scheduled for surgical operation for wound debridement, left on the 19th day of hospitalization with treatment refusal. Myoglobinuria and high creatine kinase levels are indicators of rhabdomyolysis in HVBI. The incidence of myoglobinuria in patients is quite high, 75-100%. In rhabdomyolysis-induced myoglobinuria, acute renal failure may develop within hours and days. In this case, the importance of multidisciplinary approach and hemodialysis in preventing mortality in patients with such clinical findings is emphasized.

Figure 1. Burns and myoglobinuric urine observed on initial examination in the emergency department



Table 1. Laboratory data observed during the patient's stay in the emergency department and hospitalization

PARAMETER / DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	REFERENCE INTERVAL / UNIT
Glucose	124	93	70	96	75	75	75	76	82	92	88	80	75	78	82	78	82	86	70-100 mg/dL
Urea	52	96	91	81	69	71	71	76	88	50	54	40	35	28	28	28	29	131	17-43 mg/dL
Creatinine	2,58	3,93	4,24	4,23	3,96	3,99	3,99	5,03	5,55	3,62	3,53	2,88	2,59	2,06	1,80	1,81	1,49	1,14	0,7-1,20 mg/dL
Uric acid	-	11,6	6,7	5	3,8	3,7	3,7	4,4	6,1	5,8	6,8	5,6	4,7	4,2	3,8	3,8	3	2,9	3,5-7,2 mg/dL
GFR	32	19	18	18	19	19	19	14	13	21	22	28	32	42	49	49	62	85	mL/dak/7.73m ²
Total protein	43	-	-	-	-	-	-	43	51	52	52	-	52	56	61	61	67	-	60-80 g/dL
Albumin	24	25	-	22	21	20	20	21	22	24	25	-	23	24	28	28	30	-	35-55 g/dL
Sodium	127	130	135	135	134	138	139	141	141	141	141	141	141	141	141	141	141	141	135-145 mmol/L
Potassium	4,8	5,5	4,4	4,1	3,8	3,9	3,8	13,8	4,1	3,9	4,2	3,9	3,7	3,7	4	4,4	4	3,5	3,5-5,71 mmol/L
Calcium	6	6,2	7,6	7,6	8	7,7	7,3	7,7	7,7	7,7	7,2	7,3	7	7,3	7,9	7,9	8,7	8,9	8,6-10,6 mg/dL
Chlorine	103	101	102	103	103	105	106	105	108	108	113	108	109	107	108	108	105	103	98-107 mmol/L
Magnesium	1,9	2	1,9	1,8	-	-	-	1,6	1,6	1,4	1,6	-	1,3	1,3	1,3	1,2	1,4	1,6	1,6-2,6 mg/dL
AST	2541	1738	1731	1267	790	751	414	135	79	37	25	-	26	26	33	33	43	26	0-50 U/L
ALT	229	232	161	124	102	102	82	55	41	29	19	-	17	18	20	20	28	-	0-50 U/L

LDH	-	747	264	174	-	-	107	550	49	38	32	-	24	24	89	89	22	-	0-250 U/L
		6	1	0			9		6	6	0		8	0			9		
CK	988	-	-	-	-	-	-	108	48	14	15	-	10	90	89	89	83	-	0-170 U/L
	25							2	3	7	4		5						
Amylase	88	56	79	125	-	-	186	208	23	21	11	-	14	15	13	13	14	11	28-100 U/L
									9	0	7		2	3	9	9	0	7	
Lipase	64	29	54	150	-	-	255	260	27	21	92	-	12	15	13	13	13	11	0-67 U/L
									0	0			8	9	9	9	3	1	
CRP	47,6	260	189	164	196	20	203	136	11	76	86	-	12	11	10	10	57	49	0-5 mg/dL
			,4	,2	,4	3		,5	5	9	3		5	1	5	5	4	1	
White Blood Cell	38,0	14,	8,6	8,5	8,2	7,3	7,1	8,6	8,9	6,2	6,0	-	6,4	6,6	6,2	6,2	7,0	4,9	4-10
	9	7	2	1	6	1	5	2	4	2	2		3	6	5	5	5		10 ³ /mm ³
Neutrophil	30,8	12,	7,2	7,1	6,8	5,5	5,6	6,9	6,7	4,4	4,4	-	4,2	4,4	4,0	4,0	4,8	2,9	2-75
	2	62	7	7	9	4	1	9	4	8	0		8	7	1	4		9	10 ³ /mm ³
Lymphocyte	4,11	1,1	0,8	0,9	0,8	1,0	0,8	1,0	1,3	1,1	1,1	-	1,4	1,5	1,6	1,6	1,6	1,3	0,80-4
		6	9	2	1	1	2	1	9	8	1		8	2	2	2	1	2	10 ³ /mm ³
Hemoglobin	20,5	13,	11,	10,	10,	10	10,	10,	9,8	9,6	9	-	8,3	8,4	8,7	8,7	9,7	9,3	11-16,5
		9	3	5	5		6	6											10 ³ /mm ³
Platelets	350	153	107	98	93	14	108	197	25	28	37	-	40	43	44	44	48	41	100-450
						2			3	6	7		4	2	8	8	8	2	10 ³ /mm ³
pH	7,14	7,4	7,4	7,4	7,4	7,4	7,4	-	-	-	-	-	-	-	-	-	-	-	
		1	2	7	5	1	9												
HCO ₃	11,7	19,	22,	23	24,	22,	24,	-	-	-	-	-	-	-	-	-	-	-	17-20
		6	5		2	1	7												mmol/L
Lactate	5,62	1,8	1,3	1,9	1,5	1,5	1,9	-	-	-	-	-	-	-	-	-	-	-	0,5-1,5
		4	9			7	1												mmol/L
INR	1,9	2	1,7	1,1	1,8	1,8	1,6	-	-	1,2	-	-	-	-	-	-	-	-	0,8-1,22
									6										

Keywords: Electrical Injury, Rhabdomyolysis, Myoglobinuria

Ref No: 3544

Recurrent psoas abscess

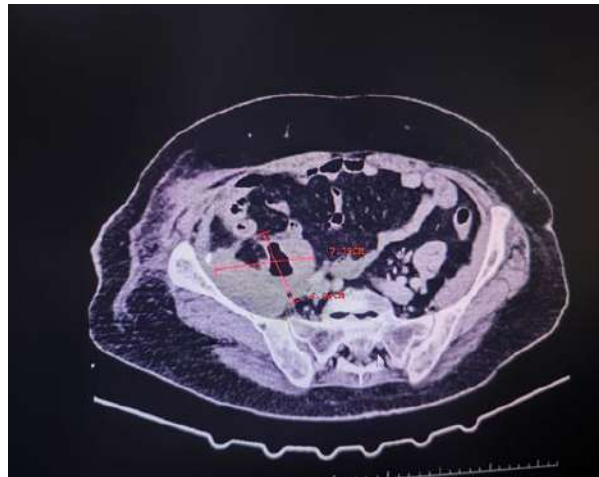
Samed Tolun¹

¹Niğde Ömer Halisdemir Training and Research Hospital

Introduction and Purpose: Psoas abscess (PA) is a rare condition that is often difficult to diagnose. It is seen less frequently in the elderly and relatively more frequently in children and young people. PA is divided into two classes: primary and secondary. The etiology is not clear in primary PA. Secondary PA occurs when infectious diseases of the gastrointestinal tract and musculoskeletal system components located adjacent to the psoas muscle spread to the muscle, the most common cause being Crohn's disease.

Materials and Methods: A 58-year-old female patient admitted pain and discharge at the surgery site, high fever, and dizziness. She has no comorbidities in his medical history. She was operated on with the psoas abscess 2 years ago. In post-op follow-ups, she has repeated PA, 3 times in 2 years, long-term use of antibiotics and a catheter. Fm: fever 38.5 blood pressure 140/85 pulse 90 respiratory rate:23. There is a catheter on the right side, discharge at the catheter, redness, pain upon palpation. Right leg extension is painful. In lab: C-reaktif protein(CRP): 69.8, White Blood cell: 12300. In the computed tomography, air images were observed in the distal part, starting from the distal right psoas major muscle and extending to the ileacus muscle, which became evident in the iliopsoas muscle, heterogeneous hyperdense images and contamination in the adjacent fatty planes, an appearance suggestive of abscess formation of 6cm*8cm size, attracted attention.

ct image



Results and Conclusion: PA is a rare clinical condition that is difficult to diagnose and diagnosed late. The diagnosis of this disease is usually made by history, physical examination and imaging methods. Medical imaging methods can be used in the early stages, that is, when there is pain and only soft tissue swelling. Although US can provide sufficient information in diagnosis, CT and MRI are extremely effective in determining the differential diagnosis and lesion boundaries. CT is more sensitive in diagnosing an abscess and shows an abscess at a rate of 80%-100%. As a result, PA, which is rare and difficult to diagnose, is a diagnosis that should be kept in mind recurrently, even in patients who receive long-term biotherapy and have an already drained catheter.

Keywords: RECURRENT, PSOAS, ABSCESS

Ref No: 3580

THE IMPORTANCE OF MRI FOR EARLY DIAGNOSIS OF HEMORRHAGE IN HEAD TRAUMA

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Introduction and Purpose: Epidural hematoma is defined as the accumulation of blood between the dura mater and the skull bones. It is a condition that may require urgent intervention and can lead to serious morbidity and mortality if left untreated.

Materials and Methods: A 67-year-old female patient was admitted to the emergency room due to head trauma following dizziness. The patient had been hit in the left occipital region and had pain and edema. On physical examination, she was conscious, Glasgow Coma Scale (GCS): 15, neurological examination was normal. CT was requested for the patient. In the CT scan, on the left of the midline at the level of the posterior fossa there was a mass? epidural hematoma? measuring 30x20 mm was available. Diffusion MRI (Magnetic Resonance Imaging) was performed for other cranial pathologies in the patient who had head trauma after dizziness. In the diffusion MRI, an epidural hematoma was observed. The patient was consulted to a neurosurgeon. The patient, whose general condition deteriorated and whose epidural hematoma increased in the control CT scan was taken into emergency surgery.

Figure-1: Isodense epidural hematoma in the posterior fossa

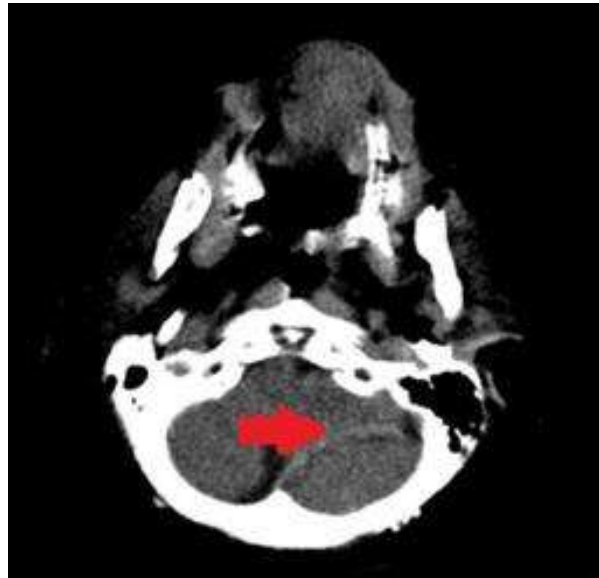


Figure-2: Hyperintense epidural hematoma on diffusion MRI

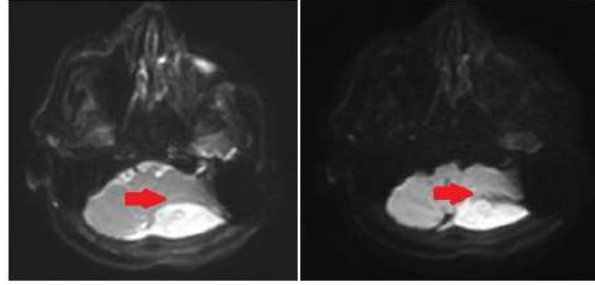
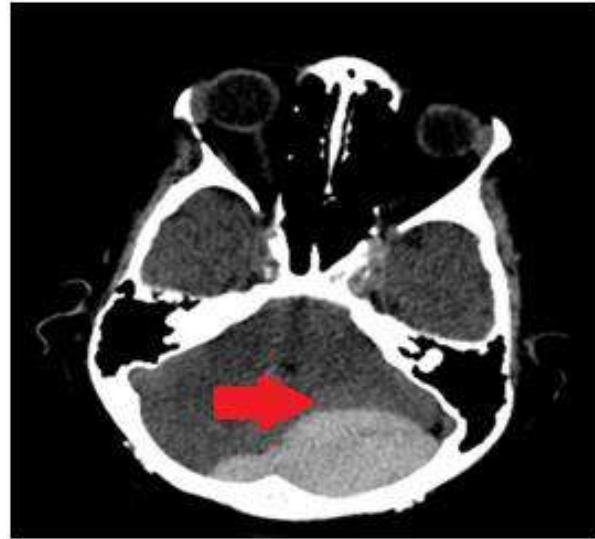


Figure-3: Hyperdense epidural hematoma in control CT



Results and Conclusion: We saw that MRI is useful to clarify the diagnosis in isodense hematomas on CT.

Keywords: Epidural hematoma, head trauma, MRI

Ref No: 3627

ANALYSIS OF PEDIATRIC PATIENTS WITH ELEVATED CARDIAC TROPONIN-I LEVELS IN THE LAST 1 YEAR

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Introduction and Purpose: Cardiac troponins are ischemic markers that are released into the peripheral circulation after damage to myocardial cells and reach high levels. Although troponin elevation is also elevated in other diseases, it is shown as evidence of myocyte necrosis in the universal definition of acute myocardial infarction. Previous studies have reported a wide distribution of non-cardiac pathologies in the etiology of elevated troponin levels in pediatric patients. In this study, we planned to determine the underlying etiologies in pediatric patients with elevated serum troponin-I levels presenting to the pediatric emergency department.

Materials and Methods: This retrospective study was conducted in patients younger than 18 years of age admitted to the pediatric emergency department and pediatric clinics of a tertiary care hospital between 2023 and 2024. Demographic characteristics of patients admitted to the hospital with any complaint, admission.Complaints, routine examination notes, anamneses, epicrisis notes and blood test results were obtained from our hospital's computer system. Patients with troponin-I levels >19 pg/mL were included in the study. In the reviewed patient files, patients were required to have been evaluated by a pediatrician through consultation. Patients who did not have a pediatric evaluation, who could not be diagnosed, who were referred from our hospital and who had missing data were excluded from the study.

Results and Conclusion: After exclusion of 39 patients with elevated troponin-I levels among 2971213 pediatric patient admissions and 17114 patients who underwent troponin testing over a 1-year period, and 5 patients with missing data and unknown outcome, 34 patients were included in the study. The mean age of the 34 patients was 5.6 years (0-18), 19 (56%) were male, and the median troponin level was 38 pg/mL. The most common presenting complaints were shortness of breath (12:35.2%) and chest pain (11:32.3%). The most common prediagnosis was respiratory infections (67.5%). The most common acquired cardiac pathologies were arrhythmia(8) and myocarditis(7). **CONCLUSION** In our study, we found that troponin-I elevation in pediatric patients admitted to our hospital was not negligible (incidence 2.2/1000). The most common presenting complaint was shortness of breath and chest pain. The association of chest pain, pathological ECG findings and elevated troponin was highly suggestive of a cardiac disease.

Keywords: Pediatrics, cardiac, troponin-I

Ref No: 3701

Acute Renal Failure Complicated with Hyperkalemia: The Importance of Rapid Intervention in the Emergency Department

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¹Acute Renal Failure Complicated with Hyperkalemia: The Importance of Rapid Intervention in the Emergency Department

Introduction and Purpose: Acute renal failure (AKI) is characterized by rapid deterioration of kidney functions and may develop with various complications. Hyperkalemia is a common and potentially life-threatening complication of AKI. This poster highlights the importance of emergency department intervention in a case of acute renal failure complicated by hyperkalemia.

Materials and Methods: A 58-year-old male patient was brought to the emergency room with complaints of fatigue, loss of appetite and decreased urine output that had been going on for a week. The patient had diabetes and hypertension in his medical history. Initial laboratory tests showed elevated serum creatinine and azotemia, as well as hyperkalemia with a potassium level of 6.5 mEq/L.

Results and Conclusion: Hyperkalemia can lead to heart rhythm disturbances and requires urgent intervention. In this case, management of hyperkalemia included treatments such as intravenous insulin and glucose, calcium gluconate, and diuretics. Supporting kidney function and treating underlying causes is also vital. This case demonstrates the importance of early diagnosis and treatment in patients with acute renal failure complicated by hyperkalemia. The ability of emergency services teams to respond quickly and effectively in such cases plays a critical role in improving patient outcomes.

Keywords: Acute Renal Failure, Hyperkalemia, Hypertension

Ref No: 3716

Hypersensitivity pneumonitis in childhood

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Introduction and Purpose: Hypersensitivity pneumonitis (HP) is grouped within interstitial lung diseases. It is also called as extrinsic or exogenous allergic alveolitis (EAA). In this case series, we aimed to evaluate patients presented to the pediatric emergency department with respiratory distress and diagnosed with hypersensitivity pneumonitis.

Materials and Methods: The etiology, treatment, and clinical characteristics of hypersensitivity pneumonitis in all patients are summarized in Table 1. All patients were treated with intravenous steroid at 1 mg/kg/day for 10-14 days.

Results and Conclusion: HP is triggered by a wide variety of inhaled agents, including agricultural dusts, bioaerosols, fungi, bacterial or protozoan microorganisms, and certain reactive chemicals. Despite the terms hypersensitivity and allergy in the name, it is not an atopic disease and therefore does not present with eosinophilia and IgE elevation. Respiratory symptoms include shortness of breath on exertion or at rest, cough and, less commonly, wheezing. About half of patients report weight loss. Approximately 50% of patients have crepitant rales and sometimes rhonchi on auscultation. 10-30% of children may develop clubbing in the advanced stages of the disease. There is no specific diagnostic criteria for HP in the pediatric population. No test, including lung biopsy, is pathognomonic for HP. The most important point in diagnosis is to establish suspicion and the search for the antigen that can cause these clinical findings. Avoidance of exposure is the most important part of the treatment. Systemic steroids are the mainstay of treatment. Immunomodulatory agents, antifibrotics, and lung transplantation are other treatment options. Hypersensitivity pneumonitis should be kept in mind and considered in patients with shortness of breath and cough, and a history of exposure should be questioned.

Keywords:

Ref No: 3718

ALÜMİNYUM FOSFİT İNTOKSİKASYONU

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Introduction and Purpose: Fosfin; tarım ürünlerinin depolanmasında rodentisit ve insektisit olarak kullanılan zehirli bir gazdır. 10-15 dakikada mideden emilerek kana geçer. Ülkemizde kile emdirilmiş alüminyum fosfit tabletleri halinde kullanılmaktadır. Asya ülkelerinde zehirlenmelerine sık rastlanır. Metabolik asidoz, aritmi, ARDS ve şok gibi ciddi klinik tablolar görülür. Temel etkisi mitokondriyal sitokrom c-oksidad enziminin inhibisyonuyla, hücre membranlarında lipid peroksidasyonu, protein denatürasyonu ve hücresel düzeyde serbest oksijen radikalleri oluşur. Antidotu bulunmadığı için mortalitesi yüksektir. Antidotlar zehirlenmelerde hayat kurtarıcı olsa da, genel tedavi yaklaşımları halen yönetimin en önemli kısmı olduğunu vurgulamak amacıyla olgu serisi sunumu hazırlanmıştır.

Materials and Methods: OLGU1: 36 yaşında erkek iki gün önce ilaçlama yaptığı evde uyumuş. Baş dönmesi ve bulantı şikayetleriyle acilimize başvurdu. Bilinen ek hastalık yoktu. Vitalleri, fizik muayenesi ve santral görüntülemesi normaldi. Laboratuvarında WBC:3.83 103/µL, PLT:149 103/ µL, Total Bilirubin:1.33 mg/dL, Direkt Bilirubin:0.43 mg/dL olarak saptandı, toksikoloji yoğun bakıma yatırıldı, takiplerde trombosit sayısı 128 103/ µL'ye düştü. Aktif şikayeti olmayan hasta 3. gününde taburcu edildi. OLGU 2: 19 yaşında erkek alüminyum fosfit ile ev ilaçladıktan sonra başlayan kaşıntı şikayetiyle başvurdu. Bilinen ek hastalık yoktu, vitalleri stabildi. Dekontaminasyon ünitesinde yıkandı, semptomatik tedavi verildi. Laboratuvarında laktat: 1.7 mmol/L, kreatinin:1.3 mg/DL'ydi. Diğer parametreler ve görüntüleme doğaldı. Olası kalp yetmezliği açısından ekokardiyografi (EKO) yapıldı ve ejeksiyon fraksiyonu (EF) normaldi. Hasta şifa ile taburcu edildi. OLGU 3: 26 yaşında erkek 3 saat öncesinde alüminyum fosfit ile ev ilaçladıktan sonra başlayan kaşıntı şikayetiyle başvurdu. Ek hastalığı yoktu. Vitalleri normaldi. Dekontaminasyon ünitesinde yıkanarak, semptomatik tedavi verildi. Laboratuvarında laktat:2,3 mmol/L'ydi. Diğer parametreleri normaldi. EKO'da EF normaldi. Hasta şifa ile taburcu edildi. OLGU 4: 52 yaş kadın bayılma şikayetiyle başvurdu. Bilinen diyabet öyküsü var. Sabah 10:00'da alüminyum fosfit içerikli ilacı evi ilaçlamak amacıyla sulandırıp dökmüş. 2 saat sonrasında baygın bulunup hastaneye getirildi. Vitalleri stabildi. Laboratuvarında laktat 3mmol/L'ydi. Diğer parametreler normaldi. Takip amacıyla toksikoloji yoğun bakıma yatırıldı. Aktif şikayeti olmayan hasta 3. Gün taburcu edildi.

Results and Conclusion: Alüminyum fosfit, toksikasyonu halinde hücresel hasar oluşturup başta kalp, akciğer gastrointestinal sistem olmak üzere çoklu tutulum gösterir. Tanıda anamnez ve şüphe önemlidir. Tedavide spesifik bir antidotu olmadığı için semptomatik yaklaşım gerekir.

Keywords:

Ref No: 3728

Relationship of Neutrophil-Lymphocyte Ratio, Platelet-Lymphocyte Ratio, and Monocyte-Lymphocyte Ratio with Mortality in Pulmonary Embolism

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¹Bezmialem Vakıf University

Introduction and Purpose: Pulmonary embolism is a severe health issue with high mortality rates that poses a life-threatening risk. It has been demonstrated that hematological and inflammatory markers are effective in influencing the mortality associated with the disease. This study aims to systematically investigate the prognostic values of the neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR), and monocyte-lymphocyte ratio (MLR) in cases of pulmonary embolism, as well as their relationship with mortality.

Materials and Methods: In this study, adult patients who presented to the emergency department between 2021 and 2022 and were diagnosed with pulmonary embolism were examined. The research covers a retrospective data set of 176 patients. Hematological parameters such as the neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR), and monocyte-lymphocyte ratio (MLR), derived from the patients' blood results, were evaluated

Results and Conclusion: 87 patients diagnosed with PE between January 2021 and December 2022 were retrospectively examined. 12 patients died during the hospitalization period after diagnosis. The average age of living patients was 69.28 ± 15.6 , and the average age of deceased patients was 73.92 ± 16.1 . NLR (17.56 ± 14.95) in deceased patients was significantly higher than that in surviving patients (6.2 ± 5.6). TLR was found to be significantly higher. [430.9 ± 285.6 vs 201.14 ± 144.9] ML rates of deceased and living patients were also found to be significantly different. [1.17 ± 1.6 vs 0.47 ± 0.32]

Discussion: Inflammation plays a very important role in the pathophysiology of the disease, as in all atherothrombotic diseases. Subtypes of leukocytes, especially neutrophils, play a very important role in the inflammatory response in atherosclerosis. In inflammatory events, lymphopenia is observed while platelets tend to increase. A meta-analysis conducted in 2018 evaluated 7 studies and revealed that NLR and PLR were promising biomarkers in predicting prognosis in acute PE patients. In another study conducted in 2018, monocyte-lymphocyte ratio could be a parameter in determining short-term mortality. It has been said. Our study indicates that NLR, PLR, MLR levels may indicate the risk of mortality in patients diagnosed with pulmonary embolism. More prospective studies are needed to establish a causal relationship.

Keywords: Neutrophil-Lymphocyte Ratio, Platelet-Lymphocyte Ratio, Pulmonary Embolism

Ref No: 3742

Scorpion Sting

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Scorpion stings can create medical conditions that require emergency and intensive care interventions. Scorpion stings, which can cause life-threatening situations, require urgent intervention.

Materials and Methods: A 40-year-old male patient with no other systemic disease was brought to the emergency room after being stung by a black scorpion. The patient presented with severe pain, swelling and hyperemia in his left hand. In the first hours of admission, erythema and edema, starting from the little finger of the left hand, covered the entire hand. vital. Tachycardia and hypertension were observed in the findings. Laboratory examinations revealed leukocytosis and thrombocytopenia along with elevated CPK and LDH. As the patient's general condition and systemic symptoms increased, he was transferred to the intensive care unit. The patient, who was kept under cardiac monitoring in the intensive care unit, was followed closely before and after antivenom was administered. Antivenom was given intravenously under intensive care conditions, prepared for the risk of allergic reactions. After antivenom treatment, the patient's hemodynamic parameters became stable and a significant improvement in clinical symptoms was observed. During the patient's follow-up, cardiac enzymes and ECG normalized, and he was discharged from the intensive care unit 48 hours later with a significant improvement in his symptoms.

Results and Conclusion: Scorpion stings are serious emergencies that require rapid intervention, and antivenom treatment under intensive care conditions is of critical importance. This case highlights the importance of multidisciplinary and intensive care-focused management of scorpion stings and is an indication of how effective interventions can improve the patient's clinical course.

Keywords: Scorpion Sting, Scorpion, Antivenom

Ref No: 3768

Use of 4-Factor Prothrombin Complex Concentrate in Patients with Major Bleeding - Is a Single Dose Sufficient?

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Introduction and Purpose: Vitamin K antagonists (VKAs) are orally administered agents that prevent the gamma-carboxylation of vitamin K-dependent coagulation factors II, VII, IX, and X, resulting in functionally inactive proteins. They are widely used in the prophylaxis and/or treatment of venous thrombosis, its extension, and pulmonary embolism. Bleeding is the most common complication of these drugs. Prothrombin complex concentrates (PCCs) are a concentrate of vitamin K-dependent factors that can be administered in a small volume and have a vitamin K-dependent factor concentration 25 times higher than plasma, resulting in the replenishment of vitamin K-dependent factors and a decrease in INR after administration. Current guidelines recommend 4-factor prothrombin complex concentrates (4F-PCC) to reverse VKAs' effects. This study aimed to investigate the effect of 4F-PCC on INR values in patients with bleeding complications in the emergency department who require surgical intervention or are at high risk of bleeding and whether there is a need for repeated doses of 4F-PCC.

Materials and Methods: Patients aged 18 and over who were administered 4F-PCC in the emergency department due to bleeding and coagulopathy following the use of warfarin were retrospectively reviewed between January 2022 and January 2023. Demographic characteristics, reasons for admission, laboratory values, indications for warfarin use, indications for 4F-PCC use, additional treatments (vitamin K, fresh frozen plasma), and survival rates were recorded in the study form from the hospital database. The mortality risk of the patients was calculated using the REMS score. The study included 50 patients. 4-factor prothrombin complex concentrate (4F-PCC) was administered to 40 patients due to bleeding complications and to 10 patients before surgical procedures. A significant decrease in INR was observed when INR values were compared at presentation and after 4F-PCC administration. No complications were observed in patients during the administration of 4F-PCC and throughout the discharge period.

Results and Conclusion: In the emergency department, in patients with major bleeding who require surgical intervention, the INR values were quickly brought under control following the use of 4F-PCC, and a single dose of 4F-PCC is sufficient. This study has limitations due to its single-center nature, including a limited patient dataset over one year and its retrospective design.

Keywords: Warfarin, anticoagulation reversal, prothrombin complex concentrates

Ref No: 3783

Emergency Management of Severe Dehydration and Electrolyte Imbalance

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Dehydration and electrolyte imbalance are common reasons for emergency room visits, especially in hot summer months or in cases of gastrointestinal losses. This poster examines the management and treatment of a patient diagnosed with severe dehydration and electrolyte imbalance who presents to the emergency department.

Materials and Methods: A 22-year-old female patient was admitted to the emergency room with complaints of severe diarrhea, vomiting and weakness. Physical examination of the patient revealed loss of turgor, dry mucosa and hypotension (90/60 mmHg). Initial laboratory tests showed severe hyponatremia (Na: 125 mEq/L) and mild hyperkalemia (K: 5.2 mEq/L), findings indicating significant electrolyte imbalances. Intravenous isotonic saline solution and electrolyte correction therapy were applied to quickly restore the patient's fluid and electrolyte balance. The patient was consulted with internal medicine and was admitted to the internal medicine service.

Results and Conclusion: Severe dehydration During the treatment process, close monitoring and correction of electrolyte levels is vital. Electrolyte imbalances, especially hyponatremia and hyperkalemia, can lead to cardiac and neurological complications.

Keywords: Severe Dehydration, Electrolyte Imbalance, Imbalance

Ref No: 3848

TEMPOROMANDIBULAR JOINT REDUCTION-RELATED ACUTE ISCHEMIC STROKE

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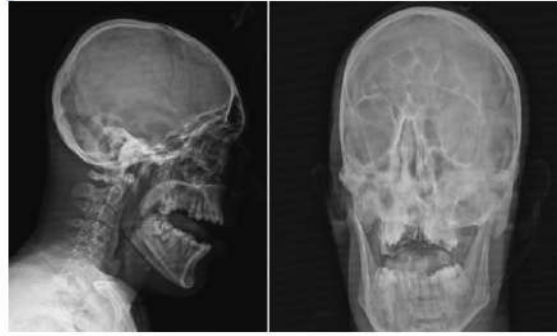
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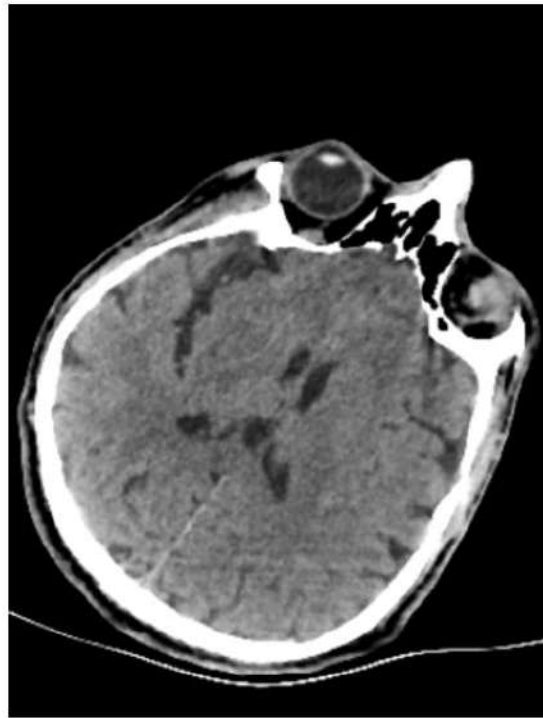
Introduction and Purpose: Temporomandibular joint (TMJ) dislocation is a rare clinical condition in which patients immediately seek medical attention due to severe pain. Although multiple methods can be tried to reduce the dislocation, the most commonly used traditional method is the intraoral technique. Acute ischemic stroke; It is a clinical condition that occurs when blood flow drops below a critical level due to blockage or narrowing of the vessels leading to the brain. In this case, we will present the ischemic cerebrovascular event that developed after reduction in a patient with jaw dislocation.

Materials and Methods: A 36-year-old male patient applied with complaints of pain in the jaw when yawning, inability to close his mouth, and inability to speak, vitals were stable. X-ray of the patient with previously known ventricular septal defect and right ventricular hypertrophy showed dislocation of the right TMJ (fig. 1). The dislocated joint of the patient was reduced by the manual traditional intraoral method by the otolaryngologists. The patient, who returned to the emergency room, was re-examined due to the newly developed complaints of loss of strength in the left arm and leg and inability to speak. In the physical examination, the motor strength in the left upper and lower extremities was 3/5 and the patient was dysarthric. The patient's laboratory values were normal. In the patient's computed tomography (CT), there was a subacute infarction at the basal ganglia level on the right side. Based on the compatible image (Figure 2), diffusion magnetic resonance (MR) imaging was planned. Here, an infarct area was detected on the right at the basal ganglia level (figure 3). While thrombolytic therapy was planned for the patient, when the patient's complaints completely returned to normal, thrombolytic therapy was abandoned and anticoagulant therapy was started. The patient was admitted to the neurology service for follow-up and treatment.

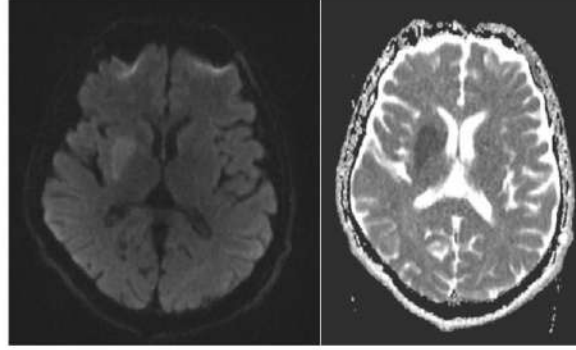
Temporomandibular Joint Dislocation X-ray Image



The patient's non-contrast cranial computed tomography image



The patient's cranial magnetic resonance image



Results and Conclusion: Our patient developed an ischemic stroke as a result of the interruption of flow in the carotid artery or the separation of thrombus from the vessel wall during the reduction of jaw dislocation.

Keywords: stroke, Temporomandibular joint dislocation, Temporomandibular Joint Reduction

Ref No: 3850

Renal Artery Dissection Following a Motor Vehicle Accident: A Case Report

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Introduction and Purpose: Renal artery dissection is a rare but serious complication of trauma, frequently associated with motor vehicle accidents. Prompt recognition and intervention are vital to prevent complications such as renal infarction and hypertension. We report a case of renal artery dissection following a motor vehicle accident, emphasizing its clinical presentation, diagnostic workup, and management.

Materials and Methods: A 39-year-old male presented to the emergency department after a low-speed motor vehicle collision, complaining of severe left flank pain and chest discomfort. Physical examination revealed tenderness over the left flank with no external signs of trauma. The patient denied past medical history, surgical history, and allergies. He had a low-grade temperature of 100.3°F in the ER with a heart rate of 122 bpm and normal blood pressure. On physical examination, he was alert and oriented. He was tachycardic with a regular rhythm and clear breath sounds. His abdomen was soft, nontender, and non-distended with normal bowel sounds, and he had costovertebral tenderness unilaterally. His laboratory values were significant for WBC 13.4 and Hct 37.1. His BUN and Cr were 12 and 1.27 respectively. His liver enzymes were an ALT of 44 and AST of 77. His bilirubins were within normal limits. His urinalysis showed small blood, negative nitrite, and trace leukocyte esterase activity. Microscopic evaluation revealed 11–25 RBCs and 6–10 WBCs with few bacteria. Initial assessment included a focused assessment with sonography in trauma exam, negative for intra-abdominal bleeding. Due to clinical suspicion, computed tomography angiography (CTA) of the abdomen and pelvis was performed, confirming left renal artery dissection with a retroperitoneal hematoma. Despite attempted endovascular stent placement being unsuccessful due to renal artery extravasation a subsequent total nephrectomy was recommended.

Results and Conclusion: Renal artery dissection post-motor vehicle accidents is uncommon but clinically significant. Timely recognition and intervention are crucial to prevent severe complications. Diagnostic modalities like CTA play a pivotal role in identifying this condition, facilitating timely intervention. Collaboration between specialties such as interventional radiology, urology, vascular surgery, and nephrology is essential in managing such complex cases effectively. Renal artery dissection should be considered in trauma patients presenting with flank pain and hematuria.

Keywords: Renal artery, dissection, trauma

Ref No: 3882

OTALGIA

gizem gizli tan¹, nevzat hergöl¹, sevdegül bilvanisi¹

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Introduction and Purpose: Otogenic meningitis is the most common intracranial complication of neglected otitis media. In the western world, such complications seldom occur in children and young adults and are extremely rare in adults and elderly people. The current use of antibiotics and of more sophisticated surgery has greatly diminished the incidence of otogenic meningitis in comparison with the past. This has resulted in physicians having less experience concerning diagnosis and treatment of this complication (1).

Materials and Methods: A 65-year-old male patient applied to our emergency department with a complaint of ear pain that had been going on for 10 days. He had chronic myeloid leukemia (CML) and type 2 diabetes in his medical history. According to the anamnesis, it was learned that the patient had repeated applications with complaints of chills, tremors, sweating and earache accompanied by headache in the last 3 days, and that he was treated for upper respiratory tract infection (URTI). In his vital signs, arterial blood pressure (TA) was 110/60 mmHg, oxygen saturation was 98%, and blood sugar was 310mg/dl. The patient had poor orientation and cooperation, a Glasgow coma score (GCS) of 9, and neck stiffness. The pathological values detected in the blood tests are shown in Table 1. No pathology was detected in the diffusion magnetic resonance (MRI) and brain computed tomography (CBT) except for mastoiditis on the left (Figure 1). The patient was consulted for infectious diseases with a preliminary diagnosis of meningitis. The cerebrospinal fluid (CSF) obtained as a result of the lumbar puncture (LP) was cloudy (Figure 2) and was reported as high pressure, consistent with meningitis (Table 2).

Figure 1:CT Image (arrow shows mastoiditis on the left)



Figure 2:The turbid CSF sample taken is shown



Table-1:Laboratory Parameters

Parameters	Result	Normal value ranges
WBC1 (mm3)	70	3,91-10,9
C reactive protein (mg/dl)	287.7	0-5
Prothrombin time (sn)	15.1	10,5-14,5
INR2	1.26	0,8-1,2

1 White Blood Cell, 2INR (İnternational Normalized Ratio)

Table 2: CSF sample report

Parameters	Result	Normal value ranges
Glucose (CSF)	<5	It should be 60-70% of plasma glucose
Protein (CSF)	481,1	15-45 mg/dl

Results and Conclusion: There are frequent visits to emergency services with symptoms of URTI. It creates a time problem for examination. However, a good history and physical examination are essential to prevent rare complications of URTI such as mastoiditis. For this

reason, when patients apply with URTI symptoms, they should be carefully examined and mastoiditis should be considered, especially if the eardrum is normal when viewed through an otoscope. Otherwise, as we presented in this case, the patient's clinical condition may progress to meningitis.

Keywords: otalgia, mastoiditis, meningitis

Ref No: 3930

Gamma Hydroxybutyrate Intoxication in Emergency Department

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Introduction and Purpose: Gamma Hydroxy Butyrate, also known as GHB, is a type of metabolite that acts as a precursor of gamma-aminobutyric acid (GABA), which is an inhibitory neurotransmitter. GHB is believed to increase strength, provide a feeling of euphoria, and act as an aphrodisiac. According to user reports, GHB overdose and coma are often seen as frequent, innocuous, or inevitable. Advice found on recreational drug websites has instructed bystanders to allow victims to "sleep it off," which has unfortunately led to fatalities. Although GHB is not commonly abused, it still has significant adverse effects on public health.

Materials and Methods: 30 year old male patient with no pre-existing medical conditions was brought to the Emergency Department via ambulance. His friends mentioned that he attended a party the night before and he might have consumed a recreational drug named "G" with vodka that he made himself with contraband ethyl alcohol. The vital signs were within normal limits. He also had a swelling in the left frontal region of his head, suggesting a blunt head trauma. To secure the patient's airway, rapid sequence intubation was performed under induction (Ketamine 100 mg and Rocuronium 50 mg). Head CT was ordered to exclude intracranial bleed and reported as "An appearance suggestive of an arachnoid cyst was observed in the right frontotemporoparietal. The right lateral ventricle has a slit appearance due to the cyst. 2 mm shift was observed from right to left in the midline." The patient was referred to Neurosurgery and the conclusion was that since the patient's existing arachnoid cysts are a chronic lesion, it is not thought to cause the current situation. Throughout the time the patient was in the Emergency Department, his vital signs remained stable. At his 13th hour in the ED, the patient was successfully extubated and given oxygen via nasal cannula.

Results and Conclusion: GHB is a drug that can cause acute toxicity and overdose and combining GHB with other drugs or alcohol can increase the risk of toxicity. The main symptom of acute GHB toxicity is depression of the central nervous system and supportive care is the mainstay of managing acute GHB toxicity.

Keywords: Gamma Hydroxy Butyrate, emergency department, intoxication

Ref No: 4025

Spontaneous or Iatrogenic Oesophageal Rupture?

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Introduction and Purpose: Oesophageal perforation has a high morbidity and mortality rate due to its close relation to vital organs, mediastinal and pleural inflammation and infection in a short time, followed by sepsis. Although it is quite rare, its mortality is between 10-20%. Delay in diagnosis is directly related with mortality. Therefore, diagnosis and treatment planning should be made rapidly in the emergency department

Materials and Methods: A 40-year-old male patient with known mental retardation and peptic ulcer disease was referred to our emergency department by 112 teams because of gastric pain, vomiting and minimal pneumothorax on the right side, worsening of his clinical condition and hypotension. Blood pressure was 87/55 mmHg, oxygen saturation was 99%, and heart rate was 98. On examination, the abdomen was relaxed and lung sounds were found to be decreased in bilateral lower zones. Laboratory findings are shown in Table 1. Due to increased pneumothorax on the right side in the tomography, tube thoracostomy was performed on the right hemithorax. (Picture 1) The fluid coming into the thoracostomy tube was thought to be gastric dilation fluid. (Picture 2) Emergency endoscopy was planned for the patient with suspected esophageal rupture. Cardiac arrest developed during intubation and CPR was performed for 5 minutes in the emergency department and response was obtained. The patient who was followed up intubated with positive inotropic support was admitted to the 3rd level anaesthesia and reanimation intensive care unit.

table 1

▶ Complete Blood Count	
▶ White Blood Cell : 7100 /ml	→ 5740 /ml
▶ Haemoglobin 13.7 g/dl	→ 13.8 g/dl
▶ Platelet: 475,000 /ml	→ 469,000 /ml
▶ Biochemistry	
▶ Blood Urea Nitrogen: 36 mg/dl	→ 40 mg/dl
▶ Creatinine 2.66 mg/dl	→ 3.38 mg/dl
▶ Sodium: 131 mmol/l	→ 136 mmol/l
▶ Potassium: 5.2 mmol/l	→ 5.6 mmol/l
▶ Amylase 102 u/l	→ 290 u/l
▶ ALT: 12 u/l	→ 61 u/l
▶ AST: 67 u/l	→ 98 u/l
▶ Lipase 54 u/l	
▶ C reactive protein : 21,2 mg/l	

picture 1



picture 2



Results and Conclusion: Esophageal injuries are rare but fatal. Emergency management is difficult and mortality remains high. Management is multidisciplinary and includes emergency medicine, general and thoracic surgery, anesthesia, otolaryngology, gastroenterology and radiology clinics. Treatment of esophageal injury depends on the cause, extent and location of damage (neck, chest and abdomen). While esophageal perforation was previously generally caused by barogenic or traumatic causes, recently iatrogenic causes have come to the fore. The most common cause is 60% iatrogenic (diagnostic endoscopy, dilation, varicose vein ligation, sclerotherapy, etc.). This situation should be taken into consideration during emergency evaluation.

Keywords: Esophageal rupture, spontan, iatrogenic

Ref No: 4050

A patient with left flank pain and renal, splenic and cerebral infarcts: A case report

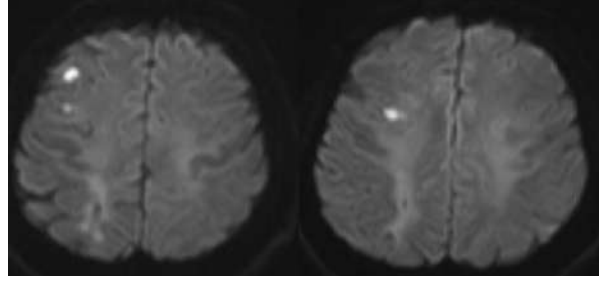
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Introduction and Purpose: Cardioembolic conditions and hypercoagulable states are the main reasons for the detection of infarction at various sites in patients. It is especially critical to identify the underlying cause. Since the cause of the infarction is a thromboembolic phenomenon, a cardiac investigation is necessary. Researching for hypercoagulability should also be considered. A 44-year-old woman presented to the emergency department with left flank pain and was eventually diagnosed with multiple infarcts. In this case, we presented a patient who presented with a seemingly simple symptom and received multiple embolic diagnoses together after a comprehensive investigation.

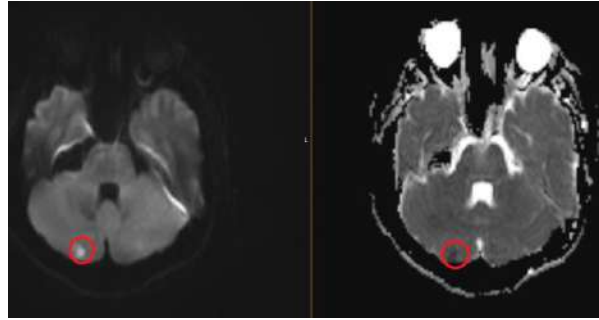
Materials and Methods: The patient presented to the emergency department with left flank pain. Physical examination revealed no pathology except for left costovertebral angle tenderness. In her anamnesis, she stated that she had dysarthria and weakness in her left arm 5 days ago, but it resolved spontaneously. Diffusion magnetic resonance imaging showed watershed (Figure-1) and cerebellar infarction (Figure-2). The patient was consulted to neurology and enoxaparin 0.6 IU 2x1 subcutaneously (s.c) treatment was started. Contrast-enhanced abdominal imaging revealed "4x2 cm capsular infarct area in the left kidney middle pole posterior, 1 cm infarct area in the right kidney lower pole, and infarct area in the spleen" (Figure-3). The patient presented to the emergency department 2 days later, this time complaining of tremor in the left hand lasting for a few minutes. No new infarct area was detected in the imaging studies. After 2 days, the patient presented to the neurology outpatient clinic for control and was hospitalized in the ward for further investigation and treatment. Diffusion MR imaging revealed "diffusion limitation in the left ACA irrigation area". The patient was consulted to cardiology for transesophageal echocardiography. ECHO revealed a thrombus with a diameter of 0.8x0.5 cm in the subaortic region of the left ventricular outflow tract (LVOT) and warfmadin 5 mg 1x1 treatment was initiated.

Watershed infarct on diffusion MR imaging



Watershed infarct on diffusion MR imaging

Cerebellar infarct on diffusion MR imaging



Cerebellar infarct on diffusion MR imaging

Infarction in both kidneys on contrast-enhanced abdomen tomography



Infarction in both kidneys on contrast-enhanced abdomen tomography

Results and Conclusion: When an infarct is detected in a patient, we should not hesitate for further investigations and maximum attention, assuming that this patient may have a predisposition to one of the cardioembolic or hypercoagulable conditions.

Keywords: infarction, hypercoagulability, cardioembolic

Ref No: 4077

Trap diagnosis in a patient presenting with upper respiratory tract infection in the emergency department: pneumomediastinum

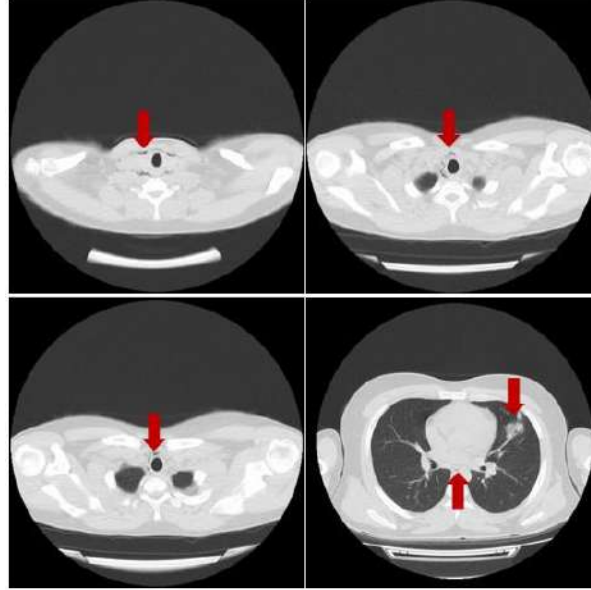
Emrullah Kabinkara¹

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Introduction and Purpose: Pneumomediastinum can be categorised as spontaneous or traumatic. It occurs when air leaks from small alveolar ruptures into the surrounding bronchovascular sheath. In the majority of cases, acute asthma exacerbations are the most common trigger, followed by lower respiratory tract infections, including COVID-19. The most common presenting complaints were chest pain (55%), dyspnea (40%), cough (32%), neck pain (17%), odynophagia (14%), and dysphagia (10%). We wanted to present this case in order to remember pneumomediastinum in the differential diagnosis of a large number of patients presenting with these complaints in the emergency department.

Materials and Methods: An 18-year-old male patient presented with a persistent cough for 4 days. He had no known comorbidities. The patient was admitted to the emergency department with the same complaints and was prescribed an upper respiratory tract infection. While he was using antibiotics and cold medicines, his severe and persistent cough continued to increase. On the second admission, the patient also complained of fever and described pain in the chest and neck region, and investigations were performed. Laboratory results showed WBC:7.27, NEU:5.6, LEN:0.8, CRP:38.6, CK:563, and Troponin I <10. A thorium CT scan revealed pneumomediastinum and free air around the trachea (Figure-1). The patient was followed up in the thoracic surgery service and discharged with healing after medical treatment.

Figure-1 Thorax CT Images of the Patient



Results and Conclusion: One of the most common causes of admission to emergency departments is upper respiratory tract infection and secretions of influenza infection, which may increase periodically. This is the first diagnosis that comes to mind in this case. The diagnosis of pneumomediastinum was made with the preliminary diagnosis of pneumonia, perhaps with the reflex of chest CT scanning brought by the COVID-19 period. Patients presenting to the emergency department with this condition may be characterised as a continuation of the existing disease, and this condition may be easily overlooked. This case is valuable in terms of showing us the importance of careful evaluation of recurrent admission to the emergency department and the importance of advanced imaging in cases of persistent coughing that causes discomfort enough to cause the person to present again.

Keywords: Pneumomediastinum, Upper Respiratory Infections, Hospital Readmission

Ref No: 4086

Toxic Hepatitis Due To Amoxicillin-Clavunate

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Introduction and Purpose: The liver is one of our main organs that metabolize and eliminate drugs and various exogenous substances. For this reason, liver toxicity is common due to microbial, natural, industrial toxins, drugs and metals. (1,4) In patients with jaundice or impaired liver function values that suggest a preliminary diagnosis of toxic hepatitis, the medications they take, the chemicals they are exposed to at home or at work, herbal medicines or complementary medicine products should be investigated and questioned. (1,5) Drug-induced liver damage is a common condition, with an incidence ranging from 1/100 to 1/100,000. This case report emphasizes the importance of questioning the medications used in patients who develop acute hepatitis. (4)

Materials and Methods: The anamnesis of a 47-year-old female patient with a known diagnosis of hypertension, hyperlipidemia and asthma, who was referred to us from an external center due to high levels of asthama, hyperlipidemia and bilirubin showed that she was admitted to the external center. The patient used 1 box of Augmentin and a few tablets of Aferin, Mucinax-c, Levopront and Levmont. The patient's arrival vitals were stable. On physical examination, his general condition was good, there was widespread tenderness in the abdomen, and there was no defensive rebound. There were minimal rhonchi in lung sounds. In the laboratory tests taken, ast:1578 alt:1134 alp:241 ggt:820 U/L tot bil:2.7 and dirbil:1.8mg/dl were detected. Anti hbs ag neg, anti hbcigm neg, hbs ag neg, anti hbcig g neg, anti hav ig g neg were detected in the hepatitis serology at the external center. Contrast-enhanced abdominal tomography performed on the patient revealed no acute pathology other than situs inversus. The patient was consulted to the gastroenterology department with the preliminary diagnosis of drug-induced toxic hepatitis. Nac infusion was started to the patient, and hydration and analgesia were provided. The patient was admitted to the gastroenterology service with the preliminary diagnosis of drug-induced toxic hepatitis

Results and Conclusion: Anamnesis and physical examination are of great importance in patients with high LFT. In our country, Amoxicillin-Clavunate is prescribed quite frequently, especially for upper respiratory tract infections. The patient's chronic diseases and recent medications should be questioned. (2,3,5)

Keywords: Toxic hepatitis, drug-induced liver injury, amoxicillin-clavunate

Ref No: 4089

Usefulness of Blood Culture for Patients Who Admitted To Emergency Department

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Introduction and Purpose: In order to improve the prognosis of patients admitted to emergency departments with a source of infection, it is aimed to start antibiotherapy early with blood cultures taken in the early period. We aimed to investigate the laboratory and clinical parameters that are thought to be predictors for blood culture positivity.

Materials and Methods: The files of 105 patients who presented between 1-31 January 2024 were reviewed retrospectively, and the patients' demographic data, complete blood count, CRP, neutrophil percentage, procalcitonin and fever values were recorded. Patients were grouped according to culture results and their relationships with parameters were compared by means of two independent groups test. ROC analyses was made to determine the best predictor for the culture positivity

Results and Conclusion: 105 patients (56 male, 49 female) blood samples were analysed microbiology department. The mean age was 68.76±15.49 years. The patients infection focus distribution were as follows; meningitis-encephalitis(5), upper or lower respiratory tract infections(64), abdominal infections(9), urinary tract infection(22) and cellulitis-fascitis(12). The mean CRP, White blood cell, neutrophil percentage, procalcitonin and fever didn't show a difference between the groups. The results of the ROC analysis conducted with laboratory parameters to predict the positivity result are presented in Figure 1. In spite that none of the parameters exhibited a significantly high sensitivity, procalcitonin level was identified as the most useful parameter. Conclusions. Blood Culture are ordered among the patients presenting to emergency department. Most of the culture results are negative or contaminated which has a little potential to affect management. Also it has a significant cost to the health system. To improve blood culture effectiveness simple measures should be examined in prospective studies.

Laboratory parameters of the blood culture result prediction

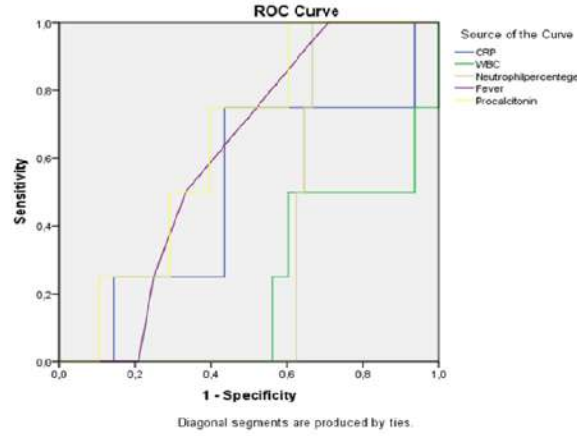


Table 1

	Blood Culture Result (N)	Mean±Std. Deviation	p
Age(Years)	Positive (8)	66,37±19,25	0,72
	Negative (97)	68,95±15,24	
CRP (mg/dl)	Positive (8)	134,04±70,33	0,28
	Negative (97)	99,87±87,21	
WBC (mcL)	Positive (8)	11,40±6,75	0,91
	Negative (97)	11,13±8,17	
Neutrophil(%)	Positive (8)	75,11±24,59	0,99
	Negative (97)	75,13±22,88	
Fever (°C)	Positive (8)	37,05±,60	0,32
	Negative (97)	36,81±,85	
Procalcitonin (µg/l)	Positive (8)	4,47±6,9	0,87
	Negative (97)	3,84±8,12	

Mean values of laboratory parameters according to the blood culture groups

Keywords: Blood Culture, Emergency Medicine, Sepsis

Ref No: 4105

The underlying rare cause identified in an infant presenting with trauma

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Introduction and Purpose: Cerebrovascular stroke is an emergency condition caused by a decrease in blood flow to the brain due to various reasons. Stroke is one of the most common cause of death in the world and more importantly, it is the most important cause of disability (1). It can present with symptoms such as facial asymmetry and arm weakness, dizziness and a sensation of weakness. Cardiovascular anomalies, infections, and genetic thrombotic disorders are among the primary causes of ischemic strokes in children. (2,3).

Materials and Methods: An 18-month-old male patient was brought to our emergency department due to falling out of bed. He was favoring his left side after the fall. No signs of trauma were detected. Patient's Glasgow was 15 and he can communicate freely. Although he can sit on his will, he cannot walk because of his weakness. Left lower and upper extremities have 3/5 strength, and there is reduced deep tendon reflex (DTR) activity, babinski and hoffman positivity on the left side. After the CT Scan ruled out the bleeding, patients Diffusion MR result showed us infarction in the corpus callosum. Patient was started on Clexane and Epixx for acute cerebral ischemia. Echocardiography was performed for etiological assessment, and resulted normal. The patients blood tests exhibited low Factor 8 and 9 levels, and the genetic panel revealed heterozygous mutations about thrombotic diseases. At the follow-up appointment two months later, it was observed that the patient's neurological symptoms had fully resolved.

Results and Conclusion: Acute ischemic stroke is becoming an increasingly serious cause of mortality and morbidity in children, with its frequency on the rise (4). Patients with symptoms such as seizure, unilateral weakness, and difficulty speaking, we should consider stroke as initial diagnosis . It is crucial to obtain a brain CT scan to confirm that it isn't bleeding (5). If ischemic stroke is suspected in the patient, the diagnosis should be clarified by a Diffusion-Weighted MRI, and the patient should be brought into the safety circle with the ABC protocol.Children often present to us with trauma and post-traumatic sequelae. While the patient's history may guide us towards trauma, cerebral infarction should be considered

Keywords: Emergency Department, Stroke, Trauma

Ref No: 4113

Herpes Zoster Ophthalmicus-Case Report

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Introduction and Purpose: Varicella Zoster Virus (VZV) is one of the main causes of diseases such as chickenpox and zona (or herpes zoster). VZV is a DNA virus that belongs to the Herpesviridae family and can only infect humans. In susceptible individuals, VZV infection usually begins with a condition called chickenpox. Varicella Zoster Virus can remain latent in the body throughout a person's life and wait silently in the nerve ganglia. If the immune system is weakened or there are other triggering factors, the virus can be reactivated. In this case, an infection known as zona occurs.

Materials and Methods: In this case report, immunodeficiency etc. We aimed to present a case of herpes zoster ophthalmicus that developed in a 36-year-old male patient who did not have any comorbidities. The patient's presenting complaint was pain and rash on the left side of his face. From the anamnesis taken from the patient, we learned that he had no chronic disease and did not use any medication. In physical examination; fever was 36.7°C, blood pressure was 129/87 mm Hg, pulse was 101/minute. The patient had vesicular lesions in the frontal region, eyelid region, and nose area (Figure-1,2,3,4).

Picture-1



Picture-2



Picture-3



Picture-4



Results and Conclusion: Zona is more common in immunocompromised people and in people over the age of 45. Cases of herpes zoster ophthalmicus account for approximately 10 percent of all zona cases. For Zona, Caucasian Race, being of female gender, trauma to that area, having diabetes mellitus, some psychiatric diseases such as depression,¹ Presence of zona in first-degree relatives, previous history of zona etc. There are risk factors. In addition, even being older without any risk factors has been accepted as a risk factor (4). Our case was interesting in that it was young and had no additional disease. Orbital zona is a type of zone that is not very common but can result in vision loss if not treated properly. It will be useful to start antiviral treatment in the first 72 hours and consult dermatology and ophthalmology.

Keywords: emergency medicine, herpes zoster ophthalmicus, case report

Ref No: 4200

A Rare Cause Of Hemoptysis: Aortabronchial Fistula

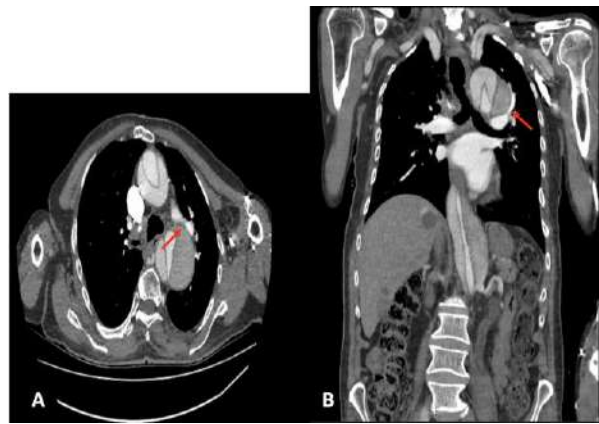
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Introduction and Purpose: Aortobronchial fistula, which is a rare cause of hemoptysis, is associated with serious mortality and requires early diagnosis and surgical intervention. Intrapulmonary adhesion of the aorta is a rare complication of aortic aneurysm that causes serious mortality and morbidity.

Materials and Methods: A 66-year-old male patient was admitted to the emergency department with the complaint of hemoptysis, which started within half an hour and amounted to the size of 1 glass of water. Stanford type A dissection was observed in thoracoabdominal aorta and pulmonary artery computed tomography angiography (CTA) imaging performed on the patient to elucidate the cause of hemoptysis. Additionally, a fistula was detected between the thoracic aorta and the left upper bronchial artery.

Figure 1. CT angiography axial (A) and coronal (B) sections showing an aneurysmatic descending aorta from the origin of the subclavian artery branch and left bronchial artery adherent to the pseudoaneurysm in the aorta



Results and Conclusion: Many anatomical and physiological complications may occur in patients with a history of aortic surgery. One of the rare causes of these complications is aortobronchial fistula. These fistulas present with symptoms such as syncope, angina, and hemoptysis. They can also cause myocardial infarction, cardiac arrhythmias, heart failure and sudden death. As a result, false aneurysm, which is a late complication of previous aortic surgery, and the resulting aorta-bronchial fistula, is a rare complication that requires early diagnosis and urgent surgical treatment and can result in death if left untreated.

Keywords: aortabronchial fistula, hemoptysis, pseudoaneurysm

Ref No: 4292

A fatal case with hemolytic transfusion reaction

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Introduction and Purpose: A blood transfusion is a potentially life-saving medical procedure that we frequently perform at the emergency department. Transfusion-related complications can be considered as rare. When complications do occur, they're typically mild. But it doesn't mean that it is completely an innocent and safe procedure. Like all the other medical procedures we perform in the ER, indications should be carefully considered.

Materials and Methods: A 58-year-old female patient came to us with complaints of nausea, vomiting, jaundice, and fatigue. She had a medical history of hypertension and cholecystectomy. She had a recent history of blood transfusion at another hospital which is in another city, due to an incidental diagnosis of anemia. She was referred to the emergency department at that hospital when her physical therapy doctor detected her Hb level was 7.9. Her basal Hb level was 9. She had no history or symptoms of bleeding at that time. She was given 4 units of ES and discharged. 2 days later fatigue got worse and vomiting added. She was given steroids, a peripheral blood smear was performed, and she was suggested to admit a tertiary Medical center since their tools for diagnoses are inadequate. After performing blood tests, we referred the patient to hematology with our initial diagnosis of hemolytic anemia. Hematology recommended IV steroids with IV hydration and the patient was invited to outpatient hematology clinic. One day later she was brought to the emergency room by ambulance with a recent history of presyncope. Her CBC showed an Hb level of 4. We immediately informed hematology about the patient. Preheated ES transfusion and IV steroid was recommended but the patient had cardiac arrest by the time she was waiting for blood preparation. Despite all the efforts patient was considered as exitus.

Results and Conclusion: In this case, we have limitations like not having the patient's full epicrisis from the other medical center, But as far as we can comprehend, the patient died from hemolytic anemia that all started with the first blood transfusion. As doctors, we should always assume the worst-case scenario and should not perform a blood transfusion unless it is necessary.

Keywords: blood transfusion, hemolytic transfusion reaction, emergency department

Ref No: 4365

Abdominal Aortic Aneurysm Rupture, A Rare Observation in A Patient Who Admitted To The Emergency Department With Right Side Pain

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Introduction and Purpose: Abdominal aortic aneurysm (AAA) is the expansion of the aorta at the subdiaphragmatic level to 1.5 times its normal diameter. The incidence rate increases in direct proportion to age, 5% over the age of 65; It occurs with a frequency of 9% in people over the age of 75. It has been reported that the risk of rupture in abdominal aortic aneurysm is related to the diameter of the aneurysm. The prognosis is not good for patients with ruptured AAA before hospitalization. More than 50% of cases cannot reach the emergency department. Survival decreases by 1% every minute in these cases.

Materials and Methods: A 73-year-old male patient came to the emergency department with a complaint of sudden onset of side pain radiating into his right leg. GCS:15. He was oriented and cooperative. Vital signs were stable. In the physical examination, there was no defense or rebound in the abdomen. He had right side pain. Ekg: was in sinus rhythm. He did not describe dysuria. There was a previous history of renal colic. All of the patient's pulses were taken bilaterally. He had a known history of hypertension, benign prostatic hypertrophy, and upper gastrointestinal tract bleeding. Since the patient remained hypotensive during follow-up, contrast-enhanced abdominal CT imaging was performed. In abdominal CT imaging; Aneurysmatic dilatation with a diameter of 10 cm was noted in the abdominal aorta at the infrarenal level. The active lumen diameter reaches 4 cm at its widest point. A retroperitoneal hematoma, measuring 18*10 cm at its widest point, was observed adjacent to the abdominal aorta. Additionally, a 16 mm diameter stone was observed in the posterior part of the bladder in the left half.

ct images



Results and Conclusion: In our case, the patient presented with side pain and had a history of kidney stones. Although he could have been discharged from the emergency department considering renal colic, he was diagnosed with abdominal aortic aneurysm rupture due to clinical suspicion and was hospitalized to the cardiovascular surgery department. Abdominal aortic aneurysm rupture might become fatal in a short time if the diagnosis is missed. Especially in patients presenting with atypical symptoms, clinical suspicion and imaging methods become important in emergency departments to make a rapid diagnosis and guide treatment.

Keywords: emergency department, flank pain, aortic aneurysm rupture

Ref No: 4387

A case of anterior spinal artery syndrome caused by abdominal aortic aneurysm with acute paraplegia

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Introduction and Purpose: It is unusual that the first clinical picture of aortic dissection (AD) or aortic aneurysm (AA) is paraplegia. Anterior spinal artery syndrome (ASAS) is a rare but disastrous complication that can occur after surgical repair of AD and AA or after trauma. It is usually resulting in flaccid paraplegia. Spinal cord infarct in the absence of trauma as the initial clinical presentation of AD or AA is a rare finding (1). As in this case, the cause of ASAS is rarely due to primary AD or spontaneous unruptured AA. Herein, we report a case of sudden onset non-traumatic paraplegia who diagnosed with ASAS and was subsequently deteriorated.

Materials and Methods: The case presents an 81-year-old male with sudden-onset paraplegia, initially suspected to have acute aortic occlusion or peripheral artery occlusive disease. His medical history included diabetes, hypertension, and coronary artery bypass graft surgery. Physical examination revealed lower limb paraplegia, absent pulses in both legs, and cold extremities. Computed tomographic angiography confirmed a partial intramural thrombosed infrarenal fusiform aneurysm, among other vascular occlusions. Conservative management was chosen due to high surgical risk. However, the patient deteriorated rapidly, leading to shock and death

A case of anterior spinal artery syndrome caused by abdominal aortic dissection with acute paraplegia



An axial image shows a right lumbar artery occlusion

Results and Conclusion: Discussion focuses on the critical vascular supply to the spinal cord, particularly the anterior spinal artery (ASA) and the artery of Adamkiewicz. Anterior spinal artery syndrome (ASAS) results from interruptions in ASA or Adamkiewicz artery supply, leading to bilateral motor and sensory deficits. ASAS can be caused by various factors including atherosclerosis, trauma, hypotension, vasculitis, infections, and muscular disorders. In this case, ASAS resulted from right lumbar artery occlusion at the L3 level, leading to motor dysfunction and sensory loss while sparing touch, vibration, and proprioception sensations. The conclusion emphasizes the importance of thorough clinical examination, neuroanatomical knowledge, and a high index of suspicion in diagnosing ASAS. In cases of unexplained paraplegia, sensorial assessment is crucial, and ASAS should be considered with compatible examination findings. In summary, this case underscores the rare but devastating presentation of ASAS as the initial clinical picture of aortic aneurysm or aortic dissection, necessitating prompt recognition and management to improve outcomes.

Keywords: Anterior spinal artery syndrome, aortic aneurysm-dissection, paraplegia

Ref No: 4391

İntern Doktorların Acil Tıp Uzmanlığına Yönelik Tutumları

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Introduction and Purpose: Tıp fakültesi son sınıfına gelmiş öğrencilerin gelecek ile ilgili plan ve uzmanlık alanı tercihlerini etkileyen faktörlerin incelenmesi önemlidir. Bu çalışma ile intern doktorların Acil Tıp hakkındaki tutumlarını araştırmak ve çözüm odaklı stratejilerin geliştirilmesi amaçlanmıştır.

Materials and Methods: Bezmialem Vakıf Üniversitesi Tıp Fakültesi'nde öğrenim görmekte olan son sınıf öğrencilerinden 86'sı dahil edilmiştir. 01.07.2019 -31.08.2019 tarihleri arasında yapılmıştır. Acil Tıp uzmanlığı tercihi konusunda sorular beşli likert tipi anket sorularından oluşuyordu.

Şekil

Sorulara "Kesinlikle katılıyorum" olarak cevap verenler					
	%	n		%	n
Olumlu düşünüyorum	27,9	24	Olumsuz düşünüyorum	72,1	62
Nöbet/vardiya şeklinde çalışma	79,1	19	Bedensel/ ruhsal yıpranma	83,8	52
Kişisel ilgi duyma	79,1	19	Fazla ve yoğun nöbetler	79	49
Uzun süren hasta takiplerinin olmaması	66,6	16	Nöbetler yüzünden düzenli hayat tarzının olmaması	75,8	47
Taban puanın düşük olması	62,5	15	Fiziksel/sözel şiddet korkusu	70,9	44
Ekip olarak çalışma	62,5	15	Spesifik bölüm olmaması	67,7	42
Uzman sayı azlığı iş garantisi	41,6	10	Malpraktis dava korkusu	67,7	42

Olumlu/olumsuz verilen cevaplar

Results and Conclusion: Çalışmaya katılanların % 54,7'si (47) kadın, % 45,3'u (39) erkekti. Acil Tıp Uzmanlığını birinci sıra tercihiniz olarak yapmayı düşünür müsünüz sorumuza % 27.6'sı evet dediler ve tercih sebebini % 79.1 oranında nöbet ve vardiya şeklinde çalışmanın avantajları olarak yanıtladılar. Yaklaşık bir oranda öğrenci kişisel olarak acil tıp bölümüne ilgi duyduğunu belitti. Uzun süren hasta takiplerinin olmaması öğrencilerin %66.6'sında tercih sebebeydi. Acil Tıp taban puanlarının düşük olması (%62.5), ekip olarak çalışma ve alanda çalışırken yalnız kalmama (%62.5) en sık verilen cevaplar arasındaydı. Acil tıp uzmanlığını seçmeyi düşünmeyenlerin ilk sırada belirttiği nedenler arasında, acilde çalışmanın bedensel ve ruhsal olarak yıpratıcı olduğu (%83.8), fazla sayıda ve yoğun nöbetler (%79), nöbet sistemi yüzünden düzenli hayat tarzının olmaması (%75.8), acil serviste çalışırken fiziksel ve sözel

şiddete maruz kalma korkusu (%70.9) ve çalışırken malpraktis davalarının neden olabileceği adli sorunlar (% 67.7). Ülkemizde tıp fakültesi son sınıfa gelmiş olan öğrencilerin geleceğe yönelik planlarını ortaya koyması açısından bu çalışma önemlidir. Stratejik önemi bulunan hekimlik mesleğinde öğrencilerin Acil Tıp tercihlerini etkileyen olumlu nedenlerin arttırılması ve olumsuz olanların ortadan kaldırılması için planlamalar yapılmalıdır.

Keywords: Acil Tıp, İntern doktor, Uzmanlık sınavı

Ref No: 4396

İzole penetran toraks travmasında pnömosefali

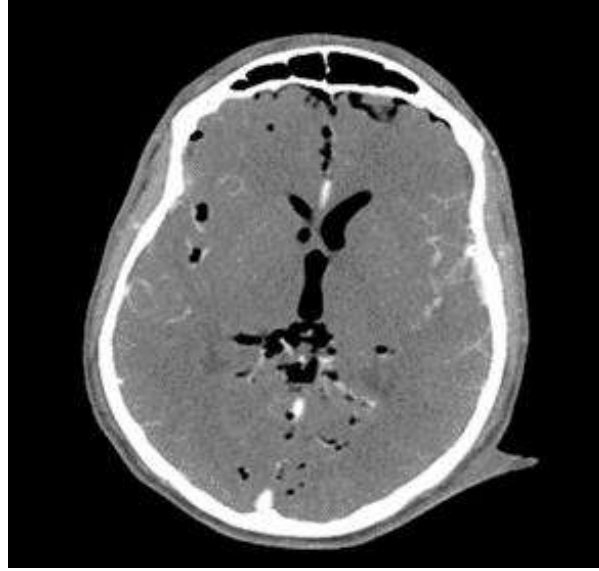
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¹NAZİLLİ DEVLET HASTANESİ/NAZİLLİ/AYDIN

Introduction and Purpose: 40 yaş altı ölümlerin en sık nedeni travmadır. Vakaların dörtte biri toraks travması olup, %70'i künt, %30'u penetran yaralanmalardır. Toraks travmalarının %90'ında basit tedaviler yeterli iken %10'lık kısmında cerrahi tedavi gerekmektedir. Pnömomediastinum, havanın hava yollarından, akciğerlerden veya özofagustan dışarı çıkması ve mediastene göç etmesiyle gelişir. Hava; subkutan dokulara, epidural boşluğa, perikarda veya periton boşluğuna geçebilir. Pnömomediastinum hastalarında mutlaka pnömoraşi (spinal kanalda hava olması) ile birliktelik değerlendirilmelidir. Spontan veya travmatik pnömoraşi hastalarında ani bilinç değişikliğinde pnömosefali akılda tutulmalıdır. Olgumuzda penetran toraks yaralanma sonrası ani bilinç kaybı olması üzerine blast etkiyle oluşan pnömomediastinum ve pnömoraşinin pnömosefaliye neden olmasına vurgu yapmak istedik.

Materials and Methods: 23 yaşında erkek toraks arka kısmından bıçaklanma sonrasında 112 ile başvurdu. Geliş vitallerinde tansiyon 120/90 mmHg, nabız 105 atım/dk, spO2 %94 olup, GKS:15'idi. Muayenesinde sağ toraks altında 3 cm, sol skapula kısmında 3 cm, sırtta 3 adet 1 cm'lik ve boyun sağ ve sol kısmında 1 cm'lik kesileri mevcuttu. Kafa travması olmayan hastanın batin muayenesi olağandı. Toraks ön yüzden boyun bölgesine kadar cilt altı amfizem ele geliyordu. Laboratuvar değerlerinde anormallik saptanmayan hastaya, nasal oksijen, 10ml/kg kristoloid infüzyonu, antibiyotik tedavisi ve tetanoz aşısı yapıldı. Beyin, servikal ve toraks bilgisayarlı tomografisi planlandı. (resim1; pnömosefali, resim 4; pnömoraşi; resim2,3; pnömomediastinum ve cilt altı amfizem) Görüntüleme sonrası ani bilinç kaybı gelişen hastaya entübasyon yapıp kontrol tetkikleri ile değerlendirildi. Hemorajik şok tablosunda olmayan hasta tomografide pnömomediastinum, pnömoraşis ve pnömosefali saptanması üzerine Göğüs Cerrahisi ve Beyin Cerrahisine konsülte edildi. Pnömomediastinum ve pnömoraşis tanılarıyla yoğun bakıma yatırıldı.

Resim 1



pnömosefali

Resim 2



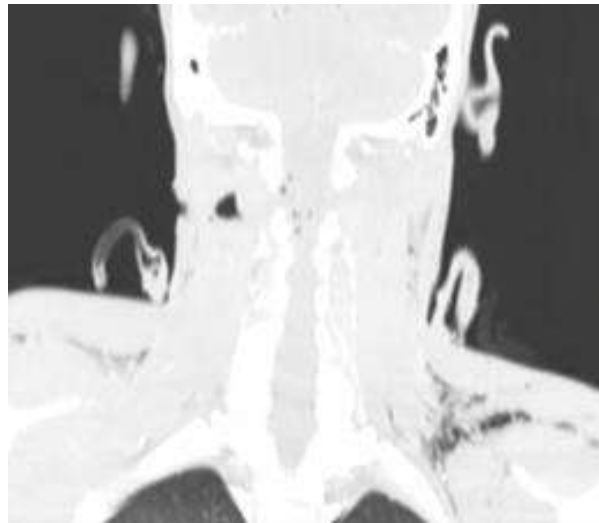
Pnömomediastinum

Resim 3



Cilt altı amfizem

Resim 4



Pnömoraji

Results and Conclusion: Pnömomediastinum hastalarında bulunan prekordial bölgede çıtırtı sesleri Hamman bulgusu olarak tanımlamıştır. Mediastene disseke olan akciğer damarlarının etrafındaki marginal alveollerin rüptürü yüzünden hava kaçağı vücudun boyun göğüs yüz gibi birçok yerine yayılabilmektedir. Spinal kanalda serbest hava olması pnömorajis olarak isimlendirilmiştir. Cilt altı amfizem ile başvuran hastalarda pnömomediastinum boyun ve göğüs ağrısı kliniği ile görülebilir. Travmaya sekonder pnömorajis olan hastalarda altta yatan hastalık düzeltildikten sonra günler içinde havanın rezorbe olduğu bildirilmiştir. SONUÇ: İzle penetran toraks travması olan hastalarda bilinç bozukluğu eşlik ediyor ise blast etkiyle oluşan pnömomediastinum ve pnömorajise bağlı olarak pnömosefali olabileceği göz ardı edilmemeli, cilt altı amfizemi olan pnömomediastinum düşünülen hastalarda spinal kanal ve intrakranial görüntüleme yapılması gerektiği unutulmamalıdır.

Keywords: pnömoraşis, pnömomediastinum, pnömosefali

Ref No: 4421

TRAUMATIC PARAPLEGIA AFTER WORK ACCIDENT

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Introduction and Purpose: Despite all the precautions and technological developments taken today, individuals are exposed to trauma due to various reasons. Trauma is the most common cause of death, especially in children and young people (between the ages of 1-44). Post-traumatic thoracic vertebra fractures are less common than fractures in other parts of the spine. This may be attributed to the fact that thoracic vertebrae are more resistant to trauma. Thoracic vertebra fractures are generally associated with high-energy trauma such as traffic accidents and falls from height.

Materials and Methods: A 32-year-old male patient was brought to the emergency room by ambulance with complaints of chest pain and inability to feel his legs after a concrete mixer fell on him. In the neurological examination of the patient, the patient was paraplegic. Computed brain tomography revealed displaced fracture and pneumocephalus in the left occipital region. A C1 vertebra fracture was detected on cervical vertebra tomography. Thorax and thoracic vertebra tomography revealed a T4 compression fracture, displaced rib fractures on the left, and minimal pneumothorax on the left. After the Thoracolumbar Injury and Severity Scoring (TLICS) decision was made, the patient's spinal cord was decompressed by performing T2-T3 total laminectomy.

Figure-1: Fracture in the left occipital bone and pneumocephalus

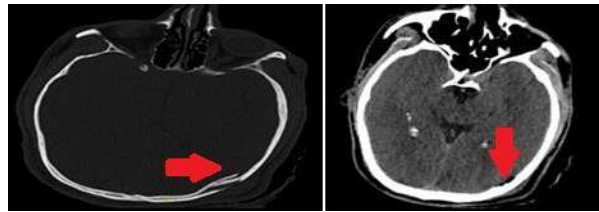


Figure 2: C1 vertebra fracture

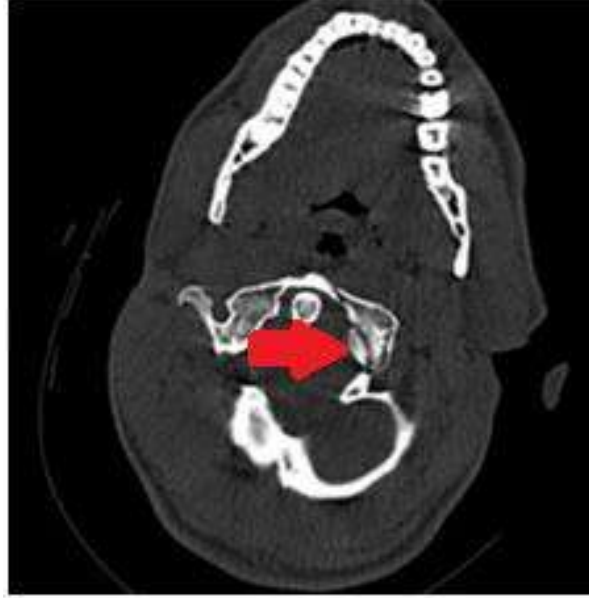


Figure-3: T4 vertebral fracture, rib fracture on the left and minimal pneumothorax

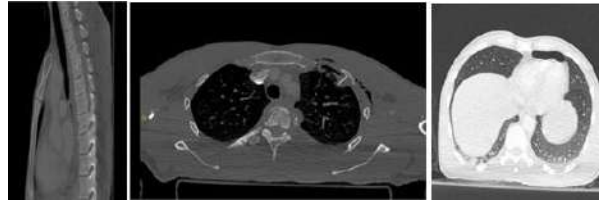


Figure-4: Thoracic MRI of medulla spinalis incision



Tablo-1: Thoraco-Lumbar Injury Classification and Severity Score (TLICS)

Thoraco-Lumbar Injury Classification and Severity Score (TLICS)
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1	Morphology Immediate stability	-Compression	1	-Radiographs -CT
		-Burst	2	
		-Translation/Rotation	3	
		-Distraction	4	
2	Integrity of PLC* Long term stability	-Intact	0	-MRI
		-Suspected	2	
		-Injured	3	
3	Neurological status	-Intact	0	-Physical examination
		-Nerve root	2	
		-Complete cord	2	
		-Incomplete cord	3	
		-Caudaequina	3	
Predicts			0-3	-Nonsurgical
		-Need for Surgery	4	-Surgeon’s choice
			>4	-Surgical

Results and Conclusion: Thoracic vertebra fractures generally occur as a result of high-intensity trauma. The approach is made according to the anatomy of the fracture, the damage it causes to the surrounding tissues, and the results of the nerve sensory examination. In these patients, early intervention and decompression due to nerve damage are important for the patient's recovery in the future.

Keywords: Paraplegia, trauma, work accident

Ref No: 4430

Orbital Mucormycosis

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Introduction and Purpose: Orbital cellulitis is an infection involving the orbit(fat and extraocular muscles).Orbital cellulitis can cause vision loss or even loss of life(1).Orbital cellulitis can usually be distinguished from preseptal cellulitis by clinical features (ophthalmoplegia,pain with eye movements and proptosis) and imaging studies(2).When the distinction is unclear, clinicians should treat patients as if they had orbital cellulitis.The most frequently identified pathogens in orbital cellulitis are Staphylococcus aureus and streptococci.(3)Although the most common cause of orbital cellulitis is bacteria, fungi, especially Mucorales(causing mucormycosis) and Aspergillus species, can cause life-threatening invasive orbital infections(3). Mucormycosis and invasive aspergillosis should be considered in patients with impaired host defenses(3). Mucormycosis primarily affects patients with diabetic ketoacidosis(3). Aspergillus infection of the orbit occurs in patients with severe neutropenia or other immunodeficiencies, including HIV infection(3).Hyperglycemia, often accompanied by metabolic acidosis, is the most common underlying condition. In this case report, orbital mucormycosis with central involvement is described.

Materials and Methods: This case is a 56-year-old female patient diagnosed with Diabetes Mellitus with orbital mucormycosis infection.She applied to the emergency room with complaints of swelling, pain in her right eye, loss of balance and numbness in her left arm for 2-3 days.The orbital CT scan taken showed an appearance consistent with orbital cellulitis. Diffusion MRI showed diffusion restrictions compatible with acute ischemia in the internal and cortical border zones of the right cerebral hemisphere. On examination, the right pupil is fixedly dilated and eye movements are completely restricted in all directions on the right. There were signs of peripheral facial paralysis in the right half of the face.Meropenem, Vancomycin and Amphotericin B was started empirically.The patient was admitted to the neurology intensive care unit. Candida Glabrata grew in the biopsy culture taken later

image 1



image 2



Results and Conclusion: If orbital cellulitis is considered, especially in immunosuppressed patients(malignancy patients, diabetes mellitus patients, etc.) mucormycosis should also be considered.Antifungal therapy should be considered in addition to empirical antibiotic therapy in the emergency department.

Keywords: Emergency Department, Orbital Cellulitis, Mucormycosis

Ref No: 4489

Rare Case a Methemoglobinemia

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¹Çekirge Devlet Hastanesi

Introduction and Purpose: Methemoglobinemia is a rare disease characterized by increased levels of methemoglobin in the blood and decreased ability of red blood cells to carry oxygen to tissues. Methemoglobinemia may develop due to hereditary or acquired causes. Acquired methemoglobinemia is most common. Many chemicals and drugs known to cause methemoglobinemia have been reported. These include nitrites, nitrates, chlorates, quinines, aminobenzenes, nitrobenzenes, phenacetin, chloroquine, dapsone, phenytoin, sulfonamides and local anesthetics. Although there are many causes of methemoglobinemia, we will talk about methemoglobinemia due to metoclopramide use, which is rare in our case.

Materials and Methods: A 22-year-old female patient presented to the emergency department with complaints of weakness and shortness of breath. In the patient's history, she said that she started nausea 3 days ago and for this reason, she applied to her family physician 1 day ago and started metoclopramide treatment, but today she applied to the emergency department because of shortness of breath. . Vitals were measured as blood pressure: 60/40 mmhg, pulse: 80 beats/minute room air saturation 35 temperature: 37.2 degrees. On physical examination, the patient's mucous membranes were cyanotic, lips and fingertips were cyanotic. Oxygen therapy with a reservoir mask and fluid therapy were started. In the patient's blood gas tests, ph:7,46 paO2:158 SO2:not read. CO:16 methb:55 pco2:28 hb:7,8. Hemogram showed hb:13,1 wbc:5,5 plt:237 thousand. The patient with methemoglobinemia was consulted to the internal medicine department. The patient who was diagnosed with intoxication due to the use of metoclopramide was referred to the toxicology clinic of the university for intensive care unit follow-up. It was learned that methylene blue treatment was started. It was understood that the patient had methemoglobinemia as a complication of metoclopramide treatment. The patient was admitted to the emergency department with dyspnea again 2 weeks later under seizure conditions and hospitalization was deemed appropriate after es replacement was planned by hematology.

Results and Conclusion: Whenever methemoglobin levels rise above the physiologic range (usually <1%), cyanosis, headache, dizziness and even death can result. Above 30%, neurologic symptoms are common, and levels above 60% can be life-threatening.

Keywords: metoclopramide, methemoglobinemia, emergency

Ref No: 4562

Critical Importance of Colonic Perforation Detection in Elderly Cancer Patients: A Case Study

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Introduction and Purpose: Colonic perforation, while relatively rare, poses significant risks, especially in elderly patients with metastatic cancer. The diagnostic challenge lies in its nonspecific presentation, often mimicking other abdominal conditions. In such cases, timely identification becomes paramount to mitigate potential complications. This report underscores the critical necessity of early detection and intervention in patients with cancer presenting with abdominal symptoms, highlighting the pivotal role of non-contrast CT scans in evaluating intraabdominal pathology.

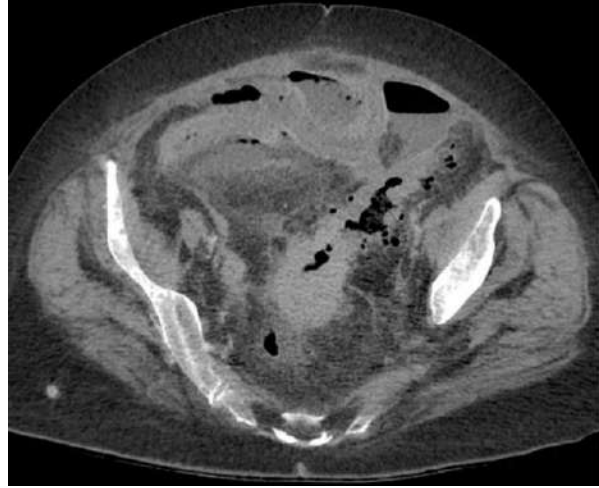
Figure 1

Hgb: 8.4g/dl
Na: 147 mmol/l
K: 5.85 mmol/l
Creatinine: 3.75 mg/dl
CRP: 329.70 mg/L
Procalcitonin: 6.21
Troponin-I: 141.3
WBC: 6.6×10^3 μ L
PLT: 208×10^3 μ L
LDH: 1059 UL

Laboratory results

Materials and Methods: An 82-year-old female patient, who had been taking home antibiotics for 1 week with complaints of abdominal pain and fever, applied to the emergency department with abdominal pain that had increased for 2 days. The patient's past medical and surgical history was remarkable for uterine cancer with abdominal metastasis, hypertension, diabetes mellitus, chronic renal failure. In the physical examination, patient was disoriented and agitated. the abdomen was distended, there was no defense and rebound. In the history taken, it was said that the consciousness was blurred for 2 days. The patient's vitals were as follows. Fever: 37.6 Pulse: 119 SPO2: 97 BP: 87/33 Respiratory rate: 20. Blood glucose was found 207-185-224-216 in 4 different measurements. Arterial blood gas showed Ph:7,46 po2:142,7 pco2:29,8 so2:99,3 lac:3,87 glu:173.

Figure 2



Mesenteric free air

Results and Conclusion: A non-contrast CT scan of the abdomen was obtained to assess the intraabdominal organs. The patient was hospitalized to be operated with the diagnosis of colonic perforation. Colon perforation may present with nonspecific symptoms in elderly patients with metastatic cancer. This case emphasises that it is important to rule out visceral perforation early in patient with cancer presenting with abdominal symptoms.

Keywords: Colonic perforation, tomography, emergency

Ref No: 4579

Can chatbot applications be used in pediatric emergency departments?

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Introduction and Purpose: Artificial intelligence (AI) systems hold great promise for the treatment of certain health problems. In November 2022, the popular chatbot generative pretrained transformer (ChatGPT) was tested in many areas of the healthcare industry. We evaluated the responses by asking ChatGPT the most common questions about fever, which is the greatest fear of families with children and the most common reason for emergency room visits.

Materials and Methods: The 50 most frequently asked questions about fever in children were identified and we asked them on ChatGPT. We evaluated the answers using quality and readability scales.

Results and Conclusion: Results: In our study, while ChatGPT showed good quality in its responses, it was successful on the Patient Education Materials Evaluation Tool (PEMAT) scale, which is often used to evaluate readability and online materials. A weak correlation was found between the scores on the Gunning Fog (GFOG) and Simple Measure of Gobbledygook (SMOG) scales, in which we evaluated ChatGPT's fever-related responses ($r = 0.379$). A significant positive relationship was found between the scores on the FGL and SMOG scales ($r = 0.379$). $r = 0.899$). Conclusions: This study sheds light on the data and readability of information regarding the responses of chatbots such as ChatGPT regarding fever, which is a very common cause of pediatric emergency admissions in children. It was found that the answers to the most frequently asked questions about fever were of high quality, reliable, easy to read, and understandable. Although one of the most important limitations in the use of chatbots is the lack of resources, we recommend studies to investigate the benefits of artificial intelligence, which is quite current.

Keywords: Artificial intelligence, Fever in children, Patient education materials

Ref No: 4618

Prognostic Value of Immunosuppressive Acidic Protein (IAP) and Oxidative Stress Status in Critically Ill Patients

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Introduction and Purpose: The aim of this study was to determine the prognostic value of admission immunosuppressive acidic protein (IAP), interleukin-6(IL-6), total oxidant status (TOS), and total antioxidant status (TAS) in 161 critically ill patients.

Materials and Methods: This prospective observational study was carried out in the Emergency Department ICU for 6 months. Critically ill patients were included in the study consecutively. The main outcomes were the need for early mechanical ventilation (MV) and in-hospital mortality.

Results and Conclusion: The mean age of 161 patients was 66.5 ± 17.1 years. The median IL-6 levels of patients who required early MV were significantly higher than of the patients who required no MV ($p < 0.001$), and the median IL-6 levels in the non-survivors were significantly higher than in the survivors ($p < 0.001$). The median IAP levels were not significantly different between the groups ($p = 0.464$ for early MV and $p = 0.340$ for the in-hospital mortality group). The AUCs of IL-6 and TOS for predicting in-hospital mortality were 0.819 and 0.608, respectively. The IAP level on admission to ICU is ineffective in predicting the need for early MV and in-hospital mortality; however, IL-6 level on admission is a strong prognostic predictor in critically ill patients. Our findings showed that the burden of oxidative stress was high in general ICU patients.

Keywords: Immunosuppressive acidic protein, In-hospital mortality, Interleukins

Ref No: 4694

Investigation of the Changing Trends in Emergency Medicine Specialization Preferences in Medical Residency Choices for the Year 2023

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Introduction and Purpose: Understanding the factors influencing physicians' specialization preferences after graduation and their alignment with healthcare workforce needs is crucial for efficiency. The aim of this research is to assess the status of Emergency Medicine specialization in the results of the Medical Specialization Exam (TUS).

Materials and Methods: Numeric data related to the Emergency Medicine specialty were obtained from the official web pages of the Student Selection and Placement Center (ÖSYM) and examined. Within this scope, the 2023 data, specifically the results of the Medical Specialization Exam (TUS) for the 2023 academic year, were analyzed, including both TUS 1st term and TUS 2nd term outcomes. Institutions providing Emergency Medicine education were categorized, and placements in these institutions were recorded, including the minimum and maximum scores, as well as the occupancy and vacancy rates of quotas. The primary criterion for the main outcome of the research was the base scores.

Results and Conclusion: In the 2023 Medical Specialization Exam (TUS) 1st term, a total of 733 quotas were opened for the Emergency Medicine specialty in 110 institutions, and 99.6% of these (n=730) were chosen. However, in the 2023 TUS 2nd term, the vacancy rate for positions was determined to be 33%. No significant differences were observed in terms of placement base scores between university and training and research hospitals (TRH), between university and city hospitals (CH), and between TRH and CH. In conclusion; excluding the almost 100% fill rate of Emergency Medicine positions in the 2023 TUS 1st term, the increase in the number of vacant positions in the 2nd term placement results suggests a continued decline in interest in emergency medicine.

Table 1.

	Number of Institutions	Quota	Placed in	Placed in %	Vacant quota	Vacant quota %	Number of empty programs	Average lowest score (SD)	Average highest score (SD)
University	70	396	396	100	0	0	0	49,8 (3,38)	55,7 (4,53)
TRH	28	210	208	99	2	1	2	50,5 (3,65)	56,8 (4,37)
CH	10	125	124	99,2	1	0,8	1	51,5 (1,57)	57,8 (4,91)
Military h.	2	2	2	100	0	0	0	47,7 (-)	47,7 (-)
TOTAL	110	733	730	99,6	3	0,4	3	50	56

* University: University Hospital, TRH: Training and Research Hospital, CH: City Hospital, Military h: Military Hospital, SD: Standard Deviation

Numerical information for the 2023 TUS 1st term

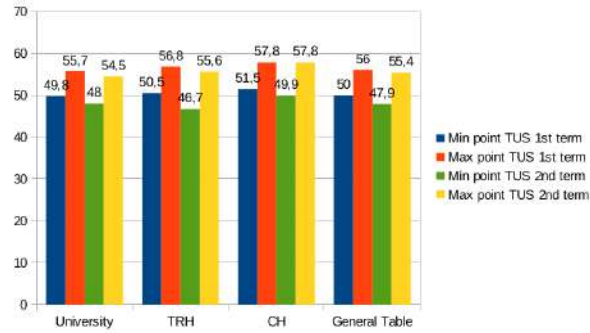
Table

	Number of Institutions	Quota	Placed in	Placed in %	Vacant quota	Vacant quota %	Number of empty programs	Average lowest score (SD)	Average highest score (SD)
University	71	477	298	62,5	178	37,3	4	48,0 (2,66)	54,5 (4,47)
TRH	31	284	165	58,1	119	41,9	3	46,7 (1,93)	55,6 (6,25)
CH	11	187	169	90,4	18	9,6	0	49,9 (3,99)	57,8 (4,16)
Military h.	0	0	0	0	0	0	0	---	---
TOTAL	113	948	635	67	313	33	7	47,9 (2,79)	55,4 (5,07)

* University: University Hospital, TRH: Training and Research Hospital, CH: City Hospital, Military h: Military Hospital, SD: Standart Deviation

Nümerşcak information for the 2023 TUS 2nd term

Graph.



According to the 2023 TUS placement results, the lowest and the highest scores of the Emergency Medicine branch on an institution basis.

Keywords: Emergency medicine, Speciality, Medical Specialization Exam

Ref No: 4755

A Rare Cause of Abdominal Pain: Budd Chiari Syndrome

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Introduction and Purpose: : Budd Chiari syndrome is a rare and fatal disease characterized by hepatic dysfunction and portal hypertension due to obstruction of venous outflow in the absence of right heart failure. However, there are cases with asymptomatic course due to the development of spontaneous collaterals. The most common etiologic cause is factors that cause thrombosis in hepatic veins. Among these factors, myeloproliferative diseases are the most common. The basis of treatment is directed at the underlying pathology, but the empirical approach is anticoagulation. Angioplasty and stenting are considered secondary approaches. Recent studies support the role of TIPS and liver transplantation in the treatment of Budd Chiari Syndrome, especially in patients with severe portal hypertension, with reported good long-term outcomes.

Materials and Methods: : A 38-year-old man with known polycythemia vera was admitted to the emergency department with complaints of recently increasing abdominal pain, weakness and abdominal distension. His general condition was poor and consciousness was confused. Physical examination at presentation revealed abdominal distension, diffuse ascites and hepatomegaly. Other system examinations were normal. Biochemistry revealed urea 90 mg/dl, creatinine 2.15 mg/dl, total bilirubin 2.81 mg/dl, direct bilirubin normal, ast 2392 U/l, alt 859 U/l, ggt 397 U/l, crp 22.64 mg/dl. On hemogram, wbc was 20.890, neutrophil dominance was present. Whole abdomen USG showed a 70 mm hypodense lesion in the left lobe of the liver. Liver size was 228 mm and increased. Doppler USG showed an appearance consistent with thrombosis in a 4 cm section at the level of hepatic veins in the VKI. The patient was hospitalized in the gastroenterology ward. Anticoagulation with heparin was administered and thrombolytic therapy with streptokinase was additionally administered.

Results and Conclusion: Budd-Chiari Syndrome is a rare clinical picture that can lead to death in different periods of time depending on the type of case. Although very rare, some cases of spontaneous regression have been reported. B C S presents with various clinical forms depending on the degree of venous obstruction and the site of thrombosis. The rare fulminant form almost always ends in death.

Keywords: Abdominal Pain, Budd Chiari Syndrome, Emergency Medicine

Ref No: 4764

The Silent Scream Of The Stomach: Metabolic Alkalosis And The Mysterious Vomiting

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Introduction and Purpose: Metabolic alkalosis is an acid-base disorder caused by an increase in serum bicarbonate levels, leading to elevation of arterial blood pH into the alkaline range. Excessive vomiting of gastric contents, resulting in the loss of hydrogen ions from the body, is another condition implicated in the etiology of metabolic alkalosis. In this case presentation, we will discuss a patient who presented to the emergency department with a one-month history of vomiting, leading to hypochloremic metabolic alkalosis and acute renal failure, necessitating hospitalization for etiological investigation, and was subsequently diagnosed with pyloric stenosis during follow-up.

Materials and Methods: A 42-year-old male patient with no known medical history presented to our emergency department with complaints of vomiting and weakness. It was revealed that he had lost approximately 20 kg in weight over the past 6 months. On arrival, his vital signs were recorded as follows: arterial blood pressure 90/60 mmHg, heart rate 130 beats per minute, body temperature 36.6°C, respiratory rate 16 breaths per minute, and oxygen saturation 97% on room air. Physical examination revealed the patient's general condition to be fair, with dry mucous membranes and decreased skin turgor observed, indicating signs of dehydration. Following initiation of treatment in the emergency department, the patient's overall condition improved, and he was admitted to the hospital for further investigation and management. During the hospitalization period, gastroenterology performed an endoscopic evaluation, revealing stenosis in the prepyloric antrum.

Şekil 1. Prepylorik antrumda darlık



Results and Conclusion: The etiology of metabolic alkalosis can be diverse, and the patient's history, physical examination findings, and laboratory results are critical in determining the underlying cause. Etiological factors may include excessive vomiting and fluid loss, substance abuse, gastric ulcers, and pyloric stenosis, among other gastrointestinal issues. Pyloric stenosis is characterized by narrowing of the gastric outlet and presents with symptoms such as vomiting, food intolerance, and weight loss. Our patient exhibited similar symptoms, and following

gastroenterology evaluation, a diagnosis of pyloric stenosis was established. In conclusion, investigating the causes of metabolic alkalosis and establishing an accurate diagnosis can impact the success of treatment. This case highlights pyloric stenosis as a rare cause of vomiting complaints in patients.

Keywords: pyloric stenosis, acetazolamide, hypochloremic metabolic alkalosis

Ref No: 4777

Rhino-Orbito-Cerebral Mucormycosis: A Case Report

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Introduction and Purpose: Mucormycosis is an invasive fungal infection caused by mold fungi of the order Mucorales, progressing very rapidly and with a high mortality rate despite effective treatment. Conditions such as diabetes mellitus, cancer immunotherapy, and stem cell transplantation are risk factors for mucormycosis. Mucormycosis; There are five main clinical forms: rhinocerebral, pulmonary, gastrointestinal, cutaneous, and disseminated. The most common rhino-orbit-cerebral form is generally observed in patients with uncontrolled diabetes and diabetic ketoacidosis that occurs as a result of this condition.

Materials and Methods: An 80-year-old female patient who was admitted to the emergency department of the external center due to headache throat pain and numbness in the right half of the face was referred to our clinic after her blood glucose level was found to be 750 mg/dL and ketoacidosis was detected. Paranasal computed tomography (CT) revealed significant sinusitis on the right and ceftriaxone was started with a preliminary diagnosis of orbital cellulitis. There were no features in his history other than diabetes mellitus, SVO, and hypertension regulated by antihypertensive therapy. Maxillofacial nasal CT performed with a preliminary diagnosis of paranasal sinusitis-orbital cellulitis revealed soft tissue swelling in the skin-subcutaneous tissues in the right infraorbital region, pre-septal area and nasal wing, and soft tissue structuring in the extraconal area in the medial and inferior parts of the right orbit. Otorhinolaryngologists revealed a necrotic black crux in the nasal cavity of the patient and appropriate debridement was performed. Intravenous insulin therapy, high-dose liposomal amphotericin B, and imipenem were started in the patient who was thought to have invasive fungal infection with these findings. Histopathological examination of tissue biopsy sent from this region confirmed mucormycosis infection of the disease.

Invasive mucormycosis infection of the right orbit and its surroundings



Results and Conclusion: Rhinocerebral mucormycosis is a rapidly and often fatal infectious disease in diseases (especially DM) in which the immune system is disrupted by the mucor family. The causative pathogens are rhizopus, absidia, and mucor. Aggressive surgical debridement, long-term systemic antifungal therapy, and correction of underlying predisposing factors are essential in treatment.

Keywords: Mucormycosis, invasive fungal infection, Emergency Medicine

Ref No: 4812

AORTIC DISSECTION WITH BRAIN ISCHEMIA IN A PATIENT

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Introduction and Purpose: Acute aortic dissection is one of the most lethal conditions of the cardiovascular system, capable of leading to aortic rupture, cardiac tamponade, or visceral ischemia. Most patients present with acute tearing chest and back pain. Aortic dissection results from a tear in the intimal layer of the aorta that eventually creates a false lumen. The condition is mostly seen in men with a mean age of 65 years and tends to be much more fatal if it occurs in female patients.

Materials and Methods: We describe a case of a 57-year-old woman who was brought to the Emergency Department due to episodes of vomiting and syncope. Venous blood gas showed a pH of 7,28, PCO₂ of 50,1 mmHg, PO₂ of 32,5 and HCO₃ of 23,3. Renal function test studies showed Creatinine of 1,46 mg/dL. Complete blood count showed Leukocytes of 20,9 and Hemoglobin of 11,9. Her coagulation tests showed no abnormality however Troponin-I levels were 552,4 and Fibrinogen is <30. The patient's neurological examination revealed a Glasgow Coma Scale (GCS) score of 14 with decreased eye movements, right upper extremity pronation, and decreased right lower extremity muscle strength. 3D CT angiography and abdominal, pulmonary, and thoracic CT scans showed a type I abdominal dissection involving the ascending, arch, descending aorta, and left iliac artery. Additionally, a non-contrast CT scan of the head revealed restricted diffusion with acute ischemic infarcts in the bilateral parieto-occipital regions. We immediately consulted the cardiovascular surgery team. The patient was taken to the operating room, where ascending and aortic arch grafting was performed. She was then transferred to the Intensive Care Unit for close monitoring.

Abdominal Aorta CT Image



CT scan shows a type 1 aortic dissection involving ascending, arcus and descending aorta.

Results and Conclusion: This case highlights that for patients presenting to the Emergency Department with syncope, aortic dissection should be considered as a potential differential diagnosis.

Keywords: acute aortic dissection, brain ischemia, emergency

Ref No: 4850

Usefulness Of Optic Nerve Sheath Diameter For Pediatric Trauma Who Admitted To Emergency Department

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Introduction and Purpose: Optic nerve sheath diameter measurement is a non-invasive and easy imaging technique for the prediction the prognosis of head trauma patients. In this study we aimed to determine the correlation between optic nerve diameter and Glasgow coma scale and the prognosis of the in pediatric patients with head trauma.

Materials and Methods: The files of 40 patients who presented between 1 January 2023-01 april 2024 were reviewed retrospectively. The patients were classified according to their Glasgow coma scale. Diameters of the optic nerve sheath of both eyes were measured in brain computer tomography. Also the laboratory result(CBC, blood urea nitrogen, kalsiyum, neutrophil count, glucose, systolic and diastolic blood pressure) were also recorded. To compare the groups according to glasgow coma scale we used Kruskal Wallis test. Als the patients results were compared among the survived or nonsurvived patients by independent t test.

Results and Conclusion: 40 patients (18 male, 22 female) mean age was $7,8 \pm 5,3$ years. blood samples were analysed microbiology department. We didn't seen any difference of optic nerve sheath between the groups according to the Glasgow Coma Scale(Table 1). Als there wasn't any significiance difference between the ptaients according to the survival rate(Table 2).İnspite of that the result of our study indicated that optic nerve sheath had not a correlation with the prognosis or Glasgow coma scale, our study has got some limitations. Firstly the number of the severe and moderate group is very low. Also pediatric patient optic nerve sheath diameter will be increase with the age. Thats why the study should be made prospectively with more patients and the the groups should be classified according to their age groups

Optic Nerve Sheath diameter and laboratory results among survived and nonsurvived patients

	survival	N	Mean	Std. Deviation	p
Neutrophilcount	nonsurvived	2	439,6300	612,87773	0.68
	survived	39	677,8328	524,37856	
Glucose	nonsurvived	2	587,5000	78,48885	0.07
	survived	39	117,8718	38,85004	
Opticnervesheathrigh	nonsurvived	2	4,2000	,28284	0.36
	survived	39	3,9000	,24921	

Opticnervesheathleft	nonsurvived	2	3,9000	,14142	0.6
	yaşıyor	39	3,9718	,33635	
Systolicbloodpressure	nonsurvived	2	75,0000	7,07107	0.17
	survived	39	89,2308	11,78416	
Diastolic blood pressure	nonsurvived	2	50,0000	,00000	0.001
	survived	39	57,4359	8,18148	
WBC	nonsurvived	2	17,6650	7,07814	0.55
	survived	39	13,5313	4,34704	

Classification of the patients according to Glasgow Coma Scale

	GCS	N	Mean Rank	p
Neutrophilcount	Mild	36	21,00	0.7
	Moderate	2	15,50	
	Severe	2	16,50	
	Total	40		
Glucose	Mild	36	19,51	0.06
	Moderate	2	19,25	
	Severe	2	39,50	
	Total	40		
Opticnervesheathright	Mild	36	19,18	0.09
	Moderate	2	32,00	
	Severe	2	32,75	
	Total	40		
Opticnervesheathleft	Mild	36	20,08	0.34
	Moderate	2	31,75	
	Severe	2	16,75	
	Total	40		
Systolicbloodpressure	Mild	36	21,83	0.07
	Moderate	2	10,50	
	Severe	2	6,50	
	Total	40		
diastolicbloodpressure	Mild	36	21,78	0.07
	Moderate	2	9,00	
	Severe	2	9,00	
	Total	40		
WBC	Mild	36	20,17	0.51
	Moderate	2	17,50	
	Severe	2	29,50	
	Total	40		

Keywords: Optic Nerve Sheath, Glasgow Coma Scale, Pediatric Head Trauma

Ref No: 4861

A Case Study of Confusion between Famodin and Coumadin

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Introduction and Purpose: Elderly individuals often encounter a dearth of comprehensive or precise information regarding their medical conditions and prescribed treatments, highlighting the critical need for enhanced communication and tailored educational initiatives within healthcare settings. A homophone, a fundamental linguistic concept, denotes words that share similar phonetic attributes while harboring distinct semantic or orthographic characteristics. Within healthcare environments, medication errors arising from phonetic confusions in drug nomenclature present formidable obstacles. Of particular concern are the potential hazards engendered by phonetic ambiguities in Turkish medication terminology. This case aims to contribute to this imperative by presenting a compelling case study featuring a 68-year-old male who, devoid of any clinical indication for anticoagulation therapy, presented to our ED subsequent to an acute ingestion of warfarin.

Materials and Methods: Case: The 68-year-old male patient presents with a three-day history of oral bleeding accompanied by abdominal discomfort, which he attributes to gastritis. The patient's current medication list is unavailable, yet he mentions prior use of 40 mg Famotidine (brand name Famodin®), 100 mg Metoprolol succinate (brand name Saneloc®), and 100 mg acetylsalicylic acid (brand name Coraspin®). The oropharyngeal examination reveals bleeding sites suggestive of gingival origin. Rectal examination demonstrates normal feces. Laboratory analysis reveals an INR of 21.3. Upon further inquiry, the patient confessed to substituting his prescribed medication with a phonetically similar one from his spouse's supply due to the depletion of Famodin® over the preceding week. Subsequent investigation into the wife's medication regimen revealed her prescription of warfarin, branded as Coumadin®, for the management of atrial fibrillation and stroke prevention. It became evident that the patient inadvertently ingested his wife's medication, Coumadin®, instead of his prescribed Famodin®.

Results and Conclusion: In conclusion, proactive measures are urgently needed to address medication misuse among vulnerable populations, particularly the elderly. Implementing comprehensive strategies, such as electronic prescription systems and targeted personnel training, is crucial to mitigate the risks associated with medication errors in this demographic. Furthermore, phonetic confusions in drug names present a significant challenge in medication safety, especially among the elderly population. Healthcare providers must remain vigilant and adopt strategies to reduce the risk of medication errors stemming from phonetic similarities in drug names.

Keywords: homophone, Drug Name Confusion, Famodin vs Coumadin

Ref No: 4868

DEMOGRAPHIC CHARACTERISTICS OF PATIENTS ADMITTING TO A THIRD STAGE HOSPITAL EMERGENCY DEPARTMENT AND EVALUATION OF EMERGENCY DEPARTMENT CLINICAL SERVICES: A FIVE-YEAR ANALYSIS

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Introduction and Purpose: Emergency services are intended to use resources in the care of critically ill and injured patients, and the high patient density and applications to emergency services cause resources to be allocated to those who do not actually need emergency care. The aim of this study is to evaluate the demographic characteristics and clinical services provided to all adult patients and pediatric trauma patients who applied to Selçuk University Faculty of Medicine (SÜTF) Emergency Department between 1 May 2010 and 31 May 2015; To contribute to the forward planning of emergency services and thus to provide faster, more effective and more efficient emergency health services.

Materials and Methods: The total number of patients admitted to SÜTF Hospital between 01.05.2010 and 31.05.2015, when the research was conducted, was determined as 2,145,147. According to the information received from the hospital, demographic characteristics (age and gender distribution, distribution of patients by age groups), triage categories, triage categories by age groups, gender and triage categories, application days and hours, average length of stay in the emergency department, average length of stay by triage categories.

Results and Conclusion: When the relationship between triage categories and age groups was compared, a deterioration in the triage category was observed as the age increased. This relationship was found to be statistically significant ($p < 0.001$). When the triage categories according to the gender of the patients were examined, the proportion of patients designated as triage 1, 2 and 3 in male patients was 63.69%, respectively; These rates are 54.56% and 49.37% for women and 36.31% respectively; It was 45.44% and 50.63%. When examining the triage categories according to gender between two different groups, it was observed that male patient applications were more common in Triage 1 and 2 ($p < 0.01$). We believe that in order to reduce inappropriate applications, patients should be educated and made aware of the urgency of medical situations, primary health care services should be made available effectively, emergency services should be designed to work efficiently, and accurate, effective and applicable policies should be created regarding the provision of emergency health services.

Keywords: EMERGENCY DEPARTMENT, TRIAGE, Urgency

Ref No: 4869

Prognostic Importance of ABC Score in Patients Presenting with Upper Gastrointestinal System Bleeding to the Emergency Department

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Introduction and Purpose: Upper gastrointestinal (GI) bleeding constitutes a significant portion of emergency department admissions and is associated with high morbidity and mortality rates. Various scores are used for prognosis estimation in these patients, many of which appear to be useful for low-risk patients. Utilizing easily calculable and memorable scores in the emergency department allows for more efficient utilization of medical resources. This study aimed to investigate the contribution of the ABC score to clinical practice.

Materials and Methods: The study was completed by retrospectively evaluating patients aged 18 and over who applied to the emergency department between January 1, 2019 and December 31, 2019. The ABC score was calculated for each patient, followed by the need for intensive care, mortality, recurrent bleeding, and transfusion requirements.

Results and Conclusion: Results: A total of 184 patients were included in the study. The ABC score, with a cut-off value of >4 for the need for intensive care, was determined to be AUC = 0.944, specificity = 0.74, sensitivity = 0.83. While the cut-off value for mortality was higher (>5), AUC was = 0.951. Conclusion: Our study reveals that the ABC score is promising in predicting the need for intensive care and mortality in patients with upper GI bleeding and performs satisfactorily, as evidenced by the ROC analysis performed. A notable advantage lies in the ease of calculation. It can be used to determine the prognosis in emergency department patients with upper gastrointestinal bleeding. Additionally, beyond its utility in predicting critical care needs and mortality rates, it can be considered in important decision-making scenarios in the emergency department, including discharge or hospitalization decisions.

Table 1: ABC score

Parameter	Score
Age (years)	1 (60-74), 2 (>75)
Urea mmol/L	1 (>10)
Creatinine μ mol/L	1 (100-150), 2 (>150)

Albumin	1 (<30 g/L)
Mental state	2 (Altered)
Cirrhosis	2
Malignancy	4
9ASA	1 (scor 1-3), 3 (scor ≥4)

Keywords: Gastrointestinal bleeding, ABC Score, Mortality

Ref No: 4962

The Increased Incidence of Hemolytic Anemia in Emergency Department Admissions, Especially Over The Last Three Years, May Not Be Merely Coincidental.

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Introduction and Purpose: After the global impact of the Coronavirus Disease 2019 (COVID-19) pandemic, which affects over 50 million individuals worldwide, the immune system has observed hyperactivation and heightened autoantibody production. This phenomenon has contributed to a notable surge in the incidence of autoimmune diseases. Post the COVID-19 pandemic, the diagnosis of hemolytic anemia has exhibited a noteworthy escalation in emergency department admissions, capturing the attention of clinicians in this setting.

Materials and Methods: The study included retrospective data from 591 patients admitted to the emergency department and diagnosed with anemia between September 2020 and September 2023. A retrospective review of patient records covered both pre- and post-diagnosis periods. The collected data comprised demographic information, laboratory values, primary diagnoses, and clinical outcomes. The classification resulted in three distinct groups: Chronic Anemia (CA), Anemia Due to Blood Loss (BLA), and Hemolytic Anemia (HA).

Results and Conclusion: Between 2020 and 2023, the incidence of anemia notably decreased among patients in the CA group, whereas a significant increase in anemia incidence was observed among patients in the HA group over the same study period (p-value < 0.05). The rise in patients diagnosed with hemolytic anemia among emergency department admissions following the COVID-19 pandemic has drawn the attention of emergency clinicians. This increase in hemolytic anemia incidence can be linked to autoimmune hemolytic anemia, which is among the autoimmune diseases reported to have surged after the COVID-19 pandemic.

Keywords: Incidence of hemolytic Anemia, Covid-19, Autoimmune diseases

Ref No: 5020

A Rare Case: Abdominal Wall Rupture Caused by Bicycle Handlebars

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Introduction and Purpose: Introduction Abdominal trauma is a condition in which abdominal organs may be damaged as a result of blunt or penetrating trauma to the abdominal region, causing conditions such as abdominal pain, vomiting, bleeding and perforation. Bicycle accidents are most common in boys between the ages of 9-15, and 5-14% of them present to healthcare institutions with blunt abdominal trauma. Although the traumas caused by falling off a bicycle generally seem to be insignificant, they can range from superficial cuts and abrasions to solid organ injuries. We will share our rare case where the bicycle handlebar ruptured the abdominal wall after falling.

Materials and Methods: Case A 14-year-old male patient applied to the emergency room with complaints of abdominal bruising, swelling and abdominal pain after falling off his bicycle. On examination, the patient's general condition was good and his vitals were stable. During the abdominal examination, an ecchymotic lesion, approximately 3 cm in diameter, with a well-circumscribed center and pale center, showing the scar of a bicycle handlebar, was observed on the front of the abdomen, approximately 5-6 cm to the right of the umbilicus (Figure 1). The abdomen was comfortable, there was no rebounding or defense. While the patient was examined while lying down, no palpable swelling was detected in the relevant area, but a swelling of approximately 2-3 cm in diameter was palpable when she was placed in a sitting or standing position. Other systemic examinations were normal. The patient was planned to have a computerized tomography (CT) scan of the entire abdomen. In the CT scan, a right inferolateral fascia defect was observed, from which the bowel loops and mesenteric tissue herniated out of the abdomen and a hernia sac was observed (Figure 2-3). The patient was consulted to pediatric surgery and hospitalized. The hernia sac and fascia defect were repaired with primary repair. The patient was discharged with stable vitals without any additional complications.

inspection of abdomen



patient's CT image



patient's CT image



Results and Conclusion: Conclusion Although abdominal wall rupture is rare, it should be kept in mind in blunt trauma cases in the pediatric age group.

Keywords: abdominal trauma, handlebar, abdominal wall rupture

Ref No: 5026

Rotavirus vaccination status in rotavirus infection presenting to paediatric emergency department

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Introduction and Purpose: Rotavirus gastroenteritis is an important health problem all over the world and in our country. Although rotavirus vaccines have been available since 2006, rotavirus is estimated to cause more than 200,000 deaths in children under 5 years of age worldwide. Rotavirus vaccine, which has been included in the national vaccination programmes of more than 100 countries to date, is not included in the routine national vaccination programme in our country (Turkey). In this study, we aimed to investigate the rotavirus vaccination status in rotavirus infections presenting to the emergency department.

Materials and Methods: This study conducted with patients aged in 0-16 years who applied Aksaray University Training and Research Hospital Pediatric Emergency Department between 2023-2024. Patients who presented to the paediatric emergency department with diarrhoea and whose stool smear revealed rotavirus infection and whose stool smear was normal were included in the study. Rotavirus vaccination status, hospitalisation, season, age, refugee and gender status of the patients were evaluated.

Table 1. Demographic features of Patients

Features	Subgroups	Number	%
Gender	Male	276	45.3
	Female	333	54.7
Nationality	Turkish	507	83.3
	Refugee	102	16.7
Season	Winter	129	21.2
	Spring	233	38.3
	Summer	99	16.3

	Autumn	148	24.3
Infection	Rotavirus	229	37.6
	Normal	380	62.4
Vaccination	Yes 2 dose	51	8.4
	Yes 1 dose	10	1.6
	No	548	90
Hospitalisation	Yes	133	21.8
	No	476	78.2

Table 2. Evaluation of Rotavirus Vaccination

Features	Subgroups	Yes 2 dose n (%)	Yes, 1 Dose n (%)	No	p
Gender	Female	25 (49)	6 (60)	245 (44.7)	0.540
	Male	26 (51)	4 (40)	303 (55.3)	
Nationality	Turkish	47 (92.2)	9 (90)	451 (82.3)	0.167
	Refugee	4 (7.8)	1 (10)	97 (17.7)	
Season	Winter	15 (29.4)	2 (20)	112 (20.4)	0.550*
	Spring	21 (41.2)	5 (50)	207 (37.8)	
	Summer	6 (11.8)	2 (20)	91 (16.6)	
	Autumn	9 (17.6)	1(10)	138 (25.2)	
Infection	Rota	6 (11.8)	8 (80)	215 (39.2)	<0.001
	Normal	45 (88.2)	2 (20)	333 (60.8)	
Hospitalisation	Yes	6 (11.8)	4 (40)	123 (22.4)	0.079
	No	45 (88.2)	6 (60)	425 (77.6)	
* Fisher Exact Test was used					

Results and Conclusion: The study was performed with a total of 609 patients. 83.3% (n=507) of the patients were Turkish citizens and 16.7% (n=102) were refugees. 54.7% (n=333) were male and 45.3% (n=276) were female. Rotavirus was found in 37.6% (n=229) and no pathogen was found in 62.4% (n=380) of the patients. Ninety per cent (n=548) of the patients were not vaccinated and 10% (n=61) were vaccinated. Rotavirus infection did not differ according to gender, season, and refugee status ($p=0.895$, $p=0.296$, $p=0.598$). Of 133 hospitalised patients, 78.9% were rotavirus ($p<0.001$). While the vaccination rate was 2.6% (n=6) in patients with rotavirus infection, this rate was 11.8% in the other group ($p<0.001$). Rotavirus infection, which is still highly prevalent in the world and in our country, is also common in our region. Rotavirus infection, which is more intense in autumn and winter months, is among the important causes of hospitalisation in children under 5 years of age. Rotavirus vaccine, which is not included in the routine national vaccination programme, should be added to the national vaccination calendar and the parents of infants aged 0-3 months admitted to the paediatric emergency department should be informed about the importance of rotavirus vaccination.

Keywords: Rotavirus Vaccination, Rotavirus Infection, Pediatric Emergency

Ref No: 5028

Intracardiac Thrombus Development Due to Olanzapine Use: A Case Report on an 80-Year-Old Female Patient

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¹Intracardiac Thrombus Development Due to Olanzapine Use: A Case Report on an 80-Year-Old Female Patient

Introduction and Purpose: Olanzapine is an antipsychotic commonly used to treat schizophrenia and bipolar disorder. However, although rare, cardiovascular side effects have been reported. Here, we present a case of intracardiac thrombus secondary to olanzapine use.

Materials and Methods: An 80-year-old female patient was admitted to the emergency room with complaints of sudden shortness of breath and hypotension. The patient had been using olanzapine for the last 6 months. On physical examination, pallor of the skin and peripheral coldness were noted. Non-specific ST-T changes were seen on ECG. Emergency laboratory tests were within normal limits except for a slight elevation in troponin levels. Echocardiography detected a mobile, echogenic mass in the right ventricle and atrium, which was consistent with intracardiac thrombus.

İNTRAKARDİYAK



Results and Conclusion: Cardiovascular side effects associated with olanzapine use have rarely been reported in the literature. However, it is known that antipsychotics may be associated with thromboembolic events. This case shows that olanzapine use, although rare, may cause serious cardiovascular side effects. Intracardiac thrombus is a serious complication that may be associated with olanzapine use, especially in elderly patients. This case aims to raise awareness about careful monitoring and early diagnosis in patients receiving olanzapine treatment, especially in elderly individuals with cardiovascular risk factors or symptoms. Intracardiac

thrombus can be easily diagnosed by echocardiography, which is critical in preventing potentially life-threatening complications. When starting and continuing antipsychotic treatment, caution should be exercised in terms of cardiovascular side effects. Such cases require further investigation to better understand the cardiovascular safety profile of antipsychotic drugs.

Keywords: Olanzapine, Intracardiac Thrombus, Antipsychotics

Ref No: 5036

Evaluation of the Use of Isoprenaline in the Treatment of Resistant Bradycardia Due to Hypothyroidism

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Introduction and Purpose: Isoprenaline is a β_1 and β_2 adrenoreceptor agonist. Although isoprenaline was first approved for use in 1947, its use decreased after it was claimed that it caused an increase in death rates between 1963 and 1968 after high doses of inhaler forms were used in the treatment of asthma. It was reintroduced to clinics in our country a few years ago. Indications for use in the treatment of bradycardia, heart block, and bronchospasm that may occur during anesthesia have been reported. We evaluated the effectiveness of isoprenaline in our patient with resistant bradycardia and hypothyroidism that was not diagnosed at the time of hospitalization.

Materials and Methods: An 81-year-old male patient diagnosed with chronic obstructive pulmonary disease (COPD) and heart failure (HF) applied to the emergency room with complaints of shortness of breath. The patient, who stated that he had black stools for a long time, was taken to the intensive care unit with a preliminary diagnosis of bleeding in the gastrointestinal system (GIS). In laboratory tests, Hb: 8.7, WBC: 9.17, PLT: 161, Glucose: 123, Creatinine: 1.36, CRP: 38.7, AST: 17, ALT: 8. There was slow atrial fibrillation (AF) on electrocardiography. Heart rate varied between 35 and 45 beats per minute during monitoring. It was observed that atropine response was obtained to bradycardia. In the echocardiography, the ejection fraction was measured as 55%. It was observed that the pulse rate increased with atropine. After fluid and erythrocyte suspension replacement, the patient remained normotensive. The patient had no history of hypothyroidism. Treatment of isolated slow AF and bradycardia was continued with isoprenaline. Existing arrhythmias regressed. After the patient's detailed physical examination and clinical follow-up, thyroid hormone levels were checked. TSH: 73, fT3: 2.37, fT4: 0.63. The isoprenaline given to the patient was gradually reduced and discontinued with hypothyroidism treatment.

Results and Conclusion: Hypothyroidism may cause bradycardia, decreased cardiac output, and reduced cardiac contractility. We evaluated isoprenaline, which was considered by clinicians to have a narrow window of indications for use, in our patient with isolated slow AF and bradycardia. Isoprenaline infusion therapy contributed to cardiac stability in our patient with bradycardia due to hypothyroidism.

Keywords: bradycardia, hypothyroidism, Isoprenaline

Ref No: 5040

Computed Tomography Imaging Findings of Non-Traumatic Aortic Intramural Hematoma

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Introduction and Purpose: Aortic intramural hematomas (IMHs) are life-threatening pathologies that occur due to spontaneous hemorrhage in the media layer of the aortic wall without intimal rupture or dissection (1). It is important to differentiate IMH from other vascular pathologies clinically and radiologically in cases presenting to the emergency department (ED) with chest pain or trauma. Here, we aim to present a case of IMH in a 51-year-old male patient presenting with chest pain along with computed tomography (CT) findings according to the literature.

Materials and Methods: A 50-year-old male patient with a known diagnosis of hypertension presented to our ED with complaints of burning in the back, chest pain, and high blood pressure. Blood pressure was measured as 180/100 mmHg from the right arm and 160/70 mmHg from the left arm. Pulses in all four extremities were palpable. Laboratory tests were normal. A thoracic CT was performed due to chest pain, and a hyperdensity predominantly involving the posterolateral segment of the aortic wall, starting immediately after the origin of the subclavian artery and extending to just before the origin of the inferior mesenteric artery, was observed on the non-contrast thoracic CT (Figure 1a,b). Initially, IMH was considered, but to differentiate from aortic dissection, contrast material was administered, and imaging was repeated. It was observed that this hyperdense area did not retain contrast. No dissection flap was detected (Figure 2a,b,c). The patient was admitted to the cardiac and vascular surgery department for the follow-up. After 3 days of follow-up, with blood pressure regulation achieved, the patient was started on anti-impulse therapy, and it was decided to discharge him with serial aort CT angiography follow-up.

Fig 1a,b



Axial (a) and coronal (b) unenhanced CT images show hyperdense collection predominantly involving the posterolateral segment of the descending aorta (arrow head).

Fig 2a,b,c



Figure 2a,b,c: Axial (a) and sagittal (b,c) contrast enhanced CT images show type B intramural hematoma originating just distal to the left subclavian artery and extending to just before the origin of the inferior mesenteric artery. Also no dissection flap was detected.

Results and Conclusion: Acute aortic syndromes including acute aortic dissection, IMH, and penetrating aortic ulcer. Since the clinical presentations of patients are similar, radiological imaging is crucial in differential diagnosis. IMHs constitute 6-20% of acute aortic syndromes (1,2). Here, we aimed to present a case of IMH detected in a patient presenting to the ED with thoracic CT findings. Early diagnosis of IMHs and differentiation from other pathologies causing chest pain are important (3). Contrast-enhanced thoracic CT should be preferred in the differential diagnosis.

Keywords: Intramural hematoma, Computed tomography, Aorta

Ref No: 5143

A Novel Approach in the ED: Kinesio Taping in Post-reduction Management of Shoulder Dislocation

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Introduction and Purpose: Kinesio tape addresses muscle function, edema, inflammation, and joint dysfunctions in sports injuries and musculoskeletal conditions. Its broad application spectrum includes sports injuries, offering robust support and enhancing athletic performance. As a key element in multidisciplinary rehabilitation, it expedites post-injury recovery and mitigates movement constraints. Shoulder joint dislocations, particularly glenohumeral ones, are prevalent, primarily presenting anteriorly in about 95% of cases. Urgent reduction is crucial in managing them, followed by a conservative treatment protocol. This involves immobilizing the affected arm with a shoulder sling to limit movement, along with strategies to reduce edema and alleviate pain, often including nonsteroidal anti-inflammatory drugs. This case report elucidates the efficacy and implications of incorporating Kinesio Taping as a supplementary therapeutic intervention in the comprehensive management of a patient post shoulder dislocation reduction.

Materials and Methods: Case: A 29-year-old male with a history of recurrent shoulder dislocations presented to the emergency department with similar complaints. At presentation, he rated his pain as 9 on the Numeric Rating Scale (NRS). Following reduction of the anterior shoulder dislocation, his pain decreased to an NRS of 3. As part of adjunctive therapy, Kinesio taping was applied. Within 30 minutes, his pain further decreased to an NRS of 1, and by the third day, he reported no pain with an NRS of 0. The patient highlighted the continuous support provided by the Kinesio Tape, underscoring its effectiveness in managing shoulder dislocations.

Kinesio Taping as a supplementary therapeutic intervention in patient with post shoulder dislocation reduction



Results and Conclusion: This case report demonstrates the successful use of Kinesio Taping as an adjunctive therapy following shoulder dislocation reduction, resulting in decreased post-reduction pain and eventual pain subsidence without the need for analgesics. While literature suggests Kinesio Taping's potential in postoperative pain management, its efficacy compared to placebos and steroids remains debated. Despite challenges in discerning its precise benefits amid potential spontaneous recovery, Kinesio Taping shows promise, especially in recurrent shoulder dislocations with muscle weaknesses. Further research, including randomized controlled trials with standardized methodologies and larger sample sizes, is crucial to fully understand its clinical role and effectiveness across different contexts.

Keywords: Kinesio tape, Shoulder dislocation, supplementary therapeutic intervention

Ref No: 5155

Can the SYNTAX score predict mortality in patients with cardiac arrest?Aykut Demirkıran¹, Cihan Aydın¹, Mehmet Çelik¹, Serhat Örün¹¹Namik Kemal University

Introduction and Purpose: Sudden cardiac death or arrest describes an unexpected cardiac cause-related death or arrest that occurs rapidly out of the hospital or in the emergency room. In the present study, we aim to reveal the relationship between coronary angiographic findings and cardiac death secondary to acute ST-elevation myocardial infarction.

Materials and Methods: Patients presented with acute ST elevated myocardial infarction complicated with cardiac arrest were included in the study. The severity of coronary artery disease, coronary chronic total occlusion, coronary collateral circulation, and blood flow in the infarct-related artery were recorded. Patients were divided into two groups: deaths secondary to cardiac arrest and survivors of cardiac arrest.

Baseline characteristic of the study parties

Table 1 Baseline characteristics of the study patients

Variables	Deaths secondary to cardiac arrest (n=161)	Survivors of cardiac arrest (n=42)	All cardiac arrests (n=203)	p-value
Age	71.5±11	73.5±8	71.9±10.5	0.27
Male	78(48.4)	12(28.6)	90(44.3)	0.021
Seasons				
Spring	55(34.2)	18(42.9)	73(36)	0.009
Summer	60(37.3)	6(14.3)	66(32.5)	0.009
Autumn	6(3.7)	0	6(3)	0.009
Winter	40(24.8)	18(42.9)	58 (28.6)	0.009
Time				
00.00-06.00	42(26.1)	6(14.3)	48(23.6)	<0.01
06.00-12.00	30(18.6)	31(73.8)	61(30)	<0.01
12.00-18.00	65(40.4)	5(11.9)	70(34.5)	<0.01
18.00-24.00	24(14.9)	0	24(11.8)	<0.01
ST segment elevation				

Anterior	109(67.7)	30(71.4)	139(68.5)	0.643
Non-anterior	52(32.3)	12(28.6)	64(31.5)	0.643
Complaints at first arrival				
Chest pain	17(10.6)	33(78.6)	50(24.6)	<0.01
Cardiac arrest*	144(89.4)	9(21.4)	153(75.4)	<0.01
Cigarette smoking	90(55.9)	20(47.6)	110(54.2)	0.603
Hypertension	29(18)	7(16.6)	36(17.7)	0.940
Alcohol intake	87(54.0)	19(45.2)	106(52.2)	0.459
Obesity	103(64)	23(56.1)	126(62)	0.295
LVEF(%)	34.9±10.3	38.2±7.7	35.6±9.9	0.086

LVEF= Left ventricular ejection fraction. *Patients with ventricular fibrillation out of hospital cardiac arrest secondary to acute coronary syndrome.

Coronary angiography results of the patients

Table 2 Coronary angiography results of the patients

Variables	Deaths secondary to cardiac arrest (n=161)	Survivors of cardiac arrest (n=42)	All cardiac arrests (n=203)	p-value
Location of culprit lesion on LAD	103(64)	25(59.5)	128(63.1)	0.877
Proximal	76(47.8)	18(42.9)	94(46.3)	0.877
Mid	26(16.1)	6(14.3)	32(15.8)	0.877
Distal	1(0.6)	1(2.4)	2(1)	0.877
Location of culprit lesion on RCA	46(28.6)	14(33.3)	60(29.6)	0.877
Proximal	40(24.8)	11(26.2)	51(25.1)	0.877
Mid	6(3.7)	3(7.1)	9(4.4)	0.877
Distal	0	0	0	0.877
Location of culprit lesion on CX	12(7.5)	3(7.1)	15(7.4)	0.877
Proximal	6(3.7)	2(4.8)	8(3.9)	0.877
Mid	6(3.7)	1(2.4)	7(3.4)	0.877
Distal	0	0	0	0.877
Coronary dominance				
Left	94(58.4)	26(61.9)	120(59.1)	0.475
Right	37(23)	6(14.3)	43(21.2)	0.475
codominancy	30(18.6)	10(23.8)	40(19.7)	0.475

Chronic total occlusion other than IRA	31(19.2)	0	31(15.2)	0.03
LAD	24(14.9)	0	24(11.8)	0.03
RCA	7(4.3)	0	7(3.4)	0.03
CX	6(3.7)	0	6(2.9)	0.03
SYNTAX score	16.7±3.5	12.1±1.7	15.8±3.7	0.03
TIMI-flow grade				
0-1	125(77.6)	27(64.3)	152(74.9)	0.084
2-3	36(22.4)	15(35.7)	51(25.1)	0.084
Collaterals to IRA				
0-1	129(80.1)	31(73.8)	160(78.8)	0.372
2-3	32(19.9)	11(26.2)	43(21.2)	0.372

CX= circumflex artery, LAD= left anterior descending artery, IRA= infarct-related artery, RCA= right coronary artery, SYNTAX= SYnergy between PCI with TAXUS and Cardiac Surgery, TIMI= Thrombolysis in Myocardial Infarction. *Six patient had two chronic occlusions.

Results and Conclusion: One hundred sixty-one cardiac deaths and forty-two survivors of cardiac arrest were included. The most frequent (46.3%) location of culprit lesion was on the proximal left anterior descending artery. Left dominant coronary circulation was 59.1%. There was a difference in the SYNTAX score (16.3±3.8 vs 13.6±1.9; p=0.03) and the presence of chronic total occlusion (%19.2 vs %0; p=0.02) between survivors and cardiac deaths. A high SYNTAX score (OR: 0.38 95% CI: 0.27–0.53, p<0.01) was determined as an independent predictor of death secondary to cardiac arrest. The chronic total occlusion presence and SYNTAX score may predict death after cardiac arrest secondary to ST-elevation myocardial infarction.

Keywords: Sudden cardiac death, Sudden cardiac arrest, acute ST elevation myocardial infarction.

Ref No: 5192

A confusing trauma case with a pott puffy tumor

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Introduction and Purpose: Pott puffy tumor is a swelling of the forehead mostly caused by frontal bone osteomyelitis with associated subperiosteal abscess. It is a rare but one of the most dangerous complications of sinusitis. A pott puffy tumor can also be caused by trauma. It is most commonly seen in younger patients. Rapid recognition and treatment plan is important since it can lead to life-threatening complications. The treatment goal of Pott's Puffy Tumor is to prevent its progression to life-threatening intracranial complications which are increased intracranial pressure, thrombosis, ischemia, and sepsis.

Materials and Methods: A 15-year-old male patient was brought to our emergency department by his family after he was hit by a ball on the playground. Swelling on his head was the reason he was brought to our emergency department. His neurological examination was completely normal. He had a headache, but he said he frequently has this kind of headache. We ordered a CT scan, and a defect on his frontal bone, signs of sinusitis, and pott puffy lesion on his forehead were seen. The case was discussed with radiology, and all the signs were pointing it was a chronic process. Trauma caused complications of chronic sinusitis signs to be more prominent. The patient was consulted for neurosurgery. The surgical intervention plan was not considered emergent, due to the lack of symptoms and no signs of elevated intracranial pressure by the time of detection. Broad-spectrum antibiotics covering both gram-positive and gram-negative bacteria were prescribed and the patient was referred to the neurosurgery and otorhinolaryngology outpatient clinic. We later learned that elective endoscopic sinus surgery was planned by Otorhinolaryngology.

Results and Conclusion: In this case, our patient was having minor symptoms of sinusitis and wasn't aware of his life-threatening condition. His history of trauma made his diagnosis visible, and he benefited from early recognition of his disease. Since it is a disease that has high rates of mortality and morbidity, its recognition by emergency medicine specialists has life-saving importance.

Keywords: pott puffy lesion, emergency department, subperiosteal abscess

Ref No: 5234

Relationship with Demographics and Blood Markers in Covid-19 Patients Admitting to Emergency Department

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Introduction and Purpose: Objective: Investigating the relationship between WBC (leukocyte), CRP (C-reactive protein), D-dimer, NLR (Neutrophil-lymphocyte ratio), MLR (Monocyte-lymphocyte ratio), PLR (Platelet-lymphocyte ratio) values and medical resume information and mortality examined in blood tests taken during the first admission of Covid-19 patients to the emergency department.

Materials and Methods: Material and Method: A total of 343 patients aged 18 and older, diagnosed with Covid-19 PCR test, blood tests were taken, admitted to the relevant units from the emergency department or monitored with outpatient treatment, medical resume information was accessible within the selected 1-year period were included in the study. Patients whose all data could not be accessed were excluded from the study. Totally 4 patient groups were obtained, including those that resulted in exit from intensive care, were transferred from the intensive care unit to the service, were admitted to the service, and were followed up as outpatients. Age, gender, chronic diseases; hemogram, biochemistry, blood gas indices and cardiac enzymes were analyzed. All tests were performed with bilateral significance of 5%. As a result of the tests, a 95% confidence interval was calculated with absolute and relative factors in response to them.

Results and Conclusion: Results: A significant relationship was found between the WBC ($p<0,031$), CRP ($p<0,001$), NLR ($p<0,001$), D-dimer ($p<0,001$), MLR ($p<0,029$), PLR ($p<0,04$) values in terms of predictability of mortality when patients who resulted in exit in intensive care and other patient groups were compared. In the ROC curve analysis performed for WBC, CRP, NLR, D-dimer, MLR, PLR indecits, the cut-off values are respectively 15.3, 15.56, 18.34, 2.51, 1.33, 607.48 in the form of. Conclusion: WBC, CRP, D-dimer, NLR, MLR, PLR indecits, which will be included in the blood tests taken at the first admission of Covid-19 positive patients to the emergency department, can be used as early markers of mortality and severe clinical picture.

Keywords: Covid-19, Emergency, Blood Indices

Ref No: 5266

Comparison of Pediatric Trauma Patients' Management Between Mixed and Pediatric Emergency Departments

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Introduction and Purpose: Trauma ranks among the leading causes of death and disability in Türkiye and globally. The main objective of this study is to examine variations in mortality rates and patient care outcomes between adult mixed and pediatrics emergency departments, with a focus on trauma as a major factor in mortality and disability rates in Türkiye and around the world.

Materials and Methods: The research was conducted at Sahinbey Practice and Research Hospital, affiliated with Gaziantep University's Faculty of Medicine. Patient records were reviewed retrospectively using the hospital's electronic data system to compare mortality rates, rates of discharge to home, utilization of imaging techniques and consultations with surgical specialists in the pediatric ED (Emergency Department) between August 1, 2020, and November 30, 2021, and in the mixed ED between December 1, 2021, and March 31, 2023.

Results and Conclusion: A total of 2896 patients were treated in the ED, with 1814 in the mixed ED and 1082 in pediatrics ED. Total crude mortality rate was 0.3% (n: 10). Mixed ED was found to be associated with significantly lower mortality rate (0.2% n: 3) than pediatrics ED (0.6% n: 7) (p= 0.03). The mean ISS (injury severity score) of mixed ED was found to be higher than that of pediatric ED (3.47 ± 5.43 vs. 2.98 ± 7.13). The discharge rate of patients treated in the mixed ED was found to be significantly higher than that of the pediatric emergency department (75.1% vs. 69.6%) (p= 0.001). The rate of performing Pan-CT (whole body computed tomography) imaging in mixed ED was found to be significantly lower than that in pediatric ED (9.2% vs. 19.6%) (p= 0.001). As a conclusion, mortality rate of injured children treated at the mixed ED was found to be lower compared to those who were treated at the pediatric ED.

Mortality and discharge rates.

		All Centers	Mixed ED	Pediatrics ED	
		n(%)	n(%)	n(%)	p
Outcome	Discharge	2078 (71,8)	1340 (73,9)	738 (68,2)	0,001*
	Mortality	10 (0,3)	3 (0,2)	7 (0,6)	0,037*

*p<0,05

ED: Emergency Department

Injury Severity Score rates

		n	Mean±SD	Median (% 25-% 75)	p
ISS	Mixed Ed	1814	3,47 ± 5,43	1 (1 -4)	0,001*
	Pediatrics ED	1080	2,98 ± 7,13	1 (1 -2)	
	Toplam	2894	3,29 ± 6,12	1 (1 -4)	

*p<0,05

ED: Emergency Department

ISS: Injury Severity Score

Pan-CT performing rates

	Mixed ED	Pediatrics ED		
	n(%)	n(%)	p	OR(% 95 CI)
Pan-CT	167 (9,2)	212 (19,6)	0,001*	2,40(1,93-2,99)

*p<0,05, OR: Odds ratio, CI: Confidence interval

ED: Emergency Department

Pan-CT: Whole body computed tomography

Keywords: Emergency Department, Trauma, Mortality.

Ref No: 5354

Approach to a Rare Clinical Condition: Malignancy or Phantom Tumor?

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Introduction and Purpose: Phantom tumor is a pseudotumor characterized by the accumulation of transudative effusion localized in the interlobar fissure in patients with congestive heart failure. It can be confused with malignancies in diagnosis due to its mass appearance on radiological imaging. This case presents a phantom tumor detected in a 62-year-old female patient who applied to the emergency department of a university hospital due to shortness of breath.

Materials and Methods: A 62-year-old female patient applied to the emergency department of a university hospital with complaints of shortness of breath. The patient's history revealed that the shortness of breath started about a month ago and had increased significantly in recent days. The patient, who had no history of smoking, was found to have controlled hypertension and type 2 diabetes mellitus, and it was learned that she had suffered a myocardial infarction a month ago. During the physical examination, the patient's saturation level was measured at 92% (in room air). Other vital signs were stable except for a marked decrease in respiratory sounds in the right lung. No pathology was detected in laboratory tests. Blunting in both sinuses and a well-defined mass appearance in the middle-lower zone of the right lung were detected on the chest X-ray (postero-anterior) (Image 1). A contrast-enhanced computed tomography (CT) scan was planned for malignancy exclusion. The CT showed pleural effusion in both lungs and loculated (encysted) effusion in the interlobar area of the right lung (Images 2a and 2b). The patient was consulted to the cardiology clinic with a primary consideration of a phantom tumor. The patient, whose ejection fraction was determined to be 30%, was hospitalized for heart failure treatment.

Phantom tumor



Image 1

Phantom tumor

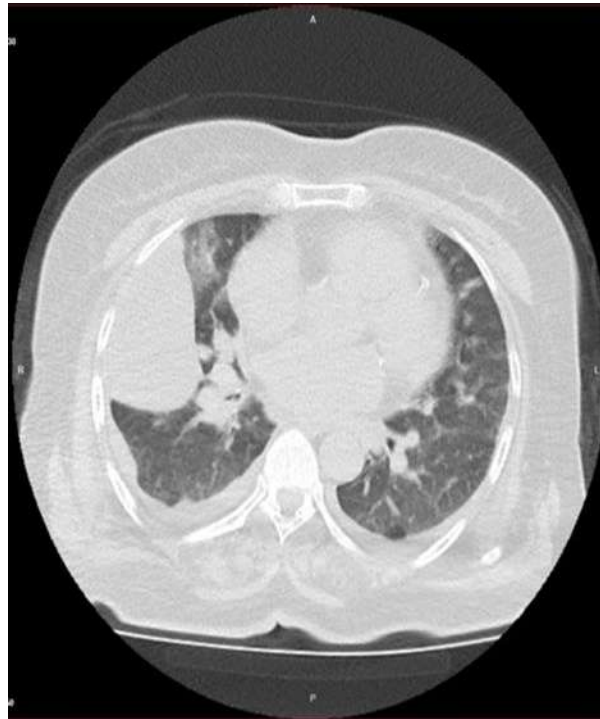


Image 2a

Phantom tumor



Image 2b

Results and Conclusion: In patients who present to the emergency department with shortness of breath and without a known history of heart failure, the possibility of a phantom tumor related to heart failure should be considered. This entity, which can mimic malignancy, can be rapidly improved with careful physical examination, analysis of imaging methods, and appropriate treatment.

Keywords: heart failure, malignancy, pleural effusion

Ref No: 5362

An Assessment of the Relationship Between The Beck Anxiety Inventory and Stress Hormones Among Intern Doctors in the Emergency Department

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Introduction and Purpose: We aimed to investigate the anxiety effect of working conditions on intern doctors in emergency department (ED), the severity of this effect according to the Beck Anxiety Inventory (BAI), and the hormonal factors involved in the etiology of anxiety.

Materials and Methods: A prospective analysis was conducted on a group of 74 intern doctors who completed training in the emergency department (ED) between May and October 2017. Participants were asked to complete the BAI form and have their blood samples taken at 07:00 a.m. during both the first and last night shifts. The blood samples have been utilized in the study of ACTH, ANP, and CCK, hormones that have been found to have a strong correlation with stress levels. A comparison of hormone levels and BAI scores was conducted before and after the internship to assess any changes.

Results and Conclusion: The sample size for the study consisted of seventy-four interns, of which 47.3% (n=35) were identified as male. The average age was 25 +/- 2 years. No significant difference was detected in ACTH levels before and after the internship (p = 0.087), although the end-of-internship BAI score and ANP and CCK levels were found to be significantly higher in the entire group (p=0.001, p=0.001, p=0.048; respectively). While the post-internship BAI score and ANP levels were significantly higher in males (p=0.001, p=0.015, respectively), no significant difference was detected in the ACTH and CCK levels before and after the internship (p=0.128, p=0.077, respectively). While post-internship BAI score, ACTH and ANP levels were found to be significantly higher in female (p=0.001, p=0.026, p=0.001; respectively); No significant difference was detected in CCK levels (p = 0.155). Emergency departments are places where stress and anxiety are intensely experienced. The post-internship hormone levels reveal a predominantly anxiolytic pattern (with no notable alteration in ACTH levels but a rise in ANP), while the elevated BAI score can be attributed to the subjective nature of this assessment tool. Identifying the hormones that increase or decrease in response to stress and conducting further research on treatment may be one method of coping with stress.

The distribution of pre and post-internship Beck Anxiety Inventory scores by gender

Beck Anxiety Inventory	Gender	N	Mean (pg/ml)	P*
Pre-Internship	Male	35	7,57 ± 8,06	0,048

	Female	39	10,05 ± 7,26	
Post- Internship	Male	35	13,40 ± 9,52	0,124
	Female	39	15,71 ± 7,80	

*P<0,05 significant.

Distribution of Pre-Internship ACTH, ANP and CCK Levels among Gender

Hormone	Gender	N	Mean (pg/ml)	P*
CCK	Male	35	623,62 ± 136,82	0,110
	Female	39	572,99 ± 139,09	
ANP	Male	35	1939,87 ± 1086,69	0,066
	Female	39	2339,78 ± 737,85	
ACTH	Male	35	1695,98 ± 2442,03	0,713
	Female	39	2701,30 ± 4614,46	

*P<0,05 significant. CCK: Cholecystokinin; ANP: Atrial natriüretik peptid; ACTH: Adrenocorticotropik Hormone

Distribution of Post-Internship ACTH, ANP and CCK Levels among Gender

Hormone	Gender	N	Mean (pg/ml)	P*
CCK	Male	35	667,34 ± 221,54	0,141

	Female	39	602,09 ± 132,00	
ANP	Male	35	2836,58 ± 2393,35	0,063
	Female	39	3636,44 ± 2272,01	
ACTH	Male	35	2681,09 ± 4607,89	0,176
	Female	39	3539,66 ± 4873,93	

*P<0,05 significant. CCK: Cholecystokinin; ANP: Atrial natriüretik peptid; ACTH: Adrenocorticotrophic Hormone

Keywords: Emergency Medicine, Intern Doctor, Stress Hormones

Ref No: 5416

The Effects of COVID-19 on Pregnancy Outcomes: A Single-Center Retrospective Study

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Introduction and Purpose: The majority of research indicates that COVID-19 during pregnancy elevates the likelihood of pregnancy complications. The present study aimed to explore the consequences of COVID-19 infection on pregnancy outcomes.

Materials and Methods: This retrospective cross-sectional study included pregnant women with COVID-19 at any time of pregnancy. Data were collected from hospital records and antenatal examination databases. The study period was from January 1, 2022, to December 31, 2022. Age, pregnancy history, medications, chronic diseases, COVID-19 vaccination status, pregnancy complications (abortion, premature rupture of membranes (PROM), preterm labor, preeclampsia, bleeding), and hospitalization status of the patients were analyzed. Descriptive statistics were used for statistical analysis. Statistical significance was set at $P < 0.05$.

Results and Conclusion: The study included 49 pregnant women. The mean age of the patients was 29.61 ± 5.70 years (min: 19-max: 41). The median gravidity was 3 (min: 1-max: 8), parity was 1 (min: 0-max: 4), and abortion rate was 0 (min: 0-max: 6). Twenty (40.8%) pregnant women had a history of at least 1 abortion. Comorbidities were found in 18 (36.7%) of the pregnant women included in the study. Nine patients did not use any medications during pregnancy ($n=9$, 18.4%). The most common medications were vitamin supplements (iron/folic acid) ($n=4$, 81.63%) and low-molecular-weight anticoagulant agents (DMAH) ($n=28$, 57.1%). COVID-19+ median gestational week was 16 (min: 1-max: 39). Three patients (6.1%) were hospitalized for COVID-19 infection. The vaccination rate among the pregnant women was 71.4% ($n=35$). During pregnancy follow-up, only one patient (2%) had PROM and two patients (4.1%) had preterm labor. No abortions, preeclampsia, or bleeding was observed. There were no in-hospital deaths during the pregnancy follow-up. According to the results of our study, no association between COVID-19 infection and pregnancy complications, indicating an increased risk, could be established. The pregnant women included in the study had no abortions, preeclampsia, or bleeding. Furthermore, the risks of preterm labor and PROM were similar to those in the normal population. However, it is noteworthy that there was no significant increase in hospitalization rates in COVID-19 positive pregnant women.

Keywords: COVID-19, pregnancy outcomes, complications

Ref No: 5432

A case of severe tracheal stenosis after short-duration endotracheal intubation

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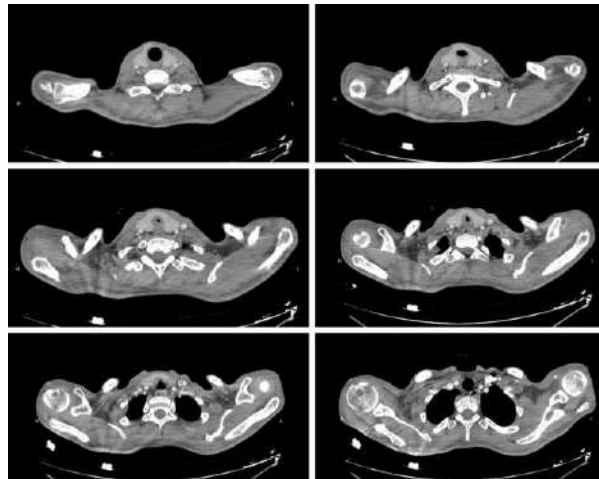
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Introduction and Purpose: Tracheal stenosis is a medical condition that occurs when the trachea becomes abnormally narrow. It often arises as a complication after a patient undergoes intubation. Studies show that tracheal stenosis following intubation can vary from 10% to 22%, with severe symptoms manifesting in only 1% to 2% of cases. Here, we highlight the case of a male patient who experienced severe tracheal stenosis after a brief stint of endotracheal intubation.

Materials and Methods: A 37-year-old man presented to the Emergency department complaining of dyspnea. On examination, the patient was noted to have stridor with both inspiration and expiration. The patient was unable to speak more than a few words. The patient reported that roughly ten weeks ago, he was admitted to the hospital due to a motor vehicle accident and required mechanical ventilation for nine days. On admission, his peripheral oxygen saturation was 91% on room air. Contrast-enhanced CT Imaging showed a 3 cm long tracheal stenosis 5 cm below the vocal cords with a minimum diameter of 3.3 mm. The patient was transferred advanced center, where he underwent a tracheoscopy that showed severe narrowing (Grade III, >71% reduction of the tracheal lumen). The stenosis was managed successfully with tracheal stenting.

A case of severe tracheal stenosis after short-duration endotracheal intubation



Axial CT image series showing the level of tracheal stenosis and tracheal lumen before and after the stenosis.

Results and Conclusion: Post-intubation tracheal stenosis is a severe condition stemming from compression by the endotracheal tube (ETT) cuff, leading to ischemic injury and fibrotic scarring of the tracheal mucosal tissue. Multiple factors contribute to its development, including cuff pressure, ETT characteristics, intubation duration, and patient demographics. Symptoms typically include dyspnea, dry cough, difficulty speaking, and stridor. The incidence of post-intubation tracheal stenosis is estimated at 4.9 cases per million, with onset usually occurring 2-24 weeks post-extubation, correlating with intubation duration. Most patients remain asymptomatic until stenosis narrows the trachea by approximately 70%. Diagnosis relies on bronchoscopy and computed tomography scans, with treatment options including surgical resection, reconstruction, tracheal dilation, or laser bronchoscopy. Prevention involves using low-pressure cuffs during intubation. Given its potential serious consequences, recognizing and managing post-intubation tracheal stenosis is crucial for effective patient care. It should be considered in the differential diagnosis of patients with a history of intubation presenting with respiratory symptoms.

Keywords: Tracheal stenosis, endotracheal intubation, stridor

Ref No: 5509

Nadir Görülen bir kırık: Bilateral Radius Distal Uç Fraktürü

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Introduction and Purpose: Travma 1-44 yaş grubu insanlar arasında ölümlerin önde gelen sebebidir. Tüm ölümlerin %25'i travma sonucunda gelişmektedir. Travma kaynaklı ölüm nedenlerinde, yüksekte düşmeler motorlu taşıt kazalarından sonra 2. sırada yer alır. Yüksekte düşmeler mortalitesi yüksek olduğu kadar iskelet sistemi hasarlanmalarına bağlı olarak morbiditesi de yüksek travma nedenlerindendir. Travmaya sekonder iskelet kırıkları arasında distal radius kırıkları, tüm iskelet kırıklarının yaklaşık %17.5 unu oluşturur. Acil yaklaşım gerektiren travmalarda gelişen kırıkların yaklaşık 1/6'sı distal radius kırıklarıdır. Distal radius kırıklarının 5-14 yaş arasında prevalansı diğer yaş gruplarına göre daha fazladır. 60 yaş üstü bireylerde de kemik dansite düşüklüğü ve osteoporoza bağlı düşük enerjili travmalarda bile distal radius fraktürü sıkça görülür. Bununla birlikte, tek uzvun kırığı yaygınken, distal radius kırığının bilateral görülmesi büyük travma merkezlerinde bile nadirdir. Literatürde bu tür kırıklar genelde çocuk ve ergen yaş grubunda ve özellikle kaykay, halter gibi sporlar yapılırken görülür. Bilateral radius distal uç fraktürünün 40 yaş üstü ve spor dışı travmalar harici oluşması daha nadirdir.

Materials and Methods: 64 yaş erkek yaklaşık 2 metre yüksekte yüzüstü düşmüş. Her iki ön kolda ve burunda ağrı şikayetleri ile başvurdu. Gelişinde burunda olay sonrası kanamayı gösteren kan kurutları mevcuttu, aktif kanaması yoktu. Fizik muayenesinde bilinci açık, GKS:15 oryante ve koopere, nörolojik muayenesi doğal. Her iki el bileğinde şekil bozukluğu ve hareket kısıtlılığı mevcut, periferik nabızlar 4 ekstremitede açık, kapiller dolum normaldi. Burunda şekil bozukluğu ve hassasiyet mevcuttu. Vital bulguları tansiyon:143/82 mmHg, sat:98,nabız:88/dk. Görüntülemelerinde de bilateral radius distal uç kırığı ve nazal deplase kırık görüldü. Radius kırıkları redüksiyon için ortopediye danışıldı. Atele alındı ve cerrahi planlandı. Nazal kırık açısından kulak burun boğaz kliniğine danışıldı. Tedavi verilerek septal hematoma açısından kontrol planlandı.

Results and Conclusion: Özellikle yüksekte düşme ve spor kazalarında travma enerjisinin kişinin kendini koruma dürtüsüyle her iki üst ekstremiteye eşit şekilde dağıtılmasıyla oluşan bilateral distal radius ve scafoit kırıkları büyük travma merkezlerinde bile nadir görülen olgulardır. Travma hastasına yaklaşım da, travmanın meydana geliş şekli, enerjisi, travma enerjisinin dağılımını sorgulamakta, hastanın detaylı muayenesi kadar önemli ve tanıya götürücü niteliktedir.

Keywords: bilateral radius distal uç kırığı, yüksekte düşme, travma enerji dağılımı

Ref No: 5512

Geographic information systems (GIS) applications for emergency care delivery in the Greek Aegean islands

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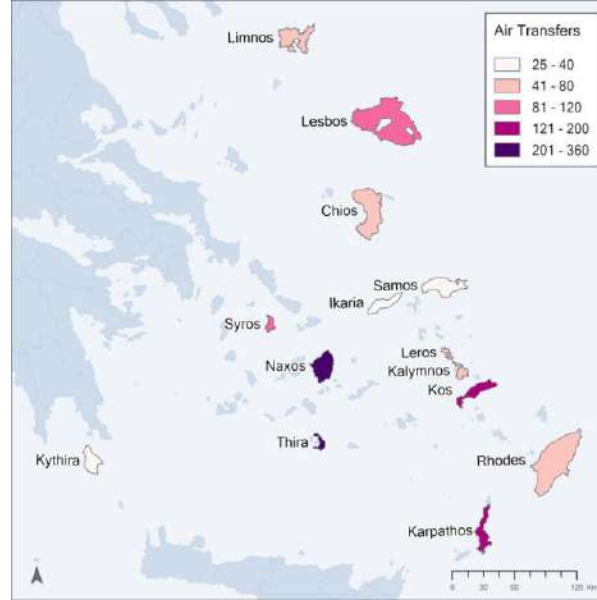
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Introduction and Purpose: Geographic information systems (GIS) play a crucial role in emergency care delivery by facilitating spatial visualization of healthcare facilities, population distribution, and resource allocation. GIS models enable local and national stakeholders to make evidence-based decisions for targeted interventions to improve healthcare equity. For remote communities, GIS can identify gaps in medical services and plan efficient inter-island transport for patients transferring to mainland hospitals. By seamlessly integrating demographic, transportation, and environmental data, GIS can dynamically analyze patterns of health emergencies, disease outbreaks, and healthcare utilization across islands. Additionally, GIS can support natural disaster preparedness for vulnerable islands by planning evacuation routes, shelters, and medical supply distribution.

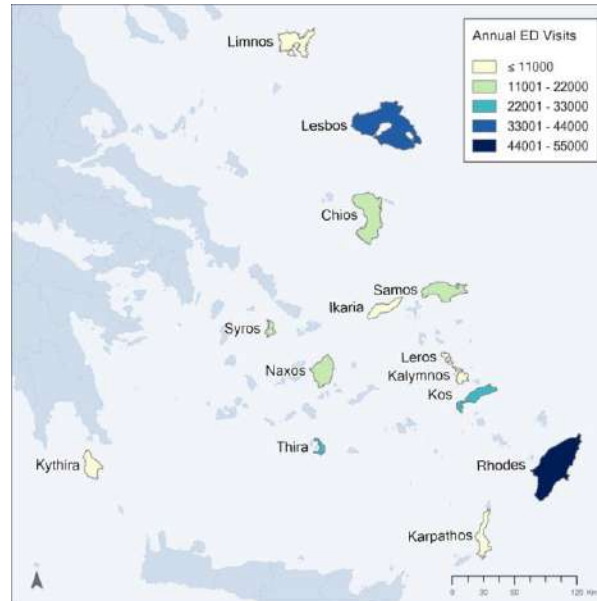
Materials and Methods: Data regarding population, staffing, annual emergency visits, annual hospital admissions, and annual air transfers were mapped with ArcGIS Pro (ESRI Products) for all islands with hospitals in the Greek Aegean.

Results and Conclusion: Results: ArcGIS Pro software was utilized to create maps depicting population distribution and locations of hospitals and primary healthcare facilities across the Aegean islands of Greece. Analysis of hospital-specific data revealed variations in annual volume and physician staffing, highlighting potential disparities in healthcare provision. Conclusion: Geography fundamentally influences access to life-saving emergency care. GIS can enhance emergency care delivery by optimizing resource management including emergency department staffing, increasing efficiency in disaster response, and improving healthcare delivery in remote communities such as island chains. Mapping the locations and capacities of healthcare facilities offers valuable insights to develop a more coordinated and equitable emergency care system. The findings of this study illustrate potential targets to improve emergency care capacity across the Aegean islands.

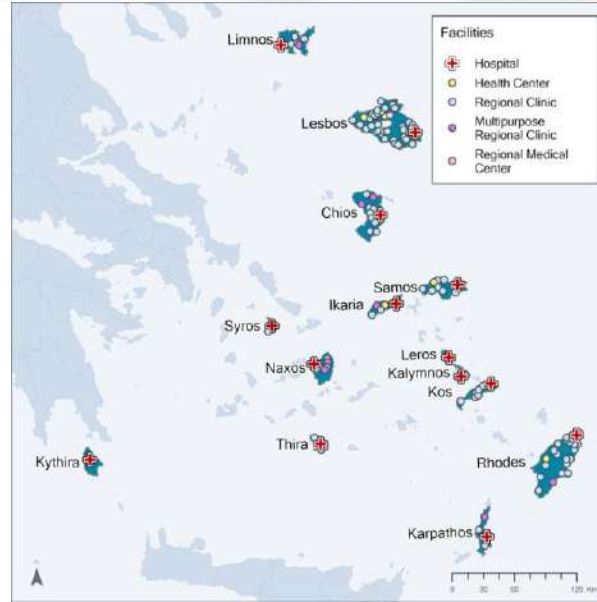
Air Transfers



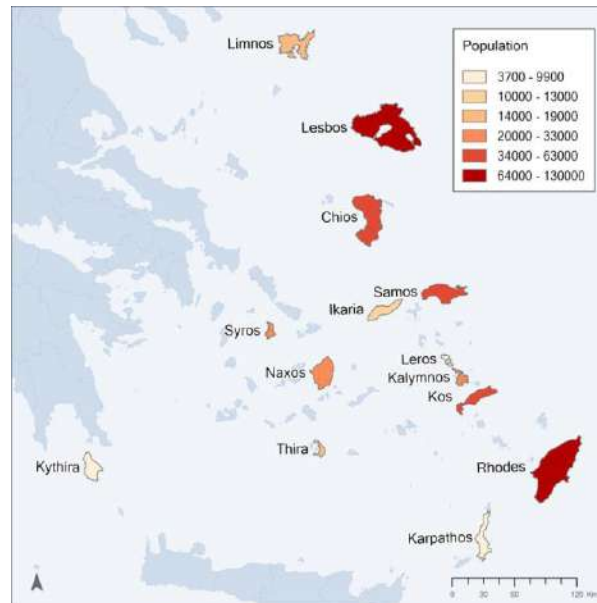
ED Visits



Facilities



Population



Keywords: GIS, Emergency Healthcare, Aegean Islands

Ref No: 5642

Aortoenteric Fistula Developing Due to Paraaortic Abscess After {EVAR}: A Case Report

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Introduction and Purpose: Aortoenteric fistula (AEF) is a life-threatening medical condition. While the majority of cases present with hematochezia, a smaller proportion presents with atypical symptoms such as fever, fatigue, and vague abdominal pain. In this case, we aim to discuss an AEF case secondary to an aortic abscess in a patient who presented with abdominal and back pain and developed hematochezia during follow-up.

Materials and Methods: A 66-year-old male patient presented to our emergency department with complaints of fatigue, chills and shivering, back pain, and abdominal pain. His medical history included an abdominal endovascular aneurysm repair (EVAR) operation 2 months prior. Initial vitals were blood pressure 80/50 mmHg. The other vital parameters were normal. The initial rectal examination showed normal stool. Computed tomographic abdominal angiography (CTAA) revealed free air density appearances in the paraaortic area (abscess?). Following this, rectal examination showed hematochezia, leading to a presumptive diagnosis of an AEF secondary to a possible paraaortic abscess, and the patient was admitted to cardiovascular surgery. Approximately 30% of AEF cases may present with nonspecific symptoms such as fever, fatigue, and vague abdominal pain. In our case, the patient presented with nonspecific symptoms of fever, chills, and abdominal pain. The CTAA revealed a paraaortic abscess. The development of hematochezia during follow-up led us to the diagnosis of AEF secondary to the paraaortic abscess. One of the findings suggestive of aortic graft infection is the persistence of perigraft fluid collection for more than 3 months after EVAR. Although the persistence of fluid collection around the graft for up to 3 months is normal, the presence of air densities within the fluid collection directed us to consider this as an infection outside the normal process.

Image 1



Computed tomographic abdominal angiography appearance of the paraaortic abscess

Results and Conclusion: Only 5% of aortoenteric fistula cases are detected in the colon. In our case, an AEF developed in the colon, which is a rare location according to the literature. When patients with a history of aortic surgery or procedures present to emergency departments with nonspecific symptoms, detailed and repeated examinations and prolonged follow-up periods are important to avoid missing high-risk diagnoses such as paraaortic abscess and AEF.

Keywords: Aortaenteric fistula, Paraaortic abscess, Hematochezia

Ref No: 5698

Examination of the demographic characteristics of patients who underwent closed underwater tube drainage treatment

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Introduction and Purpose: A chest tube provides one-way drainage of the pleural cavity with the help of closed drainage systems. Chest tube insertion (tube thoracostomy) is a potentially life-saving intervention in emergencies and every physician working in the emergency department should have sufficient knowledge to apply it when necessary. The aim of this study is to share the data we obtained from the cases we applied closed underwater tube drainage treatment with the literature.

Materials and Methods: Our study is a retrospective study that includes patients who applied to the emergency department between January 1, 2023 and December 31, 2023 and underwent underwater tube drainage treatment. Patients over the age of 18, whose data could be accessed in the hospital database were included in the study.

Results and Conclusion: A total of 37 people were included in the study. Of the cases included in the study, 30 (81.1%) were male and 7 (18.9%) were female. The average age was 59.7 ± 19.01 . The most common complaints of the cases applying to the emergency department were shortness of breath 23 (72%), general weakness 4 (10%) and chest pain 4 (10%). When the past medical history of the cases was examined, 11 (29%) had malignancy, 3 (8%) had penetrating cutting tool injury, 3 (8%) had congestive heart failure, 3 (8%) had coronary artery disease, no past medical history was found in 11 (29%) cases. 6 patients had a history of pleural effusion before. As a reason for the procedure, pleural effusion was detected in the right hemithorax in 17 (45.9%) cases and in the left hemithorax in 10 (27%) cases. When the laboratory data of the cases were examined, the average urea was 45 ± 35 , creatinine 0.8 ± 0.5 , AST 88 ± 32 , ALT 27 ± 24 , Hg 12.06 ± 2.32 , WBC 12.20 ± 7.70 , PO2 65 ± 57 were detected. In conclusion, chest tube insertion is an intervention that emergency service physicians need to have knowledge and experience in and every physician working in the emergency department should have sufficient knowledge to apply it when necessary.

Keywords: underwater tube drainage treatment, chest tube insertion, emergency service chest tube insertion

Ref No: 5819

CRP of viral and bacterial pneumonia in hospitalized geriatrics: Emergency Medicine

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Introduction and Purpose: The aim is to clarify the first CRP levels tested in Emergency Department (ED) comparing of viral and bacterial pneumonia patients as a hospitalization criteria in geriatrics.

Materials and Methods: It is a retrospective study that is researched from the database on Nucleus, lung images on Clearcanvas. Inclusion criteria are being ≥ 65 years old, hospitalized within indication of pneumonia between 01.12.2023-29.02.2024, evidenced of pneumonia in imaging.

Results and Conclusion: There was a total of 74 patients. 46 (62.2%) of the patients were diagnosed with bacterial pneumonia and 28 (37.8%) with viral pneumonia. While the average age of patients diagnosed with bacterial pneumonia was 76.3 ± 8.4 years; it was 77.3 ± 7.4 in those diagnosed with viral pneumonia ($p = 0.630$). The mean CRP value of the patients was 143.9 ± 78.4 in patients with bacterial pneumonia, 68.3 ± 44.5 in those with viral pneumonia; respectively ($p < 0.001$). Table 1 demonstrates the mean CRP values of bacterial and viral pneumonia along with a comparison. Figure 1 specifies the difference on diagram. The time period was involved mostly bacterial pneumonia patients required hospitalization. Beside, CRP at ED in hospitalized geriatrics caused viral pneumonia was found lower than the bacterial ones.

Figure 1

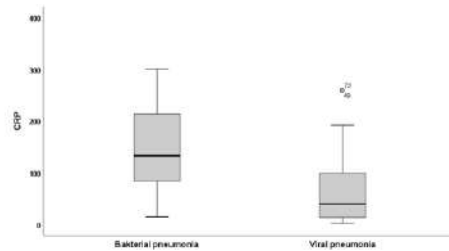


Figure 1. CRP difference between bacterial and viral pneumonia.

The mean CRP values of bacterial and viral pneumonia along with a comparison.

	Bacterial (n=46)	Viral (n=28)	p
CRP	143.9 ± 78.4	68.3 ± 44.5	0.001*
Age	76.3 ± 8.4	77.3 ± 7.4	0.630
*independent sample t test			

Keywords: : Emergency Medicine, Pneumonia, CRP

Ref No: 5827

A rare case in the emergency department: spontaneous splenic rupture

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¹bezmialem vakif university

Introduction and Purpose: Spontaneous rupture of the spleen is a rare, life-threatening disease with a high mortality rate in the absence of timely intervention. In this case report, we aimed to present a patient with spontaneous splenic rupture without any comorbidities.

Materials and Methods: A 40-year-old male patient was admitted to the emergency department with abdominal pain that started one day before presentation to the emergency department, accompanied by shortness of breath and bloating, accompanied by chest tightness, body numbness and sweating that started one hour before presentation to the emergency department. On initial examination, the patient was in good general condition, conscious, coherent and cooperative. He had a sense of direction. Vital signs were; blood pressure: 127/74 mmHg, pulse rate: 93 beats/min, respiratory rate: 14/min, temperature: 36.2°C. ECG was normal sinus rhythm. The patient has no known history of other diseases and operations. Symptomatic treatment and fluid replacement were initiated. Further imaging tests were performed because his complaints did not improve during the observation period, abdominal pain worsened and diffuse tenderness was observed. Contrast-enhanced abdominal computed tomography showed laceration-hematoma areas in the spleen consistent with grade III splenic injury and perisplenic free fluid. There was also hyperdense free fluid in the abdomen, more prominent in the left upper quadrant, consistent with moderate massive hemorrhage. There was no history of trauma to explain the condition. The patient was interned for follow-up by general surgery. After a total of 6 days of hospital internation, the follow-up period expired and no complications developed, the patient was externed under elective conditions with the recommendation of general surgery outpatient clinic control and immobilization.

Results and Conclusion: Spontaneous splenic rupture is a potentially life-threatening emergency with conditions that vary according to the degree, the general condition of the patient, the relationship of the rupture with other organs, and the time and adequacy of intervention. This condition, which is usually observed after a history of trauma, can also occur spontaneously without trauma. A spontaneous splenic rupture should also be considered in cases of presentation to the emergency department with abdominal complaints without a history of trauma and should not be ignored.

Keywords: spontaneous rupture, spleen, without trauma

Ref No: 5865

DEATH IN THE EMERGENCY DEPARTMENT CAUSED BY INABILITY TO RECOGNIZE THE ENVIRONMENT

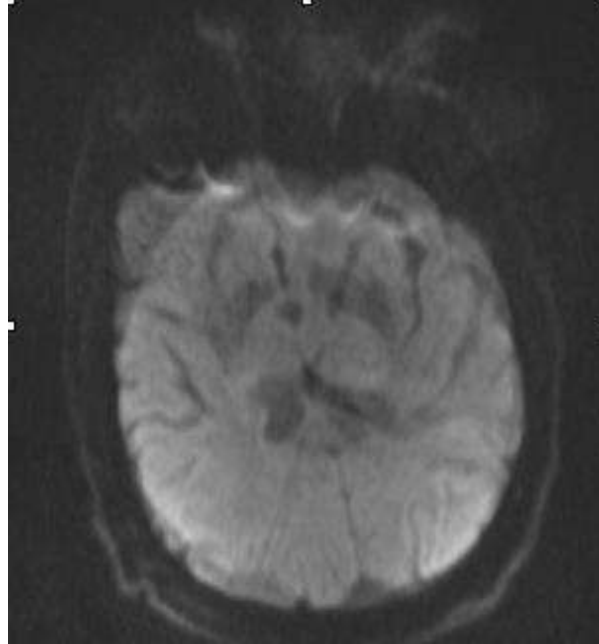
Bilgehan DEMİR¹, Muhammed Eyyüb POLAT¹

¹TURGUT ÖZAL UNIVERSITY

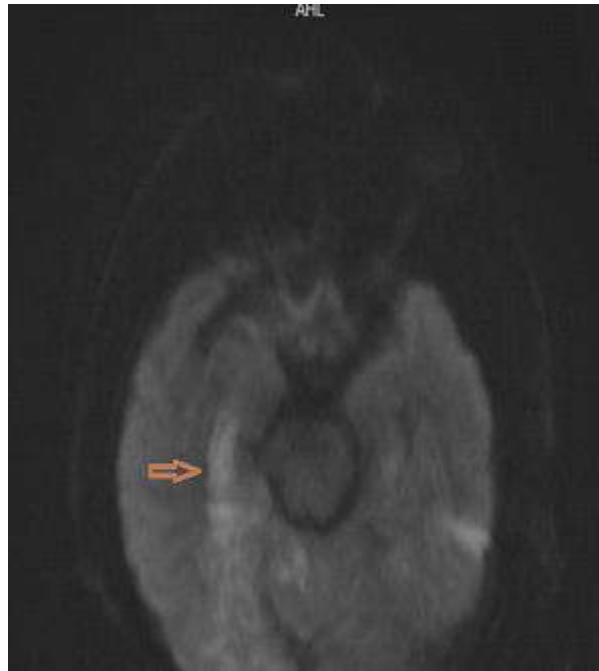
Introduction and Purpose: Bacillary apex syndrome, which causes a clinical picture with various loss of consciousness, amnesic states, involuntary movements, and hallucinations due to occlusion of the distal bacillary artery, is an emergency syndrome with symptoms such as loss of consciousness (46.6%) and behavioral changes (26.6%). applies to the service (1). Generally, patients are over middle age, which leads to the conclusion that behavioral changes are age-related. The mortality rate of basilar artery occlusion is 86% (2). We determined that two cases that we caught in a short time and who presented with sudden behavioral disorders had bacillary peak syndrome. We tried to emphasize the importance of neurological evaluation in the management of these patients.

Materials and Methods: A 53-old male patient was brought due to sudden confusion. crp:1.3, wbc:18.34. blood pressure 180/95. Electrocardiography (echo), magnetic resonance (MR) imaging and brain tomography (CT) were evaluated as normal. The patient, who was disoriented from time to time, was followed up. Toxicological markers and urine tests were evaluated as normal. The patient was evaluated as normal by neurology and cardiology consultants. The patient, who was followed up in the emergency room for 10 hours, had his images repeated because there was no change in his condition. The patient's CT scan was also normal, but it was determined that the patient had an infarction in the bacillary area on MRI. Case-2: A 38-old female patient was brought due to sudden change of consciousness. He was unconscious and had a decerebrate response to painful stimuli. Crp: 0.7 Wbc: 15.30. Brain CT was evaluated as normal. On diff MRI, occlusion in the basilar artery was observed.

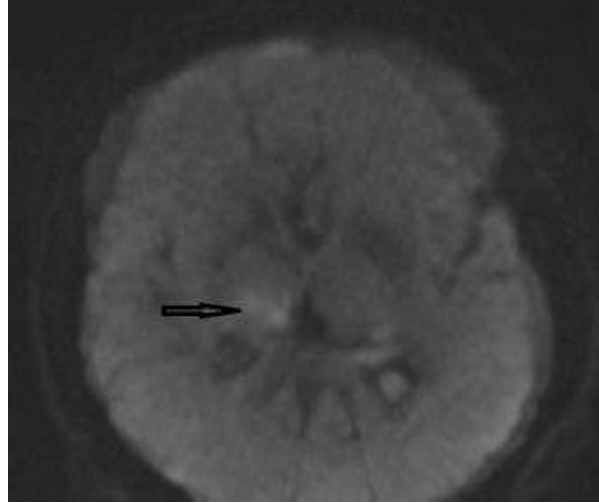
Normal



Bacillary apex syndrome



Bacillary apex syndrome



Bacillary apex syndrome case 2



Results and Conclusion: Large lesions involving the thalamus, cerebellum and midbrain are observed in Tobs. The disease is observed more frequently in men than in women. Clinical course of the disease: Visual and oculomotor disorders, changes in mental status, behavioral disorders, cerebellum disorders and hallucinations. (1)For this disease, which results in death and whose initial symptoms are frequently seen in emergency rooms and do not suggest serious illness, even one patient to be detected is of vital importance, thanks to the clinicians being more careful and aware of TOBS.

Keywords: Bacillary apex syndrome, confusion, changes in mental status

Ref No: 5887

A Case of Aortic Dissection Hidden by External Pacemaker

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Introduction and Purpose: Acute Aortic dissection is a disease with high mortality. Since the symptoms are not specific to an area, they are often diagnosed late, missed, or confused with acute coronary syndromes and cerebrovascular diseases. Although the most common symptom is sudden onset severe chest and back pain, these symptoms may not be accompanied in 10% of patients. ECG findings are often confused with acute myocardial infarction, especially in cases of dissection involving the coronary arteries. In this article, we aimed to describe a dissection patient who presented with acute inferior myocardial infarction.

Materials and Methods: An 85-year-old female patient with Hypertension and Alzheimer's was brought to the emergency room with impaired consciousness. Blood pressure is 60/30 mmHg and heart rate is 30 beats/minute. Acute inferior myocardial infarction and complete atrioventricular (AV) block are detected (fig.1). The patient is temporarily fitted with an external pacemaker. A clear anamnesis cannot be taken due to the patient's lack of orientation and cooperation during cardiology consultation. Transthoracic echocardiography is wanted to be performed on the patient, but a clear echocardiographic image cannot be obtained because the patient is highly cachectic and cannot be positioned optimally. She is urgently taken to the coronary angiography (CAG) laboratory. Since the diagnostic catheters do not engage the coronary ostia during CAG, the patient undergoes aortography. During aortography, it is seen that the patient has a type 1 dissection. When the patient's external pacemaker is turned off, it appears that he is in asystole. The patient was taken for emergency surgery.

Results and Conclusion: Early diagnosis of aortic dissection, one of the leading fatal cardiovascular emergencies, is life-saving. Advanced age and hypertension are among the important risk factors. Chest pain is the leading symptom of admission to the emergency department. In addition syncope and cerebrovascular symptoms may also be observed. As in our case, patients sometimes present with syncope and confusion without being able to fully express their symptoms. Detailed evaluation of the aorta with echocardiography before being taken to the CAG laboratory is life-saving, especially in patients with myocardial infarction and complete AV block who are fitted with an external pacemaker.

Keywords: Acute myocardial infarction, complete av block, aortic dissection

Ref No: 5919

Traumatic Ocular Lens Dislocation: Computed Tomography Findings and Review of the Literature

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Introduction and Purpose: In traumatic globe injuries, globe rupture, hemorrhage, retinal or choroidal detachment, and lens injury can be observed (1). Ocular lens dislocations are quite rare, with posterior dislocation being more common than anterior dislocation (1). Here, we aimed to present the lens dislocation secondary to trauma in two cases with computed tomography (CT) findings and relevant literature.

Materials and Methods: Case 1 A 69-year-old male patient presented to the emergency department (ED) with loss of vision by a hitting wood to his left eye while cutting wood. Examination revealed approximately a 3 cm incision under the left eyebrow, and the eyelid was swollen and ecchymotic. Upon consultation with ophthalmology, conjunctival hyperemia and a corneal incision were observed in the patient's examination. Ultrasonography (US) revealed vitreous hemorrhage and hemorrhage in the anterior chamber, and nonenhanced orbit CT was performed to rule out possible orbital fractures. No fractures were detected in the maxillofacial bone structures. The lens was not observed in its normal location on the left side and was dislocated posteriorly (arrow). Case 2 A 79-year-old female patient presented to the ED with complaints of vision loss following a hit of cow to her right eye in the farm. Upon consultation with ophthalmology, US revealed hemorrhage in the anterior chamber and a corneal incision in the right eye. Non-enhanced CT was performed to rule out fractures. It showed increased density in the soft tissue in the preseptal area of the right eye as an indicative of trauma. There was a slight increase in density consistent with hemorrhage in the vitreous fluid. The lens was not observed in its normal location on the right. A defect consistent with rupture was observed in the medial of bulbus oculi, and the lens (arrow) protruded from this defect.

Figure 1

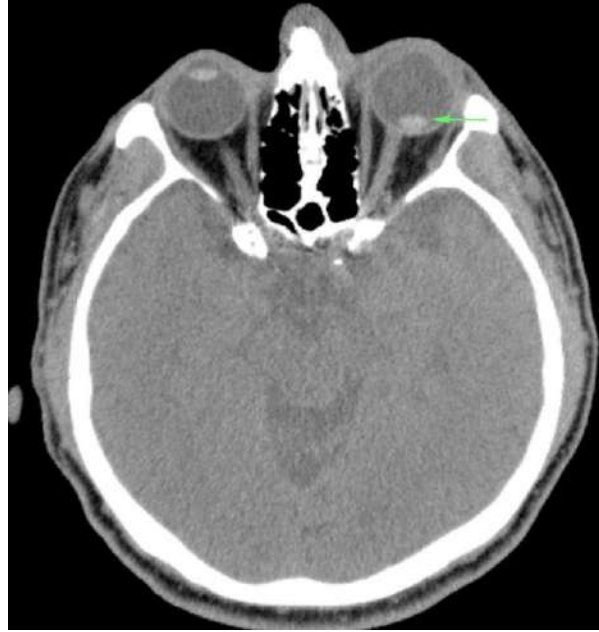


Figure 1: Axial non-enhanced computed tomography demonstrating a left sided posteriorly dislocated ocular lens (arrow).

Figure 2

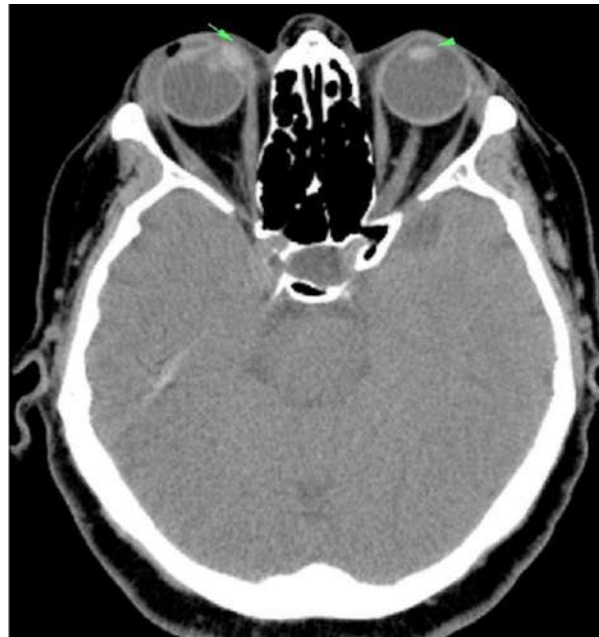


Figure 2: Axial non-enhanced computed tomography demonstrating a defect consistent with rupture in the medial of right bulbus oculi, and the lens (arrow) protruded from this defect. Left side is normal (arrowhead).

Results and Conclusion: Computed tomography or US can be used in diagnosis of lens dislocation (2). In trauma cases, avoiding compression of the traumatic eye with a US probe is recommended. So, due to its user-dependency and inadequacy in showing bones in trauma patients, orbit CT is preferred as the initial imaging modality in the ED.

Keywords: Lens, Dislocation, Computed Tomography

Ref No: 6170

MANAGEMENT OF A PATIENT ADMITTED TO THE EMERGENCY DEPARTMENT WITH CONFUSION AND INCIDENTAL PNEUMOTHORAX: A CASE STUDY OF UREMİC ENCEPHALOPATHY

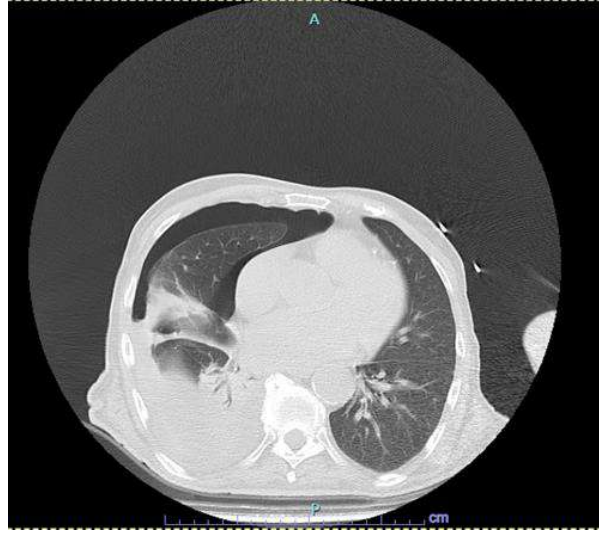
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Introduction and Purpose: This case study deals with the processes involved in the different diagnoses of an 81-year-old male patient who presented to our Emergency Department with confusion. Uremic encephalopathy is a suppression of brain function with excitation and often generalised epilepsy. This case study discusses the importance of a complete systemic examination in the diagnostic process.

Materials and Methods: An 81-year-old male patient presented to the Emergency Department at 07:30. According to his relatives, he has had confusion and impaired speech for 2 days. He had a Nephrology appointment today because of a high creatinine. His known medical conditions were Coronary Artery Disease, Heart Failure, Diabetes and Chronic Kidney Disease. Vital signs: Blood pressure: 125/64, Temperature: 37.5, Pulse rate: 61, Respiratory rate: 18, Oxygen saturation: 95, Blood sugar: 346. Physical examination: Decreased respiratory sounds on the right side, Glasgow Coma Scale: 13. Laboratory tests: eGFR (20 mL/minute), Glucose (386 mg/dL), Urea (539 mg/dL), BUN (252 mg/dL), Creatinine (2.87 mg/dL), Amylase (159 U/L), Lipase (125 U/L), CRP (134.6 mg/L), Troponin-I (93.9 ng/L). CT scan showed pneumothorax in the right upper and middle lobe of the Thorax and a 60 mm right Pleural effusion. Grade 3 Hydronephrosis of the left kidney and 15 mm calculus in the proximal ureter were noted. A right anterior tube thoracostomy was performed. Haemodiafiltration was performed after nephrology consultation.

FIGURE



Pneumothorax in the right upper and middle lobe

Results and Conclusion: This case study draws attention to the possibility of additional pathology in other systems when investigating organic pathology in a patient presenting with confusion.

Keywords: INCIDENTAL PNEUMOTHORAX, EMERGENCY, UREMİC ENCEPHALOPATHY

Ref No: 6179

Burns in the kitchen as a result of parental neglect: a 13-month-old case report

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Introduction and Purpose: Burns caused by accidents in the home due to neglect are among the preventable causes of accidents in the childhood age group, more prominent in children under 5 years of age. In addition to the low threat perception of the child, the difficulty of predicting neuromotor development makes it necessary for parents/caregivers to be more careful in their protective supervision of children. Neglect-induced burns are rarely reported in the literature and in this case report, we aimed to present a case of neglect-induced burns

Figure 1



2nd degree superficial burn on neck, shoulder and cheek

Figure 2



Development of epithelialization in the burn wound

Materials and Methods: A 13-month-old male patient was admitted to Paediatric Emergency Department with the complaint of burns caused by hitting the teapot on the kitchen table. In the anamnesis of the patient, neuromotor development was normal and there were no additional complaints. The patient had a second-degree burn extending posteriorly from the left cheek area

and extending from the left shoulder area to the left breast, with a total of 6-7% of the second-degree burn, in which the folds were preserved. Blood tests were immediately sent to the paediatric emergency department and paediatric surgery was consulted and the patient was quickly stabilised. The burn area was first washed with sf and then dressed with fusudic acid cream and closed. Mai treatment of the patient was calculated according to shiners formula and antibiotic treatment with ringer lactate was started. The patient received daily burn dressings and on the 9th day, when epithelialisation started to be seen in the burn area, the patient was discharged to be dressed under outpatient clinic conditions.

Results and Conclusion: Under 5 years of age, burns caused by negligence in preschool children are an important public health problem causing morbidity and mortality. Situations such as the one in our case, which are routinely performed during daily life and lead to less attention in the protective approach of parents, are the most important causes of such accidents. It is necessary to provide accurate information about home accidents to parents/caregivers through appropriate channels through interactive and multidisciplinary studies between schools and relevant public units, especially health service centres where parents apply.

Keywords: Burn, Pediatric, Emergency

Ref No: 6185

Imperforate Hymen: A Rare Cause of Abdominal Pain in Girls

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Introduction and Purpose: Imperforate hymen is a rare congenital müllerian duct anomaly in which the hymen completely occludes the vaginal opening. These patients usually present to the hospital with abdominal pain, abdominal mass, urinary retention and primary amenorrhea. While most of the cases are diagnosed in adolescence, it may also be diagnosed in the antenatal or neonatal period due to hydrocolposus caused by the accumulation of mucosal secretions with the effect of maternal estrogen. In this report, we present a 17-year-old girl who presented to our emergency department(ED) with abdominal pain and was found to have hematocolpos due to imperforated hymens on CT.

Materials and Methods: A 17yearold female patient was admitted to our ED with the complaint of abdominal pain that had been increasing for the last 3days. In her history, she had not started menstruation yet and presented to the ED with intermittent abdominal pain, which was relieved after analgesic treatment. On physical examination, secondary sex characteristics were observed to be developed and abdominal examination revealed lower quadrant tenderness and a deep pelvic mass was palpated. On gynecologic examination, external genital organs were normal, but an imperforate hymen with an outwardly bulging appearance was noticed at the location where the vestibule should be. On rectal examination, a mass was palpated in the retrovesical region and no pathology was observed in routine laboratory tests. CT was reported as a13cm cystic lesion with dense contents in the posterior part of the bladder. The patient was hospitalized and operated with the diagnosis of hematocolpos due to imperforate hymen. In the operation, a hymenotomy was performed with a vertical and horizontal 1cm long incision in the middle of the hymen and approximately 600cc of dark content mai compatible with hematoma was aspirated and an 18fr foley catheter was inserted into this opening. Foley catheter was withdrawn on postoperateday 14and control ultrasonography showed that hematocolpos disappeared and the patient had regular menstrual bleeding.

Results and Conclusion: Imperforate hymen is a rare anomaly and is not included in the differential diagnosis of acute abdomen. Although the diagnosis of imperforate himen can be easily made with an adequate history and careful physical examination, patients are usually not diagnosed until adolescence.

Keywords: Imperforate hymen, emergency department, Abdominal pain

Ref No: 6198

FACTORS AFFECTING LIFE EXPECTANCY

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Introduction and Purpose: Life Expectancy at Birth is defined as the average length of time people live (Bilas, Franc, & Bosnjak, 2014). Life Expectancy is considered as one of the most important social and economic indicators for countries (Balan & Jaba, 2011). All improvements in health such as improved nutrition, development of medical technology, increased access to health, increased quality of health services, strengthening the infrastructure of public health services positively affect life expectancy. Since the prolongation of life expectancy will also have a positive impact on the economy of the country, not only the improvement of health but also wider positive results can be achieved (Şahin, 2018).

Materials and Methods: This study is a review of international research on factors affecting life expectancy in the last 10 years.

Results and Conclusion: Although life expectancy is a strong indicator that explains the situation of societies and individuals, it can also be affected by many factors. The level of development of a country can be explained through education, income and health indicators of individuals in the country (Tüylüoğlu & Tekin, 2009). The most studied factors are economic growth (bidirectional), income status, education status, which are defined as Social Determinants of Health by the World Health Organization and which are also seen as economic indicators, such as income status and the share of health expenditures in GDP.

Keywords: Health Management, Life Expectancy at Birth, Health Indicators

Ref No: 6234

Evaluation of patients diagnosed with acute appendicitis in terms of laboratory parameters

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Introduction and Purpose: Acute appendicitis is the most common condition requiring emergency abdominal surgery globally, with no specific diagnostic marker defined so far. This study aimed to determine the predictive value of hemogram and biochemical parameters in the differential diagnosis of acute and complicated appendicitis, along with clinical findings, in patients diagnosed with acute appendicitis.

Materials and Methods: Our study was conducted in a retrospective cross-sectional design on 381 patients (209 male and 172 female; average age = 35.90 ± 16.16 years) diagnosed with acute appendicitis between 2014 and 2019, with complete file data. Patients were categorized into three groups: normal ($n = 23$), acute ($n = 318$), and complicated ($n = 40$) appendicitis, and their hemogram and biochemical parameters were analyzed. Descriptive statistics, the Kruskal–Wallis H test, the One Way Anova F , the chi-square test for categorical variables, and receiver-operating characteristic curve analysis were used to determine the diagnostic performance of variables. Multiple logistic regression analyses to determine significant predictive factors of complicated appendicitis were used to evaluate the data. A p -value < 0.05 indicated a statistically significant difference.

Results and Conclusion: The neutrophil percentage was statistically significantly higher in the complicated group than in the normal group ($p = 0.003$). The C-reactive protein (CRP) levels were statistically higher in the complicated group than in the normal and acute groups ($p < 0.001$). The neutrophil percentage showed a 75.00% sensitivity and 47.06% specificity ([area under the curve [AUC] = 0.639, 95% confidence interval [CI] = 0.556–0.723, $p = 0.004$]),

whereas the CRP level demonstrated 97.50% sensitivity and 26.98% specificity in predicting complicated appendicitis (AUC = 0.754, 95% CI = 0.679–0.829, $p < 0.001$). The multiple logistic regression analysis revealed that patients with high neutrophil percentages had a 2.313-fold higher risk of having complicated appendicitis compared with the others ([odds ratio [OR]] = 2.313, 95% CI = 1.085–4.928, $p = 0.030$) and patients with high CRP levels had 12.677-fold higher risk to have complicated appendicitis compared with the others (OR = 12.677, 95% CI = 1.710–93.987, $p = 0.013$). High neutrophil percentage and CRP values showed that acute appendicitis was likely to be complicated. The diagnosis of appendicitis is multifactorial. Therefore, evaluating patients together with clinical and laboratory parameters may help diagnose appendicitis.

Keywords: Acute appendicitis, Complicated appendicitis, Emergency department

Ref No: 6261

Examination of the Diagnostic Value of Presepsin, Calprotectin, IL-6 Levels and Their Correlation with Alvarado Scoring and Radiological Diagnostic Methods in Patients Diagnosed with Acute Appendicitis in the Emergency Department

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Introduction and Purpose: Patients with abdominal pain occupy an important place among emergency room patients. Among the etiologies of abdominal pain, acute appendicitis (AA) is seen as the most common cause of acute abdomen. Our study aimed to examine the diagnostic values of presepsin, calprotectin and interleukin 6 (IL-6) levels in acute appendicitis and their correlation with imaging methods and Alvarado score.

Materials and Methods: Between 03.05.2023 and 01.01.2024, 45 patients who were diagnosed with AA as a result of the examination and tests performed at the Atatürk University Research Hospital Emergency Department with abdominal pain and 45 healthy volunteers were included in the study as a control group. The patients' demographic data, Alvarado score, imaging method and findings at the time of admission to the emergency department were recorded on a form. Blood samples taken from the patient and control groups were stored under appropriate conditions, and presepsin, calprotectin and IL-6 levels were measured simultaneously, and statistical analysis was performed with the IBM SPSS 20 program.

Results and Conclusion: Results: 17 women and 28 men were included in both groups participating in the study. Presepsin, calprotectin and IL-6 levels of the patients were higher than the control group (p values $p<0,001$, $p<0,001$, $p<0,001$, respectively). However, the relationship between the levels of presepsin, calprotectin and interleukin-6 in the complicated acute appendicitis and uncomplicated AA groups was insignificant ($p=0,493$, $p=0,202$, $p=0,448$). No significant relationship was observed in presepsin, calprotectin and IL-6 levels between patients in whom USG was diagnostic and those in whom USG was not diagnostic ($p=0,221$, $p=0,258$, $p=0,441$, respectively). No significant correlation was observed in presepsin, calprotectin and IL-6 levels between patients in whom CT was diagnostic and those in whom CT was not diagnostic ($p=0,857$, $p=0,700$, $p=0,700$, respectively). No significant relationship was observed in presepsin, calprotectin and IL-6 levels between patients with Alvarado score ≥ 7 and patients with <7 ($p=0,700$, $p=0,837$, $p=0,758$, respectively). Conclusion: Presepsin, calprotectin, IL-6 levels may be useful in the diagnosis of acute appendicitis, but will be insufficient to identify complicated cases.

Keywords: calprotectin, interleukin-6, presepsin

Ref No: 6277

Investigation Of Clinical Processes Of Patients Diagnosed With Non-Traumatic Intracerebral Hemorrhage Hospitalized From Emergency Department

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Introduction and Purpose: Non-traumatic intracerebral hemorrhages constitute approximately 15-20% of all stroke cases. The aim of study, investigate the demographic data of patients with non-traumatic intracerebral hemorrhage, analysis of laboratory results in terms of inflammatory and bleeding parameters, the region of the brain and the type of bleeding, surgical requirements and in-hospital mortality.

Materials and Methods: This retrospectively designed study included patients with non-traumatic intracerebral hemorrhage who were admitted to the Emergency Department of Nigde Omer Halisdemir University Training and Research Hospital as outpatients or by ambulance between January 1, 2023 and December 31, 2023. Age, gender, presence of hypertension (HT), anticoagulant use, emergency room laboratory results, brain computed tomography (CT) results, hospitalization duration, treatment methods (surgical/medical) and hospital mortality were analyzed.

Results and Conclusion: The median value of albumin was lower in female patients compared to male patients ($p=0.004$). Patients with subdural hemorrhage were found to be more likely to undergo surgery and patients with thalamus hemorrhage were found to be less likely to undergo surgery ($p=0.005$). Occurrence of complications (ex) in patients who underwent surgical procedures was found to be higher than expected. The risk of complications (ex) in surgical patients is 4.6 times higher than in non-surgical patients (Odds Ratio: 4.6, CI 95% [1.12-18.86], $p=0.034$). In patients with non-traumatic intracerebral hemorrhage, inflammation markers taken in the acute period in the emergency department may be within normal limits and may not have a direct relationship with in-hospital mortality. In these patients, more thought should be given to the decision of surgical treatment and the benefit/loss ratio should be well analyzed in terms of survival.

Keywords: Non-traumatic, Intracerebral, Hemorrhage

Ref No: 6347

Comparison of the Accuracy of Point-of-Care-Ultrasound Performed by Emergency Assistant Physicians in the Diagnosis of Deep Vein Thrombosis

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Introduction and Purpose: The diagnosis of deep vein thrombosis (DVT) is usually made by a sonographer using a thorough Doppler ultrasound. The current study examined whether emergency assistant physicians could accurately diagnose DVT using a point-of-care, three-point compression protocol.

Materials and Methods: The patient population consisted of patients with suspected DVT who presented to the emergency department between 2021 and 2022. This was a prospective cross-sectional study with a diagnostic test assessment. All patients underwent a Doppler ultrasound exam by the emergency assistant physicians. Each patient then had a comprehensive Doppler ultrasound exam performed by an ultrasonographer. The results of the ultrasound exams by the emergency assistant physicians and comprehensive exams were then analyzed and compared.

Results and Conclusion: There was no statistical difference inability to compression the common femoral vein and the inability to compression the popliteal vein (88.2% vs 84.4%, $p=0.09$ and 76.5% vs 82.3%, $p=0.11$). There was a significant difference between the two groups in terms of the inability to compression the superficial femoral vein (84.3% vs 75.4%, $p=0.03$). Decision-making based on Doppler ultrasound exams by the emergency assistant physicians should take into account the experience of the operator. It can be said that the false positive rate was higher in the compression of superficial femoral veins. Superficial femoral vein imaging may require more experience and training.

Keywords: deep vein thrombosis, Point-of-Care-Ultrasound, three-point compression protocol

Ref No: 6353

A Rare Condition in an Elderly Patient: Omental Infarction

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¹A Rare Condition in an Elderly Patient: Omental Infarction

Introduction and Purpose: Omental infarct is a rare condition that develops as a result of interruption of the blood flow of the omentum (fat tissue connected to the peritoneal membrane in the abdomen) and is often confused with acute appendicitis. This poster discusses the clinical features and significance of this rare condition through a case in which an omental infarct was diagnosed and successfully managed in an 80-year-old patient.

Materials and Methods: An 80-year-old male patient was admitted to the emergency department with a complaint of sudden onset and gradually worsening right lower abdominal pain. The patient had no significant health problems in his history. On physical examination, tenderness and guarding (contraction) were detected on palpation in the right lower quadrant. While laboratory tests did not reveal any specific pathology, an abdominal CT scan performed with the preliminary diagnosis of acute appendicitis revealed typical images indicating infarction in the greater omentum, contrary to the findings expected in appendicitis.

OMENTAL ENFARKT



Results and Conclusion: The diagnosis of omental infarction is usually made by characteristic CT findings, and in most cases, good results can be achieved with conservative treatment. This case emphasizes that caution should be exercised in the evaluation of abdominal pain, especially in elderly patients, and that rare conditions such as omental infarction should be considered in the differential diagnosis. With early diagnosis and appropriate treatment, the patient can recover in a short time and unnecessary surgical interventions can be avoided. This shows the importance of a multidisciplinary approach in the diagnosis and management of rare conditions in emergency department practice.

Keywords: Omental Infarction, omentum, emergency

Ref No: 6489

Impact of clinical and laboratory factors on hospital length of stay in very elderly patients with community-acquired pneumonia: A single-center study

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Introduction and Purpose: The aim of this study was to evaluate the effect of clinical and laboratory values on the length of hospitalization in community-acquired pneumonia (CAP) in very elderly patients.

Materials and Methods: The study analyzed the demographic, clinical, and laboratory data of patients aged ≥ 85 years admitted to the emergency department (ED) of Niğde Ömer Halisdemir Training and Research Hospital between 01/09/2022 and 01/09/2023, diagnosed with CAP, and transferred to wards. Data was accessed digitally through the hospital automation system (Karmed). Index calculations included CRP to albumin ratio (CAR), platelet to lymphocyte ratio (PLR), neutrophil to lymphocyte ratio (NLR), and hemoglobin-albumin-lymphocyte-platelet (HALP) score. Data were analyzed using SPSS 27 with appropriate tests (descriptive statistics, Chi-square or Fisher's Exact test, t-test or Mann-Whitney-U test, and correlation analysis), and statistical significance was determined at $p < 0.05$.

Results and Conclusion: The study included 76 patients who met the inclusion criteria. The number of patients with ≥ 3 comorbid diseases was 46 (60.5%) and the number of patients with < 3 comorbid diseases was 30 (39.5%). 42 patients (55.3%) were hospitalized for seven days or less and 34 patients (44.7%) were hospitalized for more than seven days. The mean duration of hospitalization was 7.37 days \pm 3.36 (min: 1, max: 15). The length of hospitalization of patients with ≥ 3 comorbid diseases was found to be higher and statistically significant compared to patients with < 3 comorbid diseases ($p = 0.011$) (Table 1). The PLR and HALP scores of individuals hospitalized for ≤ 7 days differed significantly from those of patients hospitalized for ≥ 7 days ($p = 0.001$), but no statistically significant difference was observed in NLR and CAR levels ($p = 0.055$ and $p = 0.259$, respectively) (Table 2). In conclusion, the findings revealed that patients with a higher number of comorbid diseases had significantly longer hospital stays. Moreover, PLR, and HALP scores were associated with prolonged hospitalization, whereas no significant correlation was observed with NLR and CAR levels. These results underscore the importance of considering both clinical and laboratory factors in managing CAP in very elderly individuals, potentially aiding in optimizing treatment strategies and resource allocation to improve patient outcomes.

Table 1

Table 1. Association of length of hospital stay according to the number of comorbid diseases

Number of comorbidity	LOS day Mean (SD)	Total n=76	p-value*
<3	6.17 (3.56)	30	0.011
≥3	8.15 (3.01)	46	

Abbreviation: SD, standard deviation

* t-test

Table 2

Table 2. Association of patients' LOS with inflammatory and immunonutritional indexes.

Variables	LOS, day	n (total=76)	Mean	SD	Mean rank	p-value*
NLR	≤ 7	42	7.09	5.24	34.12	0.055
	>7	34	11.67	10.55	43.91	
PLR	≤ 7	42	181.44	89.98	31.12	0.001
	>7	34	273.84	163.92	47.62	
HALP	≤ 7	42	30.64	16.86	45.83	0.001
	>7	34	21.40	15.46	29.44	
CAR	≤ 7	42	2.56	2.12	35.93	0.259
	>7	34	3.22	2.46	41.68	

Abbreviations: LOS, length of stay; NLR, neutrophil-to-lymphocyte ratio; PLR, platelet-to-lymphocyte ratio; HALP, hemoglobin-albumin-lymphocyte-platelet; CAR, C-reactive protein-to-albumin ratio; SD, standard deviation

* Mann-Whitney-U

Keywords: Community-acquired pneumonia; Comorbidity; Laboratory parameters; Length of hospitalization; Very elderly patient

Ref No: 6497

Association of Serum Lactate Levels Measured in the Emergency Department with 30-Day Mortality in Elderly Patients with Unilateral Hip Fracture

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Introduction and Purpose: The elderly population has been increasing in developed countries in recent years due to the prolongation of human lifespan. Hip fractures are a common injury among this population, which can lead to increased morbidity and mortality rates due to factors such as limited physiologic reserve, preoperative medical conditions, and major surgery. This study aimed to assess the association between serum lactate levels and 30-day mortality in elderly trauma patients with unilateral hip fractures and to examine its prognostic value on the clinical outcomes of these patients.

Materials and Methods: This is a retrospective and single-center study. The study included patients who were admitted to the emergency department due to low-energy trauma, were 65 years of age or older, and were diagnosed with unilateral hip fracture during emergency department evaluation. Patients who could walk independently or with the help of a walker, cane, etc. before the injury, had serum lactate level in venous blood gas analysis, and underwent surgery were also included. The fracture types were classified as femoral neck fracture, pertrochanteric fracture, and subtrochanteric fracture.

Results and Conclusion: The study included 330 patients. 30.9% of the patients developed postoperative complications, and the mortality rate within 30 days was 10.3%. The most common type of fracture was pertrochanteric (58.5%). Using a lactate cut-off value of 2 mmol/L to distinguish between living and deceased patients, the sensitivity and specificity values were 41% and 88%, respectively. When the best cut-off value of lactate for predicting the development of postoperative complications was taken as 2.1 mmol/L, the sensitivity and specificity values for this value were 31% and 96%, respectively. Multivariate logistic regression analysis revealed that high lactate, low albumin, and male gender were associated with mortality. Identifying risk factors for mortality in geriatric patients with hip fractures is important. Our study showed that in elderly trauma patients with isolated hip fracture, a serum lactate level above 2 mmol/L was associated with 30-day mortality and risk of postoperative complications. Male gender and low albumin, particularly increased lactate, are independent predictors of short-term mortality in geriatric patients with isolated hip fractures.

Keywords: Hip fracture, emergency department, lactate concentration

Ref No: 6513

Analysis of Epistaxis Cases in the Emergency Department

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Introduction and Purpose: Despite recent advances in the diagnosis and treatment of otorhinolaryngologic diseases, epistaxis is still one of the most common causes of emergency room visits worldwide. The lifetime incidence has been reported to be 50-60%. It can be seen due to anatomical defects, coagulation disorders, systemic diseases such as hypertension and drug use. Epistaxis-related bleeding can be classified as anterior or posterior bleeding and most of them are anterior bleeding. Anterior bleeding is often stopped with tampons, cold application and pressure and cauterization is rarely needed. We analyzed the cases with epistaxis who came to the emergency department in 2023. In this study, the clinical characteristics of patients with epistaxis treated in the emergency department.

Materials and Methods: Patients admitted to the emergency department with epistaxis between January 2023 and December 2023 were retrospectively evaluated in terms of age, gender, length of stay in the emergency department, anterior/posterior nasal tamponade application, surgical intervention, bleeding diathesis, presence of comorbid diseases, use of anticoagulant drug therapy, need for blood transfusion, laboratory values and readmission status.

Results and Conclusion: The mean age of patients admitted during the study period was 46.08±32.05 years. Of the study population, 163 (39%) were male and 251 (51%) were female. Epistaxis was most common in patients over the age of 70 years and the comorbidities were hypertension and coronary artery disease. All patients were treated medically with oxymetazoline spray and antibiotic creams and cold application. Bleeding control was achieved with medical treatment in 13%(54) of patients. Anterior nasal tampons were applied to 83.3% (345) of the patients. 13 patients underwent surgery and further medical treatment due to bleeding disorder, hypertension and uncontrolled bleeding. In our study, hypertension was the most common systemic disease causing epistaxis. Most patients presenting with epistaxis benefit from anterior tamponade and simple medical treatment. Most of the nasal wedges are resolved with simple intervention. In order not to increase the intensity of the emergency department, the public should be trained in first aid with bleeding. The most serious bleeding is seen in patients with drug overdose, so drug antidotes should be given without wasting time in patients with serious bleeding

Keywords: Epistaxis, Emergency Department, Hypertension

Ref No: 6537

Non-okluziv miyokardiyal infarktüs ve HEART Skorunun Değerlendirilmesi

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Introduction and Purpose: Akut miyokardiyal infarktüs tanısı ile peruktan anjiyografi yapılan hastaların yaklaşık %90'ında obstrüksiyon saptanır (>%50). Akut koroner sendrom klinik tanısı özelliklerine sahip hastaların %10'a kadar olan kısmında, erken anjiyografide obstrüksiyon görülmez. Bu hastalar, obstrüktif olmayan koroner arterleri olan miyokard enfarktüsü olarak adlandırılabilir (1). HEART skoru acil serviste göğüs ağrılarını değerlendirmek için geliştirilmiş bir skorlama sistemidir. Beş parametreden oluşur. Bunlar; yaş, anjina tipi, EKG değişikliği, risk faktörü sayısı ve troponin değeridir. Toplam puan 0-10 arasında değişir. HEART skoru 0-3 puan arasında olan hastalar düşük, 4-6 arasında puan alan hastalar orta ve 7-10 puan alan hastalar yüksek riskli olarak değerlendirilir (2). Bu çalışmada acil servise başvuran akut miyokard infarktüsü tanısı ile koroner anjiyografi yapılan fakat angiografi sonucunda obstrüksiyon olmayan (veya %50 altında darlık olan) hastaları araştırdık.

Materials and Methods: Bu çalışma 1/03/2021 ve 31/05/2021 tarihleri arasında acil servise başvuranlar hastalar üzerinden retrospektis olarak yapıldı. Akut miyokard infarktüsü tanısı nedeni ile koroner anjiyografi yapılan hastalar dahil edildi. Değerlendirilen toplam 217 hastadan uygun olan 31 hasta ile çalışma tamamlandı. Hastaların anjiyografi sonuçları değerlendirildi ve HEART skoru hesaplandı.

Results and Conclusion: Toplam 31 hastanın 13'ü kadın (44.4%), 17'si (55.6%) erkekti ve yaş ortalamaları 44.47 ± 14.43 idi. Cinsiyet açısından aralarında anlamlı farklılık yoktu ($p=0.308$). HEART skoru ortalaması 4.78 ± 1.56 hesaplandı. HEART skoru düşük riskli hesaplananların oranı %20, orta riskli olanların %50 ve yüksek risklilerin oranı %30 bulundu ($p=0.001$). Çalışmaya dahil edilen hastalarda göğüs ağrısı kliniğinde EKG'de iskemik değişiklikler ve troponin pozitifliği olması, anjiyografide normal yada <%50 tıkanıklılık vardı. Bu hastalarda yalnızca klinik görünüm ve özelliklere dayanarak değerlendirme yapmak zor bir karardır. Çalışmamızda hastaların daha genç olma eğiliminde olduğu görüldü ve erkek / kadın oranı birbirine yakındı. Hesaplanan HEART skoru 4.78 ± 1.56 olarak bulundu ve bu değer orta riskli olarak sınıflandırılmaktadır. Akut koroner sendrom olarak düşünülen ve HEART skoru orta riskli bulunan hastalarda non-okluziv miyokard infarktüsü tanısı akla gelmelidir. Bununla ilgili potansiyel nedenler dikkate alınmalıdır.

Keywords: HEART skoru, Miyokardiyal enfarktüs, Anjiyografi

Ref No: 6617

A PATIENT DIAGNOSED WITH DIVERTICULITIS PERFORATION IN THE EMERGENCY DEPARTMENT

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Introduction and Purpose: Diverticulitis is defined as inflammation of one or more diverticula. Diverticulitis may be uncomplicated or complicated by diverticular abscess, fistula, ileus, and free perforation. Several lifestyle factors have been associated with the risk of diverticulitis, including diet, lack of physical activity, body mass index, and smoking. The incidence of diverticulitis increases with age. Although most patients with acute diverticulitis can be treated medically, approximately 15 percent will require surgery for various indications.

Materials and Methods: A 57-year-old male patient was admitted to the emergency department with abdominal pain that started 3 days ago and continued at the same intensity. The patient has known hypertension, diabetes mellitus and chronic atrial fibrillation. Blood pressure was measured as 130/80 mmHg, pulse rate was 80 beats/minute, and SPO2 was 94%. On abdominal examination, bowel sounds were hyperactive, there was tenderness and rebound in the lower quadrants, and no obvious guarding was detected. Abdominal tomography revealed centrimetric jejunal diverticulum formations, loss of integrity in the anterior wall of the jejunum, and a few millimetric free air images at this level. Additionally, the mesentery was dirty and edematous. In conclusion, the findings were suggestive of perforation resulting from complicated diverticulitis. Intravenous hydration was started in the hemodynamically stable patient. Ceftriaxone and metronidazole were started. He was interned at the general surgery clinic.

Results and Conclusion: Treatment principles are determined according to whether diverticulitis is complicated or not. In uncomplicated diverticulitis cases, antibiotic therapy indications can be determined and follow-up can be provided with supportive treatment. In addition to relative bowel rest, analgesia and antiemetics can be used if necessary. Uncomplicated diverticulitis cases without severe symptoms and comorbidities that can be adapted to oral medication can be followed up on an outpatient basis. Accordingly, broad-spectrum antibiotics are routinely recommended in complicated diverticulitis cases. In patients with widespread peritonitis and perforation, the treatment is emergency surgery. In hemodynamically stable diseases, laparoscopic or open colectomy and primary anastomosis with or without temporary stoma can be performed. In critically ill patients, the Hartmann procedure is applied. Our patient, who was diagnosed with complicated diverticulitis perforation, was operated on after antibiotic therapy.

Keywords: diverticulitis, abdominal pain, emergency department

Ref No: 6625

The relationship between migraine severity and trace element/heavy metal levels

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Introduction and Purpose: Trace element and heavy metals (TEHM) are associated with headaches. However, the role of TEHM in migraine pathophysiology has not been clearly elucidated. Disability related to migraine is an indicator of disease severity. The Migraine Disability Assessment (MIDAS) is a validated method used for this purpose. In our study, we aimed to determine the TEHM levels in patients with acute migraine attacks and to demonstrate their relationship with parameters related to migraine severity, particularly MIDAS.

Materials and Methods: The study was conducted with 120 participants, including 60 migraine patients and 60 healthy controls. The blood levels of 7 heavy metals (arsenic, cadmium, cobalt, lead, mercury, nickel, tin) and 8 trace elements (antimony, chromium, copper, iron, magnesium, manganese, molybdenum, zinc) were measured using inductively coupled plasma mass spectrometry.

Results and Conclusion: There were no significant differences between the patients and controls in terms of age, gender, smoking status, and body mass index. While no significant differences were found between genders in terms of attack duration, Visual Analog Scale (VAS) score, and number of attacks in the last three months, females had higher MIDAS scores ($p = 0.038$). The MIDAS score was correlated with gender and number of attacks in the last three months in patients ($p = 0.04$ and 0.004 , respectively). A statistically significant relationship was found between MIDAS grades and attack frequency ($p = 0.003$). No significant correlation was found between age, body mass index, smoking status, education level, VAS score, attack duration, presence of aura, age at diagnosis, disease duration, and MIDAS score. In the patient group, the levels of arsenic, cobalt, lead, nickel, tin, antimony, chromium, copper, iron, magnesium, manganese, and zinc were found to be increased, molybdenum levels were decreased ($p < 0.001$), and cadmium levels remained unchanged ($p = 0.535$). No significant relationship was found between MIDAS scores/grades and TEHMs, except tin levels. It showed negative correlation with MIDAS grades in the aura migraine group ($p = 0.03$). Our study is the first to explore the relationship between TEHM levels and disability. Although TEHM levels differed in migraine patients, these changes were not found to be associated with migraine severity.

Keywords: trace element, heavy metal, migraine

Ref No: 6783

Pneumothorax after Prolotherapy

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Introduction and Purpose: Prolotherapy involves injecting a sugar and saline substance into a sore joint or muscle, where it acts as an irritant. It's acting principle depends on a thought that your body recognizes the irritant and sends immune cells and other chemicals to the area, which starts body's natural healing process. Prolotherapy is also widely used for pain relief in rotator cuff syndrome and miyofascial pain syndrome. In our patient, we had a pneumothorax as a complication

Materials and Methods: We present this "pneumothorax" situation as a case report

19.02



20.02



21.02



22.02



Results and Conclusion: We use needle injection to trapezius muscle, around scapulae and glenohumoral ligament for pain relief in rotator cuff syndrome, but in this patient, while injecting saline around levator scapulae attachment site pneumothorax occurs. Clinicians has to be aware of complications while performing invasive procedures.

Keywords: Prolotherapy, Pain relief, pneumothorax

Ref No: 6822

ACUTE NECROTIZING ENCEPHALYTIS AFTER PROBABLE INFLUENZA INFECTION: A CASE REPORT

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Introduction and Purpose: Acute necrotizing encephalitis (ANE) was initially identified in 1995 by Mizuguchi and colleagues following an examination of cases of encephalitis linked to influenza infection in children in East Asia. In subsequent influenza outbreaks and pandemics, ANE was consistently observed in pediatric populations, particularly prevalent among Japanese children [2, 3]. In contrast, there have been only four documented cases of influenza-associated ANE occurring in adults. This study presents a case of severe influenza-associated ANE successfully treated in a previously healthy 28-year-old woman

Materials and Methods: A 28-year-old female presented to the emergency room with a complaint of decreased level of consciousness, which had begun approximately 4 hours prior to admission. Vital signs upon arrival was blood pressure of 102/62 mmHg, a pulse rate of 108 bpm, a temperature of 36.5°C, oxygen saturation of 98%, and a respiratory rate of 18 breaths/min. T.Four days prior, the patient sought care at an outside facility for symptoms of fever, sore throat, and weakness. Initially diagnosed with an upper respiratory tract infection, she was prescribed Amoxicillin + Clavulanic Acid. However, her symptoms persisted and worsened, leading to a repeat presentation where Influenza A+ was detected. Subsequently, the patient developed a decreased level of consciousness and unresponsiveness at home, prompting emergency room admission. On neurological examination, the patient's eyes spontaneously opened with no verbal response. She was non-compliant with commands and exhibited withdrawal in response to painful stimuli. Facial symmetry was maintained, and pupils were equal and reactive to light. Blood work was in normal limits. Imaging: Non-contrast Brain CT Showed normal signs . Brain MRI: Brain magnetic resonance images showing bilateral symmetrical areas of restricted diffusion and hemorrhagic infarctions within thalami and heads of caudate nuclei, with associated edema. Following assessment, the patient was deemed appropriate for admission to the Intensive Care Unit (ICU). Treatment was initiated, incorporating a multidisciplinary approach

MRI image



MRI showing necrotizing encephalitis in thalamic nuclei

Results and Conclusion: In our case, the likelihood of a primary neurological insult stemming from influenza infection is considerable. It's crucial to avoid prematurely labeling patients with psychiatric diagnoses without conducting a thorough evaluation, including appropriate imaging studies. This case underscores the potential dangers of overlooking underlying organic pathology by attributing symptoms solely to psychiatric causes.

Keywords: encephalitis, brain imaging, case report

Ref No: 6854

A Rare Cause of Acute Abdomen: Idiopathic Postpartum Intussusception

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Introduction and Purpose: Invagination is defined as the intertwining of the proximal bowel segment with the distal segment. Although frequently observed in paediatrics, it is a rare occurrence in adults. Acute intussusception is uncommon in the postpartum period. There have been documented cases of intussusception in the early postpartum period in the literature. We present a case of a patient who presented to the emergency department with abdominal pain in the late postpartum period (day 40) and was diagnosed with idiopathic intussusception.

Materials and Methods: Case: A 29-year-old female patient was admitted to the emergency department with complaints of abdominal pain, nausea, vomiting and abdominal bloating. The patient reported that she had experienced colicky abdominal pain that had started in the periumbilical region and spread to the entire abdomen, and that she had vomited 7-8 times, approximately 6 hours before applying to the emergency department. She stated that she had last passed gas and stool approximately 12 hours ago. No diagnosis of a chronic disease was made. The patient had a history of a normal vaginal birth 40 days ago and had no history of previous surgery. The patient's vital signs were stable. On physical examination, there was tenderness and defence with palpation in the epigastric region, but there was no rebound. In the patient's abdominal teloradiography, images of gas concentrated in the midline of the abdomen were detected (Image 1). On abdominal ultrasound, an ileoileal intussusception of approximately 15 cm in length was observed in the ileal bowel loops. Contrast-enhanced abdominal CT revealed enlarged ileal areas intertwined with each other, compatible with intussusception, in the abdominal midline (Images 2). The patient was hospitalised and underwent surgery. An invaginated bowel segment was identified during abdominal exploration (Image 3). No evidence of benign or malignant neoplasia that could cause intussusception was found in the pathological examination of the surgical sample.

Results and Conclusion: It has been determined that changes in bowel movements and rapid changes in uterine size during pregnancy and in the postpartum period may cause intussusception. Consequently, intussusception should not be overlooked in patients presenting to the emergency department with acute abdominal pain in the postpartum period.

Image 1. Images of gas concentrated in the midline of the abdomen



Image 2. Enlarged ileal areas intertwined with each other compatible with intussusception



Image 3. An invaginated bowel segment



Keywords: postpartum, intussusception, Emergency

Ref No: 6886

Effectiveness of Biomarkers Used in Emergency Department Management of Upper Gastrointestinal Bleeding Patients in terms of Predicting Mortality

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Introduction and Purpose: Upper gastrointestinal tract bleeding (UTG); It is defined as gastrointestinal system (GIS) bleeding in the region from the upper esophagus to the Treitz ligament. Mortality in upper GI bleeding is between 6-10%, and various scoring systems are used in patient management. The aim of this study is to investigate the effectiveness of biomarkers obtained from UGC patients we identified in our emergency department in terms of mortality prediction.

Materials and Methods: Our study is a retrospective study that included patients with upper gastrointestinal system bleeding admitted to the emergency department between January 1, 2020, and December 31, 2023. Patients aged 18 years and older whose data were accessible in the information processing system were included in the study.

Results and Conclusion: Our study is a retrospective analysis that included patients with UGIB admitted to the emergency department between January 1, 2020, and December 31, 2023. A total of 50 individuals were included in the study, with 25 (50%) female and 25 (50%) male. The average age was 63.96 ± 19.25 years. The most common complaints among the cases were diarrhea in 13 (26%), bloody vomiting in 12 (24%), the most prevalent comorbidity was hypertension (58%). In physical examination of cases, abdominal tenderness was the most commonly encountered symptom in 25 (50%) cases. The most common finding on rectal examination was melena, identified in 70% of cases. When analyzing the laboratory data of the cases, the mean urea level was 82.48 ± 85 , creatinine 1.2 ± 0.88 , AST 31.46 ± 46 , ALT 26.68 ± 42 , Hg 8.7 ± 2.69 , Htc 27 ± 8.08 , and MCV 88 ± 9 . All cases were hospitalized for ongoing treatment, with 6 (12%) patients who were hospitalized resulting in exitus. After hospitalization, the average lactate level initially detected in the emergency department for discharged cases was 2.6 ± 1.86 , whereas for cases resulting in mortality, the initial lactate level detected in the emergency department was 6.9 ± 2.1 . The difference between these two values was statistically significant ($p: 0.003$). As a result, we believe that lactate levels in patients presenting with upper gastrointestinal bleeding (UGIB) may contribute to prognosis in patient management.

Keywords: biomarkers in gastrointestinal bleeding, upper gastrointestinal bleeding, mortality and biomarkers in gastrointestinal bleeding

Ref No: 6944

The Glucose/Potassium Ratio Exhibits a Predictive Role That is Both Earlier and More Efficacious Compared to The Inflammatory Response in The Context of Isolated Thoracic Trauma.

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Introduction and Purpose: This study was designed to elucidate the relationship between the AIS 90 thoracic score, which is commonly used to assess the severity of trauma in trauma patients, and the relatively limited studies and data available on the Glucose Potassium Ratio (GPR). Additionally, the study aims to highlight the superiority (if any) of GPR in terms of trauma severity and prognosis, along with the Neutrophil Lymphocyte Ratio (NLR), which plays an important role in trauma severity and prognosis.

Materials and Methods: Between June 2020 and June 2022, individuals aged 18 and older who presented to the emergency department with isolated thoracic trauma were included in the study. Data pertaining to these patients were retrospectively analyzed, with the AIS 90 thoracic score serving as the reference point. The retrospective screening data of the patients enrolled in the study facilitated the categorization of individuals into three groups based on criteria delineating outpatient treatment, hospitalization, and admission to the intensive care unit. The mean values of the GPR and the NLR across these three groups were assessed utilizing Analysis of Variance (ANOVA).

Results and Conclusion: The analysis of 89 patients with isolated thoracic trauma revealed no statistically significant difference in the GPR values among the three groups (Levene $p < 0.05$, ANOVA $p=0.025$). However, further exploration through Tukey multiple comparisons indicated that the observed significant difference was attributable to patients admitted to the intensive care unit. Likewise, a statistically significant difference was observed between the three groups in the analysis of NLR values. (Levene $p=0.252$, Welch $p=0.028$). Following Tukey's multiple comparisons, it was determined that the significant difference could be attributed to patients hospitalized in the intensive care unit. The study's findings support the conclusion that individuals with an AIS 90 thoracic score exceeding 3 and requiring intensive care unit admission demonstrated elevated GPR values compared to other groups. The association between high GPR values and heightened lung parenchymal injury was evident. Consequently, it can be inferred that a high GPR value may serve as an indicator of lung parenchymal damage, suggesting a greater need for intensive care unit admission in such patients.

Keywords: Thoracic trauma, Glucose Potassium Ratio(GPR), Abbreviated Injury Scale(AIS 90)

Ref No: 6961

a case of metastatic choriocarcinoma a diagnosed in emergency

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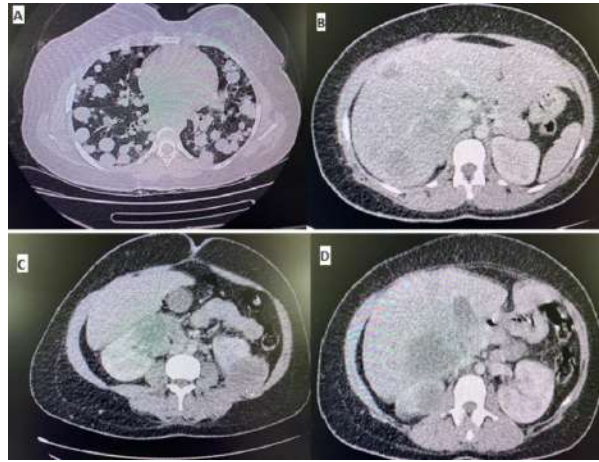
Introduction and Purpose: Choriocarcinoma, an aggressive tumor, originates either from the reproductive chorionic epithelium or, less commonly, from changes in the gonads. Most cases of choriocarcinoma present with bloody brown discharge, high beta HCG, and uterine growth. The most common sites for metastases are the lung and vulvovaginal region, and metastases are less frequently found in the brain and diaphragm. Other sites of metastasis such as skin, gastrointestinal tract, kidney, breast or bones are extremely rare. In this report, a case of metastatic choriocarcinoma detected in a 24 year old female patient who presented with chest pain and fatigue is presented.

Materials and Methods: A 24-year-old female patient of Syrian origin was admitted to the emergency room with complaints of itchy lesions on her legs, chest pain with coughing, and blood after coughing once for 1 week. He had no known disease in his medical history. On arrival vitals, the pulse was 129 beats/min and the saturation was 88. On examination, breathing sounds were normal and abdominal examination was comfortable. There were itchy, crusty, bullous lesions on the body. In the patient's first admission laboratory values, CRP is 193.9 mg/L (0-5 mg/L), WBC is 20 thousand (4-10.5 10⁹/L), hemoglobin is 8 g/dL (12.5-16 g/dL). , Dimer was 17020 mcg/l (0-500 mcg/L). Blood gases, cardiac enzymes and complete urinalysis were normal. The patient's imaging revealed widespread multiple nodules in the lungs and hypodense nodular mass lesions in the liver and bilateral kidneys. Beta HCG result was >10000. The patient was admitted to the Anesthesia Intensive Care Unit due to the preliminary diagnosis of choriocarcinoma and the need for intensive care. The ultrasound performed by the Gynecologist was evaluated as a molar pregnancy. He was transferred to another hospital due to the need for Radiation Oncology, and the patient died during follow-up.

Figure 1



Figure 2



Results and Conclusion: Choriocarcinoma is a diagnosis that should be considered if there is widespread nodular involvement in tomography scans in patients who come to the emergency department with complaints such as cough, chest pain, and shortness of breath. Metastatic choriocarcinoma cases have a poor prognosis. It requires a multidisciplinary approach. It is treated with multiple chemotherapy treatments. It is a fatal disease

Keywords: choriocarcinoma, emergency medicine, metastatic

Ref No: 7001

Vertebral Artery Dissection After Swimming

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Introduction and Purpose: Cervical artery dissection (CAD) is a significant cause of transient ischemic attack and stroke in young and middle-aged individuals. Mural hematoma is located within the media layer of the vessel and extends distally. It typically causes stenosis/occlusion in the subintima of the artery, often leading to cerebral ischemia through an embolic mechanism, rarely due to hemodynamic insufficiency. Clinical findings and imaging techniques play an important role in the diagnosis and monitoring of CAD patients. Conventional angiography is the gold standard examination for diagnosis. Recently, MRI/MRA and CT/CTA have also been used as alternative methods of examination. Radiological findings in CAD diagnosis include luminal flap, false lumen, mural hematoma, progressively increasing stenosis/occlusion, or dissecting aneurysm. Anticoagulation is usually the recommended treatment to prevent thromboembolic complications.

Materials and Methods: A 40-year-old male patient with no known comorbidities presented to the emergency department with complaints of nausea, vomiting, and double vision that began after swimming the previous evening. On neurological examination, limited gaze in both directions was observed in the right eye, while limited inward and upward gaze and nystagmus were noted in the left eye. There were no motor deficits or facial asymmetry. Cerebellar examinations were normal. No pathology was detected on contrast-free brain CT imaging. No pathology was found in blood tests. Diffusion-weighted MR imaging revealed a 3 mm diffusion restriction in the right half of the pons. Cranial CT angiography imaging showed thinning involving the distal V2 segment and proximal V3 segment, suggestive of dissection. The patient was consulted with neurology, ophthalmology, and neurosurgery. Neurology recommended anticoagulant therapy. Ophthalmology evaluated the patient's condition in relation to neurological events and recommended neurology follow-up. Neurosurgery did not consider intervention. The patient was admitted to the neurology intensive care unit.

Results and Conclusion: In patients presenting to the emergency department with double vision following physical activity, a comprehensive neurological examination should be performed, including cranial nerve assessments. In such cases, rapid communication with neurology should be established for the consideration of thrombolytic therapy if indicated acutely. Cervical artery dissection, which can lead to posterior stroke, is one of the conditions to be kept in mind.

Keywords: Cervical artery dissection, neurological emergency, double vision

Ref No: 7125

Preliminary Study On Road Traffic Accidents In Infants And Toddlers

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Introduction and Purpose: Road traffic accidents (RTAs) represent a global public health challenge, inflicting a substantial burden on societies and healthcare systems. While much attention has been directed towards understanding and mitigating the impact of RTAs, a specific subset of this phenomenon demands closer examination accidents involving infants and toddlers, the most vulnerable members of our communities. The vulnerability of this age group stems from their developmental stage, limited mobility, and dependency on caregivers. Comprehending the epidemiology and outcomes of RTAs among infants and toddlers is paramount for tailoring effective preventive strategies. This study aims to investigate RTAs involving infants and toddlers, defined as children from birth to 2 years old, focusing specifically on their epidemiology and outcomes.

Materials and Methods: This retrospective, single-center, observational, and cross-sectional study was conducted in the ED of a university-affiliated training and research hospital in Muğla, Turkey. Data were collected from consecutive infant and toddler patients admitted to the ED via ambulance between July 1, 2019, and July 1, 2023. All children aged 0-2 years who were involved in an RTAs were included in our study, while those older than 2 years were excluded. Both patients with missing data and those transferred to another hospital were excluded from the analysis.

Results and Conclusion: During the study period, 659 cases involved pediatric RTAs patients (individuals under 17 years old), with 41 cases specifically concerning infants and toddlers. These patients had a mean age of 12.98 ± 5.64 months, and 27 (65.9%) were boys. The median Pediatric Trauma Score for was 9 (IQR: 5-12). Motor vehicle accidents were the leading cause of injuries, accounting for 92.6% of cases, followed by motorcycle accidents (4.8%) and pedestrian-vehicle collisions (2.6%). Hospitalized patients exhibited various injuries, including femur fractures, subdural hematoma, orbital roof fracture, scalp hematomas, and lung contusion. Surgical intervention was required in only one case for a femur shaft fracture. Fortunately, no in-hospital deaths occurred among the study participants. This study underscores the importance of adult supervision to prevent RTAs and emphasizes the critical need for strict enforcement of child passenger safety laws to reduce the incidence of motor vehicle accidents involving infants and toddlers.

Keywords: Road Traffic Accidents, infants and toddlers, Preliminary Study

Ref No: 7183

Oculogyric Crisis:A Type of Acute Dystonia

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Introduction and Purpose: Oculogyric crisis is a form acute dystonia that effects eye muscles. It can present as sustained dystonic, conjugate, and upward deviation of the eyes. Patients' symptoms may include narrowing of visual field,diplopia,unintented eye movements. Symptoms may last from seconds to hours. Oculogyric crisis might be due to neurometabolic, neurodegenerative, and movement disorders but it can also occur in a healthy person with the use of some spesific drugs that includes antipsychotics, antiemetics, antidepressants, antiepileptics, and antimalarials.

Materials and Methods: 23 yearsold male patient came to the emergency room with a complaint of diplopia that persists for several hours.Patient' vital signs were in normal limits and his ECG pattern was NSR.When asked,patient said that he has been experiencing episodes of diplopia in the last 3 days that goes away on its own.When today's episode did not resolve,patient came to the emergency room.Patient said he has not a chronic medical condition but he has been going psychiatry.His medications includes escitalopram 10mg/day and olanzapin 7,5mg/day those were started 1 month ago.In his examination direct and indirect light reflexes were normal bilaterally.There was no eye movement limitation but there was biocular diplopia.Patient's blood gase,biochemistry and complete blood count analyses were in normal limits.There was no abnormality reported in his brain CT or diffusion MR.Although there was no dsytonic deviation of eye in his examination, We think that patient's diplopia might be caused by discoordination of his eye muscles and applied 5mg of biperiden IM. Patient's diplopia resolved within 30 minutes of biperiden application.Patient was consulted to psychiatry for medicine regulation.Olanzapine excluded from his regimen by psychiatrist.Patient discharged and recommanded to go psychiatry follow up.

Results and Conclusion: Oculogyric crisis can be seen in patients with the use of some medications.Although it usually presents with deviation of eyes it is important to remember it can present with binocular diplopia episodes.There is wide spectrum of reasons for binocular diplopia like orbital trauma,neromuscular junction dysfuction disorders,central nervous system pathologies,systemic dieases those have effect on orbita,genetic conditons,infections etc. But it is important to remember some medication can also cause binocular diplopia and it would be reasonable to evaluate patient based on possible risk factors.

Keywords: Oculogyric Crisis, Binocular Diplopia, Anti-psychotic medicines

Ref No: 7205

Emergency Medicine Specialists and General Practitioners in the Management of Yellow Zone Patients: A Study from Turkey

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Introduction and Purpose: Despite over 30 years of specialized training in Turkey, there remains an unmet need for an adequate number of Emergency Medicine Specialists (EMS). Consequently, the current landscape in Turkish Emergency Departments reflects a composition of both EMS and general practitioners (1) (2) (3). The prevailing strategy suggests that EMS, whose efficacy in enhancing patient care quality and reducing wait times has been established, are tasked with managing the more complex red and yellow-coded patients, while general practitioners handle areas where green-coded patients are treated (5). However, due to its correlation with the current physician count, while this approach might seem feasible for red-coded areas, its application in yellow-coded areas appears impractical. This study aims to elucidate the divergent approaches to patient management between EMS and general practitioners operating within the yellow zone of the emergency department and contribute to the literature by furnishing a resource aiding in work allocation decisions.

Materials and Methods: Conducted at Sakarya Training and Research Hospital's Emergency Department (Level 3), annually receiving around 400,000 visits, this study sampled patients treated by EMS or general practitioners categorized under the "Yellow Zone" by the triage unit. Patients were randomly selected based on predefined criteria. Data were analyzed separately for the overall group and for EMS and general practitioners.

Results and Conclusion: The study encompassed 59 physicians (14 specialists and 45 general practitioners), with general data characteristics, including patient numbers, detailed in Tables 1 and 2. EMS exhibited greater experience ($p<0.001$), shorter initial consultation request times ($p<0.001$), and higher intensive care admission rates ($p<0.001$) compared to general practitioners. Regarding resource utilization, EMS showed fewer ultrasound requests ($p=0.001$) and fewer MRI and ultrasound requests per patient ($p<0.001$). Moreover, EMS demonstrated a higher number of consultation requests per patient ($p<0.001$). Our study underscores the significant contribution of Emergency Medicine Specialists, particularly those operating within the yellow zone of emergency departments, in enhancing patient care quality. EMS, through their discerning approach to critical patient management and testing processes, optimize emergency department resources and streamline patient management processes compared to general practitioners, thus underscoring their pivotal role in emergency care delivery.

Table-1: Years of Experience of Doctors, Patient Counts, Frequency of Medical Procedures, Return Visit Rates, and Hospital Revenue Contributions

	Doktor (n=59)
Yılların Deneyimi; medyan (IQR)	1 (1-7)
Sınav Sayısı; medyan (IQR)	759 (379-1082)
Hasta Gözlem Süresi; medyan (IQR)	318 (292-349)
İlk Konsültasyon Talep Süresi; medyan (IQR)	148 (126-173)
CT Taraması Talep Sayısı; medyan (IQR)	435 (283-688)
MRI Talep Sayısı; medyan (IQR)	61 (47-98)
Ultrason İstek Sayısı; medyan (IQR)	61 (35-127)
Hasta Başına CT Tarama İsteği; medyan (IQR)	0,63 (0,54-0,72)
Hasta Başına MR Talepleri; medyan (IQR)	0,1 (0,08-0,12)
Hasta Başına Ultrason Talebi; medyan (IQR)	0,12 (0,09-0,14)
Hasta Başına Konsültasyon Talebi; medyan (IQR)	0,68 (0,59-0,85)
Hasta Başına Tekrar Ziyaret Oranı; medyan (IQR)	0,12 (0,11-0,13)
Servise Kabul Edilen Hastalar; medyan (IQR)	157 (70-242)
Yoğun Bakıma Kabul Edilen Hastalar; medyan (IQR)	57 (15-79)
Hastane Gelir Katkısı (TL); medyan (IQR)	109 (100-117)

Table 2: Comparison of General Practitioners and Specialist Doctors' Work Performances: Years of Experience, Patient Counts, Frequency of Medical Procedures, Return Visit Rates, and Hospital Revenue Contributions

	General Practitioner (n=45)	Emergency Medicine Specialist (n=14)	p
Years of Experience; median (IQR)	1 (1-2)	10 (7-14)	<0,001
Examination Count; median (IQR)	779 (353-1230)	744 (590-894)	0,972
Patient Observation Time; median (IQR)	308 (284-363)	325 (315-335)	0,662
Initial Consultation Request Time; median (IQR)	158 (142-178)	127 (119-141)	<0,001
CT Scan Request Count; median (IQR)	520 (249-768)	397 (333-540)	0,88
MRI Request Count; median (IQR)	83 (44-122)	56 (51-74)	0,354
Ultrasound Request Count; median (IQR)	82 (47-147)	38 (33-49)	0,001
CT Scan Requests per Patient; median (IQR)	0,64 (0,58-0,72)	0,51 (0,43-0,79)	0,13
MRI Requests per Patient; median (IQR)	0,09 (0,07-0,1)	0,06 (0,04-0,08)	0,023
Ultrasound Requests per Patient; median (IQR)	0,1 (0,09-0,13)	0,04 (0,03-0,05)	<0,001
Consultation Requests per Patient; median (IQR)	0,66 (0,55-0,72)	0,88 (0,78-0,95)	<0,001

Return Visit Rate per Patient; median (IQR)	0,12 (0,1-0,13)	0,11 (0,1-0,13)	0,735
Patients Admitted to Service; median (IQR)	132 (53-237)	181 (152-253)	0,132
Patients Admitted to Intensive Care; median (IQR)	46 (12-74)	85 (59-120)	<0,001
Hospital Revenue Contribution (TL); median (IQR)	107 (100-117)	112 (106-119)	0,345

Keywords: Emergency Medicine Specialists, Emergency Departments, Patient Management

Ref No: 7265

Idiopathic Thrombocytopenic Purpura

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Introduction and Purpose: Idiopathic Thrombocytopenic Purpura, now known as immune thrombocytopenia disease, is a disease characterized by increased platelet destruction and impaired production by auto immune mechanisms. Patients generally present to the hospital with sudden onset of widespread rashes and mucosal bleeding. The disease is mostly seen in the childhood age group. Here, an elderly case will be explained.

Materials and Methods: An 83-year-old male patient was admitted to the emergency department due to rashes that had been occurring on his body for two days. On examination, widespread petechiae and purpuric rashes all over the body and purpuric lesions in the mouth were observed. It was learned that the patient had a flu infection a week ago. The patient has a history of hypertension, diabetes, heart failure, coronary artery disease, stent and bypass, and uses acetylsalicylic acid and clopidogrel. In laboratory tests, the platelet count was measured as $5000 \times 10^3/\mu\text{L}$. The patient's result was confirmed by peripheral smear. With the preliminary diagnosis of ITP, internal medicine was consulted and he was admitted to the hematology service.

Figure 1. Diffuse petechiae and purpura on the body and mucosa



Results and Conclusion: ITP, which is acute and generally does not become chronic in children, usually has an insidious onset and a chronic course in adults. In the differential diagnosis of the disease, infections, vaccines, cancers and other autoimmune conditions that may cause thrombocytopenia should be excluded. In the treatment, drugs that may disrupt coagulation and hemostasis should be discontinued and the patient should receive high-dose steroids, IVIG and, if necessary, splenectomy. Platelet count and clinical improvement are taken into account when evaluating treatment response, and elderly patients should be followed up since the rate of chronicity is high. ITP is a disease that causes low platelet count and can lead to rashes and bleeding in the body. In order to reach a diagnosis quickly, conditions that may cause low platelet count and rash should be excluded, a detailed medical history should be taken from the patient, and a detailed physical examination should be performed to understand whether there is bleeding, so that we can start treatment quickly.

Keywords: Immune Thrombocytopenia, petechiae, IVIG

Ref No: 7266

The effect of scoring systems on outcome in geriatric patients presenting with trauma

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Introduction and Purpose: The geriatric population is increasing worldwide. Geriatric patients are more mobile with prolonged life expectancy and increased living standards, making them more vulnerable to trauma. In this way, geriatric admissions to emergency departments are also increasing. Predicting mortality and morbidity in geriatric patients and deciding on hospitalization/discharge situations are important for emergency department conditions. In this study, we aimed to determine whether scoring systems have a significant effect on prognosis and length of hospitalization/stay in geriatric populations admitted with trauma.

Materials and Methods: Our study was conducted in the Emergency Medicine Clinic of Ankara Training and Research Hospital for six months and was completed when the targeted number of patients was reached. Our study is a prospective, observational study. The geriatric population aged 65 years and older who applied to the emergency department due to trauma were included in our study. In our study, the scores of the patients according to the scoring systems (Emergency Severity Index, Trauma Injury Severity Score, Charlson Comorbidity, Clinical Frailty Index, Trauma Specific Frailty Index) were calculated. Patients were divided into two groups exitus and survivors. Surviving patients were grouped as hospitalized and discharged patients.

Results and Conclusion: 499 patients were included in our study. It was determined that 99.6% of the patients were alive (n=497). It was determined that 84.6% of the living patients were discharged (n=422) and 15.4% were hospitalized. It was found that 45.1% of the patients were readmitted to the hospital in the last month. Consultation was requested for 38.1% of the patients. All five scoring systems determined to predict the hospitalization status of the patients were found to be significant (p<0.001). The AUC values of ESI and TRISS were found to be higher than the others in determining the outcome of hospitalization (0.843 and 0.835, respectively). Trauma Injury Severity Score was found to be significant in predicting readmission in the last one month (p<0.001). Correct triage is important in the evaluation of geriatric patients presenting to the emergency department with trauma. The inclusion of the patient's current clinical status and frailty status and the use of scoring systems will provide earlier and more accurate intervention.

Keywords: geriatric patient, frail, trauma

Ref No: 7315

Relationship between inflammation markers and ketonuria in hospitalized HEG cases

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Introduction and Purpose: Hyperemesis gravidarum (HEG) is a medical condition that typically begins during the early stages of pregnancy and is characterized by difficulties in consuming food orally, disturbances in electrolyte levels, the presence of ketones in urine, and significant weight loss. Its frequency varies between 0.3-3%. We want to investigate the relationship between inflammation markers and ketonuria levels of pregnant women hospitalized with the diagnosis of HEG in the first trimester.

Materials and Methods: Pregnant women diagnosed with HEG and hospitalized between 6-13 weeks of gestation who applied to our emergency clinic between March 2023 and March 2024 with complaints of excessive nausea, vomiting, malnutrition and $>+1$ ketonuria were included in the study. The exclusion criteria were multiple pregnancies, presence of infection or inflammatory diseases of mother, mothers under 18, receiving anti-inflammatory or steroid therapy during pregnancy. Obstetric data including age, gender, weight, height, BMI and laboratory results such as Leukocyte, Neutrophil, Lymphocyte and Monocyte parameters from routine blood tests, systemic immune inflammation index (SII), systemic inflammation response index (SIRI) and urine analyses results of all patients were planned to be recorded. Statistical Analyses: G-Power analysis was applied to determine the number of groups in the study. According to these results, the groups were planned to have a minimum of 74 people in total, with a power of 0.80 and a margin of error of 10%. The groups were planned as two groups: ketonuria $+2$ and below (Group 1) and $+3$ and above (Group 2). Statistical Package for Social Sciences (SPSS Inc., version 20.0; Chicago, IL) will be used in statistical analyses.

Results and Conclusion: The demographic data distribution of the patients was summarized in Table 1. The mean ages of groups 1 and 2 were 29.1 ± 4.7 /year and 26.8 ± 4.9 /year, respectively. Accordingly, no significant difference was found between the groups in gravida, abortion, gestational week and BMI of the patients ($p > .05$). When the parity numbers of the groups are evaluated; Group 1 was 0.8 (0-3), Group 2 was 0.4 (0-2), and this difference was found to be statistically significant ($p < .05$). So, there are conflicting findings in the literature and Further prospective clinical investigations are required to assess the significance of hematological markers and the importance of ketonuria.

Keywords: Hyperemesis gravidarum, systemic immune inflammation index (SII), systemic inflammation response index (SIRI)

Ref No: 7412

Covid vs Influenza; Hospitalization and mortality rates; After math of Seasonal Flu-Like Cases

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Introduction and Purpose: Today, seasonal flu-like symptoms comprise not only Influenza and acquaintanced viruses as before. Symptoms are similar and often unidentifiable without a specific test. Antigen rapid tests offer differentiation of the reason. The aim is to clarify the cases presented due to flu-liked signs in a comparison of Influenza to Covid.

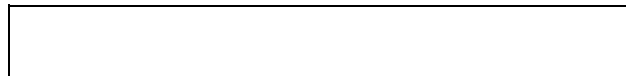
Materials and Methods: The patients had a quick test from January 1 to June 6, 2023. The space age range is 0-90 year sold. Sars Cov-2 and Influenza antigen combo rapid tests were used.

Results and Conclusion: A total of 4939 cases were found to be tested; 400 (8,09 %) were positive for Covid, while 961 (41,6 %) were positive for Influenza. Hospitalizations were 264 (66 %) vs 860 (89,5 %) in Covid, Influenza respectively ($p < 0,0001$). Mortality was for 3 cases had Covid (0.75 %) ; however, none in Influenza ($p = 0,0073$). Figure 1 and 2 are demonstrated for positivities and admission. Influenza is still the main one for flu-liked cases in the community, besides Covid taking it splace with a half rate of Influenza in reality. Mortality is related to Covid, as its effects on multi-system devastation.

Sars Cov-2 and Influenza antigen combo rapid tests on flu-liked cases.



Hospitalization rates in Sars Cov-2 vs Influenza.



Keywords: Emergency Medicine, Sars Cov-2 and Influenza, Mortality

Ref No: 7429

Knowledge, Attitude, And Practice Toward Spinal Motion Restriction in Emergency Departments in Jordan: A Cross-Sectional Study

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Introduction and Purpose: Background / Introduction: Traumatic Spinal Cord Injuries (TSCI) are severe injuries affecting patients and their families. Spinal motion restriction (SMR) has been a standard of care for these patients and suspected TSCI typically arrive at the emergency department (ED) with SMR. However, there is a lack of research regarding knowledge, attitude and practice regarding SMR among physicians and nurses working in the ED. Objectives: This study examines the knowledge, attitude, and practice towards using SMR and the broadly used clearance criteria, including the NEXUS and Canadian C-spine rules (CCR) among emergency staff, including physicians and nurses.

Materials and Methods: This cross-sectional study used a newly developed questionnaire. The questionnaire had four sections, including the participant's demographics, knowledge (19 items), attitude (17 items) and practices (18 items) toward the SMR, which were based on the Canadian C spine rule (CCR) and national emergency X-ray utilisation study (NEXUS) criteria. Descriptive statistics, independent t-tests, and correlation analyses were used.

Results and Conclusion: A total of 217 participants completed the questionnaire after providing informed consent. The sample included physicians (n=106; 48.8%), nurses (n=92; 42.4) and paramedics (n=19; 8.8%) who work in the ED and deal with suspected TSCI. Most participants were males (77.9%), with a mean age of 32.0 (5.9). A neutral attitude was observed among ED personnel regarding SMR (mean= 3.17 (SD±0.787)) and the SMR clearance criteria (mean= 3.03 (SD± 1.068)), with a more positive attitude among trained compared to untrained participants (<0.05). Higher knowledge correlated with higher attitude scores (p-value<0.05). Conclusion: Low knowledge levels and neutral attitudes toward SMR and the selective SMR criteria are present among ED staff in Jordan. Furthermore, a suboptimal practice regarding using SMR raises the concern about missing TSCI, exposing them to worse outcomes. The study also recommends further compulsory training for trauma training to improve knowledge among the ED workforce

Keywords: Spinal Motion Restriction, Emergency Department, Knowledge and Attitude

Ref No: 7448

Analysis of Urticaria Cases Referred to the Emergency Department from Family Health Centers

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Introduction and Purpose: Urticaria is a skin disease characterized by erythematous, edematous, pruritic, spontaneously disappearing urticarial lesions. It is characterized by angioedema (AE) due to involvement of the dermis or subcutis or both. Epidemiologic data on urticaria are inadequate and sometimes inconsistent. Patients apply to the nearest health institution in acute urticaria. Patients usually self-limit with drug treatment and the need to go to the emergency department is rare. We analyzed acute urticaria cases referred to the emergency department (ED) from family health centers (FHC). In this study, the clinical characteristics of patients with acute urticaria treated in the ED were retrospectively analyzed and our results were compared with the literature.

Materials and Methods: Patients referred to the emergency department from family health centers for acute urticaria between January 2019 and December 2023 were retrospectively evaluated in terms of age, gender, length of stay in the emergency department, adrenaline requirement, presence of comorbid diseases, laboratory values and readmission status

Results and Conclusion: The mean age of the patients admitted during the study period was 26.08±12.05 years. Of the study population, 131(39%) were male and 200(61%) were female. Acute urticaria was most common in women under 20 years of age and 38% of the patients had a history of previous emergency department visits with similar complaints. 39% (130) of the patients were followed up without any treatment. Steroid and anti-histamine treatment was given to 58.6%(194) of the patients. 7 patients were given adrenaline, intensive fluid, steroid and anti histamine treatment with the diagnosis of anaphylaxis and 2 of them were hospitalized. Conclusion: In our study, acute urticaria was most commonly seen in young females and one third of the patients presenting to the emergency department at the ASM did not receive any treatment in the emergency department. Most patients presenting with acute urticaria benefit from simple medical treatment, but life-threatening conditions such as anaphylaxis should not be ignored. Most of the patients can be treated by applying these treatments in primary health care institutions. By performing these treatments in primary health care institutions, family health centers can be used more efficiently and contribute to reducing the intensity of the emergency department.

Keywords: Acute urticaria, Anaphylaxis, Family Health Centers

Ref No: 7500

Foreign patient and Emergency Medicine

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Introduction and Purpose: Foreign patients are a recent identity surging in Emergency Medicine. The purpose is to identify these patients, their flow, and the finalization.

Materials and Methods: This retrospective study concluded June 1-30, 2023. Files on the database were identified from Nucleus. The study included foreign patients hospitalized in the ED. The nationality, diagnosis, hospitalization department, and whether a relationship between these researched.

Results and Conclusion: 308 foreign patients visited the Emergency Department of Baskent University Alanya Training and Research Hospital. One hundred seventy-two patients (55.8%) were hospitalized. The mean age was 43.5 ± 19.1 . The sex ratio was 80/92 (M/F). Figure 1 mentions the citizenship of patients on a bar graph. Figure 2 indicates the distribution of finalization of foreign patients at ED on a pie chart. Figure 3 shows the distribution of finalization of foreign patients at hospitalization. Table 1 demonstrates the diagnosis. When examined on a country basis, the highest number of patients hospitalized, it was found that Polons (35.7%, n=10) and Germans (42.9%, n=9) due to infection and Danes (52.6%, n=10) due to trauma. Foreign patients apply to the ED with various complaints and often face emergencies requiring hospitalization. Patients are mostly hospitalized due to infectious diseases, trauma and cardiac emergencies and are frequently discharged with a full recovery.

Figure 1

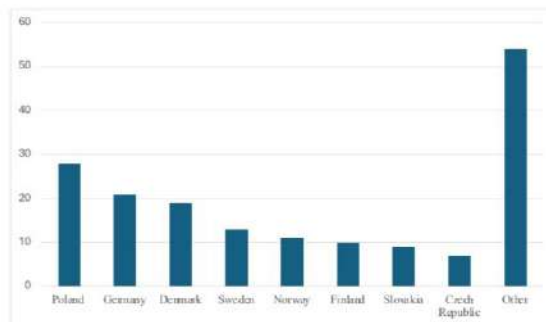


Figure 1. The citizenship of patients on a bar graph.

Figure 2

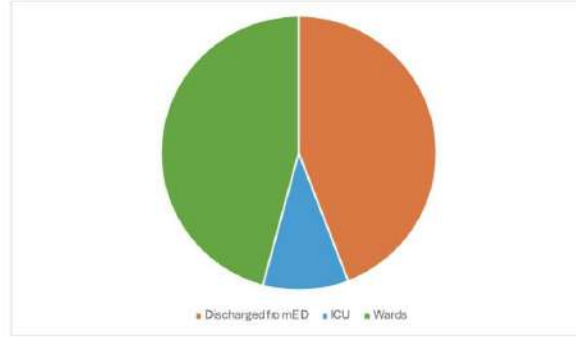


Figure 2. The distribution of finalization of foreign patient at ED.

Figure 3

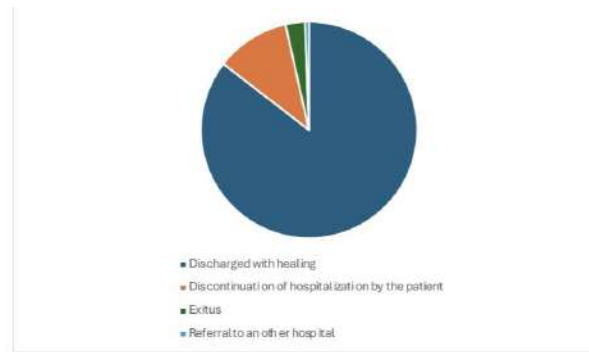


Figure 3. The finalization of foreign patients' hospitalization.

Table 1. Hospitalization Indication

Hospitalization Indication	Number of Patients(%)
Infectious Diseases	68(39.5%)
Trauma	49(28.5%)
Cardiac Emergencies	16(9.3%)
Neurologic Emergencies	13(7.6%)
Gastrointestinal Emergencies	11(6.4%)
Respiratory Emergencies	6(3.5%)
Environmental Emergencies	3(1.7%)
Genitourinary Emergencies	3(1.7%)

Gynecology and Obstetrics Emergencies	2(1.2%)
Toxicology	1(0.6%)
All	172(100%)

Keywords: Emergency Medicine, Foreign Patient, Hospitalization

Ref No: 7535

Acil serviste solunum sıkıntısı yönetiminde end-tidal CO2 ölçümü arteriyel parsiyel CO2'nin yerini alabilir mi?

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Introduction and Purpose: Öncelikli amacımız, acil servis triyajında ve tedavi sonrası takipte arteriyel karbondioksit parsiyel basıncı (PaCO₂) yerine non-invaziv bir yöntem olan end-tidal karbondioksit (EtCO₂) ölçümünün kullanılıp kullanılmayacağını ortaya koymaktır. İkincil amacımız ise venöz karbondioksit parsiyel basıncının (PvCO₂) arteriyel karbondioksit kısmi basıncı (PaCO₂) yerine kullanılıp kullanılmayacağını ortaya koymaktır.

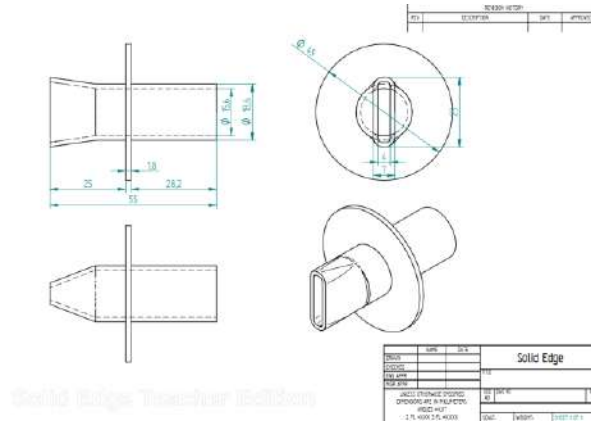
Materials and Methods: Nisan ve Mayıs 2023 tarihleri arasında acil servise solunum sıkıntısı ile başvuran hastalarla prospektif kesitsel bir çalışma olarak planlanmıştır (61 gün). Acil servise başvuran 623 hastanın 97'si dışlama kriterleri sonrasında çalışmaya dahil edilmiştir. Hastaların demografik bilgileri, EtCO₂ düzeyi, PaCO₂ ve PvCO₂ düzeyleri, transkütan oksijen satürasyonu (TcSO₂) ve verilen tedaviler ilk başvuru anında (0. dakika), 60. dakikada ve 120. dakikada kaydedildi. Hastaların hastaneye yatış-taburculuk durumları, yaşamsal bulguları ve başlangıç kan gazı pH değerleri de not edildi. Arteriyel kan gazı örnekleri eş zamanlı olarak radial arter, brakial arter veya femoral arterden, venöz kan gazı örnekleri ise eş zamanlı olarak brakial venden heparinize enjektörlerle alındı ve hızlı bir şekilde laboratuvara ulaştırıldı. EtCO₂ ölçümleri, 3D baskılı tek kullanımlık bir aparatın (Tarafımızca üretilen bu aparat için 22.09.2023 tarihinde "Faydalı Model" başlığı altında Türk Patent Kurumu'na başvuru yapılmıştır.) ana akım EMMA® Kapnograf cihazının hava yolu adaptörüne takılmasıyla gerçekleştirilmiştir. Entübe hastalar için üretilmiştir. Solunum sıkıntısı ile başvuran hastalardan spontan tek üfleme ile elde edilmiştir.

Endtidal karbondioksitin noninvaziv ölçümü



Bu, entübe edilmemiş hastalarda üfleyerek nasıl ölçüm yaptığımızı gösteren bir fotoğraftır.

Aparatın teknik çizimi



Aparatı 3D yazıcıdan üretmek için yapılan çizim.

Results and Conclusion: Bu çalışmaya yaş ortalaması 70.93 ± 9.6 yıl olan 97 solunum sıkıntısı hastası dahil edilmiştir. Hastaların %60,8'i (n=59) erkekti. Başvuru sırasındaki EtCO₂ değeri 45 mmHg'nın üzerinde olduğunda, EtCO₂ ile PaCO₂ ve PvCO₂ ölçümleri arasında güçlü ve anlamlı bir pozitif ilişki gözlenmiştir (sırasıyla $r=0,844$ ve $r=0,803$; her ikisi için de $p<0,001$). EtCO₂ ile PaCO₂ ölçümü arasında 60. dakikada pozitif yönde güçlü ve anlamlı bir ilişki

bulunmuştur ($r=0,729$; $p<0,001$). EtCO₂ >45 olduğunda ikinci saatte PaCO₂ ve PvCO₂ ölçümleri arasında güçlü bir pozitif korelasyon bulundu ($r=0,870$; $p<0,001$). EtCO₂ değeri hastaneye yatırılan hastalarda taburcu edilen hastalara göre anlamlı derecede daha yüksekti. Ürettiğimiz bir üfleme aparatının kapnografa eklenmesi ve solunum sıkıntısı olan hastaların spontan olarak solutulmasıyla elde edilen EtCO₂ değeri, hastaların acil servis triyajında ve akut tedavinin ilk iki saatinde arteriyel kan gazına güçlü bir alternatiftir. Akut solunum sıkıntısı olan hastalarda bu basit, noninvaziv EtCO₂ ölçümü, hastaneye yatış kararlarının erken öngörülmesinde de yardımcı olmaktadır.

Tablo 1: Solunum sıkıntısı olan hastaların tanımlayıcı verileri (n=97)

Features	n(%)
Gender, Male	59(60.8)
Age, years [mean +SD (min-max)]	70.93± 9.6 (41-90)
Initial arterial blood gas pH value [mean+sd (min-max)]	7.37±0.08 (7.081-7.57)
Treatment at admission	
Inhaler bronchodilator	45(46.4)
Diuretic	12(12.4)
Noninvasive mechanical ventilation (NIMV)	12(12.4)
Oxygen support only	11(11.3)
Inhaler+diuretic	12(12.4)
Diuretic+NIMV	5(5.2)
Invasive mechanic ventilation (IMV)	0(0)
Treatment at the first hour	
Inhaler bronchodilator	40(41.2)
Diuretic	15(15.5)
NIMV	15(15.5)
Oxygen support only	10(10.3)
Inhaler+diuretic	12(12.4)

Diuretic+NIMV	5(%5.2)
IMV	0(%0)
Treatment at the second hour	
Inhaler bronchodilator	35(%36.1)
Diuretic	17(%17.5)
NIMV	18(%18.5)
Oxygen support only	12(%12.4)
Inhaler+diuretic	11(%11.3)
Diuretic+NIMV	4(%4.1)
IMV	0(%0)
Comorbidities*	
Heart failure	37 (%38)
Hypertension	74(%76)
Chronic obstructive pulmonary disease	57(%58)
Diabetes	36(%37)
Coronary artery disease	13(%13)
Chronic renal failure	11(%12)
Lung malignancy	7(%7)
Tuberculosis	9 (%10)
Other malignancies	4(%4)
Interstitial lung disease	1(%1)
Smoking	
Active smoker	16(%16.5)
Ex-smoker	42(%43.3)

Never smoke	39(%40.2)
Diagnosis of chronic hypercarbia (PaCO₂ at admission > 45 mmHg)	33(%34)
COPD exacerbation	18(%18.6)
Heart failure	11(%11.4)
Pneumonia	2(%2)
Acute renal failure	2(%2)
Outcome	
Discharged	62(%63.9)
Chest disease ward admission	23(%23.7)
Cardiology ward admission	5(%5.2)
Intensive care unit	7(%7.2)

Tablo 2: Solunum sıkıntısı olan hastaların hastaneye yatış durumuna göre end-tidal karbondioksit (EtCO₂) değerlerinin karşılaştırılması

Parameters	All patients	Inpatients	Discharged	p value
EtCO₂ at admission	35 (30-45)	46.17±15.235	33.95±9.31	<0.001
EtCO₂ at the first hour	33 (28-41)	42.69±14.784	32.90±7.923	<0.001
EtCO₂ at the second hour	34 (29-41.25)	42.37±15,923	34.06±8,400	0.006

Tablo 3: EtCO₂ ile PaCO₂ ve PvCO₂ ölçümlerinin korelasyon analizleri.

Zeroth minute		EtCO ₂	PaCO ₂	PvCO ₂
---------------	--	-------------------	-------------------	-------------------

EtCO₂ (mmHg)	r		0,820	0,772
	p		<0,001	<0,001
<35	r		-	-
	p		0,064	0,056
35-45	r		0,621	0,657
	p		<0,001	<0,001
>45	r		0,844	0,803
	p		<0,001	<0,001
PaCO₂ (mmHg)	r	0,820		0,891
	p	<0,001		<0,001
PvCO₂ (mmHg)	r	0,772	0,891	
	p	<0,001	<0,001	
60th minute				
EtCO₂	r		0,729	0,653
	p		<0,001	<0,001
<35	r		-	-
	p		0,341	0,361
35-45	r		0,635	0,551
	p		<0,001	<0,001
>45	r		0,730	0,702
	p		<0,001	<0,001
PaCO₂	r	0,729		0,937
	p	<0,001		<0,001
PvCO₂	r	0,653	0,937	
	p	<0,001	<0,001	
120th minute				
EtCO₂	r		0,677	0,609
	p		<0,001	<0,001
<35	r		-	-
	p		0,323	0,336
35-45	r		0,480	0,415
	p		<0,001	<0,001
>45	r		0,667	0,563
	p		<0,001	<0,001
PaCO₂	r	0,677		0,876
	p	<0,001		<0,001

PvCO ₂	r	0,609	0,876	
	p	<0,001	<0,001	

Keywords: Kapnograf, End-tidal karbondioksit, Solunum Sıkıntısı

Ref No: 7613

Corticosteroid-İnduced Hypokalemic Paralysis

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Introduction and Purpose: Hypokalemic paralysis is a clinical condition characterized by proximal muscle weakness. Hypokalemic paralysis due to corticosteroid use has been previously reported in the literature. Hypotassemia occurs as a result of corticosteroids directly or indirectly affecting sodium-potassium adenosine triphosphatase (Na⁺ + -K⁺ + ATPase). Unknowing use in people with a familial predisposition may cause Hypokalemic Periodic Paralysis (HPP). We will draw attention on a patient with no medical history who suffered from an acute onset of bilateral lower limb weakness with hypokalemia following dexamethasone injection.

Materials and Methods: Case: A 32-year-old man who presented to the ED with acute onset of painfull muscle weakness and numbness after receiving intramuscular dexamethasone. Physical examination showed decreased muscle power of the bilateral upper and lower limbs. The upper limbs was scored 2/3 while the lower limbs was scored 3/5 . The deep tendon reflex of the limbs was decreased compared to increased muscle tone. Blood tests, including complete cell count, blood sugar, and a biochemical panel, were normal, except for white blood cells (19,98 x10³/μL), potassium (2,0 mEq/L). With the current findings, it was considered as corticosteroid-induced hypokalemic paralysis. Clinical symptoms resolved when potassium started to leak back into the serum eight hours after the potassium chloride infusion. according to the control laboratory tests, a significant improvement occurred in potassium levels which were 4.6 meq/l. The patient had experienced an excellent improvement in clinical symptoms. No hypokalemia was observed during a full year of observation after his discharge from the hospital.

Results and Conclusion: Hypokalemia is generally defined as a serum potassium level of less than 3.5 meq/l . However hypokalemia could be occurs due to the shift of potassium into the cells despite of the total body potassium concentration. corticosteroids can cause hypokalemia by inhibiting the pumping function of Na⁺ /K⁺— ATPase . A case of HPP due to corticosteroid use has been reported previously. No hypokalemic paralysis attacks were recorded during a full year of follow-up after stopping the use of corticosteroids.

Keywords: Corticosteroid, Hypokalemi, Paralysis

Ref No: 7619

End of life measures for adult patients presenting to the emergency department with terminal illness or advanced care directives.

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Introduction and Purpose: End-of-life care in the Emergency Department (ED) can be challenging. The Irish Association of Emergency Medicine (IAEM) Clinical Guideline on “End of Life Care in the ED” describes key measures to optimise the management of terminally ill patients. Aim: To determine the current prevalence of patients presenting to Beaumont ED for end-of-life care and to compare our management to the IAEM national standard.

Materials and Methods: A retrospective chart review was completed of patients with terminal illness or advanced care directives who died in the ED over 11 months from August 2022 to June 2023. Variables reviewed included: - Charting of comfort medications - Availability of a side room - Presence of an advanced care directive / completed escalation plan - Documentation of family involvement - Documentation of any holistic care measures (e.g. chaplain) - Documentation of palliative care involvement, These variables were analysed and compared to IAEM best practice standards.

Results and Conclusion: 23 patients were included. This represents 29% (n=23) of the total ED mortalities (n=78); and approximately 0.04% of the total ED presentations (n=57896) for the study period.^[1] The median age of the patients was 82 years. Comfort medications were charted in 61% (n=14). Side room availability was documented in 52% (n=12). Documentation of an advanced care directive/ escalation plan was present in 61% (n=14). Family involvement was documented in 95% (n=22). Documentation of any holistic care measures was present in 17% (n=4). Palliative care team involvement was documented in 26% (n=6). This audit identifies key areas for improvement in the management of patients presenting with terminal illness and requiring end-of-life care. Education of ED staff regarding comfort medications, holistic care measures and palliative team involvement is required.

Results of current end of life management in Beaumont Emergency Department

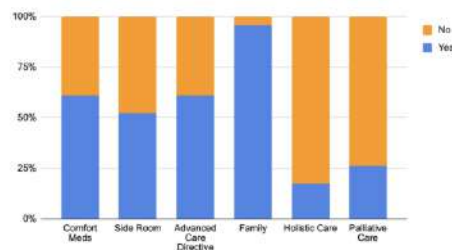


Figure 1: Results of current end of life management in Beaumont Emergency Department

Keywords: End of Life Care, Palliative Care

Ref No: 7628

Portal Vein Thrombosis Presenting With Acute Abdomen

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Introduction and Purpose: Portal vein thrombosis (PVT) is the obstruction or narrowing of the portal vein by a thrombus. It is relatively rare and is associated with the presence of an underlying liver disease or prothrombotic disorders. Acute PVT may be asymptomatic, but life-threatening intestinal ischaemia and infarction may present to the emergency department. Acute abdomen is a potentially life-threatening condition that is common in patients presenting to the emergency department and can be caused by various pathologies. In this case report, the management of a patient who presented with abdominal pain and was diagnosed with portal vein thrombosis by computed tomography (CT) is discussed in detail. The importance of radiological findings and laboratory tests in the diagnosis and treatment process is emphasised.

Materials and Methods: A 44-year-old man with known hypertension and coronary artery disease was admitted to the emergency department with the complaints of increasing abdominal pain and weight loss for about 20 days. Physical examination revealed diffuse tenderness and right upper quadrant defence. During emergency department evaluation, a diagnosis of portal vein thrombosis was made by computed tomography (CT). (Figure 1) CT images showed marked thrombotic occlusion of the portal vein with secondary segmentation of the liver and signs of portal hypertension. Computed tomography (CT) images show significant thrombotic obstruction in the portal vein. There are also signs of segmental segmentation of the liver and portal hypertension. Laboratory Findings: In blood gas, the leukocyte count was 15 thousand/ml, GGT level was 89 U/l and lactate level was 5.1 mmol/l. Other laboratory tests were normal. The patient was urgently taken to the operating room to prevent complications related to thrombosis. During the operation, necrosis of the small intestine due to venous ischemia at the anus was detected and resection was performed. The patient was taken to the post-intensive care unit. He was discharged with recommendations.

figure 1



Results and Conclusion: Portal vein thrombosis may lead to complications such as impaired liver function and portal hypertension. Therefore, follow-up and management of patients may require a multidisciplinary approach. Additional treatment options such as anticoagulant therapy or interventional procedures should be considered when necessary.

Keywords: Portal Vein, Thrombosis, Acute Abdomen

Ref No: 7637

Megaloappendix

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Introduction and Purpose: The appendix is a blind intestine extension located at the beginning of the large intestine, measuring between 5 to 10 cm in length. The appendix is around half a centimeter in width. Acute appendicitis occurs as a result of the appendix becoming blocked. This blockage can be caused by undigested food residues, seeds of some fruits, foreign bodies, rarely tumors, and fecaliths (1). Patients with appendicitis typically present with nausea, vomiting, loss of appetite, and pain in the lower right quadrant (2).

Materials and Methods: A 24-year-old male patient presented to our ED with complaints of abdominal pain. His general condition was good and vital signs were stable. GCS was 15. On physical examination, there was no rebound in the abdomen. However, tenderness was present in the lower right quadrant. The patient also reported nausea. Blood tests including biochemistry, complete blood count, and coagulation profiles were obtained. Symptomatic therapy were initiated. Blood tests showed mild elevation in CRP, NLR, and WBC levels. Despite symptomatic treatment, the patient did not experience relief. The ACT scan revealed thickening of submucosal fatty tissue in the cecal area. The appendix measured 18 mm in diameter with minimal contamination around it. Several peri-appendiceal lymph nodes were observed. No free fluid was identified in the abdomen. The patient was consulted with the general surgery department. He was taken to emergency surgery.

Image 1

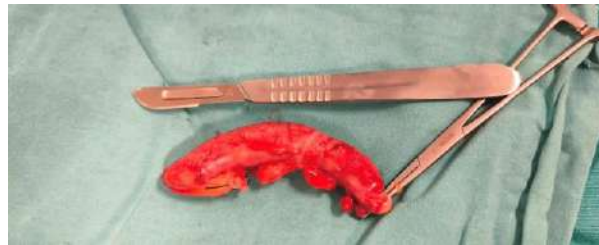


image 2



Results and Conclusion: Studies have shown that approximately 10% of people experience acute appendicitis at some point in their lives. It is 1.5 times more common in males than in females. It is most commonly seen in young adults (3). Thorough physical examination and interpretation of test results in the emergency department can facilitate diagnosis. Definitive diagnosis made by CT scan (4). If not treated promptly, appendicitis can lead to ulceration and peritonitis. While antibiotic treatment may be effective in some cases, definitive treatment is surgical removal. If left untreated, appendicitis can even lead to death (1). The largest appendicitis cases reported so far were 26 cm in Croatia in 2006. Later, in 2011, a megaloappendicitis measuring 55 cm was removed in Qatar (5,6)

Keywords: Emergency Department, appendicitis

Ref No: 7704

Aortoenteric Fistula and Thoracic Aortic Aneurysm: A Case Presentation and Evaluation of a Patient Presenting with Bloody Vomiting to the Emergency Department

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Introduction and Purpose: 36-year-old male patient presented to the emergency department with complaints of bloody vomiting. The patient reported no medical history or medication use and stated that the symptoms began in the morning without any additional complaints. Vital signs were stable. Examination of the oropharynx revealed no signs of bleeding, and digital rectal examination showed normal stool consistency. Other systemic examinations did not reveal any pathological findings.

Materials and Methods: Considering upper gastrointestinal bleeding as the primary concern, the patient's hemoglobin level was 14.2 g/dL and hematocrit was 38%, which were consistent with previous values. The Glasgow-Blatchford Bleeding Score (GBS) was 0, and the patient was discharged. However, the patient returned with the same complaints two days later. Upon examination, his hemoglobin level was 12.8 g/dL and hematocrit was 36.5%, with a GBS of 1. A nasogastric tube was inserted, and bloody output was observed. Endoscopy revealed luminal narrowing in the distal esophagus, with thrombus and ulceration below. Mallory-Weiss tear was identified, and hemoclips were applied. To rule out external compression diagnoses, a CT scan was recommended. The CT scan revealed a 3.5 cm saccular aneurysm in the distal thoracic aorta. The patient was referred to the cardiovascular surgery department, where emergency endovascular aneurysm repair (EVAR) was performed.

Results and Conclusion: Bloody vomiting constitutes a significant portion of emergency department visits and is associated with various etiologies. Aortoenteric fistula (AEF), a rare entity, refers to a connection between the aorta and the gastrointestinal tract. AEFs formed by the adherence and erosion of an aortic aneurysm into the gastrointestinal lumen can lead to severe, life-threatening bleeding. When investigating the etiology in emergency settings, risk stratifications are used to identify possible gastrointestinal bleeding. GBS, a low-risk scoring system, is used to determine patients who can be managed as outpatients. In our case, despite normal examination findings and laboratory results consistent with baseline, the presence of an underlying life-threatening cause is emphasized. Despite the initial GBS score of 0, the patient's recurrent presentation led to the identification of an underlying life-threatening cause. Therefore, it is important to remember that commonly used scoring systems in clinical practice may sometimes overlook serious underlying pathologies.

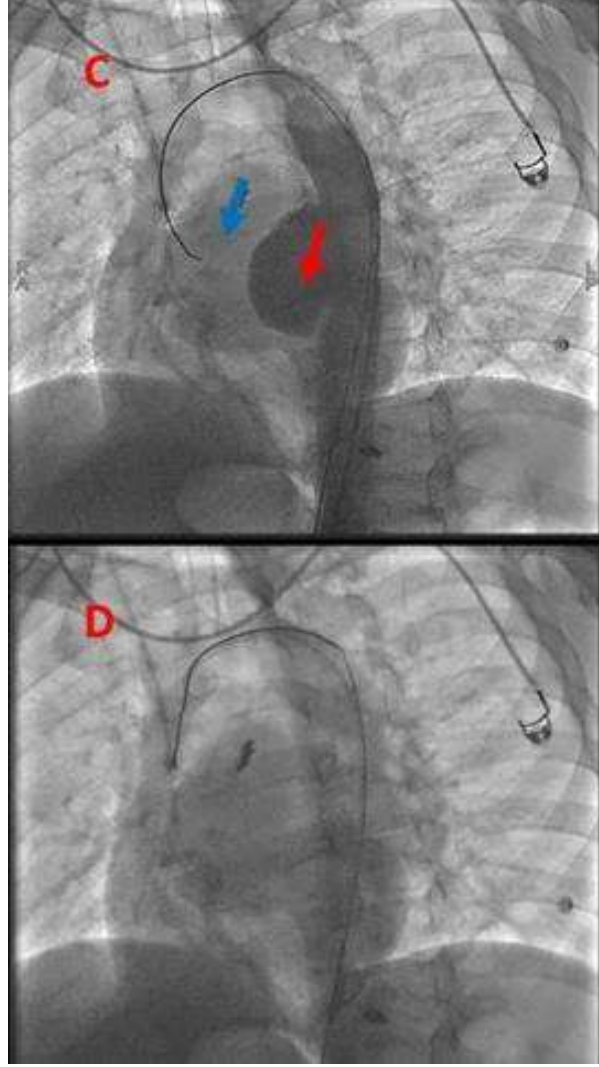
Endoscopic image and findings



CT section



Interventional procedure image under scopy



Keywords: Bloody vomiting, Aortoenteric fistula, Glasgow-Blatchford Bleeding Score (GBS)

Ref No: 7812

PELVIC CONGESTION SYNDROME

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Introduction and Purpose: Pelvic Congestion Syndrome is a disease characterized by chronic lower quadrant pain in women between the ages of 20 and 50, caused by varicose veins around the ovary and uterus, resulting in pooling of blood in the pelvic area. Pelvic congestion syndrome is observed in 30% of unexplained abdominal pain.

Materials and Methods: A 22-year-old female patient applied to the emergency room complaining of abdominal pain. The pain started 3 days ago and was in the lower right quadrant. In the patient's arrival vitals, blood pressure: 104/58 mmHg, pulse: 118 beats/min, temperature: 37.°C, fingertip oxygen saturation: 99%. On physical examination, there was tenderness in the right lower quadrant and right periumbilical region. WBC in blood and urine tests requested from the patient: 22530µl, neut: 19220 µl, hgb: 7.8 mg/dl, beta hcg: 0.37 mIU/ml, and the other analysis results were unremarkable. There were no pathological features in the patient's lung and abdominal direct radiographs. In all requested abdominal USG and Pelvic color Doppler USG images, "Appendix could not be visualized". A congested-dilated appearance was observed in the internal genital organs and surrounding vascular structures in the pelvic region." It was like. Abdominal CT with upper and lower contrast was taken. "Diffuse dilatations and tortuous increase were observed in the parauterine vascular structures at the bilateral pelvic level, and bilateral ovarian veins were observed to be dilated throughout the entire segment. "Free fluid was observed at the pelvic level and heterogeneous density increases were observed, which may be compatible with inflammation, pelvic congestion syndrome." The patient was admitted to the general surgery clinic.

Results and Conclusion: Abdominal pain, especially long-lasting abdominal pain, can negatively affect a person's quality of life. In cases of abdominal pain in women of reproductive age, pathologies arising from reproductive organs should also be examined. Conditions such as pelvic congestion syndrome should be considered, especially in cases of long-lasting abdominal pain.

Keywords: abdominal pain, varicose veins, ovary and uterus

Ref No: 8003

Case Analysis Of A Patient With Right Adrenal Hematoma After Falling From A Truck: A Case Report

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¹Bezmialem Vakıf University

Introduction and Purpose: Adrenal hemorrhage, particularly bilateral, can lead to adrenal insufficiency. Trauma is a common cause of adrenal hemorrhage and subsequent hematoma. Diagnosis of post-traumatic adrenal hematoma poses challenges, occurring in 0.03% to 2% of abdominal trauma cases, typically detectable via computed tomography following high-energy trauma. The severity of symptoms varies, correlating with the size and unilateral or bilateral nature of the lesion.

Fig 1



contusional hemorrhage.

Materials and Methods: A 40-year-old male fell approximately one meter from a truck, presenting to the emergency department with right-sided pain. He had no known chronic illnesses. On arrival, vital signs were as follows: pulse 82/min, SpO2 92%, arterial blood pressure 90/35 mmHg, temperature 36.1°C, respiratory rate 18/min. General examination revealed a Glasgow Coma Scale score of 15 (Motor 6, Verbal 5, Eye 4), with normal neurological findings. No abnormal breath or heart sounds were noted. Abdominal examination revealed epigastric tenderness and right-sided pain. Laboratory findings included urea 43 mg/dL, blood urea nitrogen 20 mg/dL, creatinine 1.00 mg/dL, eGFR 94 mL/min, lactate dehydrogenase

251 U/L, calcium 8.8 mg/dL, white blood cell count $10.80 \times 10^3/\mu\text{L}$, hemoglobin 13.8 g/dL, Troponin-I 19.3 ng/L, CK-MB mass $<0.2 \mu\text{g/L}$. Urinalysis showed negative hemoglobin and 0 erythrocytes/HPF. The patient received IV Fentanyl 50 mcg and a 500 mL IV bolus of saline. Oxygen supplementation was provided, and CT imaging revealed thickening of the right adrenal gland with increased density in surrounding fatty planes, consistent with contusional hemorrhage.

Results and Conclusion: Diagnosis of adrenal hematoma is challenging due to nonspecific clinical and laboratory symptoms, often remaining asymptomatic or overlooked. This case highlights isolated adrenal injury following severe abdominal trauma. Guidelines for detecting solitary adrenal hemorrhage are lacking, emphasizing the importance of identifying potential adrenal damage in blunt trauma cases due to the risk of severe hemorrhage. Systematic CT evaluation is crucial in thoracoabdominal trauma. Typical CT findings include adrenal hypertrophy, central hyperdensity, and peripheral hypodensity, with no density increase post-contrast injection. While most post-traumatic adrenal hemorrhage cases are asymptomatic, those presenting symptoms lack specificity. While bilateral adrenal hemorrhage is rare, it can adversely impact adult patients' lives, leading to potentially harmful adrenal insufficiency.

Keywords: Adrenal Hematoma, Trauma, Emergency

Ref No: 8036

Analysis of the Stage of the Disease and Electrocardiogram (ECG) Findings of Patients Who Admitted to the Emergency Department After Snake Bites and Scorpion Stings.Irfan Aydın¹, Umut Gülaçtı¹, Kasım Turgut¹, Erdal Yavuz¹, Ebru Kara¹, Yunus Gönder¹¹Department of Emergency Medicine, Adıyaman Education and Training Hospital, Adıyaman, Turkey

Introduction and Purpose: Snake bites may cause local swelling, bleeding at the bite site, coagulopathy, etc. Although they are associated with common complications such as myocardial infarction and arrhythmias, a small number of rare cardiac complications have also been described in the literature. When looking at the cardiotoxic effects of snake bites, septal T wave inversion and bradycardia including atrioventricular block were the most common abnormalities. The most acceptable hypotheses for the pathogenesis of heart damage secondary to scorpion bites are the increase of catecholamines due to its direct stimulant effect. In scorpion stings, sinus tachycardia is observed in the early period and sinus bradycardia is observed in the late period.

Materials and Methods: In this study, the last year's files of patients who admitted to the emergency department after snake bites and scorpion stings were retrospectively scanned. The patients' age, gender, stage and Electrocardiogram (ECG) findings taken in the emergency department were recorded.

Results and Conclusion: 22 snake bites, 15 men and 7 women, and 77 scorpion stings, 32 men and 45 women, were included in this study. The average age of snake bites was 48.40 ± 15.97 , and the average age of scorpion stings was 45.09 ± 19.72 . While the most common case of snake bites was Stage 2, the most common ECG finding was normal sinus rhythm ($p < 0.05$) (Table 1). While Stage 1 was the most common scorpion sting, the most common ECG finding was Normal Sinus Rhythm ($p < 0.05$) (Table 2). As a result, ECG is routinely performed in the emergency department for both snake bites and scorpion stings, and it is possible to encounter abnormal ECG findings. Therefore, it is recommended that emergency physicians be careful about cardiotoxicity in such cases.

Table 1. Classification of snake bites according to staging and ECG findings

Stage (snake bites)	Case (n)	Electrocardiogram (ECG)				
		Normal Sinüs Rhythm	Sinüs bradycardia	Left Bundle Branch Block	Right Bundle Branch Block	T Wave Change
Stage 0 (no	5	4	1			

poisoning)						
Stage 1 (Mild)	7	6		1		
Stage 2 (Moderate)	10	5		2	2	1
Stage 3 (Severe)	0					
Total	22	15	1	3	2	1

Table 2. Classification of scorpion stings according to staging and ECG findings

	Elektrokardiyogram (EKG)									
Stage (scorpion sting)	Case (n)	Normal Sinüs Rhythm	Sinüs bradycardia	Right Bundle Branch Block	T Wave Change	Atrial fibrillation	Benign early repolarization	Sinüs Tachycardia	Sinüs Arrhythmia	
Evre 1	50	43	1	2	1	1	1	1		
Evre 2	25	21	2		1				1	
Evre 3a	2	2								
Evre 3b	0									
Evre 4	0									
Toplam	77									

Keywords: Classification of scorpion stings according to staging and Electrocardiogram findings

Ref No: 8046

Rare Causes of Respiratory Distress in Pediatric Emergency: Malignancies

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Introduction and Purpose: Respiratory distress in children is a common cause of admission to the pediatric emergency department. It accounts for 20% of all hospitalizations. The most common causes of respiratory distress in children are upper and lower respiratory tract infections. Pediatric chest wall tumors occur in all age groups, and malignant chest wall tumors account for 1.8% of childhood cancers. Primary lung tumors in children are also very rare. In this case series, we aimed to draw attention to malignancies diagnosed by chest radiography in patients presenting with respiratory distress.

Materials and Methods: Patient records were retrospectively reviewed and 6 patients were included in the study. Data were obtained from the hospital registration system.

Results and Conclusion: The mean age of the patients was 13.66 years. 4 patients were female and 2 were male. The most common symptoms and findings other than dyspnea were cough (n=4), chest pain (n=2), fever (n=1), and weight loss (n=1). Chest radiographic findings included lymphadenopathy (n=1), lymphadenopathy and unilateral effusion (n=1), unilateral effusion (n=2), atelectasis due to tumor compression (n=1), diffuse reticular appearance (n=1). Patients were diagnosed with Hodgkin lymphoma, rhabdomyosarcoma, Ewing sarcoma, pleuropulmonary blastoma, squamous cell carcinoma, and Langerhans cell histiocytosis. Patients were referred to the oncology clinic for follow-up and treatment after the necessary investigations and biopsies were performed following chest radiography. Chest radiography remains the first-line test in children with respiratory distress because it is easily accessible, noninvasive, and low-radiation. Children with cough and respiratory distress should be considered for malignancy, especially if effusion and lymphadenopathy are seen on chest radiography, and should be referred for further imaging.

Keywords: respiratory distress, malignancies, chest radiograph

Ref No: 8063

Childhood Pleural Effusion; Single Center Experience

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Introduction and Purpose: Pleural effusion is defined as an abnormal accumulation of fluid between the parietal and visceral pleura. The nature of the fluid varies depending on the underlying etiology. Transudative effusion develops in heart failure and hypoalbuminemic conditions such as nephrotic syndrome and hepatic failure. Exudative effusion develops in conditions such as infection, malignancy, and connective tissue disease. Parapneumonic effusion is the most common type of pleural effusion in children. This study aims to present the single center experience of patients followed up for pleural effusion in our hospital.

Materials and Methods: A retrospective analysis was performed on the data of 53 pediatric patients under the age of 18 years who were followed up for pleural effusion between 2019 and 2024. The study evaluated age, gender, etiology of pleural effusion, fluid characteristics and treatment modalities.

Results and Conclusion: Of the patients included in the study, 50.9% were male. The mean age at diagnosis was 132.42 (12-214) months. Radiologic examination revealed unilateral effusion in 67.9% of patients with a median effusion depth of 30 mm (14-47.5). Thoracentesis was performed in 81.1% of patients, while in 10 patients (18.9%) thoracentesis was not performed due to minimal effusion. It was observed that 81.4% of the thoracentesis fluid was exudative. The median CRP level was 88.1 mg/L (17.2-154) and the median fluid LDH level was 572 U/L (228-1139). A significant positive correlation was found between these two levels ($r:0.488$, $p:0.001$). When analyzing the etiology of the pleural effusion, pneumonia was found in 64.2% of patients, tuberculosis in 22.6%, and other causes such as malignancy and chronic kidney disease in 13.2%. A total of 27 patients (50.9%) underwent tube thoracostomy and 48.1% of these patients received fibrinolytic therapy. The mean hospital stay was 16 days (12-21.5). Patients with an effusion depth greater than 1 cm had a longer hospital stay ($p=0.02$). Determining the etiology of pleural effusion is important for treatment and follow-up. Our study found that the most common cause of pleural effusion was pneumonia, which is consistent with the existing literature. However, it is also important to consider rare conditions such as childhood malignancy.

Table 1

Table 1: The relationship between the day of hospitalisation and age at diagnosis, effusion depth, fluid LDH level and serum CRP level

		Age at diagnosis (month)	Depth of effusion (mm)	Fluid LDH level (U/L)	Serum CRP level (mg/L)	Day of admission
Age at diagnosis (month)	r	1,000	,067	-,089	,028	-,209
	p	-	,634	,570	,842	,134
	n	53	53	43	53	53
Depth of effusion (mm)	r	,067	1,000	,255	,219	,337*
	p	,634	-	,099	,115	,013
	n	53	53	43	53	53
Fluid LDH level (U/L)	r	-,089	,255	1,000	,488**	-,024
	p	,570	,099	-	,001	,877
	n	43	43	43	43	43
Serum CRP level (mg/L)	r	,028	,219	,488**	1,000	,174
	p	,842	,115	,001	-	,214
	n	53	53	43	53	53
Day of admission	r	-,209	,337*	-,024	,174	1,000
	p	,134	,013	,877	,214	-
	n	53	53	43	53	53

* p<0.05, ** p<0.01

Keywords: pneumonia, tuberculosis, thoracentesis

Ref No: 8130

Analysis of resting report of patients applying to the emergency department

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Introduction and Purpose: Emergency departments, which provide 24/7 service in health care, serve as the showcase of hospitals. However, there is an increase in patients' applications to emergency departments both before and after public holidays. Patients who come due to occupational accidents usually request a resting report when they will be discharged after the completion of their medical treatment. In this study, we aimed to contribute to the literature by examining the demographic analysis of patients who were given a rest report in the emergency department.

Materials and Methods: Between January 1, 2024 and March 31, 2024, we retrospectively analyzed 115,400 consecutive patients admitted to the 24/7 emergency department of Kayseri City Hospital in terms of age, gender, arrival time and diagnosis.

Results and Conclusion: A total of 115,400 patients applied to the emergency department of Kayseri City Hospital during this period. Among these patients, 992 patients were given a rest report at discharge. Of the patients for whom a rest report was written, 79.43% were male and aged between 9 and 68 years. 20.57% of the patients were female and aged between 10 and 70 years. The mean age of the patients was 38 ± 12.14 years. The most common admission hours of the patients for whom a rest report was written were between 12.00 and 16.00. A total of 285 patients were given resting reports between these hours and this number corresponded to 28.72% of all patients. 'Examination and Observation after Occupational Accident' was the most common diagnosis of the patients for whom a rest report was written. In the examination of the resting reports given at the end of January, when the school was on vacation, the number of reports given by examination without examination was found to be 2.6%. In our country, the number of patients coming to emergency services for a rest report is quite high. While some of the patients who are given a rest report really need it, the number of those who request this report even though they do not have a health problem is also quite high.

Keywords: emergency department, occupational accident, resting report

Ref No: 8154

Surgical Outcomes of Acute Ulnar Collateral Ligament (UCL) Rupture

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Introduction and Purpose: The ulnar collateral ligament (UCL) stands out as one of the most important stabilizers of the thumb. The UCL is a ligament located at the alignment between the proximal phalanx of the thumb and the distal end of the first metacarpal bone. This study aimed to evaluate the surgical outcomes of acute ulnar collateral ligament rupture at two separate attachment sites.

Materials and Methods: Two patients (1 male, 1 female) who underwent surgical treatment for ulnar collateral ligament rupture between October 2023 and March 2024 were retrospectively evaluated. Both patients had a history of trauma. One patient had a rupture at the level of proximal phalanx, while the other had a rupture at the distal level of the 1st metacarpal bone. Both patients underwent ligament repair using one mini anchor via open surgery. The ages of the patients were 13 and 35. The mean follow-up period was 3 (range 2-5) months. Functional outcomes were assessed using the Disabilities of the Arm, Shoulder, and Hand (DASH) questionnaire. Patient satisfaction and thumb range of motion were evaluated during postoperative follow-ups.

Results and Conclusion: The mean DASH questionnaire score was evaluated. Both patients who underwent surgery were satisfied, and it was observed that thumb range of motion was fully restored during postoperative follow-ups. Although the ulnar collateral ligament is a crucial stabilizer for the thumb, the functional and clinical success of the surgical treatment should not be overlooked.

Keywords: Ulnar collateral ligament surgery, anchor, acute

Ref No: 8199

A NEW PNEUMONIA SEVERITY IN COMMUNITY ACQUIRED PNEUMONIA (CAP) THE PERFORMANCE OF THE INDEX SCORE (mPSI and gmPSI)

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Introduction and Purpose: The Pneumonia Severity Index (PSI) is a scoring system widely used to predict mortality and the need for intensive care support in community-acquired pneumonia (CAP). According to this scoring system, each patient is classified according to age, gender, nursing home stay, physical examination findings, laboratory findings, chest radiography and oxygenation levels. However, the PSI may underestimate the severity of the disease in younger patients and overestimate it in older patients. Likewise, it overestimates in the male gender compared to females. In this study, we aimed to investigate the effect of age and gender in predicting intensive care unit admission and mortality.

Materials and Methods: The files of consecutive patients aged ≥ 18 years with a diagnosis of pneumonia in the emergency department (ED) were retrospectively reviewed. Patients were first evaluated according to CURB 65, PSI and Intensive Care Unit Hospitalization Criteria, and then re-scored according to the modified PSI (mPSI) and gender modified PSI (gmPSI), which are the scoring systems we revised. Hospitalization status and 30-day mortality status, which we determined as the endpoint of the study, were determined. Statistical alpha significance level was accepted as $p < 0.05$.

Results and Conclusion: A total of 363 patients were included in the study and 205 (56.4%) of the patients were male. The hospitalization rates of men and women were similar. Patients who died and were hospitalized in the ICU were older and had higher scores. The highest AUC value was PSI, while the lowest CURB was 65 and all values were statistically significant. ROC analysis was also performed to determine the threshold values of pneumonia scores between patients who were hospitalized in the ICU and those who were not. Similar to mortality, the highest AUC value was PSI, while the lowest CURB was 65 and all values were statistically significant ($p < 0.001$ for all values). According to the results of this study, similar results were obtained with the new mPSI and gmPSI scoring systems compared to the PSI scoring we use as standard, but in line with the data we obtained, the new mPSI will gain more value with new studies to be conducted in the health systems of other countries

Keywords: Community Acquired Pneumonia, Pneumonia Severity Index, Emergency Medicine

Ref No: 8200

Unusual Presentation Of Myocardial Infarction in Hypothermic Patients

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Introduction and Purpose: Hypothermia is defined as a core body temperature below 35°C (95°F) and can lead to various systemic complications, including cardiovascular dysfunction. While myocardial infarction is a well-known consequence of atherosclerosis and coronary artery disease, its occurrence in the setting of hypothermia is rare and poses diagnostic and therapeutic challenges.

Materials and Methods: A 63-year-old male with a history of hypertension and diabetes was found unconscious outdoors during a fishing trip when he drawn in Marmara sea for around an half hour with ambient temperatures below freezing. Upon arrival at the emergency department, he was hypothermic with a core body temperature of 36°C (86°F) and exhibited altered mental status. Initial electrocardiogram (ECG) shows no abnormalities. Laboratory investigations revealed mild elevation of cardiac biomarkers (49.7) with wbc count of (18.14). Transthoracic echocardiography demonstrated no wall motion abnormalities consistent with an acute myocardial infarction, despite the patient's hypothermic state. Imaging studies ruled out other causes of altered mental status, including intracranial pathology. Then according to the AHA criteria of troponin follow up after 2-hour showed an elevation to (1689.8) and ck-mb (5.9) and two hours later the troponin showed and elevation to (2992.1) and ck-mb (10.5) that confirmed the diagnosis of nstemi control ecg Show non st elevation. The patient was immediately transferred to the cardiac catheterization laboratory for emergent coronary angiography and percutaneous coronary intervention (PCI) showed a 100% RCA occlusion. The patient was discharged with recommendations for close follow-up with cardiology for secondary prevention of cardiovascular events.

Results and Conclusion: Myocardial infarction in the setting of hypothermia presents unique challenges in diagnosis and management. Hypothermia can mask typical ECG findings of myocardial infarction and alter the pharmacokinetics of medications used for reperfusion therapy. However, early recognition and aggressive treatment, including coronary revascularization and rewarming, are crucial for optimizing outcomes in these patients. Myocardial infarction can occur in unusual settings such as hypothermia, posing diagnostic and therapeutic challenges for clinicians. This case highlights the importance of maintaining a high index of suspicion for acute coronary syndromes in hypothermic patients presenting with altered mental status. Timely intervention, including coronary revascularization and rewarming, can improve outcomes in this vulnerable population.

Keywords: Hypothermia, Myocardial infarction, Emergency

Ref No: 8206

Çocuk Acil Serviste Spontan Pnömotoraks Tanısı Alan Hastaların Retrospektif Olarak Değerlendirilmesi

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Introduction and Purpose: Spontan pnömotoraks (SP) pediatrik popülasyonda nadir görülen bir durumdur. Bu çalışmada SP'nin, klinik özellikleri, tedavi biçimleri ve sonuçlarının literatür verileri ışığında değerlendirilmesi amaçlandı.

Materials and Methods: Çalışmada, 2013-2023 tarihleri arasında çocuk acil servisine başvuran SP tanısı alan hastaların yaş, cinsiyet, boy, vücut kitle indeksi, sigara içme ve madde bağımlılığı öyküsü, başvuru şikayeti, radyolojik bulguları, pnömotoraksın lokalizasyonu, pnömotoraks yüzdeleri, uygulanan tedavi, tedavi süresi, nüks ve tedavinin sonuçları belirlendi

Results and Conclusion: Bulgular: Çalışmaya toplam 21 hasta dahil edildi. Olguların %95,2 (n=20) erkek hasta ve yaş ortalaması 16,1±1,1 (13-17) yıl olarak bulundu. Ortalama kilo=56,5±6,7 (41-71,2) kg ve boy=175,2 ± 5,03 (165-185) cm idi. Boy SDS=0.48±0,41 (-0.11-1.54), kilo SDS=-0.96± 0,42 (-1.88-0.19) ve VKİ SDS=-1,5± 0,47 [-2.99-(-0.64)] idi. Klinik bulgular bulgular sırasıyla nefes darlığı % 90,4 (n=19), göğüs ağrısı % 52,3 (n=11), nefes darlığı+göğüs ağrısı % 9 (n=2), sırt ağrısı %4 (n=1) şeklindeydi. Toplam 12 hasta sigara, iki hastada sigara + madde bağımlılığı (7 numaralı hasta: THC, 17 numaralı: hasta THC, Benzo) vardı. Üç numaralı kız hastada sigara içme öyküsü ve pnömotoraks olduğunda adet öyküsü vardı. Olguların %80,9 (n=17) sol pnömotoraks mevcuttu. BT % 47 (n=10) hastaya çekildi. PA grafide hesaplanan Pnömotoraksın oranı % 31,9±13,4 (12,5-57,4) olarak bulundu. Tedavide % 42 (n=9) hastaya tüp tedavisi, % 4,7 (n=1) hastaya ponksiyon uygulandı. Diğer % 52 (n=11) hastaya ise oksijen tedavisi uygulandı. Hastaların ilk geldiklerinde SpO2 değerleri ortalama %96,8±0,96 (95-99) idi. Yapılan laboratuvar testlerinde patoloji saptanmadı. Hastaların % 90,4 (n=19) yatış yapıldı. Ortalama hastanede yatış süresi 4,7±2,3 (2-10) gün idi. İki hastada nüks gelişti. Hastalar ortalama 2 yıl izlendi.Sonuç: SP'li hastalarda acil ve etkili tedavi gerektirir. Çocukluk çağı SP'nin başlangıç tedavi yöntemleri arasında farklı uygulamalar mevcuttur. Standart yaklaşımın sağlanması amacıyla yeni çalışmalara ihtiyaç olduğunu düşünmekteyiz.

Keywords: Spontan Pnömotoraks, Çocuk, Tedavi

Ref No: 8265

RUPTURED ABDOMINAL AORTIC ANEURYSM PRESENTING WITH GLUTEAL PAIN

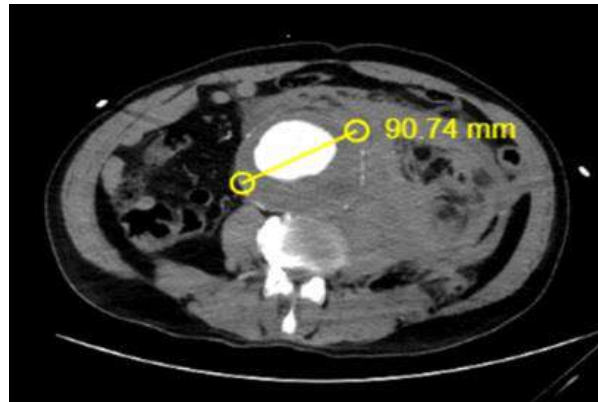
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Introduction and Purpose: Aortic aneurysm is a potentially life-threatening condition when ruptured. Several risk factors contribute to its development, including advanced age, male gender, Caucasian ethnicity, connective tissue disorders, pregnancy, atherosclerosis, smoking, hypertension, diabetes mellitus, hyperlipidemia, and family history. The most prevalent symptom in cases of rupture is a sudden onset of back or abdominal pain.

Materials and Methods: A 71-year-old man was admitted to the emergency department complaining of isolated pain in his left gluteal region. The discomfort subsequently spread to the left lower quadrant of his abdomen and left renal region. Following thorough investigations and radiological imaging, the patient was diagnosed with a ruptured abdominal aortic aneurysm. He underwent emergency surgery performed by cardiovascular surgeons.

Figure-1: 9 cm ruptured AAA and mural thrombus



Results and Conclusion: In cases of ruptured aortic aneurysms, diagnosis begins with clinical suspicion and is subsequently confirmed through imaging. Therefore, it is crucial to acknowledge that patients with AAA rupture may present at the emergency department with atypical symptoms. Early recognition of these symptoms is essential for prompt diagnosis and surgical intervention, ultimately reducing mortality rates. It should be kept in mind that abdominal aortic aneurysms may also present with atypical symptoms.

Keywords: Atypical symptom, gluteal pain, ruptured aortic aneurysm

Ref No: 8284

Prognostic and Mortality Impact of Serum Calcium, Magnesium, and Chlorine Levels in Intensive Care Unit Patients

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Introduction and Purpose: In this study, we aimed to investigate the effect of baseline serum chlorine (Cl), calcium (Ca) and magnesium (Mg) levels on mortality and prognosis in our intensive care unit (ICU) patients.

Materials and Methods: This study was conducted retrospectively by file review method. Our study was conducted in the Intensive Care Unit of Emergency Medicine Clinic of the SBÜ Ankara Training and Research Hospital. Patients that were hospitalized in our ICU between 01.01.2018 and 01.01.2022 were included in the study. Prognosis scores, intubation and mechanical ventilation (MV) needs, short and long-term mortality rates, blood gas lactate levels, serum Ca, Mg and Cl levels were evaluated.

Results and Conclusion: In the study, 1902 patients participated. After applying exclusion criteria, a total of 852 patients were included in the study. In the in-hospital mortality analysis, the median value of Mg was 0.84 mmol/L; the median value of Ca was 8.5 mg/dL; the median value of ionized Ca was 1.16 and statistically associated with mortality (p values: 0.001, 0.000, 0.023). In the 6-month mortality analysis, the median value of Mg was 0.83 mmol/L; the median value of Ca was 8.6 mg/dl; the median value of corrected Ca was 9.2 mg/dL; and the median value of Cl was 101 mmol/L in patients with exitus and were statistically associated with mortality (p values: 0.005, 0.000, 0.008, 0.014). There was also a statistically significant correlation between Ca level and the need for inotropic agents (p=0.000). There was a statistically significant correlation between the need for endotracheal intubation and Mg, Ca and corrected Ca levels (p values: 0.000, 0.023, 0.005). Serum Ca, Mg and Cl levels have been shown to be valuable markers of prognosis and mortality in ICU patients. We recommend close monitoring of these parameters in ICU patient follow-up.

Keywords: Intensive care, Calcium, Magnesium

Ref No: 8290

PRACTICAL ISSUES ENCOUNTERED IN INTERNAL BODY EXAMINATIONS

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Introduction and Purpose: The issue of how internal body examinations should be conducted is a frequently encountered situation in emergency departments where forensic examinations are performed. The lack of knowledge regarding the circumstances under which an internal body examination should be conducted creates problems. The Criminal Procedure Law (CPL) mentions internal body examinations in Article 75. Furthermore, the Regulation on Body Examinations, Genetic Analysis, and Determination of Physical Identity in Criminal Proceedings elaborates on this matter. Body examinations, aimed at obtaining evidence related to a crime, can be requested by law enforcement agencies, public prosecutors, or prosecution authorities. Body examinations can be conducted as internal or external examinations. While an internal body examination is defined as the inspection of head, chest, and abdominal cavities as well as subcutaneous tissues, obtaining biological samples such as blood, as well as hair, saliva, and nail samples, is also considered an internal body examination. Unlike external body examinations, conducting an internal examination is subject to additional conditions.

Materials and Methods: An internal body examination can be performed upon the request of a public prosecutor or the victim, or by the decision of a judge or court. It is crucial that the health of the individual is not compromised during an internal body examination. Only physicians or healthcare professionals can conduct an internal body examination. The medical intervention required for an internal body examination must be carried out using methods and tools accepted by medical science and the art of medicine.

Results and Conclusion: While both the CPL and the relevant regulation specify the conditions for an internal body examination and who may request it, it is observed in practice that law enforcement officers insist on internal body examinations for suspects and defendants without obtaining the necessary permissions, and due to a lack of knowledge, physicians and healthcare professionals comply. Such incorrect practices in the field can be rectified through the education of both law enforcement and healthcare personnel.

Keywords: Criminal Procedure, Internal Body Examination, External Body Examination

Ref No: 8292

Extremely high bicarbonate levels in a patient with mixed alkalosis: A case report

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Introduction and Purpose: Respiratory acidosis: It is a clinical picture in which the pH value is below 7.35 and the partial carbon dioxide (pCO₂) value is above 45 mmHg. Compensation of respiratory events occurs metabolically. We presented an 85-year-old patient who presented to the emergency department with chest pain, shortness of breath and tendency to sleep with bicarbonate levels, which are rarely seen in the literature.

Materials and Methods: An 85-year-old woman was brought to the emergency department with chest pain, shortness of breath and a tendency to sleep. On physical examination, the patient was tachypneic and dyspneic on inspection. Consciousness was evaluated as confused, nonoriented and noncooperative. Bilateral rales were heard on lung auscultation. While the expected pH range of the patient with pCO₂: 74.7 mmHg in blood gas was below 7.40, HCO₃⁻: 70.9 mEq/L increased with renal compensation mechanism and pH: 7.587 was measured (Table-2). Frequent AKG monitoring was performed from the patient who was provided NIMV support in BPAP mode. The patient was hospitalized in the respiratory intensive care unit due to hypercarbia and elevated bicarbonate in the blood gas. Respiratory acidosis is a clinical picture in which pH is below 7.35 and pCO₂ is above 45 mmHg. The compensatory response to respiratory acidosis starts immediately with the buffering of H⁺ ions in the cell. Chronic compensation develops more slowly as the kidney increases its bicarbonate reabsorption capacity. Metabolic compensation occurs slowly; optimal occurs in 2-5 days. For every 10 mmHg increase in pCO₂, HCO₃⁻ increases by 1 mmol/L and pH decreases by 0.08. The most important feature of our case is that this level of HCO₃⁻ levels has never been seen before in the literature. In a review of the literature, the highest level of 50.7 mmol/L was observed in one study.

Laboratuary Parameters

Leukocyte	9,03 x 10 ³ /mm ³
C-Reactive Protein	6,58 mg/dL
Creatinine	2,61 mg/dL
Urea	119,40 mg/dL
Glomerular filtration rate (GFR)	17,63 ml/dk
Troponin I	1,12 ng/mL
Potassium	1,93 mmol/L

The arterial blood gas (ABG) results

	On admission	ABG taken 1 hour later	ABG taken 24 hour later
pH	7,587	7,585	7,525
pO ₂	55,4 mmHg	68,2 mmHg	59,3 mmHg
pCO ₂	74,7 mmHg	67,1 mmHg	60,3 mmHg
HCO ₃ ⁻	70,9 mEq/L	61,8 mEq/L	47,5 mEq/L
Lactate	1,6 mg/dL	1,7 mg/dL	1,2 mg/dL
Base excess (BE)	43 mmol	36,5 mmol	24,1

Results and Conclusion: As a result, in patients in whom respiratory acidosis is expected in AKG examinations, an increase in HCO₃⁻ is observed with a compensatory mechanism. Metabolic alkalosis is added to the picture. Detailed examination of all blood gas parameters is an important factor in determining our treatment protocol.

Keywords: alkalosis, bicarbonate, compensation

Ref No: 8384

Appendicitis in a Patient with Appendectomy

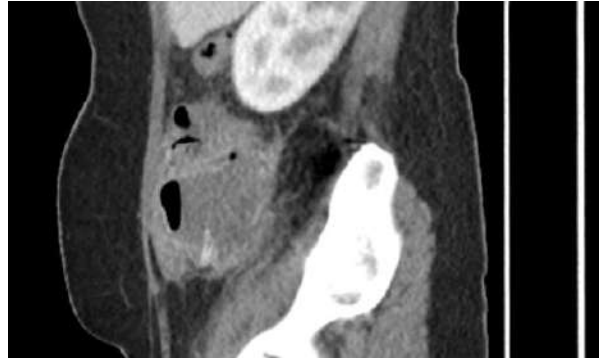
alparslan altun¹, fatma tortum¹, şamil emin yalçın¹

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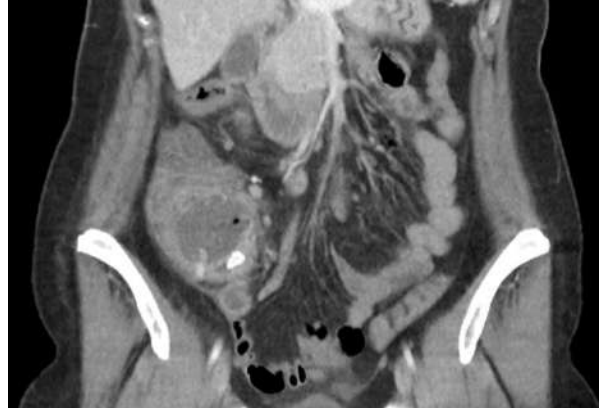
Introduction and Purpose: Residual appendicitis remaining after surgical operation is a rare condition associated with appendicitis. It is defined as re-inflammation of residual appendicitis tissue after acute appendicitis operation. Clinically, it presents as acute abdominal pain.

Materials and Methods: A 40-year-old woman presented with abdominal pain. She complained of right lower quadrant pain for 2 days. The patient has a history of appendectomy. No other known disease history. Vitals bp: 123/76 sat: 96 hr: 82 temperature: 36.7. On examination, there was deficiency and rebound in the right lower quadrant. In blood tests, wbc was observed as high crp with neutrophil dominance. On imaging, fatty tissue contamination was observed in the periocecal area and right paracolic area. The differential diagnosis of these appearances in the case with a history of appendectomy includes cecal diverticulitis and stump appendicitis.' It was determined as follows. The patient was consulted to general surgery clinic. He was hospitalized with the diagnosis of stump appendicitis by general surgery.

stump appendicitis 1



stump appendicitis 2



stump appendicitis 3



Results and Conclusion: Even if there is a history of appendectomy, the patient with elevated infective parameters and acute abdomen in the right lower quadrant should be proceeded until acute abdomen is ruled out again. As a matter of fact, stump appendicitis was detected in this patient even though it is rare.

Keywords: stump appendicitis, acute abdomen

Ref No: 8392

Mastoiditis And Meningitis Due To The Acute Otitis Media

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Introduction and Purpose: Acute Otitis Media(AOM); vascular dilatation of the middle ear cavity; mucosal edema; exudation; It is an infection characterized by bacterial proliferation and pus formation.(1) AOM has intracranial and extracranial complications(1). Acute mastoiditis, one of the extracranial complications, is an infection of mastoid air cells that develops following AOM and is often accompanied by bone destruction. During infection, inflammation and edema develop in the mucoperiosteal lining of the mastoid air cells. The ventilation of mastoid cells is impaired and exudate begins to accumulate. As the exudate accumulates, it becomes purulent.(1) Meningitis, one of the intracranial complications, is the inflammation of the brain membranes called meninges. In this case report, Mastoiditis and Meningitis due to AOM are described

Materials and Methods: This case is a 62-year-old female patient diagnosed with Diabetes Mellitus who developed Mastoiditis and Meningitis after AOM. She was taken emergency service by his relatives due to her agitation. On examination,GCS:15,place-time orientation was impaired.Muscle strength in all four extremities was normal, and cranial nerve examinations were normal.Bilateral Babinski was positive.There was hyperemia on the right mastoid process. Neck stiffness could not be evaluated in the patient who was sedated because she was agitated. There was no fever response because antipyretic was given.There were signs of otitis and mastoiditis on the right side on CT. No diffusion restriction was detected in MRI. The LP was made. During LP, fingertip blood sugar was 348 mg/dL, CSF glucose was 39 mg/dL, and Microprotein was 749 mg/dL. Meropenem, Acyclovir and Vancomycin were started empirically. Streptococcus Pneumoniae was detected in CSF. Acyclovir was discontinued. She was admitted to intensive care.

image 1



Results and Conclusion: If AOM cases are left untreated or inadequately treated, complications may develop. Especially immunocompromised pediatric patients, diabetic patients, and those with malignancies are at greater risk. It is important to start appropriate antibiotic treatment at adequate doses in patients diagnosed with AOM.

Keywords: Emergency Department, Meningitis, Mastoiditis

Ref No: 8404

Retrospective Analysis of Prognostic Value of Neutrophil-Lymphocyte Ratio and Mean Platelet Volume in Patients that are Diagnosed with Acute Pancreatitis in the Emergency Department Compared to Ranson Criteria

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Introduction and Purpose: Acute pancreatitis is a commonly seen presentation in the Emergency Department. Ranson Criteria that is widely used in predicting prognosis in these patients involve many parameters that are not available at the time of admission. This study aimed to determine the prognostic value of neutrophil-lymphocyte ratio(NLR) and mean platelet volume(MPV) in patients who presented to the Emergency Department with acute pancreatitis to evaluate alternative parameters.

Materials and Methods: In this cross-sectional study, clinical features, blood test results and clinical progress of patients who were diagnosed with acute pancreatitis in Bursa Uludag University Medical Faculty Hospital Emergency Department between 2021 and 2024 were scanned retrospectively. Neutrophil-lymphocyte ratio(NLR) and Mean Platelet Volume(MPV) values were compared with the calculated Ranson and BISAP scores of our patients.

Results and Conclusion: 56.9% of the patients were female. The ages of the patients ranged from 18 to 92, with a median age of 60.5. 79.4% of acute pancreatitis cases presented to our hospital were caused by gallstones. 1% of patients were admitted to ICU, 93.1% of patients were admitted to a ward and 5.9% were discharged from the emergency department. 3.9% of the patients died in the first 28 days of their admission, the rest of them were discharged from the hospital after their stay. The mean NLR of the patients was 10.82, mean MPV was 8.29 fL. The mean calculated score of the patients according to Ranson criteria was 2.52, it was 0.78 for the BISAP score. Correlation between NLR and Ranson score was significant with a p-value of 0.00, the correlation coefficient was calculated as 0.436. This result indicates a moderate correlation. NLR-BISAP correlation was significant with a p-value of 0.014, but the correlation was weak with a coefficient of 0.242. The correlation between MPV and Ranson and BISAP scores was not found to be statistically significant, with p-values of 0.584 and 0.923 respectively.

Keywords: neutrophil-lymphocyte ratio, mean platelet volume, emergency department

Ref No: 8435

A Cause of Abdominal Pain: Nutcracker Syndrome

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Introduction and Purpose: Nutcracker Syndrome is a condition caused by compression or constriction of one of the kidney veins (left renal vein) between the abdominal aorta and the superior mesenteric artery. This syndrome can lead to many different symptoms. The pain typically manifests as an intense, sometimes severe pain localized to specific areas. The localization of the pain can vary widely. In this case report, we will discuss the importance of considering Nutcracker Syndrome in patients presenting with abdominal pain.

Materials and Methods: Case: A sixty-one-year-old female patient presented to our emergency department with complaints of abdominal pain. The patient stated that she had visited the emergency department two days prior but her abdominal pain had not improved. She reported that the abdominal pain was located in the periumbilical and epigastric regions. The pain had been persistent for a week without any relief. There was no associated symptoms. She had normal bowel movement. It was noted that blood tests and contrast-enhanced abdominal computed tomography had been performed during her previous visit, revealing no acute pathology, and she was discharged. It was learned that she had a history of asthma and no other diseases. Physical examination revealed a soft abdomen with no guarding or rebound tenderness. There was no tenderness over the costovertebral angle. Patient's vitals were in normal limits. Electrocardiogram showed normal sinus rhythm. The patient underwent standing abdominal X-ray and posteroanterior chest X-ray, both showed no acute pathology. Laboratory results were within normal ranges. Despite symptomatic treatment, there was no complete resolution of her pain. The patient underwent comprehensive abdominal ultrasonography, which revealed no acute pathology. Subsequently, contrast-enhanced CT of the upper and lower abdomen and abdominal aorta angiography were performed. The CT scan revealed compression of the left renal vein between the superior mesenteric artery and the aorta. No additional acute pathology was identified. The patient was consulted to the Cardiovascular and Thoracic Surgery, Interventional Radiology, and General Surgery departments and was admitted to the General Surgery.

Image 1



Compression of left renal vein between the abdominal aorta and the superior mesenteric artery

Results and Conclusion: Nutcracker Syndrome is a rare diagnosis that may present with abdominal pain complaints. It is important to consider this diagnosis among the differential diagnoses of abdominal pain.

Keywords: nutcracker, abdominal pain, renal vein

Ref No: 8484

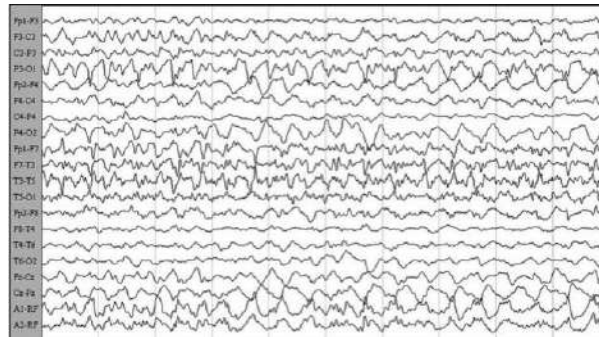
MANAGEMENT OF A RAPIDLY DETERIORATING MDS PATIENT: A CASE OF NONCONVULSIVE STATUS EPILEPTICUS

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Introduction and Purpose: This case study is based on a 67-year-old female patient who presented with vomiting only. Non-convulsive status epilepticus (NCSE) is defined as a condition that causes clinical mental status or behavioural changes associated with continuous ictal activity on electroencephalography (EEG) in the absence of convulsive seizures. Delay in diagnosis of NCSE may increase morbidity and mortality. In this report, we present a case of NCSE in a patient with MDS.

Figure 1



EEG

Materials and Methods: A 67-year-old woman was admitted to our Emergency Department at 01.30 am with the complaint of vomiting 10 times and persistent nausea. Her relatives told her that she was being followed up by haematology. Her known medical conditions are Diabetes, MDS and UC. Vital signs: Blood pressure: 143/77, Temperature: 37.1, Pulse: 119, Respiratory rate: 20, Oxygen saturation: 91, Blood glucose: 113. On physical examination, respiratory sounds increased on the right and rales were heard. ECG was in Atrial Fibrillation rhythm. Laboratory tests showed: eGFR (66 mL/minute), GGT (274 U/L), LDH (242 U/L), Amylase (192 U/L), Lipase (174 U/L), Potassium (2.55 mmol/L), Platelet (41 10³/uL), CRP (88.4 mg/L), Procalcitonin (20.2 ng/ml). Lactate (3.11 mmol/L in blood gas). Antiemetics and fluids were started for vomiting. During follow-up, the patient suddenly deteriorated and GCS dropped to 8. Elective intubation was performed. CT and MRI showed only right lobe pneumonia. Neurological consultation was requested. An EEG was performed with suspicion of non-convulsive status epilepticus. Treatment with dizepam and phenytoin was initiated. The patient was admitted to intensive care.

Results and Conclusion: This case study describes the management of a patient who did not present with seizures but whose general condition deteriorated rapidly. The emergency department, neurology and intensive care units worked together to manage the patient. NCSE is difficult to diagnose and has a high mortality rate, but in this case it was recognised early due to a history of status. Nevertheless, the patient died 2 days later in intensive care.

Keywords: STATUS EPİLEPTİCUS, EMERGENCY, MDS

Ref No: 8493

A Rare Case: Aortic Dissection Accompanied by PCA Infarction Presenting With Syncope.

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Introduction and Purpose: Aortic dissection (AD) develops when the intima and media layers of the aortic wall separate and blood fills this gap. Various malperfusion syndromes can result from different mechanisms affecting the arteries branching from the aorta, ranging from stroke to mesenteric ischemia. There are 5-30 cases of AD per million annually. Untreated cases have a mortality rate of 50% within the first 48 hours, increasing by 1-2% per hour. Due to high mortality rates, AD remains an important emergency today

Materials and Methods: A 65-year-old female patient admitted to emergency department (ED) with syncope. She reported experiencing burning pain in her chest and back, accompanied by sweating. Arterial blood pressure 105/65 mmHg, pulse 53 bpm, and oxygen saturation 98%. Sinus bradycardia was observed on her ECG. She had a history of hypertension and was taking nebivolol. Examination revealed no pathology other than muscle strength in both upper extremities being 3/5 due to pain. Diffusion MRI showed hyperacute diffusion restriction in the right posterior cerebral artery (PCA) (Image1). The patient had no visual defects. Angiographic CTs revealed a 51 mm dilated ascending aorta, with a dissection flap extending to the left iliac artery (Image2). A dissection flap was observed in the brachiocephalic artery. At the origin of the left carotid artery, a dissection flap and a mural thrombus were detected. Blood tests showed hemoglobin 10.13 g/dL, hematocrit 31.1%, venous blood gas pH 7.29, pCO₂ 56.2 mmHg, HCO₃ 23.7; no pathologies were detected in other tests. Cardiovascular surgery assessed the patient with a type A dissection involving malperfusion and recommended surgical aorta repair. The patient was discharged with cure on post op day 42.

Image1

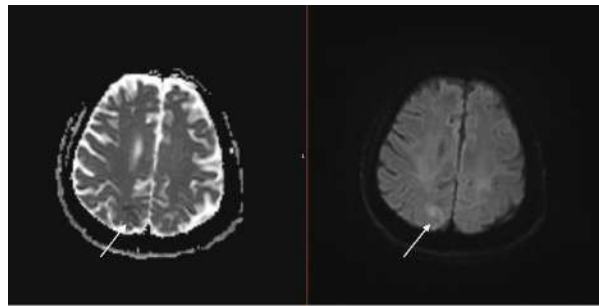
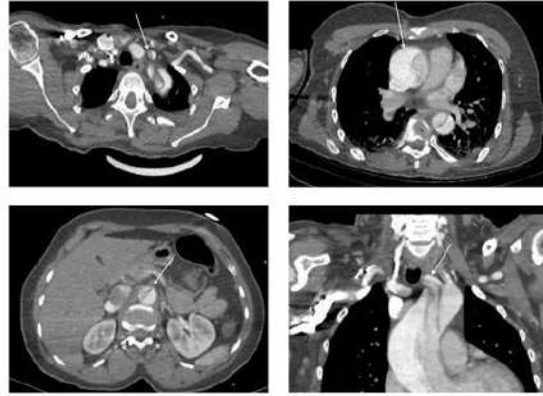


Image2



Results and Conclusion: AD presenting with neurological symptoms is observed in 10-15% of cases and is early-onset in 2-3% of cases. In clinics for early-onset stroke, the anterior circulation is generally affected, while the posterior circulation is rare. The mortality rate for patients with type A AD undergoing surgical treatment is 30%, and 60% in medical treatment. Emergency surgical repair is the preferred treatment method in type A dissections and complicated type B dissections.

Keywords: Aortic dissection, ischemic stroke, syncope

Ref No: 8521

Ski Accidents in Young Adults: A Serious Event Leading to Right Epidural Hemorrhage

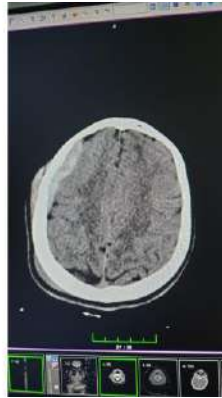
ASLI LEYLA TAHİROĞLU¹, FATİH FIRAT¹, ALİ GÜR¹

¹Ski Accidents in Young Adults: A Serious Event Leading to Right Epidural Hemorrhage

Introduction and Purpose: Skiing and other winter sports are among the high-risk activities and can lead to serious head injuries. This study presents a case analysis of a 22-year-old male patient who developed right epidural hemorrhage as a result of a skiing accident and presented with neurological symptoms (low Glasgow Coma Scale, headache, nausea and vomiting).

Materials and Methods: A 22-year-old male patient was admitted to the emergency room after hitting his head after falling while skiing. The patient, whose Glasgow Coma Scale (GCS) was evaluated as 13 at the time of admission, came with complaints of severe headache, nausea and vomiting. An emergency cranial computed tomography (CT) scan revealed epidural hemorrhage in the right temporal region. The patient was immediately referred to the neurosurgery service and received emergency treatment for surgical drainage of the epidural hemorrhage.

EPİDURAL



Results and Conclusion: Head injuries caused by skiing accidents can lead to serious neurological damage in young adults. Epidural hemorrhage is a condition that can be observed in acute head trauma and requires rapid intervention. In this case, early diagnosis and immediate surgical intervention are critical to improving the patient's neurological outcome. Additionally, this case highlights the importance of using appropriate protective equipment during winter sports and other high-risk activities. Skiing and similar activities in young adults may increase the risk of serious head injuries. This case demonstrates that serious consequences such as right epidural hemorrhage can be managed with prompt diagnosis and intervention. Additionally, the

importance of safety measures and the use of protective equipment for individuals participating in winter sports plays a vital role in preventing such events.

Keywords: Epidural Hemorrhage, Head injuries, headache

Ref No: 8554

Relationship Between BNP Levels and Mortality in Patients Diagnosed with Acute Hypertensive Cardiogenic Pulmonary Edema

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Introduction and Purpose: The development of abrupt respiratory failure linked to fluid buildup in the lung's alveolar spaces as a result of a higher heart filling pressure is known as cardiogenic pulmonary edema (CPE). CPE can result from any cardiac condition that is marked by a rise in left ventricular pressure. Long-term high capillary pressure can potentially break down the barrier, resulting in increased fluid transfer and permeability into the alveoli and the development of atelectasis and edema. The most frequent cause of respiratory failure is cardiogenic pulmonary edema, which is brought on by elevated cardiac filling pressure and the breakdown of the alveolar-epithelial barrier as a result of procoagulant processes, inflammation, leukocyte infiltration, and reactive oxygen and nitrogen species-induced ion channel modification. Interim diagnostic procedures should include chest radiography, echocardiography, brain natriuretic peptide level (BNP), pulmonary ultrasonography, and others. The association between BNP levels and patient mortality who had CPE clinical presentation is reviewed in this research. [1,2,3,4] A hyperacute consequence of congestive cardiac failure (CCF), hypertensive cardiogenic pulmonary edema is the build-up of fluid in the lungs as a result of a sudden rise in hydrostatic pressure that causes fluid to extravasate from the lung circulation into the interstitium. It is important to distinguish between hypertensive cardiogenic pulmonary edema and acutely decompensated heart failure. The former has more severe symptoms, such as tachypnea, hypertension, dyspnea, and hypoxemia, which can quickly result in an acute respiratory failure, while the latter has more gradual symptoms. [1,2]

Materials and Methods: This is a retrospective study. Data was collected using ICD codes by scanning the hospital database between 01/01/2021 and 01/04/2024. The patients who were under 18 years of age, those who had a diagnosis of non-cardiogenic pulmonary edema, and those whose data was missing were excluded from the study. The outcomes for the patients were assessed using the collected laboratory data.

Results and Conclusion: Mortality rate and BNP levels were found statistically meaningful where the cut off BNP is 968 pg/ml of the patients diagnosed with acute hypertensive cardiogenic pulmonary edema at the emergency service (p=0.004).

Table 1

	Age	n (%)	Mean	Std. Deviation	p
BNP	0	28 (44,4)	1012,54	856,122	P=0.809

1	35 (55,6)	968,23	592,658
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Table 2

	N	Mean	Std. Deviation
AGE	63	76,68	10,209
BNP	63	987,92	715,748

Table 3

Group Statistics					
	Result	N	Mean	Std. Deviation	p
BNP	Alive	54	885,07	639,485	0,004
	Dead	9	1605,00	872,511	
AGE	Alive	54	76,85	10,097	0,750
	Dead	9	75,67	11,446	

Keywords: Brain Natriuretic Peptide, Acute Hypertensive Pulmonary Edema, Cardiogenic Pulmonary Edema

Ref No: 8591

I AM SHIVERING

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Introduction and Purpose: Malaria is a protozoan disease transmitted by the bite of the Anopheles mosquito. Approximately 55% of the world's population, especially in Africa, is exposed to this infection. It is endemic to most tropical and subtropical regions. There are 5 genera of plasmodium that infect humans: Plasmodium vivax, Plasmodium ovale, Plasmodium malariae, Plasmodium falciparum and Plasmodium knowlesi. The majority of malaria deaths are due to the falciparum genus.

Materials and Methods: A 24-year-old male patient was admitted to the emergency room with complaints of fever, chills, shivering, sweating and diarrhea that had been going on for 10 days. It was learned that the patient came from Congo 10 days ago. The patient has no history of illness in his medical history, and on arrival vitals his blood pressure is 114/64 mmHg, pulse 98 beats/minute, and temperature 37.6.°C, fingertip oxygen saturation was 98%. WBC in blood tests requested from the patient: 5960µl, plt: 27000 µl, hgb: 13 mg/dl. Plasmodium spp trophozoites were seen in the smear taken from the patient and stained with Giemza. The patient was admitted to the infection clinic.

Results and Conclusion: Anamnesis taken from patients can tell us a lot about making a diagnosis. In particular, patients' travel stories can help us shed light on various infections.

Keywords: plasmodium, anopheles, chills.

Ref No: 8716

Unusual Combination of Cervicofacial Subcutaneous Emphysema Following Dental Procedure: Pneumocephalus

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Introduction and Purpose: Cervicofacial subcutaneous emphysema is defined as the presence of air in the subcutaneous soft tissue of the head and neck and is a rare complication seen especially in dental procedures using high-speed air turbine rotors. This usually self-limiting condition may lead to life-threatening conditions such as pneumothorax, pneumomediastinum, pneumopericardium, pneumocephalus if complications are not recognised.

Materials and Methods: A 53-year-old woman was brought to the emergency department by the emergency health services team because of sudden swelling of the face and eyelids during tooth extraction. The patient was conscious and restless; had swelling in the right buccal, right periorbital and left periorbital regions. There was no redness or temperature difference in these areas. On palpation, there was diffuse crepitation in the right and left periorbital, right buccal and right submandibular areas. Computed tomography images of the patient showed diffuse air densities in both periorbital areas extending from the right frontal region to the right buccal, right submandibular and right paracarotid regions. In addition, intracerebral millimetric air densities were seen in the posterior neighbourhood of the sphenoid sinus. In the interview with the patient's dentist, it was learnt that the patient's face swelled suddenly while using an air turbine drill to cut the tooth during tooth extraction. The patient did not experience respiratory distress or life-threatening conditions. Neurological examination was normal. After 24 hours of observation, he was discharged with prophylactic antibiotic treatment and hydration of the eye. After 10 days of treatment, the control examination showed that the cervicofacial emphysema disappeared completely.



2



3



4



5



Results and Conclusion: Cervicofacial subcutaneous emphysema is a rare complication that may occur during or after dental procedures. If cervicofacial subcutaneous emphysema spreads to parapharyngeal and retropharyngeal tissues, it may cause life-threatening conditions such as pneumothorax, pneumomediastinum, pneumopericardium. Pneumocephalus after dental procedures has not been encountered in the literature before. It should be kept in mind that dentists and emergency medicine service physicians should be aware of the differential diagnosis of subcutaneous cervicofacial emphysema, allergic reaction and angioedema that occur after dental interventional procedures and the vital complications that may develop in the process and should recognise the patients early.

Keywords: Cervicofacial subcutaneous emphysema, Pneumocephalus, Dental procedure

	cinsiyet	n (%)	Mean	Std. Deviation	p
Yaş	Kadın	61 (45,5)	74,08	13,67	0,015
	Erkek	73 (54,5)	68,86	10,73	
RBC (10 ⁹ /uL)	Kadın	61	4,31	0,71	0,003
	Erkek	73	4,69	0,71	
Kalsiyum (mg/dl)	Kadın	61	9,29	0,58	0,937
	Erkek	73	9,30	0,49	
P (10 ⁹ /uL)	Kadın	61	259,67	119,63	0,234
	Erkek	73	239,59	72,644	
Hastanede kalış süresi (gün)	Kadın	61	7,15	5,79	0,025
	Erkek	73	5,29	2,90	
RBC/PLT oranı	Kadın	61	0,018	0,00	0,025
	Erkek	73	0,021	0,00	

RBC: Eritrosit sayısı, PLT: trombosit sayısı, n: sayı

Hastaların cinsiyetine göre veriler

Results and Conclusion: Hastaların yaş, cinsiyet, eritrosit sayısı, trombosit sayısı, kalsiyum değerleri ve eritrosit/ trombosit oranları Tablo 1 ve 2 de verilmiştir. Hastaların yoğun bakım ihtiyacı açısından değerlendirilmesinde istatistiksel olarak anlamlı çıkan parametreler kalsiyum değerleri ve hastanede kalış süresi arasındaki farklardı. İskemik inme hastalarında cinsiyetler açısından bakılan değerlendirmede istatistiksel olarak anlamlı bulunan farklılıklar; yaş, eritrosit sayısı, hastanede kalış süresi ve RBC/PLT oranıydı. İnme hastalarının yönetiminde, eritrosit ve trombosit parametrelerinin önemi giderek artmaktadır. Bu parametreler, hastanın klinik seyrini belirlemede ve yoğun bakım ihtiyacını öngörmekte potansiyel olarak değerli belirteçler olabilir. Ancak, daha fazla prospektif çalışma gereklidir.

Keywords: RBC, Trombosit, İskemik İnme

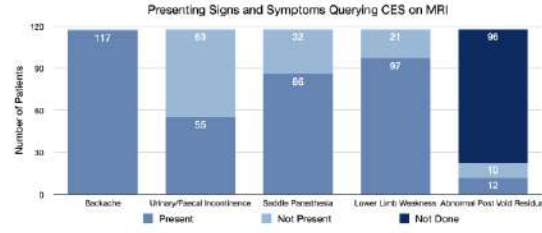


Figure 1: Presenting signs and symptoms querying CES on MRI

Presenting Signs and Symptoms of Confirmed CES on MRI

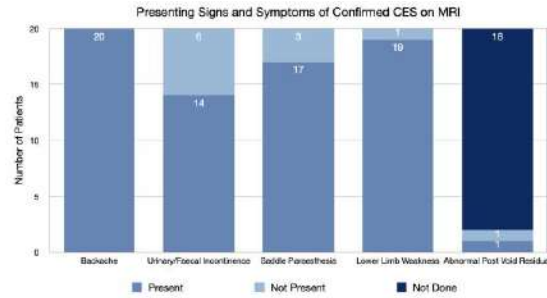


Figure 3: Presenting signs and symptoms of confirmed CES on MRI

Keywords: Cauda Equina Syndrome, Magnetic Resonance Imaging

Ref No: 8751

Liver Laceration After Blunt Abdominal Trauma in a Patient Using Warfarin

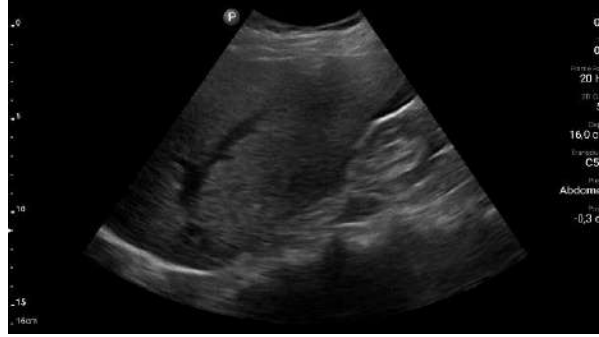
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Introduction and Purpose: The most commonly affected solid organ in abdominal trauma is the liver. (1) The majority of liver injuries are minor injuries and it can be treated without surgery using techniques observation, embolization, etc. Approximately 14% of patients require surgery to manage liver injury, including cases that are initially hemodynamically unstable and cannot be successfully treated with nonoperative techniques. (2) Management of liver trauma requires a multidisciplinary approach including general surgery, interventional radiology, emergency department and intensive care physicians. (3)

Materials and Methods: 75-years-old female patient. She applied to us with complaints of abdominal pain and confusion. She fell from his level onto his right side 5 days ago. She hit the right side of his head and body. When she was admitted to the external emergency department, no pathology was detected in the imaging performed and she was exterminated. As the patient's complaints continued, she applied to different centers. Her complaints regressed with analgesic treatment. When her complaint of abdominal pain increased again, she applied to us. CHF+, CABG+, MVR, Parkinson, Hepatitis-B/Metoprolol süksinat 50 mg, varfarin sodyum 5 mg, BP: 92/54 mmHg Pulse: 139 per mins Temp: 36°C SpO2: 99% GCS: 15 General condition was fair/poor, agitated. There was ecchymosis around the right orbit. Ecchymotic area on the right side during abdominal inspection. There was widespread defense and rebound in the abdomen. The patient's tests were requested and bedside FAST was performed in the emergency department. The patient, who had physical examination findings and FAST positive, was started on hydration, blood replacement was prepared, and General Surgery was consulted regarding the need for urgent surgery. The patient was started on 0.9% NaCl infusion. Blood was obtained from the center, ES and FFP were started with massive transfusion protocol. The patient was taken into emergency surgery.

FAST



FAST image performed in the emergency department. The area marked with an arrow indicates free hepatorenal fluid.

FAST



FAST image performed in the emergency department. The area indicated by the arrow sign indicates free fluid in the splenorenal area.

FAST



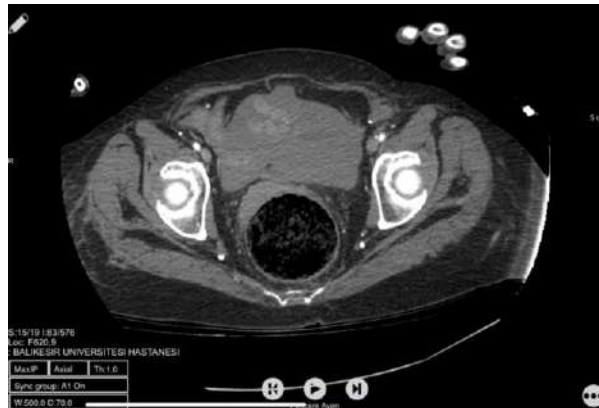
The area marked with an arrow indicates rectovesical free fluid.

Abdominal CT image with IV contrast



Abdominal CT image with IV contrast. The areas shown with arrows are widespread free fluid areas around the liver and spleen..

Contrast-enhanced abdominal CT image



Areas indicated by arrows indicate free fluid in the pelvis

Results and Conclusion: Patients who present with blunt abdominal trauma and use anticoagulant drugs due to accompanying morbidities should be followed up more frequently. Cases that are asymptomatic initially should be closely monitored with strict vital monitoring and repeated physical examinations. For the emergency department management of hemodynamically unstable patients, it is important to quickly obtain expert opinion in terms of imaging, treatment, blood preparation and surgical requirements.

Keywords: liver laseration, abdominal blunt trauma, hepatic injury

Ref No: 8752

EVALUATION OF REPEAT ADMISSIONS TO THE PEDIATRIC EMERGENCY DEPARTMENT

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Introduction and Purpose: Emergency departments are the departments with the highest number of patient admissions in our country. Readmission is defined as the re-admission of a patient to the emergency department within 24-72 hours after discharge from the emergency department. Readmission to hospitals causes the workload of the health system to increase and health expenditures to increase day by day. Despite all these negativities, the reasons for readmissions are not fully understood. The aim of this study was to determine the demographic and clinical characteristics of patients who were readmitted to the pediatric emergency department and to determine the medical reasons for readmission. In addition, to make recommendations for the prevention of readmission.

Materials and Methods: This retrospective study was conducted in patients younger than 18 years of age admitted to the pediatric emergency department of a tertiary care hospital between 2023 and 2024. 24- 72 hours after discharge from the Pediatric Emergency Department. Patients under the age of 18 years with a complete diagnosis and anamnesis of the first presentation and repeat presentations were analyzed. The first and second admissions of patients who had more than one emergency admission within 24-72 hours were evaluated. Initial and readmission data of the patients were compared.

Results and Conclusion: Of the 264762 patients who presented to the Pediatric Emergency Department in the last year, 8472(3.3%) were readmitted within the last 24-72 hours. 5069(62.5%) of our patients were male and the mean age of the patients was 8.27 years. The triage category of 82% of the patients was green and 95% of the readmission did not change. 89% of the readmitted patients were discharged. 10% were admitted to the ward, 1% to intensive care unit and 3 patients died. The rate of readmission to the emergency department and its causes is an important quality criterion according to studies in the literature. In our study, we found that the rate of readmission to the pediatric emergency department was similar to studies in the literature. Correct prescribing, adequate symptomatic treatment and better. Informing the patients can prevent readmissions to a great extent. In addition, if bed availability is available, mortality and morbidity can be reduced by hospitalizing the patients as much as possible.

Keywords: Pediatric Emergency Department, Readmission, 24-72 hours

Ref No: 8789

Foreign Body of the Heart

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Introduction and Purpose: Foreign bodies in the heart is rare and can be life threatening. Early diagnosis and removal are very important. X-ray, computed tomography and echocardiography are the main diagnostic methods. In this article, a 14-year-old male patient who had chest pain for ten days, whose pain increased when lying down for the last two days, and who was found to have a foreign body needle in the heart in the pediatric emergency service is presented.

Materials and Methods: It was learned that the needle was voluntarily inserted by our patient, who was diagnosed with attention deficit hyperactivity syndrome seven years ago and did not follow-up regularly. It was learned that the chest X-ray taken at another hospital 2 days before applying to our hospital was evaluated as normal. The needle that caused lung contusion, right pleural effusion, right ventricular contusion, right coronary artery injury and pericardial effusion was successfully removed by open heart surgery.

Figure 1.

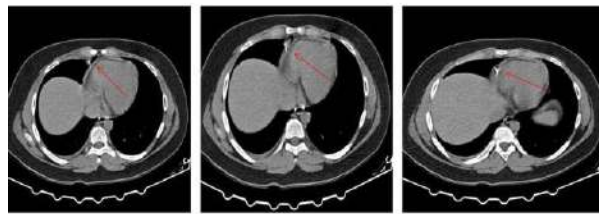


Figure 1. Right pleural effusion indicated by arrow and linear high-density foreign body adjacent to the right ventricle are seen in the heart computed tomography image.

Right pleural effusion indicated by arrow and linear high-density foreign body adjacent to the right ventricle are seen in the heart computed tomography image

Results and Conclusion: It is presented to draw attention to the rarity of cases with a foreign body in the heart in the literature and the careful evaluation of the X-rays.

Keywords: Foreign body, heart, needle

Ref No: 8943

Evaluation of Triage Decision-Making Competency of Emergency Healthcare Providers: A Self-Assessment Inventory Study

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Introduction and Purpose: Emergency departments are areas where the speed and accuracy of patient care are of critical importance. In this context, triage plays a vital role in the process of classifying and prioritizing patients according to their urgency. Nurses and paramedics are at the forefront of this process and assess patients admitted to the emergency department. This study is planned in two phases, the first phase aims to enable participants to perform self-assessment on triage and the second phase aims to measure their skills on this subject.

Materials and Methods: This study was planned to be conducted with nurses and paramedics working in the pediatric and adult emergency departments of Ondokuz Mayıs University Health Practice and Research Hospital. Participants were selected voluntarily and informed about the aims of the study. The questionnaire consists of two parts. The first part included a 13-item questionnaire about the sociodemographic characteristics of the participants and the characteristics of the working environment. The second part consists of a 37-item scale called "Triage Decision-Making Inventory". This inventory measures the triage competencies of emergency department healthcare providers in three main categories: cognitive, critical thinking, and experience, and will be evaluated using categories including decision-making, prioritization, performance under stress, and experience and confidence levels in triage processes. The data collection process was carried out by sending the participants the link to the "Google Forms" online survey form. The collected data were analyzed using IBM SPSS (Statistical Package for the Social Sciences) v.21 software. Descriptive statistics were used to provide an overview of the demographic characteristics and triage decision-making competencies of the participants and are presented as percentages.

Results and Conclusion: Fifty nurses and paramedics voluntarily participated in the study. Institutional consent and local ethics committee approval were obtained. The sociodemographic and work environment characteristics of the participants are summarized in Table 1. Participants' responses to the triage decision-making inventory are shown in Figure 1. As a result, this study shows the self-evaluation of nurses and paramedics working in the tertiary emergency department about triage and their level of knowledge about triage.

Table 1

Table 1. Sociodemographic and work environment characteristics of the participants

Characteristic	Frequency (n)	Percentage (%)
Age (years)		
18-27	4	12
28-35	19	58
36-43	11	34
44-51	4	12
52-60	2	6
Gender		
Male	36	88
Female	3	8
Marital status		
Married	32	84
Single	13	34
Family type		
Single family	47	84
Extended family	2	4
Number of children		
0-2 children	17	38
3-4 children	18	40
More than 4 children	14	32
Type of work		
Emergency department	4	12
General	1	2
24-hour follow-up	1	2
Working time (hours per week)		
40	44	88
50	8	12
Working the job		
Yes	42	88
No	8	12
Satisfaction with the department they work in		
Satisfied	22	42
Slightly satisfied	19	40
Dissatisfied	4	8
Working hours per week		
36-42	2	4
48-48	18	36
48-48	1	2
48-48	1	2
Average number of patients admitted in the emergency department per day		
0-100	32	84
101-200	18	40
201-300	1	2
More than 300	1	2
Have you been trained in triage?		
Yes	42	88
No	8	12
Total	48	100

Table 1. Sociodemographic and work environment characteristics of the participants

Figure 1

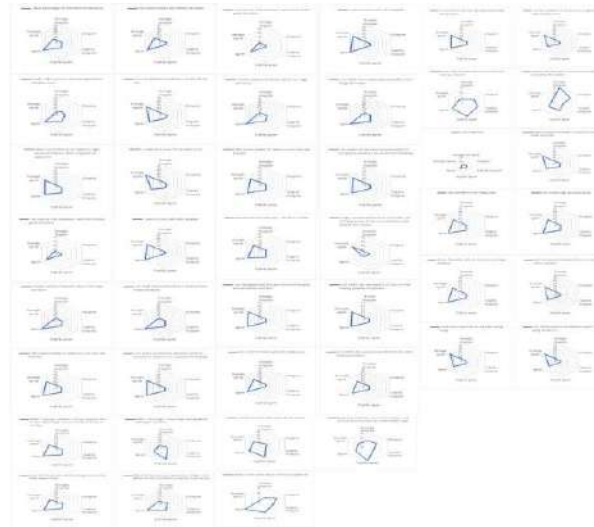


Figure 1. Participants' responses to the triage decision-making inventory

Keywords: emergency department, triage, emergency health services

Ref No: 8979

A Case of Acute Mesenteric Ischemia with Indirect Findings

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Introduction and Purpose: Acute mesenteric ischemia is a disease with high mortality, characterized by interruption of blood flow to the intestine. Generally, patients present with severe abdominal pain. CT angiography is important in making the diagnosis. In this case, a case in which mesenteric ischemia was diagnosed with indirect findings in a patient who could not undergo angiography will be described.

Materials and Methods: An 86-year-old male patient presents with a complaint of abdominal pain that has been going on for about three days. Abdominal tomography revealed air density in the portal vein, pneumatosis intestinalis and an increase in intestinal wall thickness. Although the patient was consulted to a general surgeon and an emergency surgical intervention was recommended, the patient refused. The patient died during follow-up in the emergency room.

Figure 1 Air images in the portal vein

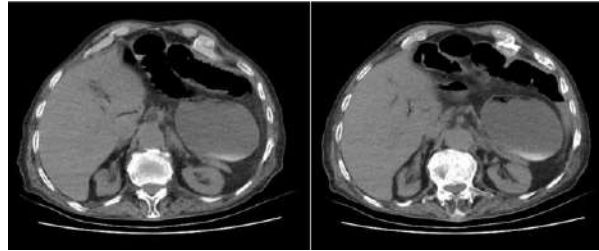
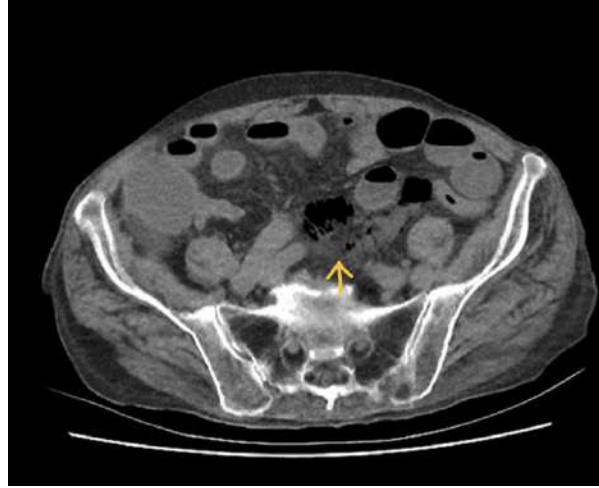


Figure 2. Increased intestinal wall thickness and air-fluid levels in the lumen, pneumatosis intestinalis (orange arrow)



Results and Conclusion: Acute mesenteric ischemia is characterized by ischemia and necrosis that develop because of interruption of blood supply to the small intestines. Early diagnosis and surgical intervention influence mortality. CT angiography is important to evaluate vascular pathology. Depending on the patient's clinical condition, surgical intervention or intensive care follow-up may be planned. Although acute mesenteric ischemia is rare, it is a disease with a high mortality rate. Clinical suspicion, physical examination and abdominal imaging make it easier to make the diagnosis.

Keywords: mesenteric ischemia, hepatic portal venous gas, pneumatosis intestinalis

Ref No: 8997

Evaluation of patients according to the time of suicide attempt: the case of interior anatolia

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¹Niğde Ömer Halisdemir Training and Research Hospital

Introduction and Purpose: In this study, we aimed to evaluate the relationship between gender and arrival times of patients with suicide attempts in the emergency department of our hospital

Materials and Methods: : Patients aged 18 years and older who were admitted to the Emergency Department of the Department of Emergency Medicine, Niğde Ömer Halisdemir University Faculty of Medicine between April 2023 and April 2024 with suicide attempts were included. Accidents, drug intoxications and non-drug suicides without suicidal intentions were not included in the study

Results and Conclusion: In this study, 44 suicide cases admitted to our emergency department between April 2023 and April 2024 were cross-sectionally analyzed. The mean age of the patients was 25+_ 5.3 years and 75% of the patients were female. The arrival times of the patients were designed as 08:00-19.59 (1st group), 20:00-07:59 (2nd group). There was no significant relationship between gender and arrival times. $p>0.05$ was determined. In conclusion, it can be said that there is no significant relationship between gender and arrival times of the patients, and the mortality risk of drug intake is low compared to violent suicides

Keywords: gender, Emergency service, Suicide

Ref No: 9008

Yolculuk Draması; Servikal Travma, Nörojenik Şok

Mustafa Çiftçi¹, Emin Fatih Vişneci¹, Ayşe Işık¹, Muhammed Sadettin İpek¹, Resul Yollar¹, Ayla Mollaoğlu¹

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Introduction and Purpose: Alt servikal bölge kırıkları, yüksek enerjili travmalarda düşünülmesi ve dikkatle incelenmesi gereken acil servis tanılarında birisidir. Servikal yaralanmaların ve özellikle dislokasyonların büyük çoğunluğu bu bölgede gözlenmektedir. Subaksiyal servikal kırıkların yönetimine ayrıntılı nörolojik ve radyolojik incelemelerin sonucunda karar verilmelidir. Bu yaralanmaların stabil-instabil kararını verme noktasında SLICS sınıflaması ön plana çıkmakta ve acil servis, nöroşirürji kliniklerinde yaygın olarak kullanılmaktadır. Stabil olduğuna karar verilen veya cerrahi uygulanması riskli olan hasta gruplarında konservatif yöntemler uygulanmaktadır. Bu yöntemler içerisinde kranioservikal traksiyon uygulamaları, servikal ortezler ve farmakolojik tedaviler bulunmaktadır. Konservatif tedavi kararı alınan hastalarda yakın ve sıkı radyolojik takip önemlidir. Gelişebilecek herhangi bir instabilitenin erken tespiti ve müdahalesi hasta için yıkıcı olabilecek komplikasyonların önüne geçmemizi sağlayacaktır.

Materials and Methods: 51 yaş kadın hasta, araç içi trafik kazası sebebiyle acil servise getirildi. Servikal collar ve travma tahtasında devir alınan hastanın gelişinde GKS: 15, tansiyon: 80/50 mmHg, nabız: 61/dk, solunum sayısı: 15/dk idi. Nörojenik şokta olan hasta, sağ ve sol kolunun uyuştüğünü ve bacaklarını hissetmediğini söyledi. Spinal şok için 10 mcgr/kg/dk dopamin başlanarak hasta stabilize olduğunda servikal bilgisayarlı tomografi çekildi. C 6-7 seviyesinde dislokasyon ve C6 seviyesinde nondeplese corpus kırığı izlendi. Hastanın alt ekstremitelerinde kas gücü 0/5, üst ekstremitelerinde kas gücü 2-3/5 olarak değerlendirildi. SLICS sınıflamasına göre 3 puan alan hasta, takip tedavi ve servikal traksiyon için beyin cerrahi servisine yatırıldı.

Results and Conclusion: 51 yaş kadın hasta, araç içi trafik kazası sebebiyle acil servise getirildi. Servikal collar ve travma tahtasında devir alınan hastanın gelişinde GKS: 15, tansiyon: 80/50 mmHg, nabız: 61/dk, solunum sayısı: 15/dk idi. Nörojenik şokta olan hasta, sağ ve sol kolunun uyuştüğünü ve bacaklarını hissetmediğini söyledi. Spinal şok için 10 mcgr/kg/dk dopamin başlanarak hasta stabilize olduğunda servikal bilgisayarlı tomografi çekildi. C 6-7 seviyesinde dislokasyon ve C6 seviyesinde nondeplese corpus kırığı izlendi. Hastanın alt ekstremitelerinde kas gücü 0/5, üst ekstremitelerinde kas gücü 2-3/5 olarak değerlendirildi. SLICS sınıflamasına göre 3 puan alan hasta, takip tedavi ve servikal traksiyon için beyin cerrahi servisine yatırıldı.

Keywords: nörojenik şok, traksiyon

Ref No: 9059

Lemmel Syndrome is a rare cause of abdominal pain in the emergency department

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Introduction and Purpose: In Lemmel syndrome, a duodenal diverticulum compresses the distal part of the common bile duct, causing obstructive jaundice. This syndrome should be suspected in patients with direct hyperbilirubinemia, excluding cholangolithiasis and pancreatobiliary or duodenal tumors. We aimed to present this case to emphasize that this syndrome, which is rarely seen in the emergency department, should be considered in patients presenting with jaundice.

Materials and Methods: An 80-year-old woman presented to our emergency department with abdominal pain in the right hypochondrium, obstructive jaundice and fever. Blood tests were as follows: WBC: 21.8, CRP: 338, increased total bilirubin(5.56 mg/dL) and direct bilirubin(3.97 mg/dL) were detected. Elevated liver enzymes(AST 241 U/L, ALT 179 U/L) and cholestatic test results(LDH 338 U/L, GGT 175 U/L) were detected. The Whole Abdomen USG report stated "The gallbladder measured 75x30 mm in size. Intrahepatic bile ducts are minimally dilated. Echogenous appearances compatible with several stones, the largest of which was 7-8 mm in diameter, were observed in the lumen." The patient was admitted to the general surgery service for the investigation of obstructive jaundice. MR-Colangiopancreatography was performed and the results were as follows: "Intrahepatic bile ducts are slightly prominent on the left. The choledochal duct measured approximately 6 mm in the proximal section and approximately 3 mm in the distal section. A duodenal diverticulum of approximately 5 cm in size was observed in the distal choledochal neighborhood. Compression of the choledochal duct by the diverticulum was observed (Lemmel syndrome)."

Results and Conclusion: This case is an example of an unusual cause of obstructive jaundice, Lemmel syndrome. It should be considered in the differential diagnosis of patients with obstructive jaundice on clinical and laboratory results in the emergency department. The most common treatment for this syndrome is sphincterotomy with ERCP, but when endoscopic management fails, interventional radiology and surgery should also be considered.

Keywords: Abdominal pain, obstructive icterus, lemmel syndrome

Ref No: 9078

A rare disease in the emergency department

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Introduction and Purpose: Creutzfeldt-Jakop Disease (CJD) is a rare, untreatable and progressive neurodegenerative prion disorder caused by misfolded prion proteins, resulting in fatal infectious subacute spongious encephalopathy. It is characterized by rapidly progressive neuropsychiatric symptoms and movement disorders. We aimed to present our case, which is seen one in a million and is similar to the symptoms of other neuropsychiatric diseases, due to its rare diagnosis.

Materials and Methods: 57-year-old male patient of foreign nationality. Complaints of impaired walking, tremors, forgetfulness, dizziness, slurred speech, inability to recognize relatives, and decreased ability to eat and drink began approximately 2 months ago. The patient, who complained of impaired walking, was able to walk with support until the last week, but in the last week he could no longer walk. Thereupon, they applied to our emergency service. On physical examination, the eyes were open spontaneously, there was no orientation or cooperation, light reflex +/+, pupils were isochoric, and there was no facial asymmetry. Diffusion MRI taken in the emergency room showed symmetrical T2 FLAIR hyperintensity and edematous appearance in the head of the caudate nucleus, putamen and thalamus in both cerebral hemispheres.

Results and Conclusion: CJD is the most common human prion disease classified by cause. It is the most common form of sporadic CJD (approximately 85-90% of reported cases). No underlying cause or associated risk factor has been found in sporadic ones. As a result of the data we obtained from our patient, a cause and associated risk factor could not be identified. In the early stage of CRD, cognitive decline and myoclonus may be mild and the diagnosis may be missed because they do not meet the current criteria. Its symptoms may be confused with other neurodegenerative diseases, viral encephalitis, dementia, Lewy body dementia, Alzheimer's, and autoimmune diseases. It is important to consider this rare CJD when diagnosing neuropsychiatric cases.

Keywords: Creutzfeldt-Jakop disease(CJD), Emergency department, Prion

Ref No: 9133

ECG Analysis After Medical Cardioversion in Patients Presenting to the Emergency Department with Supraventricular Tachycardia

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Introduction and Purpose: Supraventricular tachycardia (SVT) is characterized by a ventricular rate of 160 beats per minute or more and a regular narrow complex rhythm. Carotid sinus massage is the initial treatment method to terminate SVT. In patients who do not respond to this method, medical cardioversion is required. The aim of this study is to evaluate the ECGs after medical cardioversion in SVT patients and to examine the factors affecting sinus pause duration.

Materials and Methods: Our study was conducted retrospectively at Bezmialem Vakıf University Hospital Emergency Department between March 31, 2021, and March 31, 2022. The data of 89 patients who presented to the emergency department with SVT were examined. During the study period, patients diagnosed with SVT were treated with adenosine, calcium channel blockers, and beta-blockers as medical treatment options. For the study, the sinus pause duration in the ECG outputs obtained from the defibrillator after cardioversion was recorded by examining the small squares.

Results and Conclusion: The study was conducted on 89 patients, with 44 being female and 45 being male, with a mean age of 51 years. When comparing the age of the patients included in the study with the pause duration, a weak positive correlation was found between increasing age and prolongation of the pause duration ($p=0.012$). It was observed that as the age of the patients included in the study increased, there was a weak positive correlation with an increase in the pause duration ($p=0.012$). In patients presenting to the emergency department with SVT, we found through EKG analysis after medical treatment that gender, comorbidities, previous SVT attack counts, and adenosine dosage did not have a significant impact on the EKG. However, we observed that as age increases, the pause duration extends, suggesting that adenosine dosage could potentially be reduced in elderly patients. We also evaluated that patients with longer complaint durations at the time of admission had longer pause durations compared to other patients.

Keywords: Supraventricular tachycardia, ECG, Pause duration

Ref No: 9198

Diagnostic Value of Serum ADMA and Arginine Derivatives Levels in Differentiating Potential Fatal Causes in Patients Who Present to the Emergency Department with Chest Pain

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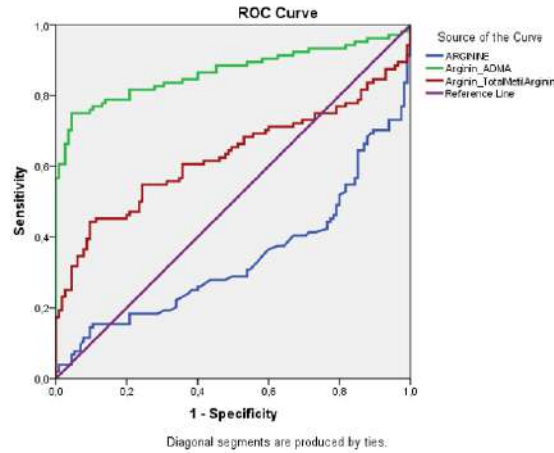
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Introduction and Purpose: Chest pain is defined as a discomfort in the region between the organs in the thorax or abdominal cavity and the thorax wall, the xyphoid below, the suprasternal notch above and the two middle axes on the line. Acute chest pain suddenly emerges and causes fatal outcomes. It is one of the most common reasons for emergency services. The aim of this study was to investigate the diagnostic value of serum ADMA and Arginine derivatives in patients admitting to emergency departments with chest pain for early diagnosis of serious morbidity and mortality.

Materials and Methods: A healthy volunteer control group with no complaints and illnesses, and the patients who were admitted to our clinic in 48 hours with complaints of chest pain, no pathological findings on physical examination, and 18 years of age or older of 219 people were included in our study. Analysis results were generally obtained using independent group comparison tests and chi-square analysis methods.

Results and Conclusion: The values of arginine, arginine / ADMA and arginine / total methyl arginine ratios were found to be significantly different while the levels of serum ADMA, SDMA, citrulline and total methyl arginine were not significantly different between case and control groups. Arginine/ADMA ratio significantly increased in the case group and the diagnostic values of sensitivity (75%) and specificity (95%) were acceptable. Arginine derivatives and other cardiac enzymes did not differ significantly between the identified cardiovascular diseases. In the literature on arginine derivatives, it is stated that raised serum values may be a significant risk factor for cardiovascular diseases. As a result of our study, it was revealed that the changes in the ratios of arginine/ADMA and arginine/total methyl arginine could be used as biomarkers in terms of diagnostic value. We suggest that arginine derivation markers may be used to identify mortal diseases, particularly in patients presenting with complaints of urgent chest pain.

ROC Analysis Results of Arginine and Ratios



Differential Diagnosis Information Determined For Arginine/ADMA Ratio

Arginin/ADMA	Case	Control	Total
>218,16	78	5	83
<218,15	26	110	136
Total	104	115	219
Sensitivity	%75,0	False negative	%25,0
Specificity	%95,65	False positive	%4,34
Positive predictive value	%93,97	Positive likelihood	%1725
Negative predictive value	%80,88	Negative likelihood	%26,13
Accuracy	%85,84		

Differential diagnosis information determined for arginine/ADMA ratio In the comparisons made between the case and control groups, arginine, arginine/ADMA and arginine/total methylarginine ratios were found to be significantly different between the groups. ROC analyzes were performed to obtain differential diagnosis information regarding these markers. Arginine was not found to be significant (AUC=0.338). However, the arginine/ADMA and arginine/total methylarginine ratios were different between the groups and the differential diagnosis findings were significant (AUC arginine/ADMA=0.867 and AUC arginine/total methylarginine=0.628).

A very high field value was calculated for the arginine/ADMA ratio, but the field value for arginine/total methylarginine was low. Therefore, it did not yield appropriate differential diagnosis rates. The cut-off value for the arginine/ADMA ratio was calculated as 218.15 $\mu\text{mol/L}$, and the cut-off value for the arginine/total methylarginine ratio was calculated as 195.04 $\mu\text{mol/L}$.

Accordingly, according to the differential diagnosis information determined, the sensitivity for arginine/ADMA was calculated as 75% and the specificity as 95.65%.

Keywords: L-arginine, ADMA, cardiovascular diseases

Ref No: 9288

A Nosebleed Ending with Surgical Intervention: Is It Always the Fate of Healthcare Professionals' Relatives?

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Introduction and Purpose: Epistaxis is defined as bleeding from the nose or nasal cavity. Two types of bleeding are observed: Anterior and Posterior nosebleeds. Controlling posterior arterial bleeding is often difficult and is associated with bleeding into the nasopharynx; if swallowed, it can present with hemoptysis, melena, or hematochezia. In this case, a severe epistaxis with delayed diagnosis, presenting with melena, and ending with surgical intervention is described.

Materials and Methods: A 58-year-old male patient presented to the emergency department due to a nosebleed waking him from sleep. Vital signs were measured within normal limits. He had a history of hypertension, stroke, and cardiac issues. He was using aspirin and Plavix. He denied any trauma. Anterior nasal packing was applied to the patient. Laboratory parameters were within normal limits. The patient, without active bleeding, was discharged. Six hours later, the patient had a recurrence of bleeding and returned. The ear, nose, and throat (ENT) specialist examined the patient but could not identify the bleeding site. Nasal packing was repeated, and aspirin was discontinued. Upon another recurrence of bleeding during follow-up, the patient returned to our emergency department. During admission, the patient was mildly tachycardic. Despite bilateral nasal packing with merocel, bleeding from the nasopharynx persisted. The patient was re-examined by the ENT specialist, revealing bleeding from the sphenopalatine artery. Due to the failure of localized cauterization, urgent surgical intervention was planned, and under anesthesia, endoscopic sphenopalatine artery ligation was performed. The patient was discharged without complications on the fifth day.

Results and Conclusion: Epistaxis, covering 1% of emergency department visits, rarely poses a serious life-threatening situation. Posterior epistaxis is more commonly seen in individuals aged 50-60 years. Elderly individuals with comorbidities and a history of recurrent nosebleeds often have posterior epistaxis. Posterior bleeds are typically bilateral and challenging to localize. They may present with confusing symptoms such as nausea, hematemesis, anemia, hemoptysis, or melena. In one study, only 0.55% of patients diagnosed with epistaxis included hematemesis or melena. Posterior nosebleeds present a challenging diagnosis and treatment in the emergency setting. In elderly patients with comorbidities and recurrent nosebleeds, suspicion of posterior epistaxis should be raised, considering its potential to present with various clinical manifestations.

Keywords: Epistaxis, Posterior nosebleeds, treatment

Ref No: 9312

FIGHTING WITH OMICRON

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¹FIGHTING WITH OMICRON

Introduction and Purpose: Covid-19, which caused hundreds of thousands of people to lose their lives, still continues to have an impact even after 2 years. The spread and death rates of the Covid-19 epidemic are being tried to be controlled with the developed vaccines. However, the Covid-19 pandemic virus has been trying to maintain its effect by constantly changing and creating new variants from the moment it first appeared until today. The Omicron variant, the last variant of the Covid-19 virus, emerged towards the end of 2021 and has affected the whole world. The rapid spread of Omicron will cause an increase in the case rate. The increases will cause the closure of schools, which are our educational centers. Education is important for children because they are the future of the world. Education helps people reach their developmental potential and gain the knowledge and skills they need to succeed in life. Every uneducated person is a person who has not been able to acquire skills that he can use throughout his life and has had to settle for less than he could have. If we do not catch the disease, the number of cases will not increase. For this reason, there are some simple measures to prevent the disease

Materials and Methods: Information brochures were prepared considering the information collected from schools. Prepared information brochures were distributed to schools by hand. Afterwards, teachers and students were followed. The teachers and students to whom the relevant brochures were distributed were followed for 1 month. Finally, the rate of catching the disease was determined. It was compared with the disease rate of Erzurum. The obtained data were evaluated statistically.

Results and Conclusion: The information brochures prepared within the scope of our project have achieved their purpose. Our primary goal, which is to reduce the rate of omicron disease, has been achieved. Considering the results of the people followed, our main goal has been achieved and the number of patients has decreased. The effectiveness of brochures has been proven by our study. As a result, information brochures prepared for schools can be used to protect against omicron disease.

Keywords: COVID 19, OMİCRON, EMERGENCY

Ref No: 9320

No Drug is Innocent: methylprednisolone-induced anaphylactic shock

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Introduction and Purpose: Commonly referred to as steroids, corticosteroids are a type of anti-inflammatory drug. Although corticosteroids are widely used in many health problems, they are mostly used for anti-allergic, anti-inflammatory and immunosuppressive purposes. Despite this, side effects are known to develop against corticosteroids and the reports of allergic reactions to corticosteroids are increasing day by day. This case presents anaphylaxis due to intravenous methylprednisolone administration.

Materials and Methods: A 34-year-old man presented to the emergency department with dyspnea. He had no history of any drug allergy in his anamnesis and had a known diagnosis of asthma. In the emergency department, his oxygen saturation was 83% and respiratory rate was 30 breaths/min. He had significantly increased work of breathing and poor air entry bilaterally to both lung bases, with wheezing in the upper lung zones. He was treated with salbutamol/ipratropium and received intravenous methylprednisolone. After 60 mg IV methylprednisolone, an increase in dyspnea with pleuretic chest pain, a decrease in blood pressure (90/65 mmHg), a decrease in peripheral oxygen saturation (65%) and a rash that spread throughout the body within minutes were observed. An anaphylactic reaction to methylprednisolone was suspected, immediate resuscitation was started and 0.5 mg epinephrine was given intramuscularly. Volume expansion with normal saline was initiated. There was no improvement seen clinically and hemodynamically. Adrenaline infusion was started because circulatory failure and hypotension continued despite intramuscular administration of 0.5 mg adrenaline three times (every 3 minutes). Bag and mask ventilation with 100 percent oxygen started. Patient was stabilized with adrenaline, intravenous fluid, and oxygen therapy. He was hospitalized and kept in intensive care unit for 24 hours. Biphasic anaphylaxis did not develop during his hospital stay.

Results and Conclusion: Anaphylaxis is a serious life threatening, and systemic allergic or hypersensitivity reaction with immediate onset. Parenteral intravenous administration of high doses of glucocorticoids may be warranted in emergencies, such as septic shock, exacerbation of chronic obstructive pulmonary disease and severe acute asthma. We aimed to emphasize that every drug may be risky and that although rare, anaphylaxis due to methylprednisolone should be taken into consideration and caution should be exercised in its use.

Keywords: anaphylaxis, emergency department, methylprednisolone

Ref No: 9351

After Blunt trauma abdominal wall hernia

Fatma Betül Çalışkan¹, Funda Elumar²

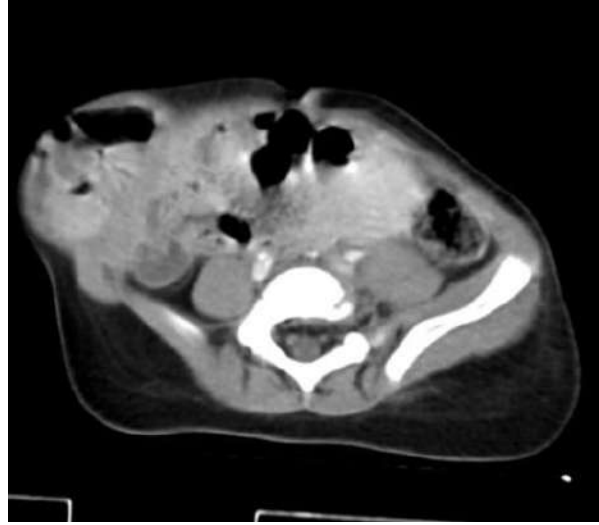
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Introduction and Purpose: Traumatic abdominal wall hernia (TAWH) is all layers rupture of the musculoaponeurotic layers of the abdominal wall resulting in subcutaneous herniation of intra-abdominal organs. TAWH is a rare type of injury that occurs after trauma, its frequency is unknown and it is most commonly associated with blunt abdominal trauma. Diagnosis is made with physical examination findings and imaging methods, computed tomography (CT) is the best imaging method for diagnosis. Other intra-abdominal organ injuries may also be associated. The treatment method varies depending on the size of the defect in the abdominal wall and the abdominal content. In this case report, we aimed to emphasize the diagnosis, treatment and management of a patient with traumatic abdominal wall hernia after blunt abdominal trauma in the emergency department.

Materials and Methods: A 2-year-old female patient applied to the emergency department after being run over by a car. Her general condition was moderate, GCS 15, and vital signs were normal. There was ecchymosis, abrasion and bulging of the abdominal wall in the right upper quadrant of the abdomen and a painless, soft mass approximately 10 cm in diameter on palpation. Other system examinations did not reveal any pathologic findings or trauma-related lesions. Laboratory values were WBC 21.3 K/ul, ALT 67 U/I, AST 131 U/I and LDH 657 U/I. Thorax and abdomen computed tomography (CT) scan performed due to high-energy trauma revealed contusion areas in both lungs, 4x3 cm hematoma in the spleen, subcutaneous herniated intestinal loops on the right lateral abdominal wall and left acetabular fracture. The patient was referred to a pediatric surgery consultant.

Figure 1



Subcutaneous herniated intestinal loops

Results and Conclusion: The abdominal wall defect may also occur with injuries to abdominal organs in blunt trauma. It is a rare condition that can cause serious morbidity and mortality due to incarceration or concomitant organ injury in the absence of early intervention. Therefore, the possibility of traumatic abdominal wall hernia, should be considered in the differential diagnosis when evaluating patients with severe blunt abdominal trauma.

Keywords: blunt trauma, emergency department, abdominal wall hernia

Ref No: 9353

POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME WITH A RARE CAUSE: CALCIUM-ALKALI SYNDROME

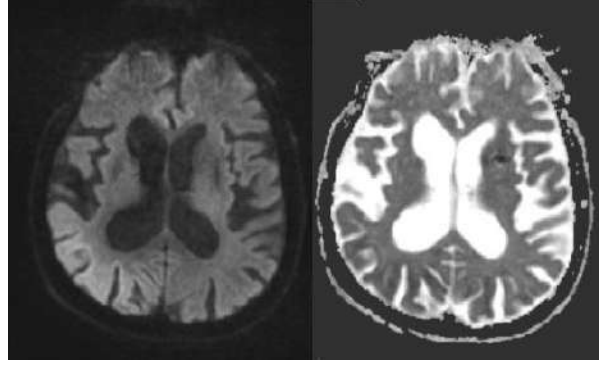
SÜMEYYE ERDAŞ¹, DİLBER ÜÇÖZ KOCAŞABAN¹, ERDAL DEMİRTAŞ¹

¹ANKARA EĞİTİM ARAŞTIRMA HASTANESİ

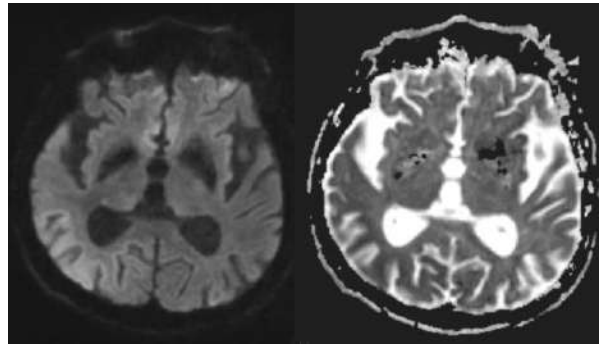
Introduction and Purpose: Hypercalcemia, commonly seen in emergency departments, is often caused by hyperparathyroidism or malignancies, with calcium-alkali syndrome ranking as the third most common cause. This syndrome is associated with calcium and alkali intake. Posterior Reversible Encephalopathy Syndrome (PRES) manifests as acute neurological symptoms due to cerebral perfusion irregularities, occasionally linked to hypercalcemia. Here, we discuss a case of hypercalcemia-induced PRES in a patient using vitamin D and calcium supplements for osteoporosis.

Materials and Methods: An 82-year-old male with a medical history of Diabetes Mellitus, Atherosclerotic Coronary Artery Disease, non-hemodialysis Chronic Kidney Disease, and osteoporosis presented with altered mental status. On admission, he had a Glasgow Coma Score of 7, left hemiplegia, tachypnea, and alkalosis on venous blood gas. Laboratory results showed acute kidney failure, hypochloremia, hypercalcemia, with normal vitamin D and parathormone hormone levels. MRI indicated possible PRES syndrome. He was treated with hemodialysis, improving neurologically and transferred for further care. Calcium-alkali syndrome (CAS), once prevalent with milk-alkali treatments, has resurged due to over-the-counter calcium supplements. Patients often fail to disclose supplement use, complicating diagnosis. Calcium-Alkali Syndrome is characterized by hypercalcemia, alkalosis, and renal failure triad. Symptoms vary widely, ranging from mild to severe, encompassing headaches, neurological and cardiac complications. While renal functions typically improve initially, severe dysfunction and reliance on hemodialysis can develop. Cases like ours, complicated with PRES syndrome, are rare but underline the severity of hypercalcemia-related complications. Diagnosis necessitates brain MRI, with treatment strategies focusing on eliminating triggers and addressing underlying causes.

mri



mri 2



Results and Conclusion: As the prevalence of calcium supplements increases, medical awareness regarding CAS and its potential serious outcomes becomes paramount, emphasizing the importance of thorough patient history-taking and consideration of supplement use even in the absence of patient disclosure.

Keywords: POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME, CALCIUM-ALKALI SYNDROME, Hypercalcemia

Ref No: 9403

Carbon Monoxide Poisoning: The Role of Emergency Response and Hyperbaric Oxygen Therapy

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¹Carbon Monoxide Poisoning: The Role of Emergency Response and Hyperbaric Oxygen Therapy

Introduction and Purpose: Carbon monoxide poisoning occurs as a result of inhaling CO, a colorless, odorless gas, and requires immediate medical attention. This poster examines the management and treatment of a patient diagnosed with carbon monoxide poisoning and presenting to the emergency department.

Materials and Methods: A 45-year-old male patient was brought to the emergency room with complaints of headache, dizziness and nausea. The patient stated that he started his vehicle in a closed garage and these symptoms started within a while. In the initial evaluation, the patient was conscious but in a state of confusion. Oxygen saturation was measured as 92%. Blood gas analysis was performed on suspicion of carbon monoxide poisoning and the carboxyhemoglobin (COHb) level was found to be 25%.

Results and Conclusion: The importance of blood gas analysis in the diagnosis and management of carbon monoxide poisoning was emphasized. The patient was immediately started on 100% oxygen therapy and evaluated for hyperbaric oxygen therapy. Hyperbaric oxygen therapy helped to rapidly reduce COHb levels and improve oxygenation of hypoxic tissues. This case demonstrates how early diagnosis and prompt intervention in cases of carbon monoxide poisoning is critical in preventing potential long-term complications.

Keywords: Carbon Monoxide Poisoning, Hyperbaric Oxygen Therapy, Carboxyhemoglobin

Ref No: 9497

Rhabdomyolysis in Three Toddlers; A case series

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Introduction and Purpose: Rhabdomyolysis presents a significant challenge in Pediatric Emergency Medicine due to its intricate diagnostic and therapeutic complexities. While this condition is relatively frequent in pediatric populations, its occurrence becomes markedly infrequent in toddlers, especially those under the age of 2, highlighting a specific area of concern within this age Demographic. Through the examination of cases involving traumatic rhabdomyolysis in toddlers, this report aims to shed light on these complexities and contribute to the body of knowledge surrounding pediatric rhabdomyolysis management.

Materials and Methods: Case 1:The 10-month-old girl patient presents with a case of injury due to a heavy television falling onto her. At the initial assessment, the patient was intubated to secure the airway. The CT brain imaging revealed the presence of a subarachnoid hemorrhage. The CK level was measured at 1258 IU/L. The patient was admitted to the intensive care unit. Case 2:The 23-month-old girl, initially admitted to a rural hospital due to extensive third-degree burns. Escharotomy was performed on the lower extremities. The CK level was measured at 1521 IU/L. Unfortunately, the patient experienced a cardiac arrest and, despite receiving appropriate CPR, could not be resuscitated in the ED. Case 3:The 6-month-old boy patient was admitted following a motor vehicle collision. Elevated CK levels were observed, measuring at 1241 IU/L. The patient experienced a seizure and was administered Levetiracetam intravenously at a loading dose of 40 mg/kg. Subsequently, the patient was admitted to the pediatric ICU.

Results and Conclusion: Rhabdomyolysis manifests through diverse etiologies, predominantly arising from traumatic and non-traumatic causes. Non-traumatic factors encompass a broad spectrum, including genetic disorders, toxins, inflammatory processes, infections, and medications. Moreover, these released elements contribute to the potential morbidity and mortality associated with rhabdomyolysis. Significantly, there is a notable gap in comprehensive research concerning the correlation between patient mortality and CK levels. It is crucial to acknowledge the potential of CK measurements in routine trauma patient evaluations as predictive indicators for anticipating outcomes based on ED tests. The incorporation of routine CK measurements into trauma patient assessments could provide invaluable insights, with further investigations in this area poised to substantially enrich existing literature.

Keywords: Rhabdomyolysis, Toddler, CK level

Ref No: 9532

Comparison of leukopenia and its prognosis in InfluenzaA and B

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Introduction and Purpose: Influenza induces leukopenia and various effects on the immune system. The aim is to compare the leukopenia level so Influenza types of A and B dwindled.

Materials and Methods: The retrospective study was concluded from January 1 to June 6, 2023, from the nucleus records of Başkent University Alanya Training and Research Hospital. The A/B influenza rapid antigen card test results obtained by the of nasopharyngeal swab specimens of patients at the Emergency Department were studied retrospectively. Additionally, hospitalization in seven days following the diagnosis was researched.

Results and Conclusion: A total of 853 patients were analysed with a positive Influenza antigen test. The age range was 0-90 years old. 89 (10,4 %) of them revealed leukopenia; Influenza A and B cases were 49 and 40. The mean values were 4.20 ± 0.78 and 3.90 ± 0.72 , respectively, and there was no significant difference. Admissions to Hospital were 44 to 38 in influenza A and B. There was no Mortality. Although the mean number of leukopenia was lower in influenza B than in influenza A, no difference was observed in terms of leukocyte averages ($p > 0.062$). We performed the mean universe significance test with the one sample test. It was evaluated whether the low leukocyte count was statistically significant in both groups.. The mean leukopenia seen in influenza B cases was 3.90, and this value was found to be statistically significantly lower than the population mean value ($p < 0.001$). Hospitalization rate of patients with influenza B positive: 95%. The mean leukopenia seen in influenza A cases was 4.20, and this value was found to be statistically significantly lower than the population mean value ($p < 0.001$). Hospitalization rate of influenza A positive patients: 89.79%. The hospitalization rate was found to be higher (95%) in influenza B. The rapid antivirus card test for influenza was useful in emergency rooms. While only one in ten influenza patients developed leukopenia, nearly all cases of leukopenia required hospitalization within the first week of diagnosis. None of the patients died. leukopenia can be considered as a criterion for hospitalization for influenza A/B positive patients. This may be beneficial for the easier recovery of the disease.

Keywords: Influenza A, Influenza B, Emergency Department

Ref No: 9548

The Importance of Upper Gastrointestinal System Bleeding in Management of Lower Gastrointestinal System Bleeding Patients

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Introduction and Purpose: Lower Gastrointestinal System Bleedings (LGIB) are any bleedings that occur distal to the Ligament of Treitz. Hematochezia is by far the most common finding. In some circumstances this finding can occur simultaneously with upper gastrointestinal bleedings. In LGIB, mortality rates are ~5% hence lower than UGIB (~10%). The aim of this study is to contribute to the literature by sharing the data we obtained from the LGIB patients we identified in emergency service.

Materials and Methods: Our study is a retrospective study and patients who were identified with lower gastrointestinal system bleeding between January 1, 2022 and December 31, 2023 in the emergency service were included. Patients over age of 18, whose data could be accessed in the hospital database were included in the study.

Results and Conclusion: A total of 30 people were included in the study. Of the cases included in the study, 16 (53.3%) were female and 14 (46.7%) were male. The most common complaints of the cases applying to the emergency service were rectal bleeding 22(73.3%), diarrhea 12 (40%) and bloody vomiting 7 (23.3%). Hypertension (46.7%), diabetes and coronary artery disease (33.3%) were the most common past medical history findings. In the physical examination findings of the cases, abdominal tenderness 14(46.6%) and abdominal guarding 3(10%) were the most encountered. With digital rectal examination, hematochezia and melena were most often detected finding. The examination of laboratory data of cases showed, average urea 67 ± 55 , creatinine 1.4 ± 1.2 , AST 31.46 ± 46 , ALT 23.68 ± 36 , Hg 8.3 ± 3.23 , Htc 25.24 ± 9.07 , MCV 85.52 ± 11.2 were detected. PPI infusion 24 (80%), hydration 22 (73.3%) were among the most frequently applied treatment regimens in the emergency department to patients with LGIB. 8 (26.6%) of the cases were discharged, while 22 (73.3%) were hospitalized for the continuation of their treatment. The hospitalization of 3 (10%) patients resulted in exitus. In conclusion, we believe that excluding the presence of UGIB in patients presenting with LGIB will contribute to patient management in terms of prognosis.

Keywords: Lower Gastrointestinal System Bleeding, Upper Gastrointestinal System Bleeding, Emergency Medicine

Ref No: 9606

GELİNCİK OTU ZEHİRLENMESİ: OLGU SERİSİ

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Introduction and Purpose: Gelincik (Papaver rhoeas) ismini verdiği Gelincikgiller familyasından, dünyada geniş yayılma alanına sahip tek yıllık bir bitki türüdür. Dalların ucunda bulunan çiçeklerin rengi koyu kırmızıdır, dip kısmı siyah lekeli veya lekesizdir. Halk arasında gıda ve tıbbi amaçlı kullanılır. Gelinciğin yeşil kısımlarından, tohumlarından ve kırmızı taç yapraklarından yararlanır. Yeşil yaprakları kavrularak veya salata olarak tüketilir. Taç yapraklarından geleneksel olarak gelincik şerbeti yapılır. Bulantı, kusma, konfüzyon, nöbetler, miyozis, aritmi ve morfin intoksikasyonuna benzer bulgular gibi klinik durumlara neden olabilir. Biz bu olgu serisinde gelincik otunu gıda amaçlı tüketen ve sonrasında farklı semptomlarla acil servise başvuran 4 olguyu sunmayı amaçladık.

Materials and Methods: VAKA:1 Hipertansiyon öyküsü olan ve topladığı gelincik otunu gıda amaçlı yedikten kısa bir süre sonra nöbet tarzında kasılmaları olan 40 yaşındaki kadın hasta acil servise getirildi. Hastanın gelişinde genel durumu iyi, halsizlik şikayeti mevcuttu. GKS:15, vital bulguları normaldi. Görüntülemeleri ve laboratuvar bulguları normaldi. Hastaya mide lavajı ve aktif kömür yapıldı, takip tedavi amaçlı toksikoloji yoğun bakıma yatırıldı. Takiplerinde şikayetleri gerileyen hasta 2. gününde kendi rızasıyla ayrıldı. VAKA2: Bilinen hastalığı olmayan gūnaşırı gelincik otu yiyen 70 yaş kadın hasta halsizlik, titreme şikayeti ile hastaneye başvurdu. Gelişinde GKS:15, vital bulguları, Laktat değeri 4.1 mmol/L harici labaratuvar testleri normaldi. Hastaya mide lavajı aktif kömür, aşırı bulantı şikayeti için semptomatik tedavi verildi. Takip tedavi amaçlı toksikoloji yoğun bakıma yatırıldı, şikayetlerinin gerilemesi üzerine 2. gün taburcu edildi. VAKA:3 Hipertansiyon öyküsü olan gelincik otu salatası yiyen 71 yaş kadın hasta yedikten yarım saat sonra bulantı, baş dönmesi ve yüksek tansiyon şikayetleriyle hastaneye başvurdu. Gelişinde GKS:15, tansiyon 143/ 78 mmHg, nabız:110/dk idi. Laboratuvar bulgularında laktat : 4.6 mmol/L Diğer parametreler, santral görüntülemeleri normaldi. Takip tedavi amaçlı toksikoloji yoğun bakıma yatırılan hastanın takiplerinde şikayetleri düzelmesi üzerine 2. gün taburcu edildi VAKA:4 Diabet hastalığı olan bahçede topladığı gelincik otunu yedikten 3 saat sonra bulantı kusması başlayan hasta acil servise başvurdu. Gelişinde GKS:15, vital bulguları, labaratuvar bulguları ve santral görüntüleme normaldi. Takip tedavi amaçlı toksikoloji yoğun bakıma yatırılan hastanın şikayetleri gerilemesi üzerine 3. gün taburcu edildi.

Results and Conclusion: Gelincik otu zehirlenmeleri nörolojik ve kardiyak semptomlarla başvurabilir. Benzer şikayetlerle başvuran hastalarda yabancı ot zehirlenmeleri akılda tutulmalıdır.

Keywords:

Ref No: 9619

Rectus Sheath Hematoma Developing Due To Clexane Use!

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Introduction and Purpose: Rectus Sheath Hematoma (RCH) is a rare clinical condition that can be confused with acute abdomen. In the literature, anticoagulant treatment, hematological diseases, trauma, etc. have been identified as causes of RHD (1). Although it is generally reported as a complication of systemic anticoagulant therapy, it may rarely develop due to low molecular weight heparin (LMWH) given for prophylactic purposes or new oral anticoagulant therapy. In this study, we examined a case with RCH due to LMWH (enoxaparin, Clexane®).

Materials and Methods: A 66-year-old female patient with known chronic obstructive pulmonary disease (COPD) applied to the emergency department with a complaint of abdominal pain that started 1 day ago. In her history, it was learned that she had been receiving inpatient treatment in the chest diseases service for 10 days due to pneumonia and that she was discharged one day before she applied to the emergency room. In her vital signs, temperature was 36.6 oC, arterial blood pressure (TA) was 100/70 mmHg, and fingertip oxygen saturation was 70% (90% with oxygen support). Sinus tachycardia of 120 beats/min was detected in the electrocardiography (ECG). On physical examination, there was unilateral abdominal swelling upon inspection, but there was tenderness and guarding in the epigastric region upon palpation. During lung examination, bilateral rales and rhonchi were heard on auscultation. It was learned that the patient received enoxaparin treatment for prophylactic purposes during her inpatient treatment. In laboratory tests, the C reactive protein (CRP) value was found to be high as 342.5 mg/dl. Other laboratory values are shown in Table 1. In the patient's abdominal tomography, there was a hematoma in the rectus muscle on the left (Figure 1).

Figure 1: Arrowheads indicate rectus sheath hematoma

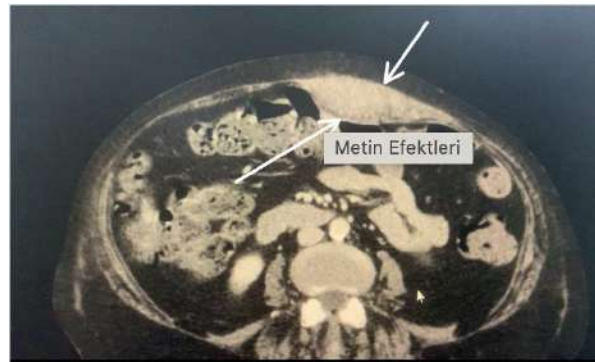


Table 1: Laboratory Parameters

Parameters	Result	Normal value Range
WBC ¹ (mm ³)	40.6	3.91-10.9
C reactive protein (mg/dl)	342.5	0-5
INR ²	1.1	0.8-1.2

1White Blood Cell, 2International Normalized Ratio

Results and Conclusion: The most important complications of anticoagulant treatments is bleeding. It is generally common in systemic anticoagulant treatments, LMWH treatment or new oral anticoagulant treatment. In this study, we wanted to emphasize once again the importance of taking history from the patient and physical examination. Especially in patients presenting with abdominal pain, if there is a history of LMWH use, intra-abdominal bleeding such as rectus sheath hematoma should be considered in the differential diagnosis.

Keywords: hematoma, rectus sheath, anticoagulant

Ref No: 9663

Acil Servise Başvuran Akut Böbrek Hasarlı Hastalarda Baz Defisiti İlke Mortalite Arasındaki İlişki

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Introduction and Purpose: Akut böbrek hasarı, yüksek morbidite ve mortalite oranlarına sahip, sık görülen, çok fazla etiyolojik nedeni bulunan klinik bir durumdur (1). Bu çalışmada acil servise başvuran akut böbrek hasarı olan hastalarda baz defisitinin (BE) ile hastane içi mortalite riski arasındaki ilişkinin araştırılması amaçlandı.

Materials and Methods: Çalışma 01.01.2021 ile 30.06.2022 tarihleri arasında retrospektif olarak acil serviste yapıldı. Acil servise başvuran 18 yaş üstü hastalar dahil edildi. Akut böbrek hasarı tanısı AKIN evrelemesi kriterlerine göre koyuldu. Hastaların acil servise ilk başvuru anında alınan rutin kan örnekleri retrospektif olarak incelendi. Kan gazı alınan hastalarda baz açığı değerlerine bakıldı. Hastaların taburculuğu, servis yatışı, yoğun bakım yatışı ve ölüm-sağ kalım durumu değerlendirildi.

Results and Conclusion: Çalışma acil serviste akut böbrek hasarı tanısını alan ve kan gazı sonucuna ulaştığımız 324 hasta ile tamamlandı. Hastaların yaş ortalaması 68,6±14,3 idi. Kadınları oranı %44,1 (143), erkekler %55,9 (181) bulundu. Tüm hastaların baz Açığı -5,1±7 mmol/l bulundu. Sağ kalan grupta -4,6 (-24,2-25,4) iken ölenlerin olduğu grupta -8,2 (-27,3-5,5) mmol/l idi ve aralarındaki fark istatistiksel olarak anlamlıydı (p=0,009). Baz açığının ABH'nin bağımsız bir prediktif faktörü olduğu yapılan çalışmalarda gösterilmiştir. -3 mmol/L'den daha küçük baz açığı değerlerinin, 30 günlük artmış mortalite ile ilişkili olabileceğini öne sürülmüştür (2,3). Çalışmamızda baz açığının (-8.2 mmol/L) hastane içi mortalitede önemli bir belirteç olduğunu bulduk. Baz açığı acil hekimlerinin ABH'de sık görülen bir komplikasyon olan metabolik asidozun şiddetini değerlendirmesine yardımcı olabilir. Bikarbonat seviyelerinde olduğu gibi, baz açığı da hastanın tedaviye ne kadar iyi yanıt verdiğinin bir göstergesi olabilir. Baz açığı, ABH'nin altta yatan nedeninin araştırılması, sıvı-elektrolit dengesizliklerinin düzeltilmesi ve asit-baz dengesinin yeniden sağlanması için katkıda bulunabilir.

Keywords: Baz defisiti, Böbrek hasarı, Mortalite

Ref No: 9712

Treatment Fulminant Myocarditis In A 19 Year Old Female Patient

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Introduction and Purpose: Dilated cardiomyopathy is a myocardial disease characterized by ventricular dilatation and global myocardial dysfunction (ejection fraction < 40%). Patients usually experience symptoms of biventricular insufficiency, e.g. It presents with fatigue, dyspnea, wrist edema. Viral myocarditis (coxsackie B / adenovirus), alcoholism, toxins, autoimmune disease, pregnancy (peripartum cardiomyopathy) are the most common causes.

Materials and Methods: A 19-year-old female patient was brought to the emergency room at 04.25 in a sitting position on a stretcher. It was learned that it was her 3rd emergency visit in the last 24 hours and that after taking the medicine containing the active ingredient amoxicillin-clavulanic acid, she started experiencing stinging pain in her chest while breathing. She had been having a cough for 1 week and chest pain for 1 month. Fever: 36.1 degrees Celsius Pulse: 135 / min TA: 97/56 mm / Hg Spo2: 97 glucose: 181 / mg. Skin pale, moist, cold, sweaty, gx 15, tachypneic and orthopneic. Electrocardiography: ST-T changes (Picture 1). Global hypokinesia was observed in the echocardiogram performed in the emergency room. She was admitted to the cardiology intensive care unit due to dilated cardiomyopathy. The case, which progressed to fulminant myocarditis during the follow-up period, was connected to extracorporeal membrane oxygenation, was not deemed suitable for the heart transplant procedure due to the drop heart, and died.

picture 1



Results and Conclusion: Myocarditis should be suspected in patients with chest pain along with existing infection and in patients with cardiac signs and symptoms, especially if these symptoms are new and cannot be explained by anything. Myocarditis is a disease that can progress to heart failure and have high mortality and morbidity if it is not diagnosed and treated. Emergency physicians can diagnose suspected myocarditis as a result of professional experience and careful physical examination, and early diagnosis and treatment can prevent myocarditis, which can progress to death. Keywords: Treatment, fulminant myocarditis, death.

Keywords: Treatment, fulminant myocarditis, death.

Ref No: 9719

Clinical Course of a Patient Receiving High Doses of Colchicine: A Case Report

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Introduction and Purpose: Colchicine is an alkaloid compound primarily used in the treatment of gouty arthritis, familial Mediterranean fever (FMF) and amyloidosis. Acute overdose of colchicine is rare, but it is one of the serious toxicologic emergencies with high mortality and morbidity rates. Colchicine is therapeutic at 0.015 mg/kg, toxic at 0.1 mg/kg and fatal at 0.8 mg/kg. We presented a patient who presented to the emergency department at the 6th hour after ingestion of a toxic dose of oral colchicine and had deterioration in liver function tests and hemogram during follow-up but recovered with treatment.

Materials and Methods: A 22-year-old woman was brought to the emergency department by ambulance 6 hours after taking 50 0.5 mg colchicine tablets. She had vomited 8 times and had active nausea and vomiting symptoms. On arrival, the patient's vitals were normal. In the anamnesis of the patient, it was learned that he had familial Mediterranean fever among his known diseases and therefore he was taking colchicine 0.5 mg orally 2x1. It was learned that the patient drank many drugs with suicidal intent. Poison hotline was consulted and intensive care follow-up for at least 32 hours; electrolyte, liver function tests, PT (INR), ECG follow-up were recommended. Hemogram, coagulation tests, troponin, electrolytes, liver and kidney function tests were within normal limits. The patient was admitted to the anesthesia intensive care unit for follow-up. On the 3rd day of hospitalization, the patient's hemogram showed pancytopenia and was consulted to the hematology department with a prediagnosis of pancytopenia. Drug-induced myelosuppression and aplastic anemia were considered. Granulocyte colony stimulating factor (G-CSF) treatment was started. On the 7th day of hospitalization, G-CSF treatment was stopped and the patient was transferred to the internal medicine ward.

Results and Conclusion: It should be known that a patient with suspected colchicine intoxication may deteriorate during follow-up, even if his/her vitals and blood parameters are normal at initial presentation. The clinical course was not mortal despite receiving a dose very close to the lethal dose due to the patient's young age and early treatment. However, it should be kept in mind that colchicine intoxication has high mortality and morbidity.

Keywords: Colchicine, familial mediterranean fever, toxicity

Ref No: 9767

Corpus Callosum Infarction: 3 Cases and Literature Review

Asiye Müminat Çap¹, Emine Kadioğlu¹

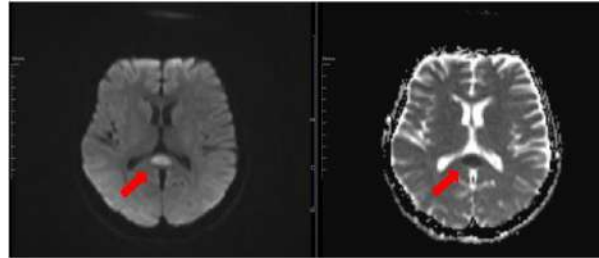
¹Health Ministry of Turkish Republic Konya City Hospital

Introduction and Purpose: Ischemic infarction of corpus callosum is rare. Rich blood supply, collateralization of corpus callosum and accompanying other infarctions are the cause of its rarity. Clinical manifestations of corpus callosum infarcts are lack of specificity and complex. Due to its rarity and nonspecific symptoms, corpus callosum infarctions have diagnostic uncertainty.

Materials and Methods: We present three cases in which all of them have different clinical symptoms and examinations. Based on the light of this case, the clinical manifestations, diagnosis, differential diagnosis, treatment, and prognosis of this condition are reviewed.

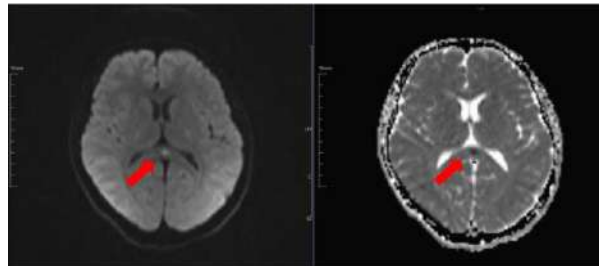
Results and Conclusion: Clinical and radiographic characteristics can help distinguish vascular from nonvascular lesions in the corpus callosum.

Figure 1



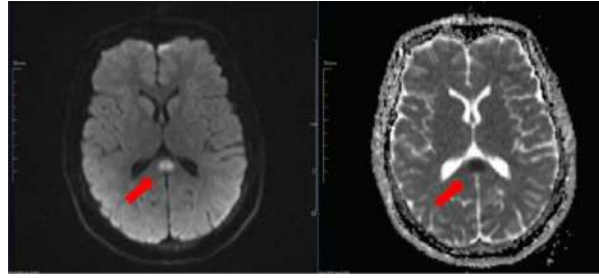
DWI MRI finding for Case 1. Hyperintensity in DAG images, hypointensity in ADC

Figure 2



DWI MRI finding for Case 2. Hyperintensity in DAG images, hypointensity in ADC

Figure 3



DWI MRI finding for Case 3. Hyperintensity in DAG images, hypointensity in ADC

Keywords: infarction, corpus, callosum

Ref No: 9774

Bezmialem Üniversitesi Tıp Fakültesi İntörn Doktorların Acil Servis Pratik Uygulama Eğitimi Hakkındaki Düşünceleri

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Introduction and Purpose: Tıp fakültelerinde pratik uygulamalara dayalı, aktif katılımlı, öğrenci odaklı bir eğitim modeli ile başarılı ve donanımlı hekimler yetiştirmek hedeflemektedir. Bu çalışmada tıp fakültesi 6. sınıf öğrencilerinin, pratik uygulamalar konusunda bulundukları düzeyleri ve düşüncelerini öğrenerek, eğitimlerde eksik olan kısımların gözden geçirilip yeni bir eğitim içeriği hazırlanmasına katkıda bulunması amaçlanmıştır.

Cevaplar

Acil Servis Pratik Uygulama Eğitimi Hakkındaki Düşünceler	Evet n/%	Hayır n/%
Acil durumlarda müdahale ve reçete yazma becerisini kendinizi görüyor musunuz?	84 %96,5	4 %4,6
Yeterli pratik uygulama yapabilme imkanı var mı?	83 %95,4	4 %4,6
Pratik uygulamada zamanı yeterli buluyor musunuz?	62 %71,2	25 %28,8
Eğitim süresince yeterli pratik uygulama yapabildiğinizi düşünüyor musunuz?	40 %45,9	47 %54,1
Karne sisteminin gerekli buluyor musunuz?	37 %42,5	50 %57,5
Pratik uygulamalarında yeterli ilgi gösterildiğini düşünüyor musunuz?	46 %52,8	41 %47,2
Öğretim görevlileri veya diğer doktorlardan yeterince yararlanıyor musunuz?	62 %71,2	25 %28,8
Uygulama sırasında yeterince poliklinik deneyimini kazandığınızı düşünüyor musunuz?	72 %82	15 %18
Stajınızdaki uygulama sürecinde mesleğinize uygun olmayan görev ve sorumluluklar veriliyor mu?	37 %42,5	50 %57,5
Staj başındaki teorik derslerde devam zorunluluğunu gerekli görüyor musunuz?	38 %43,6	49 %56,4

Acil Servis Pratik Uygulama Eğitimi Hakkındaki Düşünceler

Materials and Methods: Bu tanımlayıcı çalışma Bezmialem Vakıf Üniversitesi Tıp Fakültesi 2019-2020 eğitim öğretim yılında, tüm 6. sınıf öğrencilerine ulaşılması hedeflenerek yapılmıştır. Soru formları öğrenci karnelerindeki pratik uygulamalar dikkate alınarak hazırlanmıştır.

Results and Conclusion: Çalışmaya 6.sınıftan toplam 87 kişi dâhil edilmiştir ve sayı mevcut öğrencilerin %72,5'ine karşılık gelir. Cinsiyetlerine bakıldığında %53,7 si kadın, %46,3 ü erkekti. En çok pratik uygulama yapabilme imkânı buldukları stajlar; sırasıyla anestezi (125,78.1%), üroloji (99, 61.9%), iç hastalıkları (80, 50%) ve acildi (75, 46.9%). Sorulara verilen cevaplar Tablo 1'de gösterilmiştir. Acil servisle ilgili en olumlu cevap ‘‘acil durumlara müdahale ve reçete yazma becerisini kazanmak’’ olmuştur. Bu çalışma sonuçlarına göre pratik eğitimlerin yeniden düzenlenmesi ve eksik olan kısımların gözden geçirilip daha etkili bir eğitim içeriği oluşturulmasına katkı sağlayabilir.

Keywords: intörn, Acil tıp, Eğitim

Ref No: 9787

KIDNEY CYST RUPTURE AFTER TRAUMA: CASE REPORT

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Introduction and Purpose: Rupture of kidney cysts due to spontaneous or traumatic causes is not seen very frequently. More often, patients presenting due to hematuria are diagnosed after radiological examinations. Our aim in this case report was to present that renal cyst rupture may occur due to trauma, which is rarely seen in the literature.

Materials and Methods: CASE REPORT A 47-year-old male patient is brought to the emergency room due to an in-car traffic accident. The patient does not have any disease other than known kidney cyst and kidney stone. When the patient's traffic accident energy is questioned, it is understood that the patient did not have a seat belt and was exposed to general body trauma after the shaking. The patient's first arrival vital signs are; TA: 130/80, Pulse 75, Oxygen Saturation 98, Fever 36.5°C. Neurological examination was normal, GCS was 15. No pathology is detected in the patient's other system examinations other than left side pain and tenderness. In the examinations, the first tests were found to be normal, except for macroscopic hematuria. In the first laboratory tests, Creatine: 1.53 UREA: 33.7 HGB 16.7 HCT: 46.8. In the patient's previous tests, Creatine was 1.47. Contrast-enhanced CT scan is performed after obtaining the consent of the patient whose hemodynamics is stable. The patient, whose control hemogram shows a tendency to decrease, is admitted to the intensive care unit by urology with the diagnosis of traumatic renal cyst rupture, as a result of USG and contrast-enhanced CT.

Results and Conclusion: Rupture of a renal cyst may be spontaneous, iatrogenic, or the result of minor trauma, especially those with predisposing factors such as cysts, tumors, or hydronephrosis. In fact, kidney problems are responsible for approximately 25% of abdominal trauma. Hematuria and/or burning are most common, but some patients may develop hematuria symptomatically from the onset of trauma to the kidney. Although the treatment of the disease is approached conservatively, depending on its location, surgery is performed to follow bleeding that cannot be progressed. In conclusion; It should be kept in mind that apart from the kidney's own sport, which can be transported to the emergency room due to trauma, rupture may occur due to previous cysts in the kidney.

Keywords: KIDNEY CYST RUPTURE, TRAUMA, EMERGENCY MEDICINE

Ref No: 9858

Rare Cause Of Increased Liver Density: Amiodarone

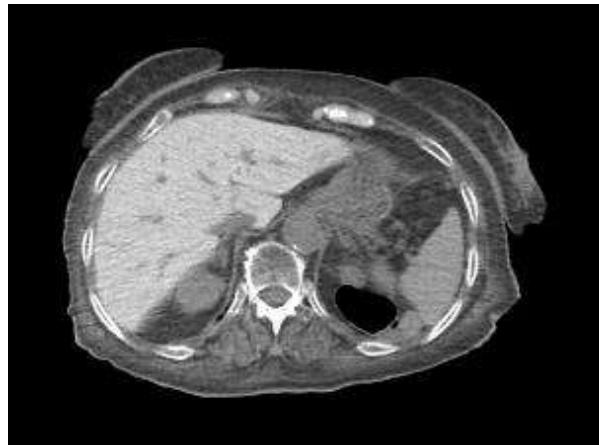
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Introduction and Purpose: Amiodarone is a drug in the class III antiarrhythmic class. It is often used to treat atrial fibrillation and supraventricular tachycardia. But it should not be forgotten that side effects such as pulmonary fibrosis, peripheral neuropathy, tremor, corneal microdeposits and toxic hepatitis may occur when using amiodarone. Abnormal liver function test (LFT) results can be observed in the presence of amiodarone toxicity, but even if these abnormal results are detected during the treatment phase, there are often cases in which this process does not cause any symptoms in patients. The North American Pacing and Electrophysiology Association recommends LFT monitoring every 6 months in patients using amiodarone chronically to detect this asymptomatic toxicity.

Materials and Methods: A 90-year-old female patient with known diagnoses of hypertension, diabetes mellitus, and atrial fibrillation applied to the emergency department with complaints of nausea, vomiting, abdominal pain, and decreased oral intake. On physical examination, there is tenderness to palpation in the right upper quadrant of the abdomen. In the examinations, it was thought that this increase in opacity was due to the accumulation of substances (iron, amiodarone) in the liver. The patient was admitted to the internal medicine department for further examination and treatment.

Figure 1. Abdominal Computed Tomography of a patient with elevated KCFT due to amiodarone use showing a high-density liver



Results and Conclusion: Amiodarone accounts for 1-3% of all chronic drug use-related liver damage. It has been observed that it mostly causes hepatocellular damage, especially in elderly patients and patients with dyslipidemia. Increased liver function tests may occur following high-dose intravenous use or chronic use of low doses. It is mostly temporary and is thought to be due to the accumulation of iodine, which is also found in high amounts in amiodarone. Although we consider the basic benefits of all the drugs we use, we must continue follow-up and treatment by taking into account the side effects and toxicities of each preparation. In our case, we examined the liver toxicity that may occur due to amiodarone use and the increased liver opacity seen on abdominal imaging.

Keywords: amiodarone, liver function test, radiology

Ref No: 9879

Investigation Of The Use Of Novel Electrocardiography Score As A Clinical Diagnosis, Prognosis And Mortality Indicator In Pulmonary Emboli Cases

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Introduction and Purpose: Pulmonary embolism(PE) is a common cause of cardiovascular mortality with increasing incidence and decreasing mortality rate.Rapid diagnosis is important in this life-threatening disease and high sensitivity diagnostic methods are needed.There are studies on diagnosis, prognosis and mortality assessment based on ECG findings of PE. The aim of this study is to investigate the relationship between diagnosis, prognosis and mortality by using the Novel Electrocardiography (nECG) score used to predict PE.

Materials and Methods: Our study is both a retrospective and prospective controlled observational cohort study and was conducted in Ankara Training and Research Hospital Emergency Medicine Clinic. In the retrospective part of our study, patients who were admitted in the inpatient services and intensive care units with the diagnosis of PE between 01.06.2018 and 01.06.2022 or who were diagnosed with PE during their hospitalization were included.The control group patients, which constituted the prospective part of our study, consisted of patients who applied to Emergency Medicine Clinic with symptoms suggestive of PE within 3 months after the approval of the ethics committee.Demographic data and comorbid diseases of the patients were recorded.

Results and Conclusion: When we compared the performances of the PE diagnostic tests with each other, the performance of the Novel ECG diagnostic test was found to be statistically significantly higher than the age-adjusted D-dimer, Geneva and Daniel ECG diagnostic tests.Lactate and nECG scores were statistically significantly different in the MV groups in predicting the probability of developing respiratory failure.Scoring systems have not been shown to be statistically superior to each other in indicating mortality.The results of our study showed that the nECG score is useful and effective in both the diagnosis and exclusion of PE.In our study, we found that high nECG scores were successful in detecting the risk group and predicting the possibility of respiratory failure.We think that because nECG scoring is a non-invasive, easily accessible and rapid diagnostic tool, it can prevent delays in diagnosis and treatment in emergency departments in patients with suspected PE.Because the nECG score is a new scoring method, more studies are needed to evaluate its power in predicting diagnosis, prognosis and mortality in patients with PE embolism.

Keywords: Pulmonary Embolism, Novel ECG, Prognosis

Ref No: 9990

MYOCARDIAL INFECTUS AFTER BATH: CASE REPORT

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Introduction and Purpose: Cardiovascular disease (CVD) is the leading cause of premature death worldwide and is increasing in association with individual lifestyle behaviors such as smoking, physical exercise, drinking, and dieting. Bathing is another lifestyle behavior, and the way people bathe varies greatly between countries and cultures. Especially in some societies, it takes the form of taking a shower, in some societies it takes the form of a bath, and in some societies it takes the form of a bath after the sauna. In Turkey, there is a cleaning practice especially in the form of Turkish Bath, which is one of the traditional methods. Our aim in this case report was to present that, unlike the literature, Myocardial infactus may develop after high temperatures.

Materials and Methods: A 55-year-old male patient was admitted to the emergency department with pressure-like chest pain, especially pain in the neck and arms. The patient's initial vital signs were; TA: 110/80, Pulse 89, Oxygen Saturation 96, Fever 36.5oC. Neurological examination was normal, GCS was 15. The patient has no known co-morbidities or smoking, and his ECG showed Normal sinus rhythm (NSR) and his troponin was: 600 CK 890 CK MB: 73. The patient was referred to cardiology. The patient was hospitalized and taken for angiography

Results and Conclusion: In humans, exposure to heat increases basal body temperature, cardiac contractility, heart rate and blood flow, and reduces vascular endothelial tension. Contrary to the studies conducted in our case, the fact that our patient had a myocardial infactus and had no previous co-morbidities despite Turkish baths being at high temperatures brings to our mind that high temperature environments may be other factors that increase MI. Especially in the Turkish bath application, we think that the intense massage application is not only exposure to hot water and foam, but also the body perceives it as an intense sports practice. In conclusion; Although exposure to hot baths in bath culture is thought to have a protective effect on CVS, we should keep in mind that massage applications during the bath may trigger myocardial infarction.

Keywords: MYOCARDIAL INFECTUS, bath culture, Emergency medicine



**11th INTERNATIONAL CRITICAL CARE AND EMERGENCY MEDICINE CONGRESS
&
11th INTERCONTINENTAL EMERGENCY MEDICINE CONGRESS
In Conjunction With
20th NATIONAL EMERGENCY MEDICINE CONGRESS
&
2024 WACEM SUMMER SUMMIT OF LEADERS**



***POSTER BİLDİRİLER
POSTER PRESENTATIONS***

Ref No: 1036

Posterior communicating artery aneurysm in a patient presenting with severe thunderclap headache and ipsilateral pronator drift to the ED

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Introduction and Purpose: Most of the headaches have been thought to be incidental symptoms of unruptured intracranial aneurysms. The pain nerves involved in headache are high cervical spinal nerves and the trigeminal nerve. Although trigeminal neuralgia presentations of posterior communicating artery aneurysms have been reported, ipsilateral pronator drift might be considered as a presenting symptom of aneurysms (1).

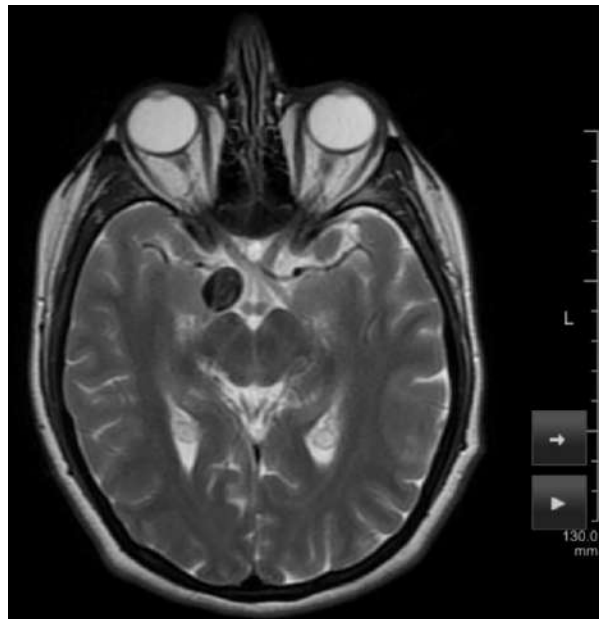
Materials and Methods: A 36 year-old female patient with a history of rheumatoid arthritis (RA), ankylosing spondylitis and hypertension (HT) presented to the emergency department (ED) with predominantly right sided severe headache radiating from occipital to the right eye that started a week ago. She presented to the ED the previous day with similar symptoms with blood pressure (BP) of 175/109). At her second admission to the ED she had an intolerable headache and in her examination right sided pronator drift and cerebellar incompetence was noted. While the patient was cooperative, she was agitated and was not able to keep her eyes open. Tramadol was given intravenously while she was prepared for a computed tomography (CT) scan. CT scan report showed hyperdens nodular views of 1.5 centimeters suspected right internal carotid artery - middle cerebral artery junction (fig. 1). Neurosurgical consultation was made and the patient was admitted. Magnetic resonanance imaging (MRI) showed 15x13 milimeters aneurismatic changes in proximal posterior communicating artery (fig. 2). She had an endovascular intervention afterwards.

Figure 1



Non- Contrast computed tomography shows hyperdens nodular views of about 1.5 centimeters suspected near right internal carotid artery (ICA)- middle cerebral artery (MCA) conjunction

Figure 2



T2 weight contrast enhanced magnetic resonance imaging shows 15x13 millimeters aneurismatic increased fill pattern in proximal posterior communicating artery, post-contrast series reveal partial thrombosis inside aneurysm

Results and Conclusion: Although headache may be the most common symptom in patients with intracranial aneurysms (2), aneurysmal headache (including aneurysms leading to subarachnoid hemorrhage) represent only 1% of all headaches presenting to the ED, but 11–25% of all thunderclap headaches (3). Red flags of secondary headaches in ED should be thoroughly

investigated by the emergency physician and mnemonics such as SNOOP4 could be integrated in ED protocols (4). Thunderclap headache as a red flag of non-primary headaches require the physician to direct questions of systemic symptoms such as retroorbital pain and duration-recurrence pattern of thunderclap, to perform a full neurologic examination. To summarise this poster, detailed neurologic examination might raise suspicion to further investigate the physician a thunderclap/ severe headache is crucial.

Keywords: Aneurysm, Headache, Rheumatoid arthritis

Ref No: 1039

FOURNIER GANGRENE

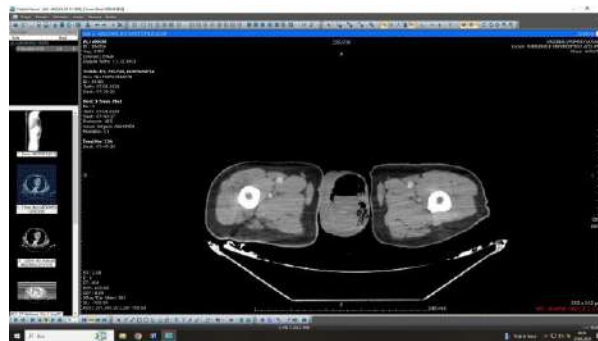
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Introduction and Purpose: It is a relatively rare mixed aerobic and anaerobic infection of the genital and perineal tissues. It is a rare but life-threatening disease which was first described by Fournier, and is a fulminant, rapidly spreading necrotising fasciitis of the scrotum involving the perineum, pelvis and abdominal wall. Although Fournier's gangrene has been reported to occur in healthy individuals, urological and colorectal etiologies are described in the majority of cases.

Materials and Methods: A 70-year-old man presented to the emergency department with complaints of swelling in the scrotum and impaired oral intake for ten days. His known diseases were diabetes mellitus, coronary artery disease, chronic kidney disease and colon cancer. The complaints of discolouration, pain and swelling in the scrotum area which started ten days ago progressed gradually. Vital signs were heart rate: 80, blood pressure: 125/73, respiratory rate: 20, saturation: 95. In the laboratory tests, crp:172 mg/L, wbc:18.2 K/uL, haemoglobin:7.2 g/dL, lactate: 1.94 mmol/L. CT scan of the pelvis showed diffuse air image and fluid formations in the left hemiscrotum, increased thickness and heterogeneity in the skin and subcutaneous tissue (abscess? fournier?). The patient was consulted to the urology department and hospitalised for operation.

Figure 1



Results and Conclusion: The aim of presenting this case is to remind Fournier's gangrene which is a urological emergency with a mortal course.

Keywords: Fournier gangrene, Scrotal abscess, Urological emergency

Ref No: 1043

Torsion of the ovary: a known but frequently missed diagnosis

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Introduction and Purpose: The diagnosis of ovarian cyst torsion tends to be difficult because of clinical parameters with low sensitivity and specificity. We present an interesting case which also highlights the consequences of missing the diagnosis of ovarian torsion in the emergency setting.

Materials and Methods: A 28-year-old women presented to the emergency department with a complaint sudden onset of right iliac fossa pain. She had a history of appendectomy. She was on her menstrual period during presentation. Similar episodes of pain were experienced two days ago. She was admitted to the emergency department and after examination, the patient was sent home with analgesia. A cystic lesion with a heterogeneous internal structure and peripherally located cystic areas was detected in the right adnexal area in ultrasonography and computed tomography. The symptoms were resolved spontaneously. In her second application, the pain was described as constant, severe and sharp, and associated with episodes of vomiting. Abdominal and pelvic examinations elicited guarding and tenderness. Vitals at presentation were temperature 36.7 OC, heart rate 88 beats per min, respiratory rate 21 per min, blood pressure 111/75mm of Hg, and pulse oximetry 98%. Laboratory investigations revealed total leukocyte count $12.5 \times 10^9/\mu\text{L}$, CRP: 48 mg/L. Other routine blood results were normal. Pelvic ultrasound was done which was suggestive of a right-sided $4.0 \times 2.5 \times 3.7$ cm sized heterogeneously hypoechoic cystic collection with dense internal echoes within, with thickened right ovarian pedicle with no internal vascularity, features likely suggestive of right ovarian torsion. The patient was admitted and the decision was made for an emergency laparoscopy. Intraoperative findings revealed a haemorrhagic oedematous torsted right ovar containing cysts.

Results and Conclusion: We have presented a case of missed diagnosis of ovarian torsion which resulted in the loss of an ovary in a female with ovarian cysts. Abdominal pain is reported in the majority of patients with ovarian torsion, but the characteristics of this pain are variable. Ovarian torsion should be considered in the differential diagnosis in women presenting with abdominal pain.

Keywords: emergency department, ovarian torsion, missed diagnosis

Ref No: 1067

İSCHEMIC ABDOMINAL PAIN

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Introduction and Purpose: Ischemia is a highly painful process and should be considered in the differential diagnosis of patients presenting with abdominal pain. Computerized tomography angiography is used for diagnosis in this disease with high mortality and morbidity.

Materials and Methods: A 51-year-old male patient presented to the emergency department with severe abdominal pain since yesterday evening. The patient has a known diagnosis of soft tissue sarcoma and is undergoing chemotherapy. He received chemotherapy last one month ago. On arrival, the patient was tachycardic and hypotensive, with a temperature of 37.5 degrees Celsius. Examination revealed diffuse tenderness and guarding in the abdomen. Laboratory tests showed a lactate level of 3.2 mmol/L, with no other abnormalities. Computed tomography angiography revealed splenic infarction and a thrombus extending from the abdominal aorta to the celiac artery (FIGURE-1,2). The patient was admitted to the cardiothoracic surgery clinic.

FIGURE-1

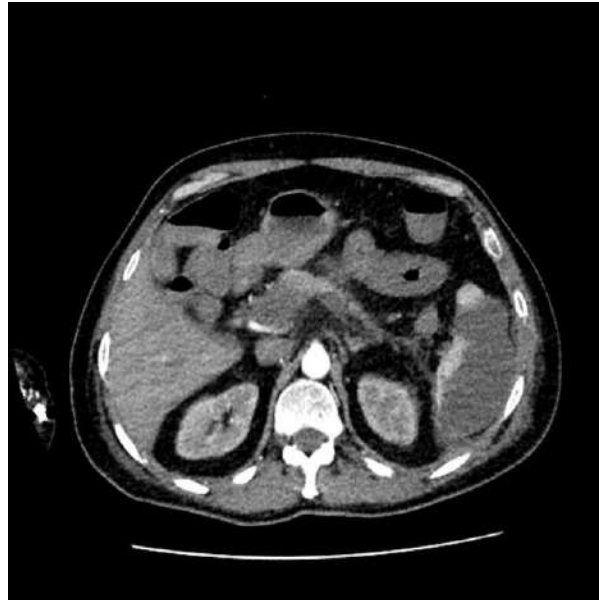


FIGURE-2



Results and Conclusion: Ischemic causes should be considered in patients presenting with abdominal pain in the emergency department. Based on the physical examination and response to treatment, further investigations should be expanded. Due to the high mortality and morbidity of these patients, relevant departments should be consulted promptly, and treatment should be initiated.

Keywords: splenic infarction, thrombus, abdominal pain

Ref No: 1085

An incidentally detected case: Femoral simple cyst of the proximal femur in a 19-Year-old male

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Introduction and Purpose: Simple bone cysts (SBC)s are among the most common benign cystic tumor-like lesions in children and adolescents. The risk of fracture is increased in proximal femoral simple bone cysts. Therefore, special treatment may be required. Literature on this specific localization is limited, and consensus regarding optimal treatment is lacking. True incidence unknown because SBCs are often diagnosed as incidental findings, many SBCs may remain undiscovered. Our case was brought to the emergency service due to a motorcycle accident. A femoral neck cyst was detected in imaging studies. Our aim is to update the literature on an incidentally detected case.

Materials and Methods: A trauma case brought to the emergency service due to a motorcycle accident. All radiologic and laboratuar studies were reviewed about the case.

Results and Conclusion: Incidental detection of the lesion ensured the sustainability of the patient's follow-up and treatment. We will learn about a lesion that we do not see often in the emergency room.

left femoral neck cyst



femoral neck cyst



vaka

Keywords: Femoral cyst, simple bone cysts, unicameral bone cyst

Ref No: 1216

ABDOMİNAL AORT ANEVİZMASI RÜPTÜRÜ

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Introduction and Purpose: Abdominal aort anevrizmalarının çoğu rüptüre oluncaya kadar asemptomatik seyredebilir ve rüptüre olduktan sonra da klinik atipik seyredebilir. Acil servis yoğunluğu içinde doğru tanı almaları güç olabilir. Makalemizde atipik semptomlarla acil servise başvuran ve yatak başı yapılan batın ultrasonografisinde rüptüre abdominal aorta anevrizması (AAA) saptanan bir olgu sunulmuştur. Anevrizma, arter duvar çapının normal çapından 1,5 kat daha fazla genişlemesi veya abdominal aort çapının 3 cm'den büyük olmasıdır. 5 cm'den daha büyük çaplı anevrizma olgularında ise cerrahi onarım düşünülmektedir. Abdominal aort genişlemesi ya da rüptüre olması durumuna kadar asemptomatik seyretmektedir. Bu nedenle acil servislerde tanı konulması zor olabilmektedir. Semptomatik AAA bulgu ve belirtileri sıklıkla diğer hastalıklara benzerlik gösterebilmektedir. AAA rüptürü sonucunda şiddetli ağrı ile birlikte hipovolemik şok gelişebilmektedir. Direkt grafiler, ultrasonografi (USG), bilgisayarlı tomografi (BT) anjiyografi ve manyetik rezonans görüntüleme (MR) AAA rüptürü tanısı için kullanılan görüntüleme teknikleridir. USG ile hızlı şekilde yatak başı değerlendirme yapılabilir. BT anjiyografi ile anevrizmanın anatomik detayları ve retroperitoneal kanama saptanabilmektedir.

Materials and Methods: 72 yaşında erkek ani başlayan sol yan ağrı yakınması ile acil servise başvurmuştur. Hastanın özgeçmişinde 6 ay önce AAA tanısı alıp şikayeti olmaması üzerine takibe alınmış. Hastanın vital bulguları normaldi. Fizik muayenesinde sol yan tarafta palpasyonla hassasiyet, kvaş pozitifliği mevcut. Hastanın labaratuvar parametreleri lökosit: 12.100 nl-1, Hb: 10.1 g/dl, Plt 112 bin, Kreatinin: 1.15 mg/dl olarak ölçüldü. Takibinde hipotansiyon gelişmesi (100/55 mmHg), ağrı yakınmasının artması ve baygınlık hissi olması üzerine yatak başı batın USG yapıldı. Abdominal aorta 28x6 mm genişliğinde ölçüldü ve batın içi serbest sıvı saptandı. Hastaya 1000 ml dengeli mai tedavisi verildi. BT anjiyografisinde abdominal aorta infrarenal düzeyde ön-arka çapı en geniş yerinde 6 cm'yi geçen periferi tromboze görünümde, gerçek lümen çapı 28 mm'ye ulaşan anevrizmatik dilatasyon dikkat çekmekteydi ve retroperitona ekstravezasyon mevcuttu. Kalp damar cerrahisi ile konsulte edildi, acil cerrahi kararı verilerek KVC yoğun bakıma interne edildi.

Results and Conclusion: AAA rüptür tanısı atlandığında kısa süre içerisinde mortal seyredebilmektedir. Özellikle atipik semptom ile başvuran hastalarda acil servislerde USG'nin rutin kullanılması hızlı tanı konması ve tedaviye yön vermesi açısından önemli hâle gelmektedir.

Keywords:

Ref No: 1266

CASE REPORT OF A PATIENT USING HIGH DOSE QUETIAPINE FOR SUICIDE

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Introduction and Purpose: Quetiapine is an antipsychotic used in the treatment of psychiatric disorders such as schizophrenia and bipolar disorder. sedation, weight gain, constipation and fatigue are side effects that may occur during the use of quetiapine. Leukopenia can be caused by the use of quetiapine is another rare side effect. in this case report we presented a patient who used quetiapine for suicidal purposes.

Materials and Methods: A 47-year-old female patient took 29 tablets of quetiapine containing 200 mg each tablet, which belonged to her daughter after a depressive episode, with the intention of suicide. The patient was brought by the emergency medical teams. The patient's state of consciousness was confused and the Glasgow Coma scale was 10 when she arrived. Blood pressure was measured as 90/70 mmHg. Heart rate was: 130 BPM. Blood tests were taken and oxygen support was started. pH: 7.44, pCO₂: 30 mmHg, pO₂: 67 mmHg, SO₂: 94%, Beecf: -3,8 mmol/L, glucose: 129 mg/dL, Na: 135 mmol/L, Hb: 14.8 g/dL. The patient was started on fluid therapy. The patient was consulted with the poison counselling centre and intensive care or ward hospitalisation was recommended by the poison counselling centre along with symptomatic treatment if necessary. The patient was observed for intubation, but after half an hour there was an increase in the Glasgow Coma Scale. The patient was consulted with the anaesthesia and reanimation department and admitted to intensive care for follow-up.

Results and Conclusion: Quetiapine can be found especially in patients with bipolar disorder and is therefore vulnerable to abuse. In case of excessive intake of quetiapine, patients should be treated symptomatically. Depending on the general condition of the patients, they may be hospitalised in the ward or intensive care unit. Doses >3 g are associated with coma. The main toxic effects of overdose include coma, anticholinergic delirium, prolonged Qtc and rapid sinus tachycardia. Since ketipain causes drowsiness as a side effect, Glasgow Coma Score may be low in patients. Therefore, there is no need to rush for intubation.

Keywords: Quetiapine, Intoxication, Intubation

Ref No: 1286

Abscess Development in Testicles After Sexual Contact

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Introduction and Purpose: Testicular abscesses occur as a result of the spread of infection into the testicular tissue and can have various etiologies. Sexually transmitted infections (STIs) are rare but important causes of testicular abscesses

Materials and Methods: A 20-year-old male patient was admitted to the emergency room with complaints of swelling, redness and pain in the left testicle that had been increasing for the last month. The patient stated in his history that there was recent unprotected sexual contact. Physical examination revealed significant swelling and redness in the left testicle and was painful on palpation. In laboratory tests, White blood cell count (WBC) was 12,000/uL (normal range: 4,500-11,000/uL). There were no external findings. In the ultrasonography (USG) examination, an abscess was detected in the left testicle. After urology consultation, the patient was admitted to the urology service and antibiotic treatment was started. In addition, Surgical intervention was planned to drain the abscess

Results and Conclusion: This case highlights the importance of testicular abscesses developing after sexual contact. Testicular abscesses caused by STIs can lead to serious health problems in young adults, and therefore appropriate medical evaluation is recommended after unprotected sexual contact.

Keywords: Testicles, Abscesses, Emergency

Ref No: 1332

Abdominal Pain, Ileus and Mass: A Clinical Case Report

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¹Bezmialem Vakıf Hastanesi

Introduction and Purpose: Acute abdominal pain can be caused by many common medical conditions, however sometimes diagnosing the underlying illness is not so straightforward (1). Approximately 10–28% of the patients with CRC present with symptoms of an acute obstruction (4). Symptoms of colorectal obstruction are abdominal pain and severe constipation (5). Obstruction leads to distension of the colorectal wall, which may cause insufficient circulation that in some cases leads to ischaemia and perforation (2).

Materials and Methods: A 53-year-old male patient presented to our emergency department with a history of abdominal pain, nausea, and diarrhea lasting for the past three months. "Initial vitals of the patient's revealed are as follows: temperature: 35.5°C, pulse: 111 bpm, oxygen saturation: 98% on room air, blood pressure: 115/86 mmHg, and blood glucose level: 113 mg/dL. . Physical examination findings in the abdomen are tenderness in the upper left quadrant, voluntary guarding on the right side and the abdomen has a distended appearance. No fever, dyspnoea or urinary complaints were present. The patient's initial laboratory results were as follows: eGFR: 87, AST: 13 U/L, ALT: 13 U/L, ALP: 88 U/L, GGT: 20 U/L, LDH: 162 U/L, total bilirubin: 0.73 mg/dL, direct bilirubin: 0.21 mg/dL, amylase: 37 U/L, lipase: 27 U/L, CRP: 73.06 mg/L, albumin: 4.0 g/dL, prothrombin time (INR): 1.05, PT: 11.9 seconds, APTT: 25.2 seconds, hemoglobin (HGB): 16.1 g/dL, red blood cells (RBC): 6.08 million/uL, white blood cells (WBC): 9.08 103/uL, platelets (PLT): 419 103/uL and sodium (Na): 131 mmol/L. CT revealed a 57 mm dilation was noted in the transverse colon at the descending colon level, and metastasis in segment 8 of the liver was considered. The cecum diameter measured 65 mm. (Figure 1,2)

Figure 1



The cecum diameter measured 65 mm and mass

Figure 2



The cecum diameter measured 65 mm and mass

Results and Conclusion: Patients with colorectal carcinoma can be diagnosed by several symptoms: hemorrhage, iron deficiency anemia, changes in bowel movements etc. Additionally, disruption of peristalsis and excessive growth of colorectal carcinomas could lead to acute obstruction. This case report emphasizes ileus which is a rare complication in colorectal cancer patients (2,3). Therefore, serious conditions such as colorectal carcinoma should be considered in patients presenting with chronic abdominal pain and bowel movement symptoms.

Keywords: Abdominal Pain, Ileus and Mass

Ref No: 1346

Human War with Cold; Frostbite

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¹Ordu Univesity

Introduction and Purpose: Frostbite; These are pathological events that develop in tissues after long-term exposure to subzero temperatures. It is characterized by necrosis as a result of direct cell death or progressive dermal ischemia. If not properly intervened, it may result in limb loss. However, this negative situation can be prevented with correct and timely intervention. Therefore, the emergency physician must be able to properly manage the diagnosis and treatment of frostbite. In this case, we discussed our patient with frostbite on his 4 extremities, which is rare in our region.

Materials and Methods: A sixty-six-year-old male patient applied to us with a complaint of bruises on both hands and feet. It was learned that he lived alone in a rural area and lived in a house with a stove, and his socioeconomic level was low. In physical examination; Necrosis and loss of sensation were detected in the fingers of both hands. A demarcation line was observed approximately 5 cm proximal to the ankle in both lower extremities (Figure 1). Distal pulses could not be taken in either foot. The patient was consulted with the orthopedics and traumatology clinic. The patient was hospitalized, with amputation planned from both fingers and both ankles.

Figure 1



Necrotic fingers and demarcation line

Results and Conclusion: Reasons such as inadequate shelter, low mental status, high altitude, smoking-alcohol-drug use, homelessness, old age, exposure to wetness in the cold for a long time, as well as diseases such as diabetes mellitus, peripheral vascular diseases and arthritis can

be considered among the main causes of frostbite. Before proceeding with treatment, it is necessary to protect the affected area from trauma. First of all, the patient should be removed from exposure and if he/she is wearing wet clothing, he/she should be removed. Rubbing the affected limb with snow or exposing it directly to heat is one of the common misconceptions. The best thing to do is to heat with slowly circulating heated water. A multimodal approach to treating frostbite patients may provide the best chance for functional recovery. In many cases, frostbite can be prevented, so patient education is very important.

Keywords: frostbite, amputation, emergency department

Ref No: 1389

A MATTER OF A TRACTOR

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Introduction and Purpose: A pneumothorax is an abnormal collection of air in the pleural space between the lung and the chest wall.[3] Symptoms typically include sudden onset of sharp, one-sided chest pain and shortness of breath.[2] In a minority of cases, a one-way valve is formed by an area of damaged tissue, and the amount of air in the space between chest wall and lungs increases; this is called a tension pneumothorax.[3] This can cause a steadily worsening oxygen shortage and low blood pressure. This leads to a type of shock called obstructive shock, which can be fatal unless reversed.

Materials and Methods: A 90-year-old male patient was admitted with back pain. He had no other medical history except a known diagnosis of asthma. The patient lost control while driving a tractor and fell off the tractor. On admission to hospital, the patient's saturation was found to be 85. On hearing, breath sounds were decreased in the left lung and both lungs participated in breathing. On palpation, there was tenderness over the left and right posterior chest wall. Brain, cervical and thoracic tomographies were performed. There was subcutaneous air density on the posterior and anterior chest wall from the neck to the abdomen. He had a pneumothorax on the left side and fractures of the left 3rd, 4th and 5th costae. The patient was referred to the thoracic surgery clinic. The patient was admitted to the thoracic surgery clinic and a tube thoracostomy was performed.

Results and Conclusion: In patients with trauma, especially in thoracic trauma, the lung must be listened to. In patients with decreased respiratory sounds by listening, rapid imaging should be performed.

İMAGE 1

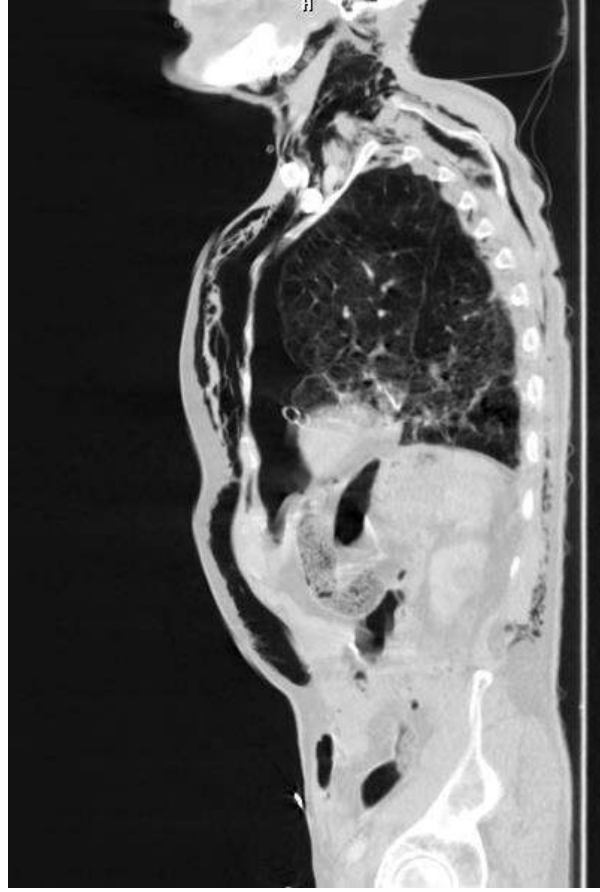
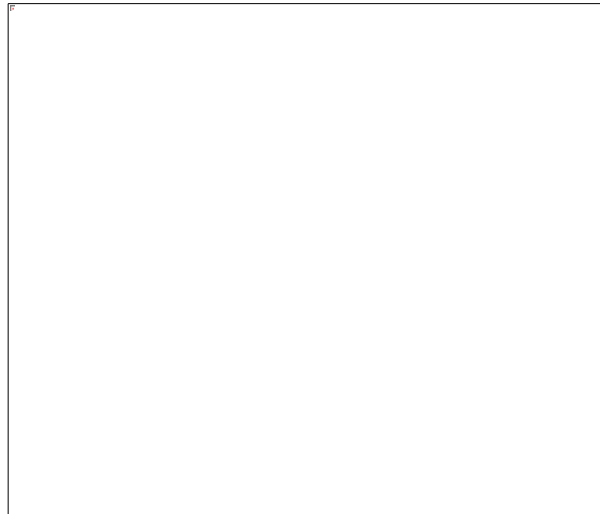


İMAGE 2



Keywords: trauma, costal fracture, dyspnea

Ref No: 1429

Embolism, Cerebrovascular Event

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Introduction and Purpose: Thromboembolism can present with various clinical manifestations in hospitals. It can range from transient ischemic attacks to emboli that do not resolve without intervention. The clinical presentation of thromboembolism varies depending on its location. Neurological symptoms such as speech disturbances, hemiparesis, cardiac and pulmonary complaints like chest pain and shortness of breath, or extremity pain can occur.

Materials and Methods: An 80-year-old female patient presented to our hospital with complaints of numbness and weakness in her left arm and leg persisting for 30 minutes. Upon examination, she had 2/5 power loss in the left upper and lower extremities and hypoaesthesia in the left lower extremity. Imaging studies revealed a lacunar infarct in the right parietal region (Image 1). Additional imaging due to the absence of peripheral pulses in the right lower extremity showed no contrast passage in the right popliteal artery (Image 2).

figure1

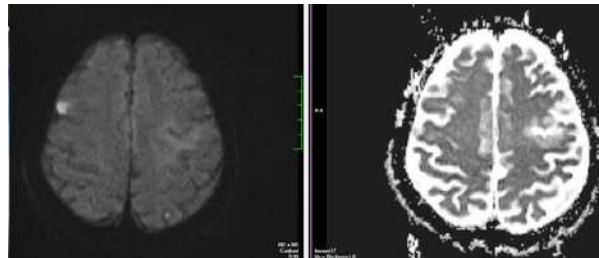
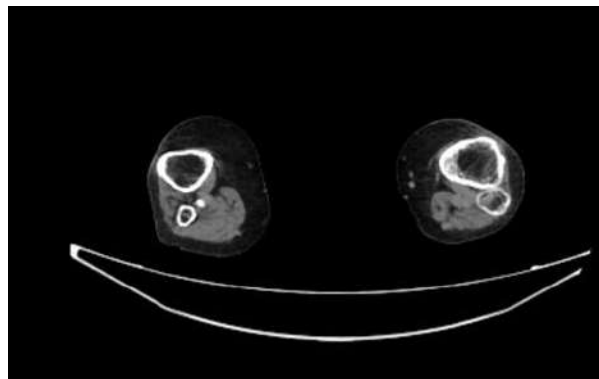


figure2



Results and Conclusion: Thromboembolism can occur simultaneously in multiple areas depending on its source. In patients with identified thromboembolism, examinations for other thromboembolic events should be conducted more carefully.

Keywords: Embolism, Cerebrovascular Event

Ref No: 1486

Constipation to splenic infarction

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Introduction and Purpose: Splenic infarction is a rare spleen pathology, often seen as a complication of other diseases. More than one-third of splenic infarctions are caused by atrial fibrillation and atrial thrombosis. Other causes include hematological diseases, vascular, anatomical, and other factors.

Materials and Methods: A 42-year-old male patient presented to the emergency department with complaints of abdominal pain and constipation. The patient has no known medical history. Abdominal tenderness was noted upon examination. Vital signs were blood pressure: 123/79, temperature: 36.7, oxygen saturation: 96, pulse: 78. A CT scan revealed thrombus formation in the splenic artery and splenic infarction. The patient was consulted to the general surgery department and admitted.

Results and Conclusion: Abdominal examination should be carefully performed in patients presenting with abdominal pain and constipation, considering the possibility of pathologies disrupting the nourishment of intra-abdominal organs.

figure 1



Keywords: Constipation, splenic infarction, arterial thrombosis.

Ref No: 1496

Kounis Syndrome: Acute ST Segment Elevation Myocardial Infarction Following Allergic Reaction to Etodolac

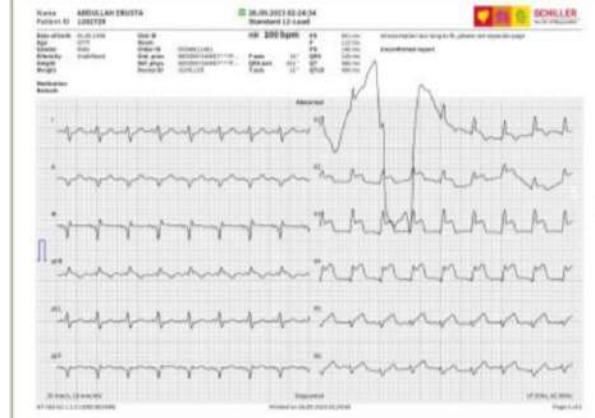
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Introduction and Purpose: Kounis Syndrome (KS) is defined as the manifestation of acute coronary syndrome (ACS) alongside a hypersensitivity reaction. It occurs as a consequence of mast cell activation and degranulation leading to coronary artery spasm, atherosclerotic plaque erosion, or stent thrombosis. KS presents as a condition that develops after exposure to an allergen, affecting all races and age groups across various geographical regions. However, males aged 40-70 are most commonly affected, predominantly encountered in Southern Europe. Antibiotics are the most common cause of KS, accounting for approximately 27%. In this study, a 77-year-old male patient with a history of bladder cancer is presented, who presented to the emergency department with widespread pruritic rash and chest pain following the intake of etodolac for acute pain treatment.

Materials and Methods: A 77-year-old male patient with a history of bladder cancer, not currently receiving active treatment, presented with leg pain for which he had previously been prescribed etodolac. Subsequently, he developed widespread pruritic rash, presyncope, and vomiting. The patient described a pressure-type chest pain radiating to the left arm. Physical examination revealed widespread crackles in both lungs and urticarial rash on extremities, abdomen, and back. Vital signs on arrival: blood pressure 90/60 mmHg, respiratory rate 15, pulse rate 110 bpm. EKG showed widespread ST elevation between V1-6. Diagnosed as anaphylaxis, he received 1 ampule of 0.5mg (1/1000) adrenaline intramuscularly, 1 ampule of 45.5mg pheniramine hydrogen maleate and 200 mg methylprednisolone intravenously, and 1000cc normal saline intravenous bolus. Sublingual nitroglycerin spray (2 puffs) was administered for suspected vasoconstrictive ST-segment elevation myocardial infarction (STEMI). Intravenous dopamine and noradrenaline were initiated for resistant hypotension. Adrenaline was administered intramuscularly at 0.5mg every 5 minutes. Consulted to cardiology for ST segment changes and active chest pain, the patient underwent coronary angiography approximately 1 hour after presentation with a presumptive diagnosis of STEMI.

EKG 1



Results and Conclusion: As a result, Kounis syndrome is the association between acute coronary syndrome and anaphylactic reaction. Emergency physicians should be aware of this condition and should suspect it when encountering patients with symptoms of both anaphylactic reaction and angina, as sometimes reaching treatment for patients can be too late.

Keywords: Allergic Myocardial Infarction, Coronary Artery Vasospasm, Kounis Syndrome

Ref No: 1517

Fatal Result of Traffic Accidents: Traumatic Aortic Injury

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Introduction and Purpose: Aortic dissection is defined as the separation of the tunica media of the aorta and the filling of blood into the aortic wall as a result of a tear in the aortic intima, with the combined effect of various mechanisms, especially blood pressure and structural anomalies of the aortic wall. The most common classification is that of De Bakey et al. Accordingly, dissections that start from the proximal aorta and involve the entire aorta are called Type I. Those that involve only the ascending aorta are called Type II, and those that involve only the descending aorta are called Type III aortic dissections. According to the Stanford classification, regardless of the distal extension, dissections involving the ascending and arch are called Type A, those involving the descending aorta are called Type B.

Materials and Methods: A 71-year-old female patient had an in-car traffic accident the day before. On physical examination, right arm movements were actively and passively painful. In the thorax-abdomen computed tomography(CT) angiography; a 24x29mm saccular aneurysm, originating between the left common carotid artery and the left subclavian artery(image1). On thorax CT, hemothorax was minimal in the right pleural space and 1cm thick in the left pleural space, focal ground glass density compatible with contusion in the anterior upper lobe of the right lung. Right 2-9 multiple rib fractures, some of which were displaced, were observed in the anterolateral rib, and in the anterior and lateral sections of the left 2nd-9th rib. Additionally, a nondisplaced fracture line was observed in the manubrium sterni. A right humeral shaft fracture was observed in the x-rays taken. Thoracic surgery, orthopedics, cardiology and cardiovascular surgery departments were consulted. The patient was admitted to the cardiovascular surgery intensive care unit for follow-up and treatment.

Results and Conclusion: Blunt aortic injury is a potentially life-threatening condition and is second only to traumatic brain injury as a cause of death in trauma patients. It should be kept in mind that large vascular injuries may occur in high-energy traumas even if there is no lesion on the thorax, and it should not be forgotten that mortality can be reduced with early diagnosis and treatment.

Keywords: trauma, aortic injury

Ref No: 1573

Post-Transfusion Hemolytic Reaction

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Introduction and Purpose: Transfusion reactions (complications) refer to unwanted reactions occurring as a result of the infusion of blood and blood components. Hemolytic Transfusion Reaction (HTR) specifically occurs due to an antibody response developed against Non-D antigens acquired from previous transfusions. This response is mediated by IgG antibodies. It is an extravascular event involving the destruction of donor erythrocytes outside the bloodstream, typically occurring in the spleen or liver.

Materials and Methods: 67-year-old female presenting with progressively worsening erythema starting in the lower extremities and spreading throughout the body over the past 3 days, along with complaints of dyspnea and deteriorating general condition for the past day. She has a known carrier status of Thalassemia, a history of paraplegia post-NRŞ (non-radiographic spine surgery), and desmoid tumor. She is immobile due to paraplegia. Four days ago, she received 2 units of erythrocyte suspension (ES) in the Hematology Clinic. There is a history of fever at home. Initial vital signs on presentation: BP: 85/50 mmHg, HR: 137 bpm, Axillary temperature: 36.3 °C, RR: 30, Oxygen saturation: 78%. Physical examination reveals poor general condition, poor orientation-cooperation, no neck stiffness. Glasgow Coma Scale: E3M6V4. Bilateral decreased breath sounds, no rales or rhonchi. Abdomen is soft with no guarding or rebound tenderness. Positive bowel sounds. Laboratory findings: WBC: 21, Neutrophils: 18, Hgb: 13.1, D-dimer: 10.38, pH: 7.45, pCO₂: 26, Microscopic examination of the blood reveals erythrocyte microparticles at 782. The color is very cloudy.

Results and Conclusion: Patients who have received blood transfusions should be thoroughly informed about potential complications. In cases where patients present to the emergency department with various complaints such as shortness of breath, rash, or fever, it's crucial not to overlook a history of blood transfusion. These symptoms could be indicative of transfusion reactions, and it's important to consider this possibility during the patient's medical history assessment.

Keywords: Transfusion, erythema

Ref No: 1640

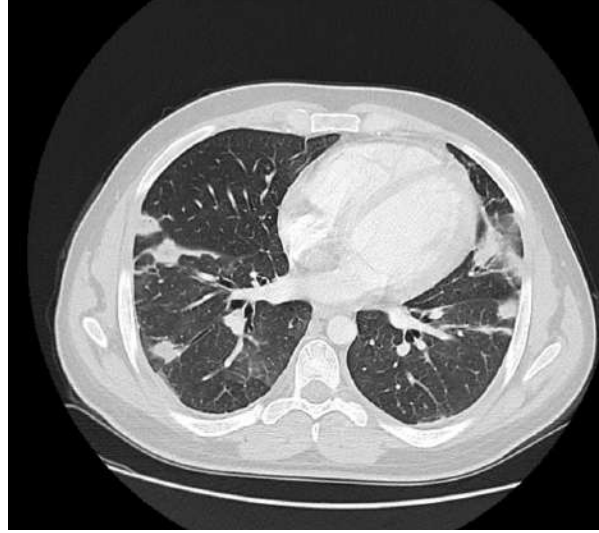
Common and fatal complication of infective endocarditis: septic emboli

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Introduction and Purpose: Infective endocarditis (IE) is an infectious disease that mostly develops with bacteria and involves the involvement of heart valves, congenital cardiovascular lesions, prosthetic valves or other prosthetic materials. Despite the significant developments in the field of diagnosis and treatment, it still maintains its seriousness and currency due to its poor prognosis and high mortality. Embolic events are common and life-threatening complications in cases of IE and may cause difficulty in diagnosis as they can mimic other diseases and pathological conditions.

Materials and Methods: A 25-year-old male patient was admitted to our emergency department with chest pain, shortness of breath and cough for 2 days. The patient has known IV substance use and a diagnosis of Hepatitis-C. Our patient's arrival vitals showed tachycardia (Pulse: 121) and low O₂ saturation (90% in room air), and his blood pressure was within normal limits at 125/79 mmHg. In our patient's physical examination, no obvious rales or rhonchi were heard in his breathing sounds. Laboratory results showed a serious elevation of CRP (256.63 mg/DL) and hypoxia in arterial blood gas (PO₂: 52.3 mmHg). The patient's thorax tomography revealed bilateral cavitory consolidation areas consistent with septic embolism. Infective when evaluated together with substance use history. In the echocardiography of the patient, who was thought to have septic embolism secondary to endocarditis, a vegetation measuring 23*21 mm was observed on the tricuspid valve. The patient, whose antibiotic therapy was started in consultation with infectious diseases patients, was taken over for surgery by the Cardiovascular Surgery Department.



2



Results and Conclusion: Clinical signs and symptoms of IE are highly variable. All classic findings such as fever, new cardiac murmur, anemia and splenomegaly may not always be present together. All organ systems such as skin, mucosa, central nervous system and kidney can be affected due to embolic and immunological complications. IE should be considered in every patient with unexplained fever. Correct diagnosis.

Keywords: Infective Endocarditis, Septic Embolism, Substance Use

Ref No: 1665

NECROTİZİNG FASCIİTİS AND KETOACİDOSİS

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Introduction and Purpose: Necrotising fasciitis (NF) is a disease characterised by rapidly spreading necrosis of soft tissue and muscle fascia, which can be fulminant if not properly managed. It is an acute process that typically progresses rapidly over several days. The organisms spread through the subcutaneous tissue and deep fascial planes causing vascular occlusion, tissue necrosis and ischaemia. It has a fatal prognosis.

Materials and Methods: A 69-year-old woman was admitted to the emergency department with weakness, shortness of breath and general deterioration. SpO₂: 90 blood pressure 90/60 pulse 140 blood sugar: 430 ketones 5.1 and blood gas pH 7.12 HC03 5.0. Treatment for diabetic ketoacidosis was initiated. Physical examination revealed an amputated right foot. A 3x3 cm ulcerated lesion was noted laterally on the proximal right thigh. Creptitation was palpable up to the right knee. Radiographs of the right femur and knee showed subcutaneous air. Crp:345 and no pneumonia was observed on chest computed tomography. Full urinalysis showed no infection. The patient was referred to plastic surgery and admitted to intensive care with a diagnosis of necrotising fasciitis. Surgical debridement was performed. The patient died on the second day of intensive care.

Results and Conclusion: Necrotising fasciitis is a disease that should not be overlooked, has a high mortality rate and can be highly suspected on physical examination. Creptitation on physical examination is very valuable for diagnosis. The patient should be rapidly referred to infectious diseases for antibiotherapy and to plastic surgery for emergency surgical debridement.

Keywords: Necrotising fasciitis, Creptitation, Ketoacidosis

Ref No: 1676

Non-acute appendicitis patient presenting with right lower quadrant pain

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Introduction and Purpose: Acute abdomen refers to sudden, severe abdominal pain. In most cases it is a medical emergency requiring immediate and specific diagnosis. In some cases it requires immediate surgical intervention.

Materials and Methods: A 22-year-old male patient presented with abdominal pain that started 6 hours ago. The patient had no known medical history. Vitals bp: 125/75 sat: 97 hr: 87/min fever: 36.8. On examination, deficiency rebound in the right lower quadrant was detected. No obvious abnormality was found in blood tests. The imaging examination was reported as 'abdominal left approximately 4*5*9 cm in size on the upper dial with no visible contrast around the perimeter an average of 70 with a fatty planes around which vascular structures pass, showing contamination a space- occupying lesion was observed in the hu density '. After general surgery consultation, surgical operation was planned to determine the nature of the lesion.

batında kitle 1



batında kitle 2



Results and Conclusion: Physical examination is one of the most important steps in the detection of acute abdomen. Acute abdominal pathologies usually indicate pathologies related to the abdominal region examined, but rarely, as in this patient, the abdominal pathology may belong to a region other than the focus of the examination.

Keywords: Acute abdomen, deficiency, rebound

Ref No: 1761

STROKE

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

Materials and Methods: A 57-year-old male patient was brought to us by 112 teams with complaints of loss of strength in the left upper extremity and speech impairment, which started 2 hours ago and lasted for 1 hour. The patient had known chronic heart failure and hypertension diseases. Arrival GKS was 15, blood pressure: 195/120 mmHg, saturation 93% (without oxygen) pulse was 92. No findings were detected in the examination. No acute hemorrhage was seen in the non-contrast brain tomography. There was occlusion in the upper division of the right MCA in the brain angiography. In the subsequent diffusion MRI, there was diffusion restriction in the upper division of the right MCA. (Figure 1-2) Patient The Neurology Clinic was consulted. He was admitted to the Neurology Clinic.

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

Figure 1

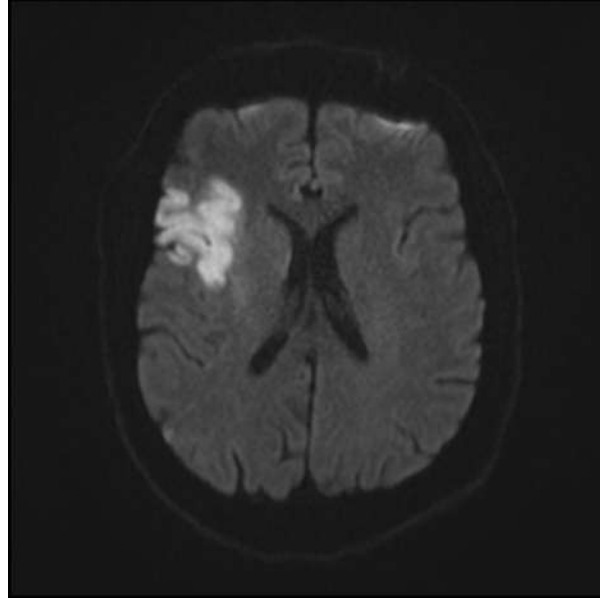
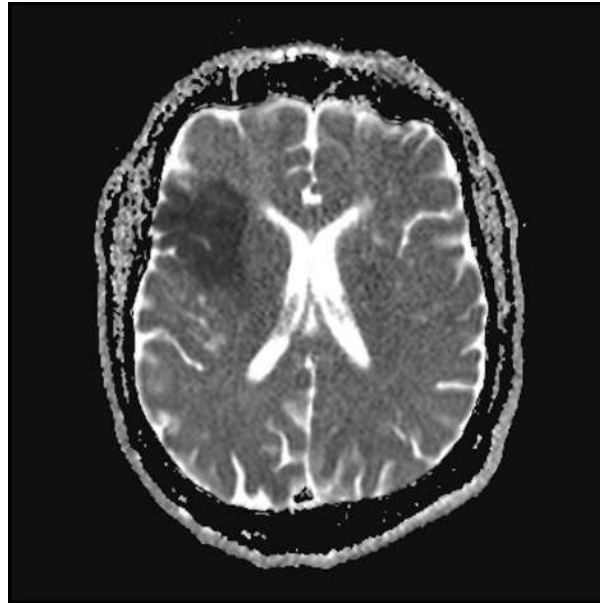


Figure 2



Keywords: Ischemic Stroke, Sudden Loss of Speech, Mca Infarction

Ref No: 1771

Evaluation of Basic and Advanced Life Support Practices of Health Personnel Before and After In-Service Training

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Introduction and Purpose: The impact of in-service training on working life and job quality is extremely important. In-service training, which is important for following new developments and implementing them, means gaining knowledge, attitudes, and skills related to the task. Since the health field is open to continuous development and change, it is one of the places where in-service training is very important. In this study, we aimed to show the positive effect of in-service training on medical knowledge and practices.

Materials and Methods: The research is a cross-sectional study. The pre-training and post-training test was applied to the health personnel who were ready for training in the training hall and the results were recorded. The test was carried out by creating a printed or virtual form and answering them. The data related to the situation before and after the training were transferred to the computer environment and the data were analyzed.

Results and Conclusion: In the pre-training test, 64 participants answered min 3, max 13, average 9 ± 3 questions correctly. In the post-training test, 85 participants answered min 2, max 13, average 9 ± 2 questions correctly. It was determined that 34.9% of the participants were male and 65.1% were female. The professional experience of the participants was min 10 months, max 29, mean 7 ± 7 years. 58.4% of the participants were nurses, 18.1% were midwives, 10.1% were physician assistants, and 6.7% were health officers. The percentages of correct answers given by the 56 participants who completed the test before and after the training are given in Table 1. Health professionals will need lifelong, continuous training due to developments and changes in the field of health and service delivery. In this study, the increase in the correct answers given after the training supports this situation.

Keywords: In-Service Training, Health Institutions

Ref No: 1783

Massive Pulmonary Embolism from Right Upper Quadrant Pain

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Introduction and Purpose: Pulmonary embolism (PE) is a potentially fatal condition and is often associated with typical lung symptoms. Massive pulmonary embolism is characterized by blockage of a large portion of the lung arteries and can lead to life-threatening complications such as severe hypoxemia, hypotension, or shock. However, atypical presentations can make diagnosis difficult.

Materials and Methods: An 80-year-old female patient was admitted to the emergency department complaining of right upper quadrant pain. The patient had no active shortness of breath, but had right upper quadrant tenderness. He had hypertension and diabetes mellitus in his medical history. On physical examination, oxygen saturation was measured as 81% and minimal hypotension was detected. Radiological evaluation for the patient, who showed no other obvious symptoms, revealed massive pulmonary embolism on computed tomography (CT).

Results and Conclusion: This case demonstrates that Pulmonary Embolism can present with atypical symptoms and that right upper quadrant pain may be a warning sign for Pulmonary Embolism, especially in patients who are elderly and have multiple comorbidities. Right upper quadrant pain, especially when accompanied by other systemic symptoms, requires urgent evaluation and massive pulmonary It requires taking into account the possibility of embolism. This case highlights the importance of a careful history and physical examination, as well as prompt radiological evaluation and treatment in patients with atypical symptoms.

Massive Pulmonary Embolism



Keywords: Massive Pulmonary Embolism, Radiological Diagnosis, Elderly Patient

Ref No: 1800

A retrospective clinical audit on magnetic resonance imaging for cauda equina syndrome in the emergency department

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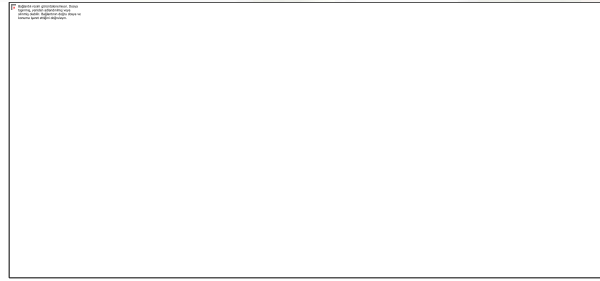
¹Beaumont Hospital

Introduction and Purpose: Cauda Equina Syndrome (CES) is a serious neurological condition that often presents in the Emergency Department (ED) with lower back pain radiating into the legs (sciatica), and is associated with weakness and altered sensation in the lower extremities, bladder dysfunction, saddle paraesthesia and/or genital dysfunction. Early diagnosis and prompt surgical intervention are crucial to prevent permanent neurological damage. As a national neurosurgical centre, Beaumont Hospital's ED plays a critical role in diagnosing and managing CES. This audit assessed the correlation between positive clinical findings and MRI-confirmed CES, identifies appropriate clinical investigations for patients with suspected CES, and evaluates current practices against the UK national standard.

Materials and Methods: This audit was a retrospective review of lumbar-sacral MRI scans performed in Beaumont Hospital's ED over a 6-month period from January to June 2023 for patients presenting with signs and symptoms of CES. Data was collected manually from MRI request indications, radiology reports, and emergency medical chart reviews, with no identifiable patient information recorded. Inclusion criteria comprised patients who underwent MRI scans querying CES, while exclusion criteria included scans ordered by intake teams other than the ED and those for other spinal pathologies.

Results and Conclusion: A total of 118 MRI scans were performed for suspected CES cases during the study period, 17% (n=20) were confirmed CES cases. All Confirmed CES cases presented with lower back pain, while 95% exhibited lower limb weakness and 85% saddle paraesthesia. Symptoms of urinary and/or faecal incontinence were reported in 70% of confirmed cases. PVR bladder scans were performed in only 10% of confirmed cases. The audit demonstrated a strong correlation between clinical findings and MRI-confirmed CES, emphasizing the need for accurate and timely diagnosis in the ED. The underutilization of PVR bladder scans may contribute to diagnostic delays, and there is potential for improvement in this area to align with best practices outlined in national guidelines. By implementing standardized PVR measurements and enhancing clinician education, the ED can optimise CES diagnosis and treatment, improving patient outcomes and reducing the risk of permanent neurological damage.

Presenting Signs and Symptoms Querying CES on MRI



Presenting Signs and Symptoms of Confirmed CES on MRI 1 6 19 18

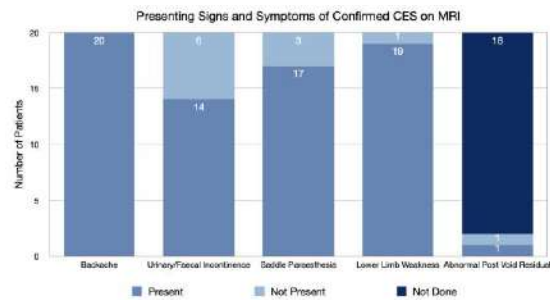


Figure 3: Presenting signs and symptoms of confirmed CES on MRI.

Keywords: Cauda Equina Syndrome, Magnetic Resonance Imaging

Ref No: 1842

Fatal Outcomes of Uncontrolled Hypertension: A Complicated Case Presentation with Aneurysm and Mural Thrombus

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¹Ataturk University

Introduction and Purpose: Uncontrolled hypertension is a significant global public health issue and can lead to various complications. Among these complications are serious health issues such as heart diseases, renal failure, stroke, and vascular system disorders. This study addresses a rare but potentially fatal complication of uncontrolled hypertension: the case of aortic aneurysm and mural thrombus.

Materials and Methods: A 40-year-old male patient with a history of diagnosed but not regularly followed-up primary hypertension presented with persistent and intensifying back pain that had been ongoing for several days. Vital signs indicated uncontrolled hypertension (for example, blood pressure was 180/110 mmHg). Due to high D-Dimer levels, a CT angiography was performed to evaluate the back pain, which detected an 80mm thoracic aortic aneurysm and mural thrombus.

Results and Conclusion: This case sheds light on the serious and potentially fatal consequences of uncontrolled hypertension. Aneurysms, especially without evident symptoms, can grow and their rupture can lead to catastrophic outcomes. The presence of a mural thrombus further increases the risk of embolism, making the situation more dangerous. Therefore, early diagnosis, regular monitoring, and effective control of hypertension are of vital importance. Moreover, such cases require a multidisciplinary approach and close collaboration among emergency medicine specialists, cardiologists, and vascular surgeons. The serious consequences of uncontrolled hypertension highlight the importance of early diagnosis and treatment. This case study draws attention to complex cases that may be encountered in emergency medical practice and demonstrates the value of a multidisciplinary approach.



Keywords: Aneurysm, Mural Thrombus, Uncontrolled Hypertension

Ref No: 1855

Abdominal Aortic Aneurysm

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Introduction and Purpose: Aneurysms are blood vessel enlargement. We can see them mostly in aortic arch, thoracoabdominal aort and iliac arteries. Abdominal aortic aneurysm(AAA) is one of the reason of the abdominal pain, capable of leading to aortic rupture. Rupture risk depends on diameter size. Less than 4 cm diameter, AAA never burst. Between 4 and 5 cm diameter, AAA has %11 rupture risk. Over 6 cm diameter, AAA has %25 rupture risk per year. Also, intramural hematoma, embolization, dissection can occur. Patients can apply to the hospital abdominal or back pain but mostly, they live without any symptom. Healthcare staff diagnose more frequently abdominal aortic aneurysm in man, especially over 50 years, and in smokers. Hypertension and atherosclerosis are important risk factor for the abdominal aortic aneurysm but dominant cause is the atherosclerosis.

Materials and Methods: A 55-year-old male patient was admitted to the emergency room with abdominal pain. Firstly, Patient were examined in observation unit. In the medical history, patient said that applied different hospital three days ago. In there, they diagnosed him as an acute gastroenteritis and wrote out a prescription. Despite using medication regularly, patient continued to have abdominal pain. Because of this, patient reapplied to the hospital. Additionally, vomiting, diarrhea, nausea or constipation problems were not presented. Abdominal examination revealed no abnormalities no defans and rebound. Patients initial vital signs, laboratory blood test(except for crp. Crp value is 70.6) and abdominal x-ray were normal. Due to reapplication, abnormal crp value, patients severe abdominal pain; we decided to plan abdominal computer tomography with a contrast. CT scan showed a abdominal aort aneurysm. It was starting 85 mm before aort bifurcation and involving right and left iliac artery. Aort part's diameter was 50 mm. Right iliac dilation was 20mm, left iliac dilation was 17 mm. We took the patient red field for close monitoring. And then consulted the cardiovascular surgery. Surgery team offered the operation. Because elective operation's mortality rate is %5. In the other hand emergency operation's mortality rate after rupture is %50.

Fig1



Results and Conclusion: .

Keywords: Abdominal aortic aneurysm, Murmur

Ref No: 1895

Unusual Cause of Abdominal Pain in Emergency Department - Hydatid Cysts

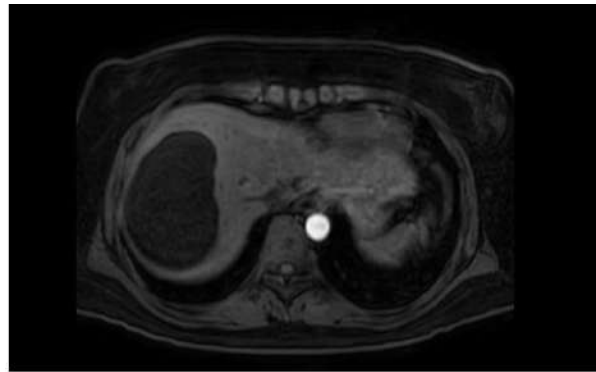
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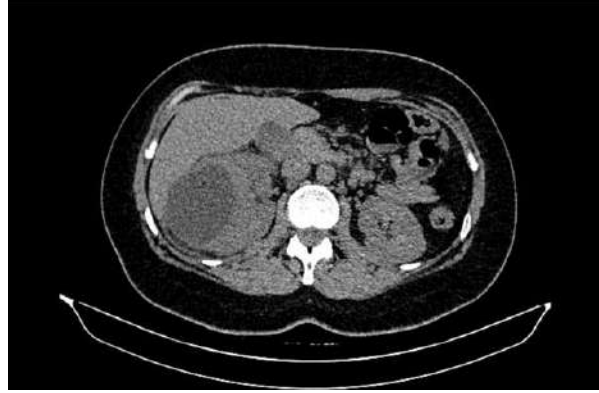
Introduction and Purpose: Hydatid disease is a parasitic infestation by a tapeworm of the genus *Echinococcus*. It is endemic in Turkey, especially in the central Anatolia region. However changes in immigration patterns made an increase in transcontinental transportation over the past half century have caused a rise in the profile of this disease throughout all regions. The diagnosis of cystic echinococcus is mainly made on the basis of clinical presentation and imaging and serologic studies and the physicians should be more aware of its clinical features, diagnosis, and management

Materials and Methods: 38 year old female patient admitted to the emergency department with a complaint of abdominal pain in the right lower quadrant. She had no past medical history and no surgical operations before. Her vital signs were stable and her blood tests revealed an increase in CRP and White blood cell count. Abdominal ultrasound was performed and 11 cm cyst was observed in the liver and 9 cm cyst in the right kidney (Picture 1 and 2). She had an abdominal tomography 1 year ago and there was no evidence of cyst at this time. The antibiotic and iv hydration was initiated and she was discharged from emergency department. The following week she had a PAIR operation and the both of the cysts were evacuated. Following this she was discharged from hospital.

picture 1



picture 2



Results and Conclusion: Inpatient care for individuals who have had surgical resection of their hydatid cyst(s) is similar to that for any other surgical procedure on the affected organ. Special consideration must be made for patients with hepatic cystic echinococcosis who were found to have biliary communication. These patients must be observed for signs and symptoms of either biliary obstruction or fistula formation. Postoperatively, treatment with benzimidazoles is continued for approximately 1 month, although the exact duration has not been determined. Antibiotics are used prophylactically for surgery as indicated in patients with a cystobiliary fistula, for the treatment of infected cysts, and for the treatment of associated infections.

Keywords: hydatid cyst, abdominal pain, emergency department

Ref No: 1962

Açlık ile Ortaya Çıkan Temporomandibular Eklem Çıkığı

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Introduction and Purpose: Anterior Temporomandibular Eklem (TME) dislokasyonu genellikle ağzın aşırı açılmasını takiben (örneğin, yemek yeme, esneme, gülme, öpme, kusma veya diş tedavisi sırasında) ve daha az sıklıkla travma sonrası ortaya çıkar. Dislokasyon ayrıca ilaçlara, nöbetlere veya tetanoz enfeksiyonundaki distonik reaksiyonlardan da kaynaklanabilir. Ayrıca, anestezi indüksiyonu ve endoskopi sırasında iyatrojenik dislokasyon oluşabilmektedir. Simetrik mandibular dislokasyon en yaygın olanıdır, ancak çenenin karşı tarafa deviye olduğu tek taraflı dislokasyon da meydana gelebilir. TME'nin superior ve posterior dislokasyonları çok nadirdir, genellikle yüksek enerjili travmayla ilişkilidir. Superior çıkıklar mandibular fossa kırıklarıyla birlikte görülür. Posterior çıkıklarsa dış kulak yolunun bozulması veya temporal plağın kırılmasıyla ilişkili olabilir. Mandibular dislokasyona yatkın hastalar arasında fossa ve artiküler eminens arasında anatomik uyumsuzluk, kapsül ve temporomandibular bağlarda zayıflık (örn. Ehlers-Danlos veya Marfan sendromu) ve yırtık bağlar bulunur. Bir kez çıkık geçiren hastalar nüksetmeye yatkındır. Tanısı klinik olarak konur. Çocuklara ve travmatik olmayan TME çıkığı olan çoğu yetişkin hastaya, mandibula kırığını dışlamak için panoramik çene radyografileri, mandibular bilgisayarlı tomografi (BT) çekilmelidir. Daha düşük radyasyon maruziyeti nedeniyle çocuklarda panoramik çene radyografileri tercih edilir. Travma ve kırığı düşündüren klinik bulguları olmayan kemik gelişimi tamamlanmış tipik TME çıkığı klinik bulguları olan hastalarda, redüksiyonu geciktirecekse radyografisiz redüksiyon yapılabilir.

Materials and Methods: Açlıktan ağzını dahi açamama şikayetiyle 51 yaşında kadın hasta acil servise getirildi. Muayenesinde ağzı kapalıydı, kan şekeri 65 mg/dl idi ve vital bulguları stabildi. Travma öyküsü yoktu. Ağzını açmaya çalıştığında ağrısı vardı ve sağ TME bölgesinde beklenen protrüzyon olmamasına rağmen eklem yerinde değildi. Maksillofasiyal BT'de sağ TME posterior çıkık tespit edildi. Hastaya 4 mg tiyozid ve 75 mg diklofenak sodyum verip 30 dakika bekledikten sonra klasik manuel redüksiyon gibi yaklaşım çeneyi öne yerine arkaya kaydırmasını söyledik. Ağız içinden başparmaklarla destek vererek kolayca redüksiyonu tamamladık. KBB konsültasyonu yapıldı, Barton bandajı uygulandı ve NSAİİ reçetesiyle taburcu edildi.

Results and Conclusion: TME dislokasyonu olan hastalar her zaman ağzını kapatamama şikayeti ile başvuramazlar. Vakamızda olgusu gibi atipik semptomlarla acil servise başvurabilirler. Atravmatik olsa da çıkık kliniği olan hastalarda posterior TME dislokasyonu ayırıcı tanıda düşünülmelidir.

Keywords: posterior, atipik, açlık

Ref No: 1971

STABBING THAT MISSES ALL ORGANS EXCEPT THE DIAPHRAGM

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Introduction and Purpose: Stabbings are injuries that we frequently encounter in the emergency department and can vary in severity depending on the site of injury. Especially chest or abdominal injuries may require serious operations and clinical deterioration may occur rapidly. In this case, we will talk about a patient with both abdominal and chest injuries.

Materials and Methods: A 36-year-old male patient was brought to the emergency department with police teams with suspicion of stabbing. There was no known history of illness. The patient's vitals were ta: 107/62 nb:108 sat:85 fever:36.5. On examination, the patient had a 3 cm wide lesion involving skin, subcutaneous and muscle tissues, with smooth margins, anterolateral to the thorax at the level of the 7th intercostal space at the level of the anterior axillary line. There are superficial dermal abrasions on the left shoulder and lateral to the right eyebrow. There is tenderness in the left occipital region. All external system examinations were normal. No acute pathology was observed in blood tests. Imaging revealed herniation of abdominal fatty planes to the wound site. There is suspected diaphragm injury and left diaphragm evantration in the same region. There is a maximum height 1 cm hemothorax in part of the basal left lung. There are several free airs (milimetric) anterior to the heart. General surgery and thoracic surgery evaluated the patient. He was admitted to the general surgery intensive care unit with diaphragmatic injury due to abdominal injury.

route of injury



abdominal fatty planes to the wound site



Results and Conclusion: The knife missed the spleen, colon, stomach. The injury ended below the heart. There was no obvious injury to the lung tissue. It missed all organs except the diaphragm. In this case, he was hospitalized by general surgery because of diaphragm damage due to the injury above the abdomen.

Keywords: stabbing, chest and abdominal injury, diaphragma damage

Ref No: 2058

ACUTE SUBDURAL HEMORRHAGE AND CHRONIC SUBDURAL HEMATOMA IN THE SAME PATIENT

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Introduction and Purpose: Subdural hematoma is an intracranial hemorrhage in the space between the outer (dura mater) and inner (arachnoid mater) membranes of the brain. It is commonly caused by head trauma, falls or accidents. It is usually caused by rupture and hemorrhage of veins after trauma. Subdural hematoma can be classified as acute and chronic.

Materials and Methods: A 66-year-old male patient presented to the emergency department with complaints of dizziness and unsteady gait for about 1 week. He had no known chronic disease. The patient had fallen off the couch and hit his head about 6 months ago. He did not apply to the emergency department because he had no complaints. The patient's vital signs were normal on arrival. Physical examination revealed ataxia. Other examinations are completely natural. There was no significant feature in the patient's blood tests. Non-contrast brain CT imaging revealed acute and chronic subdural hematomy. The patient was referred to the Department of Neurosurgery for further examination and treatment.

ACUTE SUBDURAL HEMORRHAGE



CHRONIC SUBDURAL HEMATOMA



Results and Conclusion: We should perform advanced imaging in patients with a history of trauma and pathology on neurologic examination.

Keywords: acute subdural hematoma, chronic subdural hematoma

Ref No: 2090

Unusual involvement on diffusion MRI – Lesion in the splenium of the corpus callosum

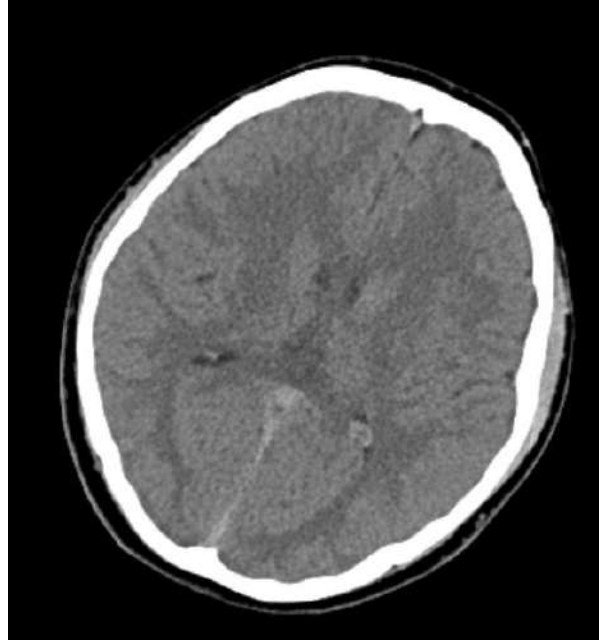
Yasin Yıldız¹, Hilal Çıralıoğlu¹, Hakan Ateş¹, Hakan Akçirahan¹, Beyza Duran¹, Vahdet Işıkoğlu¹

¹Konya City Hospital, Emergency Medicine Clinic.

Introduction and Purpose: The corpus callosum is the largest of the brain commissures and consists of four parts; from anterior to posterior, these are the rostrum, genu, body, and splenium. Isolated splenium lesions are rare and have been associated with ischemic infarction, viral encephalitis, metabolic disorders, and drug and substance toxicity. They may present with altered consciousness, seizures, stupor, coma, headache, and psychiatric disorders. We present a case of a patient presenting to the emergency department with dizziness and a lesion in the corpus callosum splenium detected on diffusion-weighted MRI imaging.

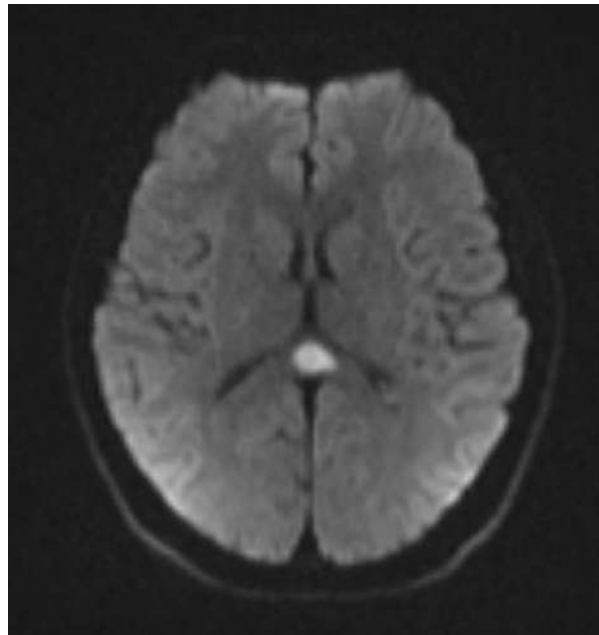
Materials and Methods: A 20-year-old male patient presented with a complaint of dizziness persisting for 4 days. The patient had a GCS (Glasgow Coma Scale) score of 15, stable vitals, no fever, and normal fingertip blood sugar levels. There was no neck stiffness. Upon physical examination, cerebellar tests were proficient, and there was no ataxia. Rectal examination was normal. His electrocardiogram showed a normal sinus rhythm. As the symptoms did not alleviate with symptomatic treatment, central imaging was requested. While the brain CT scan appeared normal (Image 1), diffusion-weighted MRI imaging (DWI) revealed restricted diffusion in the corpus callosum splenium, as evidenced by corresponding findings on the apparent diffusion coefficient (ADC) sequence (Images 2 and 3). Further inquiry into the patient's history revealed no substance use other than smoking, no intake of medication, or herbal supplements. It was learned that the patient had presented to the emergency department with similar complaints 5 months ago and was discharged upon normal DWI at that time. There were no abnormal values detected in the patient's blood tests. The patient was referred to the Neurology department for consultation. The patient was admitted to the neurology ward for further monitoring and management.

Image 1



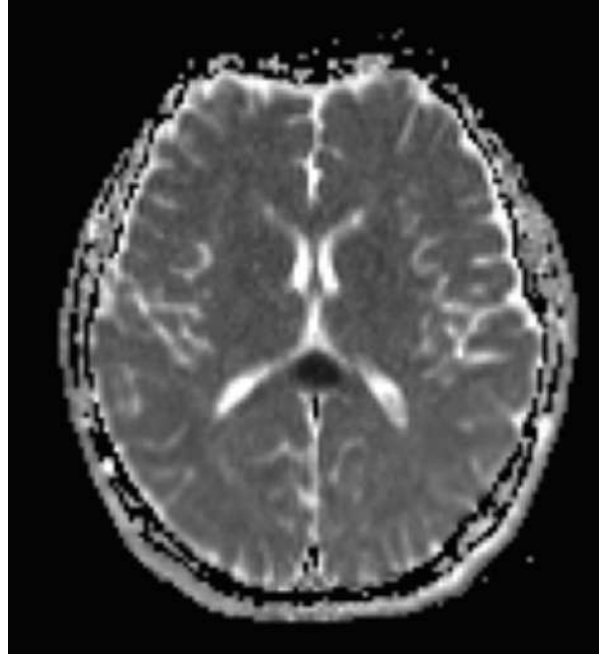
Normal Brain CT scan of the patient.

Image 2



Restricted diffusion in the corpus callosum splenium on DWI.

Image 3



Apparent Diffusion Coefficient (ADC) image of the patient.

Results and Conclusion: While radiological images of the splenium may suggest acute ischemic infarction, the actual cause could be another pathology. Various pathological events can lead to similar reversible focal lesions in the splenium. Therefore, the symptoms and etiology of splenium lesions should be considered and investigated in a broad context. In the presence of splenium lesions, non-ischemic metabolic causes should be considered before contemplating lytic therapy.

Keywords: Emergency medicine, Corpus callosum splenium, Reversible splenial lesion

Ref No: 2097

Development of Fournier's Gangrene in Uncontrolled Diabetes Mellitus: A Case Study of a 50-Year-Old Male Patient

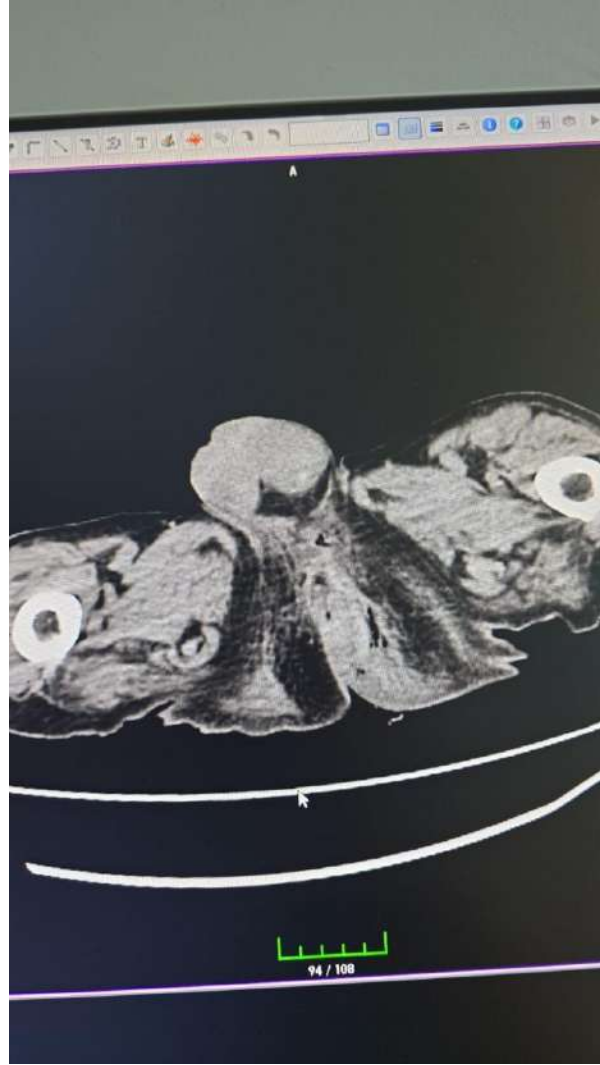
Ömer Faruk İŞLEYEN¹, Erdal TEKİN¹, Yusuf ŞİMŞEK¹

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Introduction and Purpose: Uncontrolled diabetes mellitus weakens the body's defense mechanisms against infections, potentially leading to serious infectious complications. Fournier's gangrene, especially in diabetic patients, is a rapidly progressing condition that requires immediate intervention. This poster illustrates how Fournier's gangrene can rapidly develop in a patient with uncontrolled diabetes mellitus (DM) and highlights the challenges in managing the condition.

Materials and Methods: A 50-year-old male patient presented with severe pain, edema, and erythema in the genitourinary region. The patient had a history of uncontrolled type 2 diabetes mellitus. Physical examination revealed widespread necrosis and gas formation in the genitourinary area. Blood glucose levels were high, and there was an increased white blood cell count indicating infection. Following diagnostic evaluation, the patient was diagnosed with Fournier's gangrene.

Results and Conclusion: This case demonstrates the risk that uncontrolled DM can pose for serious infections. Fournier's gangrene, particularly in diabetic patients, necessitates urgent surgical debridement and broad-spectrum antibiotic therapy. Early diagnosis and prompt treatment can reduce mortality rates. This situation underscores the importance of diabetes management and the need for vigilance against infections in diabetic patients. Uncontrolled diabetes mellitus lays the groundwork for the development of serious infections and complications. Fournier's gangrene is a severe condition that requires urgent medical intervention, particularly seen in diabetic patients. This case aims to raise awareness of the importance of diabetes management and the necessity for proactive measures against infections.



Keywords: Fournier's Gangrene, Uncontrolled Diabetes Mellitus, Cellulitis

Ref No: 2146

6th CRANIAL NERVE PALSY

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Introduction and Purpose: Sixth nerve palsy; It is characterized by outward gaze restriction, inward shift, increased horizontal diplopia on the affected side when looking away, and abnormal head position. Its annual incidence is 11.3/100 000 in the United States. The sixth nerve nucleus is located in the pons, and lesions that may occur along the path from the pony to the orbit (pons, middle cranial cavity, clicus, Dorello canal, cavernous sinus, fissura orbitalis superior, orbita, external rectus) can cause paralysis of the nerve. In the etiology of sixth nerve palsy, there may be life-threatening problems, as well as unknown or microvascular causes. Acute nerve palsy may occur due to trauma, vasculopathy, diabetes, hypertension, neoplasms, multiple sclerosis, cerebrovascular events, aneurysm, ischemia, inflammation, infection, neurosurgical interventions, congenital or other neurological signs and symptoms of unknown cause.

Materials and Methods: 68y male patient.He applied to us with the complaint of burrs in the eyes, blurred vision, and double vision when looking away, which had been in the eye for 2 days. Comorbidities: HT, DM. Irregular use of coraspin is present. Vitals: TA:198/93mmHg Sat:100 Pulse:70 Fever:36.9 Neurological examination: Conscious, oriented, cooperative.Direct light reflex / Indirect light reflex : ++/++ Outward gaze in the right eye is restricted. There is no asymmetry on the face. He does not have hypoesthesia. Babingy-negative . External physical examination is usual. Hemogram, biochemistry and coagulation were requested from the patient. Brain CT and diffusion MRI were ordered. The patient, who did not detect pathology in central imaging, was consulted to Neurology and Ophthalmology. The patient was considered to have 6th cranial nerve palsy. In terms of etiology, brain CT angiography revealed 3.5*3 mm aneurysmatic dilatation in the right ICA supraclinoid segment. The patient was consulted to neurosurgeon and hospitalized.

Figure 1



Results and Conclusion: 6th cranial nerve palsy should be considered in patients presenting with limited outward gaze, inward shift of the eye, increased horizontal diplopia and abnormal head position on the affected side. Detailed anamnesis, neurological examination, MRI, CT imaging and close follow-up are required. Treatment is aimed at the underlying cause. Alternating eye closure, prismatic lens treatment and surgical treatment options are available to eliminate double vision.

Keywords: Sixth nerve palsy, Limitation of outward gaze, Neurology

Ref No: 2176

Post-COVID-19 Splenium Infarct: An Increased Tendency for Thrombosis in a Young Patient

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Introduction and Purpose: COVID-19 infection can lead to complications associated with systemic inflammation, hypercoagulability, and an increased incidence of thromboembolic events. This poster presents a case of a rare neurological complication known as splenium infarct in a young patient following COVID-19. The details of the case highlight that the increased tendency for thrombosis post-COVID-19 could potentially have serious neurological outcomes.

Materials and Methods: An 18-year-old male patient, previously healthy, presented with dizziness, difficulty speaking, and weakness on the right side. He had contracted COVID-19 three weeks earlier. Neurological examination followed by magnetic resonance imaging (MRI) revealed lesions consistent with an infarct in the splenium of the corpus callosum. Subsequent service follow-up showed elevated D-dimer levels, indicating an increased tendency for thrombosis, and splenium infarct was considered in the diagnosis.

Results and Conclusion: This case demonstrates the increased thromboembolic risk and the presence of potential neurological complications even in young patients during the post-COVID-19 period. Splenium infarcts, especially in young adults, are rare and may be associated with an increased tendency for thrombosis following COVID-19. Early diagnosis and treatment are critical to prevent neurological damage and other long-term complications. Attention should be given to increased thromboembolic events in young patients even after COVID-19 infection. Neurological complications such as splenium infarct may be among the long-term effects of COVID-19. Such cases underline the significance that, in addition to systemic effects, COVID-19 can also have serious consequences on neurological health. Health professionals should be vigilant for thromboembolic complications in patients who have had COVID-19 and carry out the necessary tests for early intervention.

Keywords: Splenium Infarct, COVID-19, Thrombosis

Ref No: 2218

An Unilateral Consolidated Area in a Trauma Patient: Traumatic Diaphragmatic Rupture and Gastrotorax

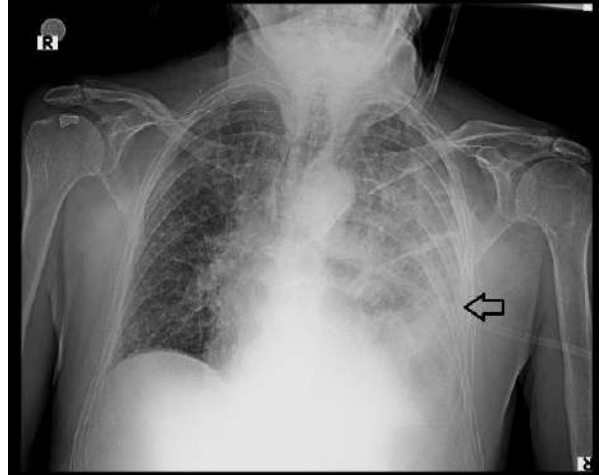
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¹Ondokuz Mayıs University, Faculty of Medicine, Department of Emergency Medicine, Samsun, Turkey

Introduction and Purpose: Traumatic diaphragmatic rupture is a rare diagnosis in blunt trauma. Although the diaphragm is ruptured at the time of the accident, delayed herniation may complicate the diagnosis and delay treatment. In this case, we present a patient who presented to the emergency department after a road traffic accident with atelectasis on the chest x-ray, the cause of which was determined to be gastrotorax.

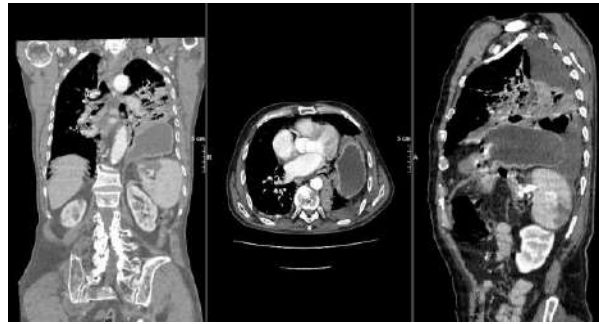
Materials and Methods: An 85-year-old male patient presents to the emergency department following a motor vehicle accident. He described abdominal pain and shortness of breath. Despite receiving oxygen via a non-rebreather mask, fingertip saturation remained between 85-90% and blood pressure was within the normal range. Physical examination revealed normal breath sounds on the right side and rales on the left. There was diffuse tenderness in the abdomen. The patient, who had stable vital signs, underwent contrast-enhanced whole-body computed tomography(CT) and trauma radiographs. Posteroanterior chest X-ray did not show pneumothorax, but ground-glass opacities were observed on the left side. CT images revealed near-total collapse of the left lower lobe of the lung, with a consolidated appearance and mediastinal shift to the right. No rib fractures were observed. CT images revealed a 5 cm defect in the left diaphragm, with a large portion of the stomach corpus herniating through the wide defect, along with intra-abdominal fatty tissue and splenic flexure herniating into the hemithorax. Additionally, grade III liver laceration and grade IV splenic laceration were detected. The patient received fluid replacement, analgesia, and oxygen support. Consultations were made with general surgery and thoracic surgery, and the patient was directed to the operating room for hernia repair and splenectomy with a preliminary diagnosis of traumatic diaphragmatic rupture.

figure 1



Ground-glass opacities on the left side.

figure 2



With a large portion of the stomach corpus herniating through the wide defect, along with intra-abdominal fatty tissue and splenic flexure herniating into the hemithorax

Results and Conclusion: Traumatic diaphragmatic rupture is a rare condition. An abnormality detected on direct radiography in patients with high-energy blunt trauma should raise suspicion of diaphragmatic injury. In our case, a patient who received an early diagnosis based on the unilateral ground-glass appearance on the chest X-ray is described, emphasizing the consideration of diaphragmatic rupture based solely on the chest X-ray. Suspicion of diaphragmatic rupture in thoracoabdominal trauma may prevent late diagnosis and reduce mortality and morbidity.

Keywords: blunt trauma, diaphragmatic rupture, gastrotorax

Ref No: 2221

INTERESTING CASE PRESENTING WITH SWELLING ON HIS BACK: HIV POSITIVE PLEURAL EFFUSION

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¹Harran University Faculty of Medicine Emergency Department

Introduction and Purpose: Introduction: There are many causes of pleural effusion, it presents with exertional dyspnea, dry cleaning and pleuritic sternum. HIV infection is a rare cause of pleural effusion. The most important detail in diagnosis is the suspicion of emergency physicians. We presented the patient with HIV-infected pleural effusion confirmation who presented with purchase on his back.

Materials and Methods: A 32-year-old male patient applied to the emergency room with complaints of swelling on his back, dry cough, weakness and fatigue. Right-sided pleuritic chest/back pain has started to increase over the last two days. Body temperature was 39.3°C, heart rate was 110 beats/minute, blood pressure was 110/70 mm Hg, respiratory rate was 18 breaths/minute, and blood oxygen saturation in ambient air was 96%. In the physical examination of the patient, there was a decrease in breath sounds on the right side. Approximately 9-10-11 from right armpit to back. There was swelling at the level of the jeans. The remainder of his physical examination, including his musculoskeletal examination, was normal. He had no history of HIV infection. The patient had a 30 pack-year smoking history. Thorax CT: Right-sided massive pleural effusion was observed with left-sided mediastinal shift. Laboratory test results; leukocyte count 23,600 cells/ μ L, neutrophil 20,200 cells/ μ L, hemoglobin count 6.6 g/dL, glucose 238 mg/dL, CRP 30.33 mg/dL. After imaging, thoracentesis was performed and approximately 2 liters of empyema fluid were drained. The patient was evaluated by pulmonologists. Cell counts and chemistry of the pleural fluid showed an exudative process with a predominance of white blood cells. A CT scan of the abdomen/pelvis was performed and did not reveal any findings suggestive of malignancy. In his second serological test, Anti-HIV positive and Anti HCV positive. The patient was started on Vancomycin 1gr, Meronem 1gr, and Trometamol 50mg. One unit of blood was given. Since there was no room in our hospital, she was referred to an external center.

Results and Conclusion: Conclusion: The most common causes of pleural effusion are congestive heart failure, cancer, pneumonia. Emergency physicians should keep HIV infection in mind in massive pleural effusions.

Keywords: Massive Pulmonary Effusion, HIV Infection, Emergency Room

Ref No: 2249

Beyond Cellulitis-Like Clinical Findings in Diabetic Patients: Critical Evaluation of Necrotizing Fasciitis

ASLI LEYLA TAHİROĞLU¹, ÖMER FARUK İŞLEYEN¹, AYÇA ÇALBAY¹

¹Beyond Cellulitis-Like Clinical Findings in Diabetic Patients: Critical Evaluation of Necrotizing Fasciitis

Introduction and Purpose: Low sugar regulation in diabetic patients may increase the risk of subcutaneous infections, which may initially be mistaken for simpler infections such as cellulitis. However, necrotizing fasciitis is the most serious form of deep soft tissue infections and can progress rapidly and lead to life-threatening conditions. This poster emphasizes the importance of investigating the presence of free air by palpation of crepitus and radiological examinations.

Materials and Methods: A 65-year-old diabetic female patient with irregular blood sugar control was admitted to the emergency room with leg discharge, redness and edema that had been going on for several days. The patient, who initially presented cellulitis-like clinical findings, was referred for a more comprehensive evaluation when crepitus in the leg was detected by palpation during detailed examination. As a result of radiological examination, free air bubbles were detected in the soft tissue, and these findings showed the presence of necrotizing fasciitis. The patient was referred to the orthopedic service for emergency surgical debridement.

SELÜLİT



Results and Conclusion: Early diagnosis of necrotizing fasciitis is possible by evaluating the presence of crepitation by palpation and radiological examination of the presence of free air in the soft tissue. These critical evaluation steps are vital in identifying more serious conditions underlying infections initially thought to be mild, especially in diabetic patients. Aggressive surgical debridement and appropriate antibiotic therapy are the keys to success in managing

necrotizing fasciitis. In diabetic patients, deep soft tissue infections need to be evaluated comprehensively, going beyond cellulitis-like clinical findings. The presence of crepitation by palpation and the search for free air by radiological examinations are critical steps in the diagnosis of necrotizing fasciitis. Early diagnosis and prompt surgical intervention can significantly improve patient treatment outcomes.

Keywords: Necrotizing Fasciitis, Diabetic Patients, Cellulitis

Ref No: 2265

UNEXPECTED REVELATION: GASTRIC PERFORATION UNMASKED BY SYNCOPE

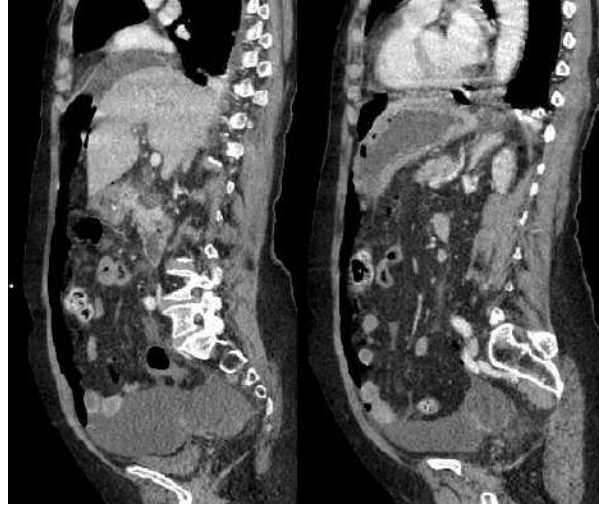
SÜMEYYE ERDAŞ¹, İREM ŞAHİN MERCİMEK¹

¹ANKARA EĞİTİM ARAŞTIRMA HASTANESİ

Introduction and Purpose: Peptic ulcer perforation is a rare but life-threatening diagnosis that requires urgent surgical intervention.(1) In previous studies, it has been claimed that all patients presented with abdominal pain, and this eliminates the possibility of undiagnosed conditions.(1,2) Here, we present a case of a patient who, following syncope without abdominal pain, developed shock and was found to have gastric perforation.

Materials and Methods: A 79-year-old female with no significant medical history presented at the emergency department after a syncope episode. Initial vital signs showed a low blood pressure (74/42 mmHg), high heart rate (110 bpm), and low oxygen saturation (85%). Physical and neurological exams were unremarkable except coarse rales in both lower lobes. She reported worsening chronic back pain and recent diclofenac potassium use. Further investigations revealed bilateral lower lobe infiltrates and effusion with subdiaphragmatic free air on thoracic CT. A subsequent abdominal CT showed gastric wall disruption and widespread intraperitoneal fluid. Emergency laparotomy repaired a 1.5 cm gastric defect, but the patient passed away 14 days postoperatively in the intensive care unit. Peptic ulcer perforation, though uncommon (2-10% incidence), carries significant morbidity. Primary risk factors include H. pylori infection, NSAID intake, malignancies, alcohol/tobacco use, and stress. Our patient lacked prior ulcer diagnosis or dyspeptic symptoms but presented with perforation, likely attributable solely to NSAID use. Typically, perforations manifest with abdominal pain; however, our case was distinctive, lacking such pain or abdominal signs. While syncope-associated perforations are documented, they commonly involve abdominal pain. Although NSAIDs commonly induce gastrointestinal symptoms, severe complications like perforation or hemorrhage are rare but more likely in the presence of additional risk factors.

abdomen ct



abdomen ct

abdomen ct 2



Results and Conclusion: This case highlights that peptic ulcer perforation can occur even in patients without a history of dyspeptic symptoms or a peptic ulcer diagnosis, and gastric perforation can occur with shock symptoms and syncope without abdominal pain. It underscores the serious consequences of NSAID use in elderly patients.

Keywords: gastric perforation, peptic ulcer perforation, non-steroidal anti-inflammatory drugs

Ref No: 2299

Poppy (opium) poisoning

MEHMET SOYUGÜZEL¹, YASİN BÜLBÜLOĞLU²

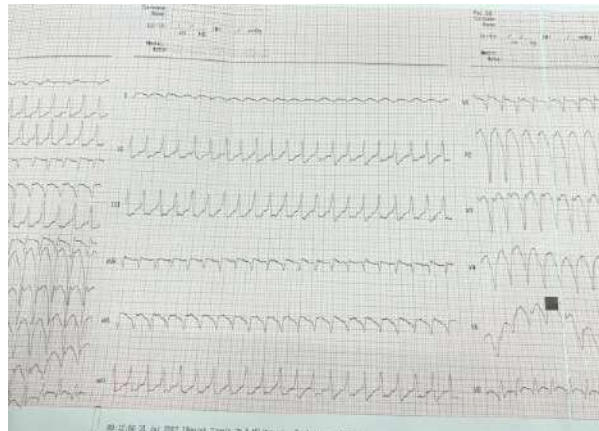
¹Dr. HALİL İBRAHİM ÖZSOY BOLVADİN STATE HOSPITAL.

²1Afyonkarahisar Health Sciences University Hospital

Introduction and Purpose: Mature poppy seeds do not contain opium alkaloids, but their surfaces may become contaminated with alkaloids as a result of damage by pests and during harvest. Opium alkaloids detected in poppy seeds and food samples containing poppy seeds include phenanthrenes, mainly morphine, codeine, thebaine and oripavine, and benzyloquinolines, mainly papaverine, noscapine and laudanosine. Bradycardia is generally expected in morphine poisoning. Naloxone can be tried for respiratory depression.

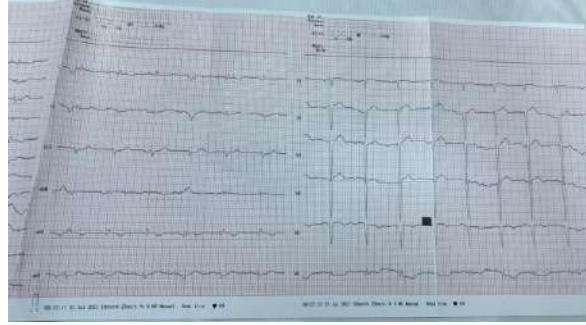
Materials and Methods: A 64-year-old male patient applied to the emergency department with complaints of general deterioration and palpitations. According to his anamnesis, his palpitations started after eating poppy seed salad. The patient's vital signs are BP: 100/60 mmHg. Pulse:170/minute SaO₂:90 Fever: It was determined as 36.5°C.Wide QRS tachycardia was detected in the patient's electrocardiography (FIGURE 1). The patient was started on 2 ampoules of amiodaron IV. When the patient's GCS coma score dropped to 8, cardioversion was performed, and then CPR was started for 30 seconds when there was no pulse. The patient's GCS became 15 again and his pulse returned.(FIGURE 2) A poison control center was called, and 48-hour coronary intensive care follow-up was recommended. The patient was hospitalized.

VT due to poppy



ECG after palpitations after eating poppy seed salad

ECG after treatment



ECG of the patient after cardioversion and 2 ampoules of amiodarone.

Results and Conclusion: There are very few cases of VT in poppy poisoning. Treatment is the same as in routine VT patients. Naloxone can be tried in cases of respiratory depression and poppy poisoning. Gastric lavage and activated charcoal intake can be tried if the duration is one hour or less.

Keywords: poppy salad, poppy poisoning, VT due to poppy

Ref No: 2324

Necrotizing Fasciitis in an Uncontrolled Diabetic Patient: Emergency Intervention and a Case Study

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Introduction and Purpose: Uncontrolled diabetes mellitus is a risk factor for severe skin and soft tissue infections. Diabetic patients are more prone to injuries such as necrosis and gangrene, indicating the rapid progression of necrotizing fasciitis. Early diagnosis and treatment of necrotizing fasciitis are crucial due to its rapid progression potential and high mortality risk. Careful evaluation of necrosis and infection signs in the foot and prompt intervention are critical in reducing long-term morbidity and mortality.

Materials and Methods: A 78-year-old male patient presented to the emergency department with necrosis on the first toe of his right foot as a result of complications from uncontrolled diabetes. Physical examination revealed intense pain and crepitus indicating the presence of gas beneath the skin in the affected area, despite the patient being stable. The presence of gram-positive bacilli in samples taken from the wound site increased the likelihood of necrotizing fasciitis, prompting immediate broad-spectrum antibiotic treatment.

Results and Conclusion: The patient's treatment began with intravenous ceftriaxone in the emergency department. Intravenous metronidazole was added for possible anaerobic infections. The patient was urgently referred to the orthopedic department for surgical debridement and was admitted for debridement by the orthopedic service. Close monitoring of the patient's blood sugar levels was performed, optimizing glycemic control. Early diagnosis and management of necrotizing fasciitis caused by uncontrolled diabetes mellitus are vital. Treatment with effective antibiotics such as ceftriaxone and metronidazole and timely surgical intervention increase the patient's chances of recovery.

Figure1



Figure2



Keywords: Necrotizing Fasciitis, Uncontrolled Diabetes Mellitus, Diabetic Foot

Ref No: 2342

DEEP NECK INFECTION

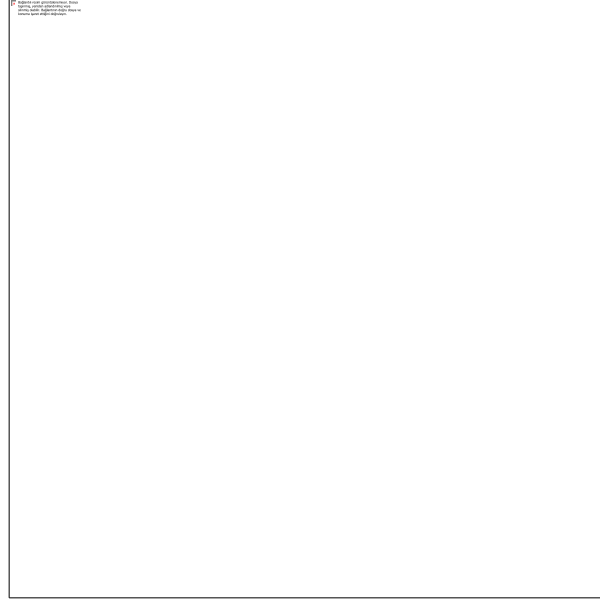
Büşra Demircan¹, İbrahim Taşdemir¹, Erdal Tekin¹

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Introduction and Purpose: Deep neck infection is an infection of the potential cavities and fascias of the neck that leads to abscess formation or cellulitis and causes abscess development if left untreated.

Materials and Methods: A 36-year-old female patient applied to the emergency room with a complaint of swelling on her left cheek. The patient, who had an abscess in his lower left wisdom tooth 15 days ago, stated that his left cheek was gradually swelling. The patient, who has no history of any disease in his medical history, had blood pressure: 124/70 mmHg, pulse: 110 beats/minute, temperature: 37.6 °C, fingertip oxygen saturation: 95% in his admission vitals. During the physical examination of the patient, an edematous area was observed on the patient's left cheek, from the chin to the level of the zygomatic bone, and an increase in temperature was observed in this area. Since the patient could not open his mouth fully, the inside of the mouth and tonsils could not be evaluated. In the blood tests requested from the patient, WBC: 25600 μ l, neut:22600 μ l, crp:215 mg/dl, and there were no pathological findings in other tests. Contrast-enhanced neck CT requested from the patient showed free air density extending from the neighborhood of the left mandible, superiorly to the superior zygomatic arch, and inferiorly to the parapharyngeal area and thyroid level in the cervical area. At the mandibular level, a 7cmx5cm loculated area with air densities and occasional septation was observed, abscess?, deep neck infection? The patient was admitted to the ear, nose and throat clinic for emergency surgery.

deep neck infection



Results and Conclusion: Although dental abscesses are not usually taken seriously by patients, they can cause serious conditions such as deep neck infection that require urgent surgery. Therefore, it is important to treat such infections without delay.

Keywords: Deep neck infection, tooth abscess, cellulitis

Ref No: 2348

Coffee Bean Sign And Sigmoid Volvulus

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Introduction and Purpose: Sigmoid volvulus can be a life-threatening emergency. The twisting of the colon around its mesentery can lead to complete obstruction of the intestinal lumen. This can result in serious signs and symptoms, such as abdominal distension, vomiting, constipation, and fluid-electrolyte imbalances. A potentially more harmful complication to anticipate is the strangulation of the mesenteric vascular system leading to bowel ischemia and necrosis. Given the severity of this debilitating condition, rapid diagnosis and management are of critical importance

Fig



Coffee Bean Sign

Materials and Methods: A 50-year-old male patient presented with complaints of constipation, nausea, vomiting, and abdominal swelling persisting for 2-3 days. He reported experiencing abdominal swelling and constipation over the past week. Due to worsening symptoms, he sought emergency medical attention. The patient has not had a bowel movement for 3 days. He has no history of previous surgeries or chronic diseases, and he is not taking any medications nor does he have any medication allergies. Vital signs: fever: 36 degrees, pulse: 105/min, spO2: 97%, blood pressure: 141/103 mmHg. Conscious, cooperative, oriented. There is widespread distension in the abdomen and minimal tenderness in all quadrants. No defense-rebound. There was fecal contamination on rectal examination. In the imaging, a volvulus extending up to the hepatic flexure without passing into the distal part was observed. It measured 136 mm at its widest point, with no evidence of perforation. Sigmoid colon was detorsioned endoscopically.

Results and Conclusion: When patients describe episodes of pain accompanied by an inability to pass gas or stool, along with the development of abdominal distension, sigmoid colon volvulus should be considered in the differential diagnosis.

Keywords: Coffee Bean Sign, Sigmoid Volvulus, Emergency

Ref No: 2354

Portal Vein Thrombosis Associated with Hepatocellular Carcinoma

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Introduction and Purpose: Hepatocellular carcinoma (HCC) is a common type of primary liver cancer worldwide and can lead to serious complications such as portal vein thrombosis (PVT). PVT can significantly affect the prognosis in liver cancer patients and cause both local and systemic complications.

Materials and Methods: A 66-year-old male patient was being followed up with the diagnosis of hepatocellular carcinoma and was admitted to the emergency room with complaints of right upper quadrant pain and jaundice. On physical examination, the patient was jaundiced and a mass sensitive to palpation was detected in the right upper quadrant. In laboratory tests, total bilirubin is 6.2 mg/dL (normal: 0.3-1.2 mg/dL), direct bilirubin is 3.8 mg/dL (normal: 0.0-0.3 mg/dL), AST is 120 U/L (normal: 5-40 U/L), elevation of ALT 90 U/L (normal: 7-56 U/L) and ALP 300 U/L (normal: 40-129 U/L) was observed. Ultrasonography (USG) examination revealed portal vein thrombosis and hepatomegaly. The patient was admitted to the internal medicine service after the initial evaluation in the emergency room.

Results and Conclusion: Hepatocellular carcinoma-associated portal vein thrombosis is an emergency with both clinical and laboratory findings and requires a multidisciplinary approach. Early diagnosis and effective treatment of PVT can provide significant improvements in the patient's clinical condition.

Keywords: Portal, Portal vein, Hepatocellular carcinoma

Ref No: 2421

Navigating Challenges: A Study on Work-Related Hand Injuries, with a Spotlight on Immigrant Communities

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Introduction and Purpose: This study aims to elucidate the prevalence of work-related hand injuries, identify contributing factors to such injuries, and ascertain whether the incidence of these injuries differs among immigrant patients compared to other individuals.

Materials and Methods: The study spanned from January 2021 to January 2022 and involved patients seeking medical attention for hand injuries at an Emergency Department near an industrial area. Out of 2,153 patients, 1,012 cases attributed to occupational injuries were included in the analysis. The cohort included 946 patients after excluding non-occupational hand injuries and patients with a lack of data. Data on demographics, injury severity, the timing of injuries, the data on immigrant status, occupational hand injury prevalence in local and immigrant populations, and basic data on treatment methods were collected and analyzed.

Results and Conclusion: The study revealed that 31.9% of individuals with hand injuries were immigrants, despite immigrants constituting only 5.4% of the workforce. Additionally, 13.6% of immigrant patients lacked health insurance. Injuries were more prevalent during the last working days of the week and in the 26-45 age group. The 2nd finger exhibited the highest injury rate. Surgical interventions were required for 63.95% of patients, with 32.72% of those identified as immigrants. The study underscores the higher frequency of hand injuries among immigrants, shedding light on their vulnerability in occupational settings. Factors such as increased risks in industrial jobs, language barriers, and a lack of health insurance contribute to this heightened susceptibility. Tailored preventive measures, enhanced training, and closer scrutiny of businesses employing immigrants are essential to mitigate these disparities and enhance workplace safety.

Keywords: Occupational injuries; Hand injuries; Emergency Services

Ref No: 2566

Giant Angiomyolipoma as a Cause of Hemorrhagic Shock

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Introduction and Purpose: Renal angiomyolipoma, comprising mature adipose tissue, smooth muscle, and thick-walled blood vessels, presents predominantly in females with an incidence ratio of 4:1. Typically asymptomatic, these tumors are incidentally detected during imaging studies. Symptomatic cases may present with flank pain, palpable masses, or hematuria, known as 'Lenk's triad'. Lesions exceeding 4 cm pose a risk of bleeding, with larger tumors at greater risk of spontaneous or traumatic rupture, leading to hemorrhagic complications.

Materials and Methods: A 75-year-old male presented to the Emergency Clinic with sudden abdominal pain, cold sweating, and distension. On examination, he exhibited signs of shock, with a non-pulsatile mass palpated in the left abdominal region measuring approximately 15x15x15 cm. Initial assessment revealed hypotension and tachycardia. Previous examinations showed normal findings, but CT imaging revealed a 14x13x15 cm angiomyolipoma with acute hemorrhage. The patient received erythrocyte suspension and was referred for surgical intervention.

CT image of renal angiomyolipoma



Results and Conclusion: This case underscores the importance of considering renal angiomyolipoma hemorrhage in patients presenting with sudden hypotension, abdominal pain, and distension in the emergency department. Early recognition and intervention are crucial to prevent adverse outcomes associated with hemorrhagic complications.

Keywords: Angiomyolipoma, Shock, Lenk's Triad

Ref No: 2600

Yamaguchi Syndrome

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²Karabük University, Department of Cardiology

Introduction and Purpose: Apical hypertrophic cardiomyopathy with hypertrophy of the ventricular apex constitutes %8 percent of the hypertrophic cardiomyopathies. Clinically recognized by giant negative T waves (>1 mV, >10 mm) and high voltage QRS complexes. Definitive diagnosis made by measuring end-diastolic apical Wall thickness (>15 mm) and the ratio of maximal apical Wall thickness to the posterior Wall thickness expected to be >1.5. Echocardiograph findings include hypertrophy of the apical Wall and spade-like configuration of the left ventricular cavity at the end of diastole. Compared to classic HCM's ApHCM's can cause atrial fibrillation and sudden cardiac death more. Early diagnosis of ApHCM's significantly reduces cardiac mortality and morbidity.

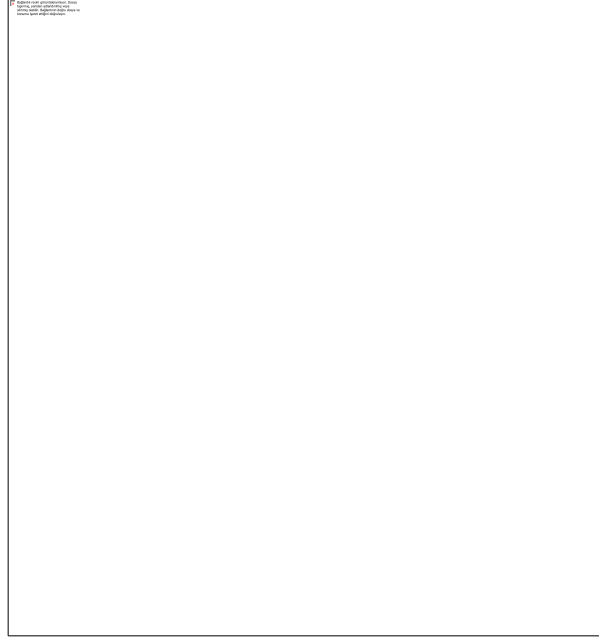
Echocardiography



Photo showing left ventricular hypertrophy

Materials and Methods: A 56 year- old male was admitted to emergency service for having intermittant chest pain for 15 days. Patient had coronary artery disease and had CAG 3 times. The vital signs of the patient were in the normal range at admission (Blood Pressure: 130/70, Pulse 110 beats/min, respiratory rate: 18/min, temperature: 36.5, saturation: %98). Cardiac oscultaion was normal. In 12-lead electrocardiography, there were signs of ST segment depression with giant negative T waves in leads V3-4-5-6. The srum troponin I values taken at 0. And 2. Hours were 0.02 ng/ml and 0.02 ng/ml (reference range: 0-0.06 ng/mL). Left ventricular apex Wall thickness measured 28 mm and hypokinetic inferolateral Wall were seen on bedside ultrasonography. Ejection fraction was normal. HEART score calculated 4. The ECG and echocardiography findings were significant in terms of “Yamaguchi Syndrome”. Patient consulted to cardiology and started beta-blocker therapy and medical follow-up for outpatient clinic advised.

ECG



There are signs of ST segment depression with giant negative T waves in leads V3-4-5-6.

Echocardiography



Left ventricular hypertrophy.

Results and Conclusion: In terms of symptoms and findings yamaguchi syndrome can mimic acute coronary syndrome. Yamaguchi syndrome is usually benign but early diagnosis, history of sudden cardiac death at early age and cardiac failure are signs that yamaguchi syndrome can be malign. Yamaguchi syndrome should be suspected in patients with low cardiac risk and had giant negative t waves in precordial leads.

Keywords: Yamaguchi, ECG, Chest pain

Ref No: 2638

SEAT BELTS SAVE LIVES.

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¹ATATURK UNIVERSITY

Introduction and Purpose: The most common causes of trauma are traffic accidents, falls from height, and gunshot or penetrating gunshot wounds. Approximately 50% of deaths in accidents occur within seconds and minutes. In this period, deaths occur due to lacerations of the brain, brain stem, spinal cord, heart, aorta and large vessels. Approximately 30% of deaths occur within minutes and the first few hours after the injury. During this period, deaths occur due to epidural or subdural hemorrhages, hemopneumothorax, splenic rupture, liver laceration, pelvic fractures or other injuries leading to significant blood loss.

Materials and Methods: A 26-year-old male patient was brought to the emergency department due to a traffic accident. General condition is moderate-poor, GCS:15, PIR:++/+++. Vital signs of the patient are blood pressure: 114/61, pulse:93, so2:93. Edema and crepitation were observed in the nasal region. The left eyelid is ecchymotic and edematous and the left conjunctiva is slightly hyperemic. There is tenderness over the cervical and thoracic vertebrae. There is tenderness over the anterior aspect of the left hemithorax and sternum. Auscultation reveals decreased lung sounds in the right hemithorax. There is diffuse tenderness in the lower quadrants of the abdomen. There is tenderness in the sacrum and left pelvic region. CT scans of the brain, thorax, abdomen and pelvic region were performed.. Fracture lines were observed in C4, C5, and T12 vertebrae. Fracture was observed in the nasal bone and the left orbital lateral wall. Pneumothorax and bilateral pulmonary contusion were observed in the right hemithorax. Fracture was observed in the manubrium sterni and left 2nd costa. Bladder perforation was observed. Left ilium comminuted fracture, left superior and inferior pubic arm fracture, sacrum fracture were observed. The patient was evaluated by the relevant clinics and emergency surgical intervention was not considered for the patient. The patient was hospitalized in the intensive care unit of the anesthesia and reanimation clinic.

Results and Conclusion: The most useful patients for healthcare personnel working in emergency departments or ambulances are those brought in the first few hours. The patient should be rapidly evaluated with primary, secondary and tertiary care. Necessary tests should be ordered quickly and imaging should be performed.

Keywords: traffic accident, pelvic fracture, pneumothorax

Ref No: 2702

NOT EVERY SORE THROAT IS TONSILLITIS, WATCH OUT FOR PERITONSILLAR ABSCESS

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¹ataturk university

Introduction and Purpose: Peritonsillar abscess is the collection of polymicrobial purulent material between the tonsillar capsule and the superior constrictor and palatopharyngeal muscles. Risk factors include periodontal diseases, smoking, chronic tonsillitis, multiple trials of oral antibiotics, and previous peritonsillar abscess. Peritonsillar abscesses are characterized by severe sore throat, difficulty swallowing, fever, and weakness. Inspection during physical examination reveals displacement of the uvula to the contralateral side and the presence of an abscess. A CT scan confirms the definitive diagnosis of the abscess.

Materials and Methods: A 23-year-old female patient presented to the emergency department with complaints of persistent sore throat, difficulty swallowing, and weakness. There was no known medical history in the patient's past. Upon examination, a peritonsillar abscess was observed. A computed tomography (CT) scan was performed, revealing the peritonsillar abscess. These findings explained the underlying cause of the patient's pain and clinical symptoms.

Results and Conclusion: This case demonstrates that patients presenting with sore throat may not always have a simple pharyngitis. Physical examination of the patient should be performed carefully. In cases suspected of peritonsillar abscess, a CT scan should be performed to establish a definitive diagnosis.

Figure 1



Keywords: Peritonsillar abscess, Sore throat, Difficulty swallowing

Ref No: 2727

HSV MENINGITIS

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Introduction and Purpose: Meningitis is a clinical emergency that affects the central nervous system and requires prompt treatment. It may lead to morbidity and mortality despite appropriate treatment. Early diagnosis and treatment are essential for the management of the disease.

Materials and Methods: A 51-year-old male patient was admitted to our hospital after a seizure. Anamnesis was obtained from the patient's relatives. The patient, who was a long-distance driver, was last seen normal when he set off at 04:00 yesterday morning. It was noticed that he was confused in his conversation with his wife around 07:00. Traffic accident on the road is not known. Today morning, he was brought to the emergency department due to a seizure characterised as jtk. The patient had no known history of disease, no medication. Vitals were ta: 113/97 n:80 a:37.8 sat:90. NM was evaluated as postictal. External physical examination revealed coarsening of respiratory sounds. Other physical examination findings were normal. Brain CT was planned at the time of presentation to the emergency department and brain CT was normal. Diffusion mr imaging was planned. Diffusion MR imaging of the patient was reported as normal. In the blood samples taken, wbc: 14.54 with no significant findings in other blood samples. During the emergency department follow-up, the patient had 3 more seizures characterised as JTK and MR imaging was planned as an additional investigation. MR imaging of the patient: T2 signal increase and mild edematous appearance were observed in the cortical-subcortical area in the right temporal lobe. Diffusion restriction was also observed at these levels. No pathological contrast enhancement was detected in the brain parenchyma areas in the postcontrast series. Encephalitis (especially HSV encephalitis) was considered in the foreground. It was reported as follows. The patient was hospitalised in neurology service.

Results and Conclusion: The emergency department is the first unit where patients who come on call are welcomed. Differential diagnosis of these patients should be made well. It is necessary to deepen the anamnesis and include meningitis among our differential diagnoses in patients who come with seizures.

Keywords: Meningitis, HSV, Seizure

Ref No: 2750

Bullous Pemphigoid

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Introduction and Purpose: Bullous pemphigoid is the most common autoimmune blistering disease in the elderly. It often affects individuals aged 60-80 years, with equal frequency in both women and men. Bullous pemphigoid typically begins as itchy urticarial plaques and papules, which are not transient hives. It may take weeks to months for bullae to develop. In bullous pemphigoid, the bullae are tense and firm on normal or erythematous skin and do not spread upon lateral pressure (negative Nikolsky sign). They commonly occur in areas such as the axillae, abdomen, groin, flexural areas of the forearms, and lower legs. The itching is severe. Eventually, the bullae rupture, leaving behind a thin membrane over the lesion, crust, or erosion.

Materials and Methods: A 65-year-old male patient presented with complaints of blister-like eruptions on his arms and abdomen. The patient has a known history of systemic lupus erythematosus. Upon examination, bullae were observed on the arms and abdomen during inspection.

Results and Conclusion: One of the most important considerations in bullous diseases like bullous pemphigoid in the emergency department is the patient's hydration status. Patients can become dehydrated due to fluid loss resulting from bullae rupture. Another important consideration is secondary infections. Both of these issues should be carefully monitored in emergency departments, especially in cases of bullous pemphigoid.

Figure1



Figure2



Keywords: Bullous pemphigoid, dehydration, infection

Ref No: 2841

MARFAN SYNDROME

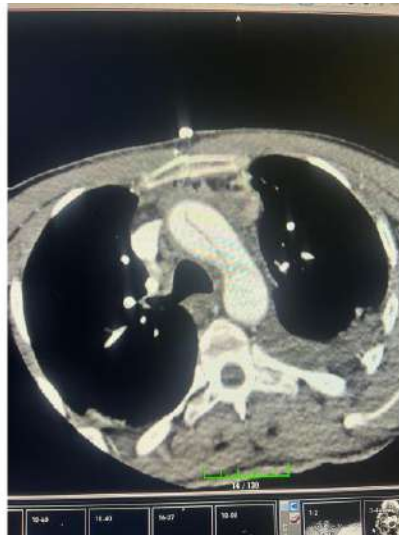
ASLI LEYLA TAHİROĞLU¹, AYKUT ADIGÜZEL¹, ERDAL TEKİN¹

¹MARFAN SYNDROME

Introduction and Purpose: Marfan Syndrome is a systemic disease that occurs as a result of mutations in the fibrillin-1 gene and affects the connective tissue. This disease causes various abnormalities in the skeleton, eye, and cardiovascular system. In individuals with Marfan syndrome, the risk of aortic dissection increases significantly as a result of weakening and widening of the aorta. Aortic dissection is an emergency condition characterized by rupture of the inner layers of the aortic wall and requires rapid diagnosis and intervention. This study highlights the importance of early diagnosis and intervention in a patient with Marfan syndrome.

Materials and Methods: A 35-year-old male patient was admitted to the emergency department with a complaint of sudden and tearing chest pain. In the patient's history, there is a family history of Marfan Syndrome and the patient also has this syndrome. In vital signs, a significant difference was detected between right and left blood pressure; While the right arm blood pressure was 160/90 mmHg, the left arm blood pressure was measured as 120/80 mmHg. After physical examination and detailed history, CT angiography was performed with suspicion of aortic dissection and the diagnosis was confirmed. The patient was immediately operated on by the cardiovascular surgery team and the aorta was successfully repaired.

MARFAN



Results and Conclusion: The risk of aortic dissection is higher in patients with Marfan syndrome than in the general population. Early diagnosis and treatment is lifesaving. It is stated

in the literature that cardiovascular complications of Marfan syndrome may occur at an early age and aortic dissection is an important cause of mortality. This case report emphasizes that emergency physicians should have a high index of suspicion for aortic dissection in patients with a family history and findings of Marfan syndrome. Early diagnosis and intervention can significantly improve outcomes in these patients.

Keywords: Marfan Syndrome, Aortic Dissection, Cardiovascular Surgery

Ref No: 2866

Lateral MI

SÜMEYYE GÜNDÜZ SAĞIR¹, BERK ORAL¹, İBRAHİM ÖZLÜ¹

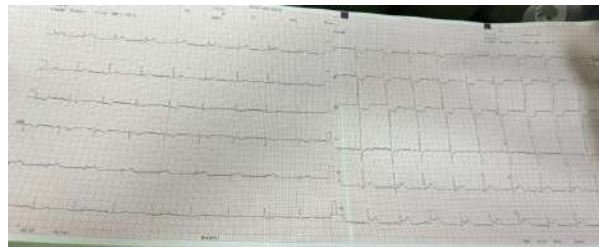
¹ATATURK UNIVERSITY

Introduction and Purpose: An old lateral wall infarction is diagnosed by the presence of deep and wide initial Q waves in leads I and aVL. If the Q waves are very deep (or complex), the axis appears to the right. This has been called "peri-infarction block". However, if the R wave in these leads is small (e.g. rS complex), the right axis ($>+90^\circ$) is due to left posterior fascicular block. There is also an inverted T wave in these leads.

Materials and Methods: A 58-year-old male patient presented to our emergency department due to chest pain and shortness of breath. There was a history of coronary artery disease. On arrival, the general condition was moderate, GCS was 15, pulse was 104/min, blood pressure was 124/78mmhg and saturation was 94%. In his medical history, he described widespread compressive chest pain and shortness of breath. On examination, he had tachypnea and cold sweats. There were no findings by listening to breathing sounds. There were no findings on external systemic examination. Ecg shows st elevation in leads D1 AVL V5 V6, D3 AVF V1 V2 V3. There was st depression in the leads. (Figure 1) 300 mg acetylsalicylic acid and 180 mg ticagrelor were given orally. The patient was consulted to the Cardiology Clinic.

Results and Conclusion: Primary percutaneous coronary intervention (PCI) is the preferred reperfusion strategy for most patients with acute ST-elevation myocardial infarction (STEMI). When primary PCI cannot be achieved in time, early fibrinolysis should be performed.

Figure 1



Keywords: Chest Pain, Lateral MI

Ref No: 2878

A CASE OF YOUNG-ONSET MULTIPLE SCLEROSIS

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Introduction and Purpose: Multiple sclerosis (MS) is a chronic autoimmune disease that affects the central nervous system, the cause of which is unknown. MS is most common in adults between the ages of 20 and 40. In this study, we aimed to present a patient diagnosed with young-onset MS.

Materials and Methods: A 19-year-old female patient was admitted to the emergency department with complaints of numbness, tingling and weakness on the right side of her body. Her complaints started five days ago with numbness and tingling in her right hand, and one day later, she was unable to write with her right hand and had weakness in her right leg. On physical examination, GCS was 15, she was conscious, oriented and cooperative, no fever or neck stiffness was detected. There was a sign of horizontal nystagmus. Distal muscle strength of the right upper extremity was evaluated as 3/5, and proximal muscle strength of the right lower extremity was evaluated as 4/5. Deep tendon reflexes were found to be increased in all four extremities. Babinski sign was observed positive on the right side. In diffusion MRI, two restricted-diffusion areas were observed in the lateral side of both hemispheres. The patient, whose results were considered to have a preliminary diagnosis of MS, was consulted to the neurology department. In the FLAIR-weighted MR images of the patient, hyperintense tumefactive MS plaques located perpendicular to the corpus callosum were detected in the bilateral pericallosal white matter. The patient was hospitalized in the neurology service

Figure 1

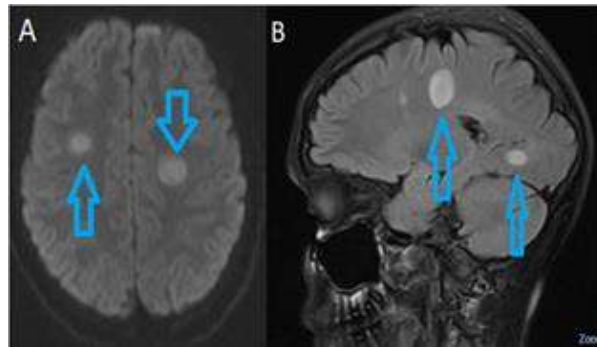


Figure 1: Axial (A) and sagittal (B) FLAIR-weighted MR images reveal hyperintense plaques located perpendicular to the corpus callosum in bilateral pericallosal white matter (arrows).

Results and Conclusion: MS should be considered in the differential diagnosis if a restricted-diffusion area is observed on diffusion MRI and if neurological examination bears significant findings.

Keywords: Multiple sclerosis, emergency department, FLAIR-weighted MR images

Ref No: 2908

Organophosphate Poisoning: Emergency Response Without Antidote

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Organophosphates are widely used pesticides and can cause poisoning through accidental or misuse. This poster presents the case of a patient diagnosed with organophosphate poisoning and treated in the emergency department in the absence of a specific antidote such as pralidoxime.

Materials and Methods: A 45-year-old male patient was brought to the emergency room with complaints of severe headache, nausea, vomiting and breathing difficulties, which developed as a result of contact with pesticides. The patient reported the onset of symptoms shortly after exposure. On physical examination, the patient was found to be tachycardic (pulse: 120/min) and hypotensive (blood pressure: 90/60 mmHg). Additionally, miosis (pupillary constriction) and excessive sweating were observed. In laboratory tests, arterial blood gas showed mild acidosis (pH: 7.32) and lactate level was increased. Although there was no specific antidote (pralidoxime), decontamination was performed quickly by washing the skin and eyes with soap and water. The patient was supported with oxygen support and intravenous fluid therapy. Bicarbonate treatment was applied to correct the progressive acidosis. Atropine was given intravenously to control muscarinic symptoms (respiratory distress, excessive sweating, drooling) and the dose was adjusted according to relief of symptoms. Significant improvement was observed in the patient's symptoms with atropine treatment. With the correction of respiratory distress and hypotension, the patient became clinically stable and was monitored in the intensive care unit.

Results and Conclusion: This case shows that effective supportive treatments and the use of atropine can be life-saving in the emergency treatment of organophosphate poisoning, even in the absence of a specific antidote (pralidoxime). Early decontamination, symptomatic treatment and stabilization are critical in cases of organophosphate poisoning.

Keywords: Organophosphate Poisoning, Organophosphate, Poisoning

Ref No: 3003

PULMONARY EMBOLISM IN A PATIENT ADMITTED TO THE EMERGENCY DEPARTMENT DUE TO A FALL FROM THE SAME PLANE AFTER SYNCOPE

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¹Pamukkale University Emergency Departmen

Introduction and Purpose: Pulmonary embolism is a clinical condition that occurs when clotted blood enters the pulmonary arterial circulation. The incidence of venous thromboembolism increases with age. According to autopsy data, pulmonary embolism is the second most common cause of sudden, unexpected and non-traumatic death in outpatients.

Materials and Methods: A 57-year-old woman was admitted with the complaint of falling from the same plane after syncope in the bathroom. She stated that she felt nauseous, went to the bathroom to vomit, fell and fainted while vomiting. The patient's admission blood pressure was 130/70 mmHg, pulse rate was 105 bpm, oxygen saturation was 92%, respiratory rate was 19/min, temperature was 36.4 degrees and there was no history of any chronic disease. Systemic examinations were normal. glucose was 130 mg/dL and rectal touch was normal with normal stool smear. The patient had a splint on his right leg for 1 month due to a right lower extremity fracture. ECG of the patient showed no other findings except for sinus tachycardia. Routine blood tests was normal. On brain tomography no acute central pathology was found. The patient's 0th hour troponin value was 367 ng/L (normal values: 3-14), 1st hour troponin value was 411 ng/L, D-dimer value: 22.38 mg/L FEU (normal value <0.55). On Pulmonary CT Angiography a filling defect extending from the level of pulmonary bifurcation to both pulmonary arteries was observed. The patient's right structures were dilated. The D sign finding was observed. The patient's current troponin heights were thought to be due to acute right heart failure. The patient who was given thrombolytic treatment did not develop acute complications afterwards and was admitted to the pulmonology service.

Figure 1



Figure 2



Results and Conclusion: Pulmonary embolism is one of the diseases with high morbidity and mortality. In this case, we have compiled a case of pulmonary embolism among the possible etiologies of syncope that we may encounter in emergency department admissions.

Keywords: Pulmonary embolism, Acute right heart failure, Syncope

Ref No: 3021

Görünenin Arka Yüzü: Posterior Miyokardiyal İnfarktüs

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Introduction and Purpose: Posterior miyokard enfarktüsünün (PMI) tanısı her zaman kolay değildir. PMI, STEMI'lerin %10-15'ine eşlik etmekte, genellikle inferior veya lateral infarkt durumunda meydana gelmektedir. İzole PMI daha az yaygındır (%3-11'i). İzole PMI bir acil koroner reperfüzyon endikasyonudur. Gerçek PMI, elektrokardiyogramın (EKG) 'ölü açılı enfarktüsü' sıklıkla yanlış değerlendirilir ve bu yetersiz tedavinin nedeni olabilir. PMI'nin klinik görünümü diğer miyokard enfarktüslerinden farklı değildir, ancak ST- segment yükselmesi gibi 'geleneksel' elektrokardiyografik enfarktüs belirtilerinin yokluğu tanıda hatalara veya gecikmeye yol açabilmektedir. Gerçek PMI'nın tanınması zordur çünkü standart 12 derivasyonlu elektrokardiyogramın derivasyonları ilgili alanı doğrudan göstermez. Sadece prekordiyal derivasyonlardaki (V1-3 anteroseptal derivasyonlarında horizontal ST depresyonu, uzun, geniş R dalgaları (> 30 ms), yukarı dönük T dalgaları, V2'de dominant R dalgası (R/S oranı > 1).) değişikliklerle tanıdan şüphelenilebilir.

Materials and Methods: Bilinen diabet, sigara ve hiperkolesterolemi öyküsü olan 70 yaşında erkek sol omuza yayılan göğüs ağrısı, nefes darlığı ve mide bulantısı şikayetleri ile acile başvurmuş. Dış merkezde STEMI olarak değerlendirilen hastaya; 300 mg ASA, 0.6 cc Enoksaparin, 600 mg Klopidoğrel yüklemesi yapılarak STEMI ön tanısıyla tarafımıza sevk edildi. Acilimize gelişinde GKS:15 bilinç açık, oryante koopere, fizik muayenesinde: Kan basıncı Sağ kol:91/62mmHg Sol kol:66/54 mmHg, nabız: 77 atım/dk, satürasyon 99 idi. Oskültasyonda kalp sesleri ritmik, ek ses ve üfürüm yoktu. Hastanın EKG'lerinde Posterior STEMI şüphesi görülmesi üzerine posterior EKG'leri çekilerek kardiolojiye konsulte edildi. Yatakbaşı yapılan ekokardiyografi sonucunda Posterior STEMI tanısı ile birlikte korda tendina rüptürü şüphesi olması üzerine Koroner Anjiyografi Ünitesine interne edildi. Anjiyosunda LMCA plaklı, LAD proximal diffüz plaklı, D1 plaklı, Cx %95 tromboze darlık, RCA plaklı çıkan hastaya tam açıklık sağlanarak anjiyosu sonuçlandırıldı. Anjiyografi sonrası kontrol ekokardiyografisinde mitral kapak posterior leaflet papiller kas rüptürü ile uyumlu görüntü izlenmesi üzerine hasta KVC ile konsülte edilmiş. Hasta acil MVR operasyonuna alınmıştır.

Results and Conclusion: PSTEMI tanısı için, reperfüzyon tedavisine erken başlamak amacıyla EKG'deki hafif belirtilerle birlikte başvuru sırasındaki klinik belirtilerin tanınması önemlidir . İskemik semptomlar ile başvuran hastalarda anteroseptal derivasyonlarda (V1-3) horizontal ST depresyonu posterior MI şüphesini arttırmalıdır ve posterior derivasyonların kullanılması, erken reperfüzyon tedavisinden fayda görecektir daha fazla PSTEMI hastası ortaya çıkaracaktır.

Keywords:

Ref No: 3093

High Tension In My Brain: Eclamptic Seizures

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Introduction and Purpose: Although eclampsia typically manifests after 20 weeks of gestation, a significant majority of cases occur before full term. Approximately one-third of eclamptic episodes occur during labor or within the initial 48 hours postpartum, while a smaller fraction presents from 48 hours postpartum to 4 weeks postpartum. Management of postpartum seizures in eclampsia demands specific expertise, necessitating emergency physicians to possess comprehensive knowledge of diagnosis and treatment strategies to effectively manage such cases.

Materials and Methods: A 44-year-old woman on her 8th postpartum day presented to the emergency department (ED) with confusion and had a seizure on arrival. She had a known history of type 1 diabetes mellitus managed with insulin therapy, and her fingerstick blood glucose level measured 117 mg/dl upon assessment. Her vital signs were notable for oxygen saturation of 95% in room air, blood pressure of 170/100 mmHg, heart rate of 120 beats/min, and a temperature of 36.5°C. She exhibited confusion and disorientation with spontaneous respiration and bilateral equal light reflexes. Per collateral history, she underwent a vaginal delivery at 34 weeks due to gestational hypertension. A provisional diagnosis of eclamptic seizure was considered. In addition to the oxygen therapy, intravenous (IV) magnesium sulfate (4 mg) was administered immediately. During observation, the patient experienced a generalized tonic-clonic seizure lasting approximately 2 minutes, prompting administration of 2 mg IV magnesium sulfate infusion and 5 mg IV diazepam. Subsequently her blood pressure stabilized to 110/70 mmHg, accompanied by a postictal confusion state. Brain tomography and cranial MRI were conducted to assess for potential underlying central nervous system etiologies for seizure activity, revealing no pathological findings. Additionally, comprehensive blood and urine analyses conducted upon admission yielded unremarkable results. The patient was subsequently admitted to the obstetrics/gynecology clinic for further management under the diagnosis of eclampsia.

Results and Conclusion: Eclampsia, a critical medical condition, necessitates timely recognition and intervention to mitigate associated morbidity and mortality risks in both pregnant and postpartum women. When encountering female patients manifesting seizures within the first four weeks postpartum, clinicians must prioritize eclampsia as a primary diagnostic consideration.

Keywords: Eclampsia, Seizure

Ref No: 3159

Newly Diagnosed Multiple Sclerosis: A Case Presentation

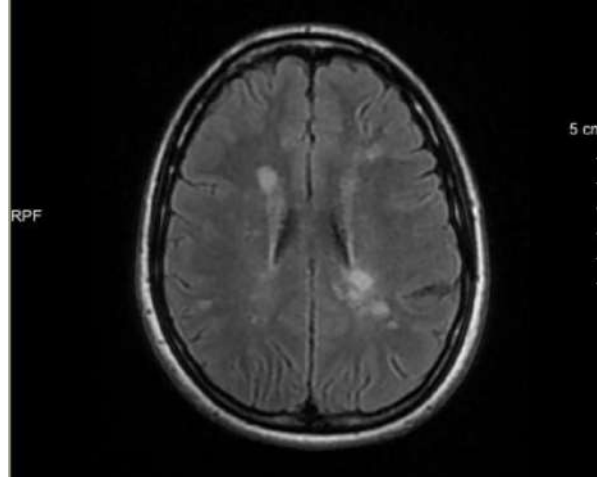
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Introduction and Purpose: Multiple sclerosis (MS) is a disease that occurs as a result of inflammation of the protective sheath, called myelin, in the brain and spinal cord of the nervous system. This condition can affect nerve transmission and lead to a range of symptoms. The symptoms and severity of MS can vary from person to person. Although the exact cause of MS is not fully understood, it is believed to involve a complex interaction between genetic predisposition, environmental factors, and immune system issues. Symptoms may include visual disturbances, muscle weakness, imbalance, lack of coordination, fatigue, sensory loss, and cognitive impairments. Here, we will present an 18-year-old female patient who presented to our emergency department with a visual defect in the upper half of the right eye, which started two days ago and was diagnosed with MS in our emergency department, without a known chronic illness.

Materials and Methods: An 18-year-old female patient with no known chronic illnesses presented to our emergency department with a defect in the upper half of her right eye vision, which has been present for the past 2 days. This complaint has not worsened progressively, and eye movements are not painful. Upon evaluation in our emergency department, the patient was conscious, alert, and cooperative. During the physical examination, bilateral light reflexes were elicited, pupils were isocoric, there was no limitation in gaze, and no facial asymmetry was observed. Neurological examination did not reveal any additional pathology. Brain computed tomography did not show any acute pathology. The patient was consulted to ophthalmology for optic neuritis and to neurology for suspected MS attack. Magnetic resonance imaging (MRI) revealed lesions extending periventricular to the ventricle, along with demyelinating lesions in the juxtacortical and right cerebellum. The patient was admitted to the neurology service with a preliminary diagnosis of MS.

MRG 1



Results and Conclusion: This case represents a young female patient with typical symptoms of MS. Early diagnosis and treatment to slow the progression of the disease and manage symptoms can improve patients' quality of life and positively impact long-term health outcomes.

Keywords: Multiple Sclerosis, Optic Neuritis, Vision Loss

Ref No: 3174

End of life measures for adult patients presenting to the emergency department with terminal illness or advanced care directives.

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Introduction and Purpose: End-of-life care in the Emergency Department (ED) can be challenging. The Irish Association of Emergency Medicine (IAEM) Clinical Guideline on “End of Life Care in the ED” describes key measures to optimise the management of terminally ill patients. Aim^[1]: To determine the current prevalence of patients presenting to Beaumont ED for end-of-life care and to compare our management to the IAEM national standard.

Materials and Methods: A retrospective chart review was completed of patients with terminal illness or advanced care directives who died in the ED over 11 months from August 2022 to June 2023. Variables reviewed included:- Charting of comfort medications- Availability of a side room- Presence of an advanced care directive / completed escalation plan- Documentation of family involvement- Documentation of any holistic care measures (e.g. chaplain)- Documentation of palliative care involvement. These variables were analysed and compared to IAEM best practice standards.

Results and Conclusion: 23 patients were included. This represents 29% (n=23) of the total ED mortalities (n=78); and approximately 0.04% of the total ED presentations (n=57896) for the study period.^[1] The median age of the patients was 82 years. Comfort medications were charted in 61% (n=14). Side room availability was documented in 52% (n=12). Documentation of an advanced care directive/ escalation plan was present in 61% (n=14). Family involvement was documented in 95% (n=22). Documentation of any holistic care measures was present in 17% (n=4). Palliative care team involvement was documented in 26% (n=6). This audit identifies key areas for improvement in the management of patients presenting with terminal illness and requiring end-of-life care. Education of ED staff regarding comfort medications, holistic care measures and palliative team involvement is required.

Results of current end of life management in Beaumont Emergency Department

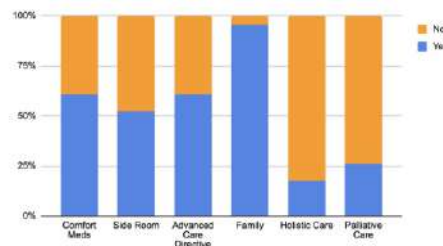


Figure 1: Results of current end of life management in Beaumont Emergency Department

Keywords: Palliative Care, End of Life Care

Ref No: 3193

ACUTE PANKRETİTİS DUE TO COMPRESSION OF THE ANEURYSM

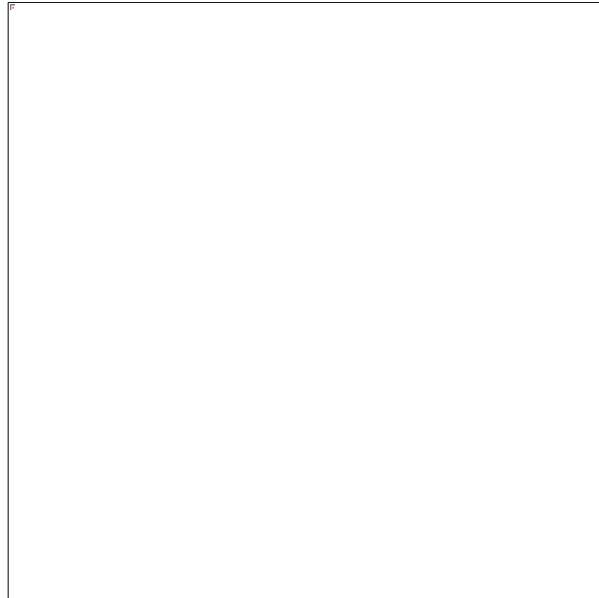
yunus emre ek¹, mevlana gül¹

¹ATATURK UNIVERSITY FACULTY OF MEDICINE

Introduction and Purpose: In 80% to 90% of cases of acute pancreatitis, the two main causes of pancreatitis are gallstones and excessive alcohol consumption. The majority of chronic pancreatitis is caused by alcohol abuse. Pancreatitis due to gallstones can often occur in women aged 50 years and older. Another 10% or 20% of pancreatitis cases are caused by various causes, such as Exposure to certain chemicals, Hereditary disease, Medications, Pancreatic or intestinal abnormalities, High levels of fat in the blood.

Materials and Methods: AN 82-YEAR-OLD FEMALE PATIENT PRESENTED TO US WITH ABDOMINAL PAIN. THE PATIENT HAD DIFFUSE TENDERNESS IN THE ABDOMEN ON EXAMINATION WITH STABLE INCOMING VITALS. OTHER SYSTEM EXAMINATIONS WERE NORMAL. A COMPLETE BLOOD COUNT AND BIOCHEMICAL TESTS WERE ORDERED FROM THE PATIENT. ABDOMINAL TOMOGRAPHY WAS PERFORMED WITH THE DIAGNOSIS OF ACUTE PANCREATITIS IN THE PATIENT WHOSE LABORATORY TESTS SHOWED AMYLASE:1500, AND LYASE:2100. THE PATIENT WAS HOSPITALIZED IN CARDIOVASCULAR SURGERY WITH A 60 MM ANEURYSM IN THE ABDOMINAL AORTA COMPRESSING THE HEAD OF THE PANCREAS AT THE INFRA RENAL LEVEL.

abdominal ct



Results and Conclusion: ABDOMINAL AORTIC ANEURYSM IS ONE OF THE URGENT DIAGNOSES THAT SHOULD BE KEPT IN MIND IN PATIENTS PRESENTING WITH ABDOMINAL PAIN. PANCREATITIS DUE TO COMPRESSION EFFECT SHOULD ALSO BE CONSIDERED.

Keywords: pankreatitis, aneurysm, abdominal pain

Ref No: 3223

CUTE AORTIC DISSECTION; A LEG PAIN TO DEATH: A CASE REPORT

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Introduction and Purpose: Acute aortic dissection is a rare life-threatening condition of the aorta, and is associated with significant morbidity and mortality. The most lethal of dissections involves the ascending aorta and is commonly referred to as acute type A aortic dissection (ATAAD). Unless prompt surgical repair is performed, the patients usually die from complications related to the dissection, including rupture of the aorta, pericardial tamponade, aortic regurgitation, end-organ malperfusion, or acute heart failure.

Materials and Methods: A 50-year-old male patient presented to our emergency department from another hospital with complaints of severe right leg pain and weakness for 2 hours. His left leg was amputated 20 years ago because of an accident. He was a chronic hypertension patient. His blood pressure was 167/70 mmHg from left arm, 154/64 from right arm, heart rate was 98 beats per minute. There was neurological deficit and pulseness in his right leg. There was no murmur. ECG: sinus rhythm, rate:99, T negativities in V4-V6. Fingertip blood test was 194 mg/dL There was no sign of deep venous thrombosis in point of care ultrasound but arterial system was not clear. There was Type A aortic dissection on Computer angiography and collapse on the right femoral artery. The patient was consulted to Cardiovascular Surgery due to acute aortic dissection. Patient's pulse and blood pressure were controlled with esmolol. He was taken into surgery by Cardiovascular Surgery. He couldn't disconnect from extracorporeal transfusion device after surgery and he was declared exitus after 45 minutes of intervention.

Figure 1



Figure 2

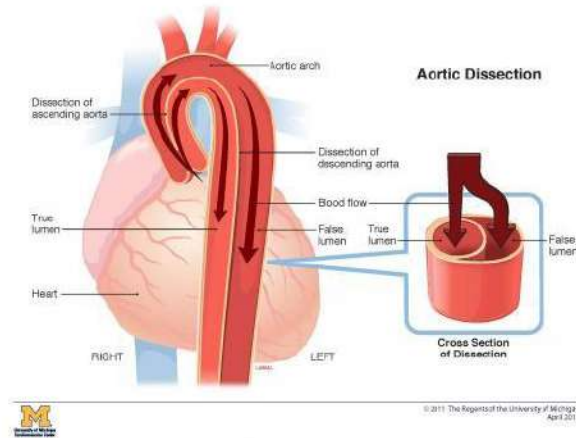





Figure 3

Classification of aortic dissection			
			
Percentage	60%	10–15%	25–30%
Type	DeBakey I	DeBakey II	DeBakey III
	Stanford A (Proximal)		Stanford B (Distal)

Results and Conclusion: Acute aortic dissection is a life-threatening, highly lethal emergency, and it is very important to recognize it aggressively and initiate the necessary treatment. Approximately 20% of patients with acute aortic dissection die before they even reach the hospital. If left untreated, the mortality of a dissection is approximately 25% at 6 hours and 50% at 24 hours.

Keywords: Acute aortic dissection, Neurological deficit, Leg pain

Ref No: 3295

POST-MALIGNANCY SURGERY THORACIC WALL PENETRATING NECROTIZING FASCIITIS: A CASE REPORT

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¹POST-MALIGNANCY SURGERY THORACIC WALL PENETRATING NECROTIZING
FASCIITIS: A CASE REPORT

Introduction and Purpose: When necrotizing fasciitis (NF) is not diagnosed, it becomes an emergency condition with high mortality and morbidity. It typically occurs after trauma, infections, insect bites, or surgical procedures. Physical examination may reveal pain, erythema in soft tissue, crepitus, weakness, and fever. It primarily affects the abdominal wall, peritoneum, and lower extremities. Here, we present a case of NF affecting the thoracic wall following malignancy and surgery.

Materials and Methods: A-79-year-old male patient was brought to the ED with complaints of worsening general condition, fever, and shortness of breath for the past three days. His medical history was normal, except for undergoing thoracospinal tumor surgery two years ago, with no other traumas reported. Initial vitals were BP: 95/67mmHg, RR: 23 breaths/min, HR:134 beats/min, temperature: 37.6°C, and SpO2: 89%. Physical examination shows, an area of painful, swollen, erythematous skin measuring approximately 20x10 cm was observed extending from the right anterior chest wall laterally to the right axillary region and below the right scapula. Crepitus was felt upon palpation of these areas. Other systemic examinations were unremarkable. Laboratory tests showed a leukocyte count of 12,000/mm³, serum creatinine level of 2.05 mg/dL, CRP level of 244 mg/dL. Computed tomography (CT) of the brain and abdomen revealed no acute pathology. Thoracic CT showed an interpeduncular screw at the T1-3-4 vertebral level and widespread millimetric air values between the subcutaneous fat and muscle tissue planes of the right lateral chest wall. The patient was administered antibiotics. Plastic surgery was consulted for debridement purposes.

FIGURE-1

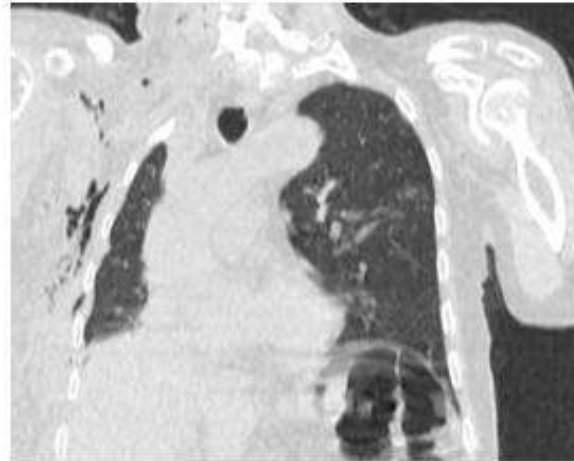


FIGURE-1

Thoracic CT showed an interpeduncular screw at the widespread millimetric air values between the subcutaneous fat and muscle tissue planes of the right lateral chest wall.

FIGURE-2



FIGURE-2

Thoracic CT showed an interpeduncular screw at the widespread millimetric air values between the subcutaneous fat and muscle tissue planes of the right lateral chest wall.

FIGURE-3



FIGURE-3

Thoracic CT showed an interpeduncular screw at the widespread millimetric air values between the subcutaneous fat and muscle tissue planes of the right lateral chest wall

Results and Conclusion: Necrotizing fasciitis is an urgent clinical condition that is particularly suspected with detailed physical examination and inspection. Early diagnosis through direct radiography and CT scan, followed by prompt initiation of antibiotic therapy and surgical debridement, significantly reduces mortality and morbidity. While necrotizing fasciitis is more commonly expected to occur in the abdominal wall, peritoneum, and lower extremities following blunt trauma, insect bites, and surgical procedures, its involvement of the thoracic wall is a rare occurrence. Detailed physical examination of patients presenting to the emergency department can help recognize these rare cases of necrotizing fasciitis. By doing so, mortality and morbidity rates in patients can be reduced.

Keywords: NECROTIZING FASCIITIS, debridement, thoracic wall

Ref No: 3320

Fracture and dislocation of the tibiotalar joint

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Introduction and Purpose: The foot and ankle is the region with the most bones and joints in the body. Fractures are more common in the foot and ankle and isolated dislocations are very rare. While dislocations of the tibiotalar and subtalar joints can be easily diagnosed, dislocations of the midfoot and anterior joints are often overlooked. In order to achieve good functional results in patients, it is essential to obtain stable and anatomical reduction by early diagnosis and correct treatment.

Materials and Methods: A 49-year-old male patient was admitted to us after a fall during a football match. neurovascular examination was normal, but the patient had severe tenderness and deformity. radiographs showed fractures of the tibia and bullae, and CT images taken with suspicion of a dislocation showed a dislocation of the tibiae. the patient was admitted to the orthopaedic department for surgery.

Results and Conclusion: In fracture-dislocation cases, suspicion is the first step for imaging and diagnosis. After diagnosis, evaluation of nerve, ligament and vascular injuries is of great importance to avoid sequelae. surgery should be planned for the fracture after immediate reduction.

BT image



BT image



Keywords: fracture with dislocation

Ref No: 3342

Predictive Role of Neutrophil/Lymphocyte Ratio in the Differential Diagnosis of Epileptic Seizure and Syncope

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Introduction and Purpose: Temporary loss of consciousness accounts for approximately 1% of cases admitted to the emergency department. The similar clinical findings of syncope and epileptic seizures cause difficulties in differential diagnosis. Therefore, making the differential diagnosis of epileptic seizure and syncope is important for diagnosis and treatment. Neutrophil/Lymphocyte Ratio (NLR), which can be calculated by dividing the absolute neutrophil count by the absolute lymphocyte count, evaluated based on a complete blood count (CBC) test, is considered an indicator of systemic inflammation. NLR has been reported to be an important marker in showing the severity and morbidity of many neurodegenerative diseases. This study was designed to determine the role of NLR in the differential diagnosis in patients with syncope and epileptic seizures who presented to the emergency department with loss of consciousness.

Materials and Methods: This study was carried out on patients over 18 years of age who presented to Yerköy State Hospital emergency department with temporary loss of consciousness between September 2021 and March 2024. Demographic characteristics and laboratory data of the patients were collected retrospectively from their medical records. SPSS-27 was used for statistical analysis of the collected data.

Results and Conclusion: Results: A total of 96 patients, 42 (43.75%) of whom were evaluated as epileptic seizures and 54 (56.25%) as syncope, were included in our study. The age and gender distribution of patients presenting with epileptic seizures and syncope patients were similar ($p>0.05$). The median NLR value of patients diagnosed with epileptic seizure [2.43 (1.69-3.15)] was significantly higher than the median NLR value of syncope patients [1.69 (1.32-2.03), $p<0.001$]. In the Receiver Operating Curve (ROC) analysis, the highest area under the curve was observed as 0.755 (95%CI= 0.657-0.837) at a threshold value of 2.28 for NLR in determining the epilepsy group (sensitivity 54.76%, specificity 90.74% ($p<0.001$)). Conclusion: NLR may be an important biomarker that can be used in the differential diagnosis of epileptic seizure and syncope in patients presenting to the emergency department with temporary loss of consciousness.

Keywords: epileptic seizure, NLR, syncope

Ref No: 3362

Emergency approach to Neuroleptic Malignant Syndrome

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Introduction and Purpose: Neuroleptic malignant syndrome is a potentially fatal syndrome that can occur as a result of exposure to dopamine agonists or abrupt discontinuation of dopamine antagonists. All antipsychotics can cause this clinical condition. Neuroleptic malignant syndrome is a diagnosis of exclusion.

Materials and Methods: A 15-year-old male was brought to the emergency department by his family. His vitals were: blood pressure: 100/76, spO₂: 96, pulse: 110, and temperature: 36.5°C. Upon history taking, it was learned that the patient was being followed up at the child psychiatry clinic with a diagnosis of schizophrenia and was taking aripiprazole, a medication for schizophrenia. On physical examination, the patient was in moderate condition with a GCS of 15. He was alert and oriented, and had nuchal rigidity (positive neck stiffness), normal bilateral light reflexes (++)/ (++), hyperactive deep tendon reflexes (+++/+++), and no Babinski sign (-/-). Oropharynx, the back part of the throat where the tonsils are located. Submucosal edema (+). Lung sounds clear. The patient had rigidity in all joints. Laboratory tests showed normal CRP and leukocytosis. No acute pathology was detected on the patient's central imaging studies, including MRI and diffusion MRI of the brain. Due to the patient's rigidity, lumbar puncture (LP) was postponed and empiric antibiotic therapy was initiated for a possible central nervous system (CNS) infection.

Results and Conclusion: Consultations were made with child psychiatry and child neurology clinics. Referral was planned to appropriate centers for intensive care follow-up.

Keywords: Neuroleptic malignant syndrome schizophrenia, rigidity, neck stiffness

Ref No: 3399

Can a point-of-care device for detecting cerebral strokes be used in the triage area of a busy emergency department?

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Introduction and Purpose: Cerebral stroke is a time-sensitive potentially treatable disease. Early diagnosis and treatment are of great importance since they might make the difference between death or disability and a good functional outcome. Several clinical triage scores have been implemented with a very wide range of sensitivity and specificity. To enhance clinical scoring the industry is working on several technological solutions. The purpose of this study was to evaluate the feasibility of implementing a point-of-care enhanced triage in a busy emergency department.

Materials and Methods: For this study, we used the Strokefinder MD 100 by Medfield Diagnostics for a 2-month study period. We enrolled 71 patients who presented to triage with a chief complaint that included a cerebral stroke in the differential diagnosis. The study was approved by local ethics committees and all patients signed a consent form in order to be included in the study. The main investigative question was whether the device could be used as a POC device without further delaying diagnostic and therapeutic options. For this study, neither the specificity nor the sensitivity of the device was investigated, and the diagnostic and treatment plan of the patient was not altered based on these results.

Results and Conclusion: ResultsThe device tested was light and portable and could be made available in less than 10 minutes in all Emergency department areas. Results were available in under 2 more minutes. The device could be easily applied in any bed or stretcher during primary or bedside triage. The device could be easily operated by doctors and nurses the same. There were very few technical errors and, in most patients, the device produced readable results.ConclusionThe Strokefinder MD 100 fulfills the criteria to be considered a point-of-care device to be used in emergency departments and even in prehospital settings. More research is needed to establish the specificity and sensitivity of the device.

Keywords: Cerebral stroke, point-of-care, Triage

Ref No: 3420

Post-Avalanche Fat Embolism

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Introduction and Purpose: Natural disasters can result in extensive destruction on a large scale, but they can also lead to individual catastrophes. In this case study, we will examine the case of a 34-year-old male patient who was operating a snowplow.

Materials and Methods: A 34-year-old male patient was operating a snowplow when the vehicle overturned due to an avalanche. The patient was trapped inside the vehicle and suffered trauma. After being extricated by emergency responders, the patient was transported to the emergency department. Initial assessment revealed a Glasgow Coma Scale score of 15 with orientation and cooperation. Vital signs included a blood pressure of 140/90 mmHg, heart rate of 130 bpm, temperature of 36.5°C, and oxygen saturation of 97%. Physical examination revealed bilateral open and clean wounds on the lower extremities, with weak dorsalis pedis pulses. The patient received antibiotics and tetanus prophylaxis according to the Gustillo-Anderson classification. Direct radiographs and computed tomography imaging were performed along with analgesics. Bilateral tibia and fibula fractures were identified (Figure 1, 2). The patient was consulted with orthopedic, cardiovascular, neurosurgical, and anesthesia teams. It was later discovered during anesthesia follow-up that the patient had an exitus due to fat embolism.

Figure-1

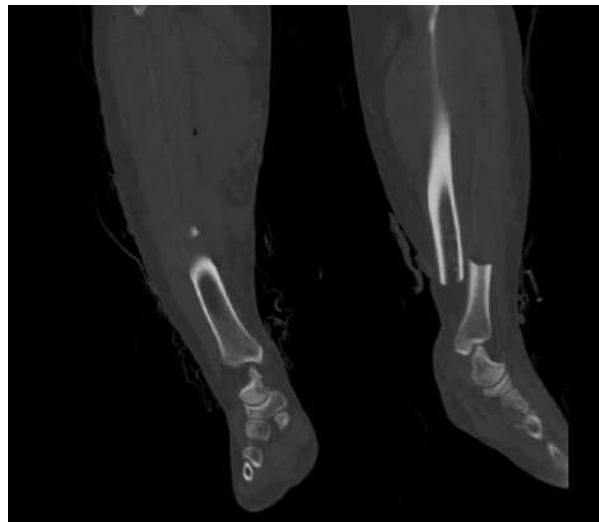
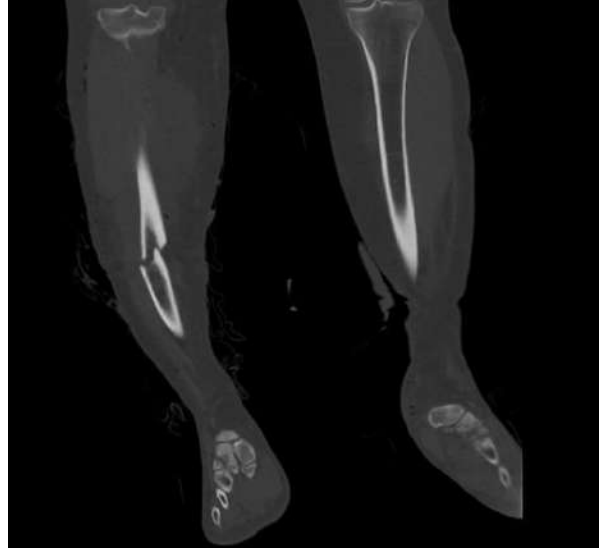


Figure-2



Results and Conclusion: Fat embolism syndrome is a significant cause of mortality in patients with long bone fractures. Despite appropriate management, patients may succumb to this complication. Healthcare professionals must be prepared for the worst-case scenarios. This case underscores the importance of recognizing and managing fat embolism syndrome in patients with long bone fractures. Despite comprehensive treatment, fatalities can occur. Preparedness for adverse outcomes is crucial for emergency physicians and healthcare providers.

Keywords: Avalanche, Fracture, Embolism

Ref No: 3536

Superior Mesenteric Artery Stenosis in a Patient with Low Back Pain: A Case Report

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Introduction and Purpose: It is estimated that as many as 84% of adults will experience back pain at some point in their lives. For many individuals, back pain episodes are self-limiting. After the acute phase (four weeks), patients who continue to experience back pain may have subacute back pain (lasting between 4 to 12 weeks), and chronic back pain may develop (lasting ≥ 12 weeks). Back pain in adults and children arises from a wide range of causes, but most are of mechanical nature or have a nonspecific origin. Mechanical back pain accounts for 90% of cases, so healthcare providers may easily overlook rare causes while focusing on common etiologies. Identifying red flags and determining appropriate treatment are essential aspects of managing back pain. Most cases can be managed conservatively. Here, we present a case of superior mesenteric artery (SMA) occlusion incidentally detected during advanced investigations in a patient with persistent back pain despite conservative treatment.

Materials and Methods: A 65-year-old male patient with known hypertension and coronary artery disease presented to the emergency department with persistent back pain that did not radiate and was unrelated to movement or posture. He reported that the pain was constant, did not alleviate with rest, and had been increasing over the past few days. Upon evaluation in the emergency department, his vital signs were stable, and no additional pathology was detected on physical examination. After conservative treatment, the patient was reevaluated, but there was no change in his pain, leading to further evaluation for advanced testing. No acute pathology was found in his blood tests. Contrast-enhanced tomography was performed to further investigate the differential diagnoses, revealing severe stenosis of the superior mesenteric artery (SMA). As a result, the patient was consulted to general surgery and cardiovascular surgery. (Figures 1-2) The patient was admitted to the general surgery service for possible interventional procedures.

SMA Stenosis 1



SMA Stenosis 2



Results and Conclusion: Most patients presenting to primary care with back pain have nonspecific back pain. These patients typically recover within a few weeks to a few months with conservative or self-care measures. Less than 1% of them have serious underlying etiologies. A comprehensive evaluation is important for distinguishing serious etiologies.

Keywords: Superior Mesenteric Artery Stenosis, Low Back Pain, Back Pain

Ref No: 3571

Diffuse alveolar hemorrhage

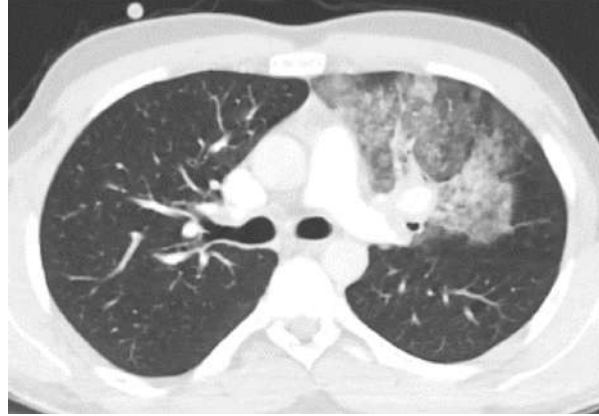
Bayram Buğra Turkeri¹, Atakan Yilmaz¹, Murat Seyit¹, Mert Ozen¹, Alten Oskay¹

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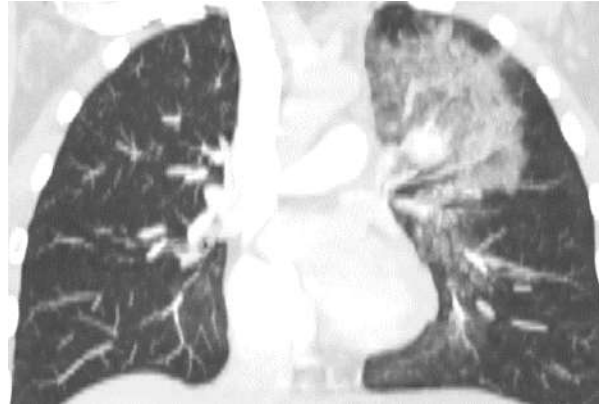
Introduction and Purpose: Diffuse alveolar hemorrhage is the accumulation of erythrocytes within the alveoli, often caused by a systemic vasculitis originating from pulmonary microcirculation. Both immune and non-immune factors are responsible for the etiology of DAH. Hemoptysis and dyspnea are the most commonly encountered clinical symptoms.

Materials and Methods: A 27-year-old male patient presented to the emergency department approximately 1 hour ago with complaints of massive hemoptysis, estimated to be more than 200ml, and dyspnea. The patient has been experiencing occasional episodes of hemoptysis with small amounts of sputum for the past year. Despite seeking medical attention at various emergency departments and chest disease clinics, a definitive diagnosis has not been made. He states that he decided to visit the Emergency Department of PAU due to the sudden increase in his occasional hemoptysis and severe dyspnea. Initial vital signs; BP:130/78mmHg, HR:97bpm, RR:30bpm, Temperature:36.8°C. There is no known history of chronic diseases, medication or environmental allergies, past surgeries, or tobacco or alcohol use. The patient is not using any anticoagulants or antiplatelet agents, and there is no bleeding diathesis. On physical examination, the patient appears pale and tachypneic, with diminished breath sounds bilaterally, more prominent in the basal regions. ECG shows sinus tachycardia without any ischemic changes. Laboratory findings; HGB:11.6g/dL, PLT:607x10³/μL, WBC:18,000/μL, CRP:20 mg/L. Coagulation parameters are within normal limits. Arterial blood gas analysis reveals pH:7.56, PaCO₂:27mmHg, PaO₂:85mmHg, HCO₃:23mmol/L. D-Dimer level is elevated at 3000ng/mL. Thoracic Angio-CT scan shows diffuse alveolar hemorrhage. The patient was consulted with departments of chest diseases, thoracic surgery, interventional radiology, and anesthesia. During follow-up in the emergency department, the patient's HGB level decreased from 11.6 to 8.8g/dL. He received intravenous tranexamic acid 1 g and 2 units of packed red blood cells. Subsequently, the patient was taken for embolization by interventional radiology and then admitted to the intensive care unit.

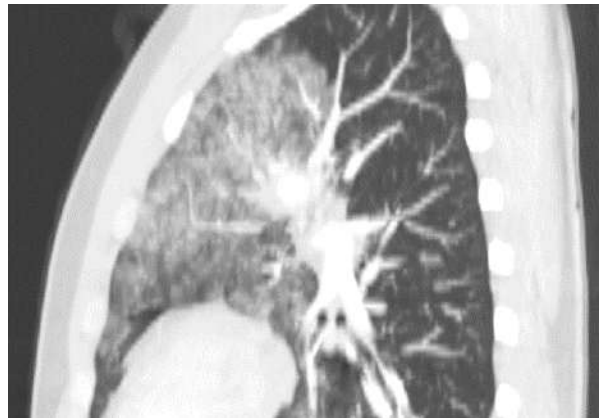
CT 1



CT 2



CT 3



Results and Conclusion: In preparing this case, we aimed to create a different diagnostic perspective for emergency department physicians regarding hemoptysis, a rare but potentially life-threatening reason for emergency department visits. Especially in patients with massive hemoptysis, such as Diffuse Alveolar Hemorrhage, an early airway protective approach should be adopted. Patients should be promptly evaluated for embolization or bronchoscopy, and close clinical monitoring in intensive care units is essential.

Keywords: Alveolar Hemorrhage, Embolization, Tranexamic Acid

Ref No: 3581

Recurrent admission due to headache

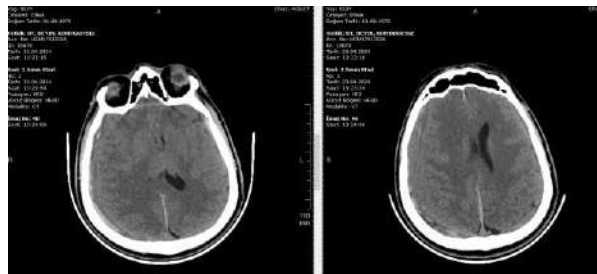
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Introduction and Purpose: Headache is the fourth most common symptom among emergency department visits in the United States, accounting for approximately 3% of all emergency department visits. The approach to headache in the emergency department focuses on identifying diseases at risk for rapid deterioration, disability and death, rapidly recognizing high-risk headache syndromes and providing appropriate headache treatment.

Materials and Methods: A 53-year-old man was admitted to the emergency department with a complaint of persistent headache and was evaluated in the green area. In the anamnesis, it was learned that his headache, which had been intermittent for a week, resolved with analgesia, but recurred after a few hours, and he had no other accompanying symptoms and no history of previous trauma. The patient who had recurrent visits to the emergency department was taken to the yellow area and evaluated in detail. On physical examination, blood pressure was 150/100 mmHg, pulse 84/min, temperature 36.1°C, saturation 99%, Glasgow coma score 15, neurologic examination revealed no motor or sensory deficit, reflexes were normal, and there were no pathologic reflexes. Brain tomography performed in the emergency department showed subdural hemorrhage with different grades of blood elements measured ~13 mm in thickness in the right cerebral convexity and was consulted to neurosurgery with a diagnosis of acute subdural hemorrhage. An operation was planned by neurosurgery and he was hospitalized in the ward.

Brain Ct



Results and Conclusion: Patients with repeated visits to the emergency department should be evaluated for further examination even if the examination is normal.

Keywords: Headache, Subdural hemorrhage

Ref No: 3589

Left Epidural Hemorrhage Detected in an Elderly Woman with Alzheimer's Disease: Evaluation of Trauma Risk in Demented Patients

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¹Left Epidural Hemorrhage Detected in an Elderly Woman with Alzheimer's Disease: Evaluation of Trauma Risk in Demented Patients

Introduction and Purpose: Elderly individuals with Alzheimer's disease and other types of dementia are at increased risk of neurological damage as a result of trauma. In this population, symptoms such as headache can often be attributed to atypical causes. This study examines a case of left epidural hemorrhage in a 74-year-old female patient with Alzheimer's disease, emphasizing the importance of evaluating trauma and its consequences in demented patients.

Materials and Methods: A 74-year-old female patient diagnosed with Alzheimer's disease applied to the emergency room complaining of severe headache. There was no significant history of trauma in the patient's medical history. Due to Alzheimer's disease, the patient's ability to clearly express his symptoms was limited. An emergency cranial computed tomography (CT) scan revealed epidural hemorrhage in the left temporal region. The patient was immediately taken to neurosurgery consultation and closely monitored, and a decision was made to undergo surgical intervention.

Results and Conclusion: Post-traumatic epidural hemorrhage in patients with dementia, although rare, can lead to serious consequences. Individuals with cognitive disorders such as Alzheimer's disease have an increased vulnerability to falls and other traumatic events. In this population, post-traumatic symptoms may be difficult to assess because patients may not be able to clearly articulate the events they experience or their symptoms may be viewed as part of the normal aging process. Therefore, it is important to perform a careful neurological evaluation when patients with Alzheimer's disease present to the emergency department, even if they have a history of minimal trauma. In patients with dementing conditions such as Alzheimer's disease, atypical symptoms such as severe headache may be a sign of serious neurological conditions. The risk of epidural hemorrhage in this population requires particularly careful evaluation. In the management of demented patients, post-traumatic neurological evaluation and early diagnosis are critical in preventing possible serious consequences.

Keywords: Epidural Hemorrhage, Trauma, Alzheimer's Disease

Ref No: 3645

THE STORY OF VOMITING

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Introduction and Purpose: Intracranial haemorrhages are observed as subdural, subarachnoidal and epidural haemorrhages. Hypertension, vascular anomalies, arteriopathies, brain tumours, coagulation or coagulation disorders, infection, venous or dural sinus thrombosis, drug use or post-traumatic causes play a role in the etiology of intracranial haemorrhages. Symptoms may include headache, unilateral weakness, vomiting, seizures, decreased level of consciousness and neck stiffness. Causes include brain trauma, aneurysms, arteriovenous malformations and brain tumours. The major risk factors for spontaneous haemorrhage are high blood pressure and amyloidosis. Other risk factors include alcoholism, low cholesterol, blood thinners and cocaine use. Diagnosis is typically made by computed tomography

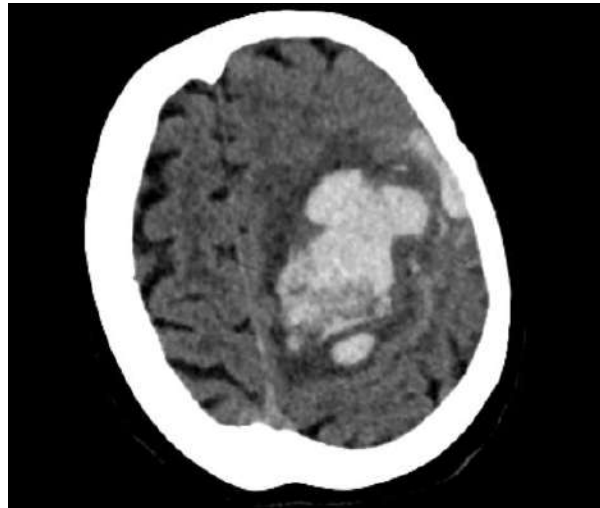
Materials and Methods: A 71-year-old woman presented with complaints of severe vomiting that started suddenly in the morning followed by speech disorder and right-sided weakness. The patient, who did not have any disease, had severe vomiting that started at 07.50 in the morning, followed by speech disorder and blurred consciousness. In the examination of the patient, the general condition was moderate and there was no nuchal rigidity. Right upper extremity 3/5 lower 4/5. In the brain tomography of the patient, an intraparenchymal haemorrhage area of approximately 50 mm in the left frontoparietal area was observed. There are haemorrhagic density increases in both lateral ventricles and 3rd ventricle. A mild subfalksian shifting effect was observed from the midline of the brain to the right. The patient was consulted to the neurosurgery clinic. The patient was admitted to the neurosurgical intensive care unit for emergency surgery.

Results and Conclusion: BRAIN imaging must be performed in all patients who present to us with slurred speech, weakness, numbness and confusion. Blood pressure, saturation, ECG, fingertip blood glucose should be evaluated rapidly.

İMAGE 1



İMAGE 2



Keywords: NAUSEA, WEAKNESS, CONFUSION

Ref No: 3792

Necrotizing fasciitis in the anal area

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Introduction and Purpose: Necrotizing fasciitis is a disease characterized by rapidly spreading necrosis of soft tissues and fascia and can be fulminant if not treated appropriately. Although many bacteria are causative agents (Group A streptococcus, Clostridium perfringens, Bacteroides fragilis), Group A streptococcus is the most common agent. The most common sites are perineum and inguinal regions.

Materials and Methods: A 79-year-old male patient presented with complaints of anal pain and constipation for 1 week. He was diagnosed with hypertension and DM. Vitals were bp: 155/80 sat: 94 hr: 76 fever: 37.2. Rectal touch examination revealed tenderness and induration in the anal area. In blood tests, wbc was high in neutrophil dominance and crp was elevated. There was also a minimal increase in creatinine values. In imaging, it was determined as 'In CT interpretation, there are increases in density and air densities in the perianal region and an 8 CM sized loculation extending into the abdomen along the left endopelvic fascia along the left endopelvic fascia into the left anterolateral of the bladder and air densities in it'. The patient was consulted to the general surgery clinic. He was hospitalized with a diagnosis of necrotizing fasciitis by general surgery.

Necrotizing fasciitis



Results and Conclusion: Early diagnosis is the most important factor in the treatment of necrotizing fasciitis. The diagnosis is mainly based on clinical findings. In fact, the most important thing is the suspicion of necrotizing fasciitis by the physician evaluating the patient. As in this patient, early detection and treatment of necrotizing fasciitis, especially in elderly patients, is of life-saving importance.

Keywords: Necrotizing fasciitis, anal area, elderly patients

Ref No: 3811

Obsessive Compulsive Disorder Patient with Obsession to Food: A Case Report

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Introduction and Purpose: Obsessive-compulsive disorder (OCD) is typically a distressing condition characterized by intrusive and disturbing thoughts that can lead to feelings of discomfort. To alleviate the anxiety and distress associated with these thoughts, individuals may engage in compulsions or rituals. These rituals can be personal and private, or they may involve the participation of others. They are intended to compensate for the ego-dystonic feelings associated with obsessive thoughts but can significantly impair functionality. The exact cause of OCD is not known, but it is likely multifactorial. In most individuals with OCD, both obsessions and compulsions are present. Here, we present a case of a patient with OCD who, due to increasingly obsessive thoughts about food over the past week, has avoided eating and presented with pre-syncope due to hypoglycemia.

Materials and Methods: A 25-year-old male patient with known obsessive-compulsive disorder (OCD) presented to our emergency department with pre-syncope. He reported feeling as if he were about to faint, with no additional complaints. Upon evaluation in the emergency department, he was found to be conscious, alert, oriented, and cooperative, but appeared weak and sweaty. His vital signs showed a fingerstick blood glucose level of 45, blood pressure of 107/73 mmHg, and a heart rate of 117 bpm. Hypoglycemia treatment was initiated. According to information obtained from the patient and his family, he had developed an obsession with food over the past week and had been avoiding eating as a result. Laboratory tests, ECG, and central imaging did not reveal any acute pathology. The patient's symptoms and signs improved with hypoglycemia treatment. He was admitted for observation, and follow-up fingerstick glucose measurements were 117, 132, 177, and 244. Due to ongoing obsessions, the Psychiatry department was consulted. The patient's medications were adjusted, and he was discharged with a follow-up outpatient appointment.

Results and Conclusion: In this case, a patient with obsessive-compulsive disorder (OCD) developed hypoglycemia and pre-syncope due to obsessive thoughts about food. It highlights the importance of considering psychiatric factors when investigating underlying causes of hypoglycemia in patients with OCD.

Keywords: Obsessive Compulsive Disorder, Hypoglycemia, Syncope

Ref No: 3813

FALLING AT SKIING: AN ORTHOPEDIC EMERGENCY

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İBRAHİM ÖZ¹, ALPARSLAN ALTUN¹

¹ATATÜRK ÜNİVERSİTESİ ARAŞTIRMA HASTANESİ

Introduction and Purpose: Elbow fracture dislocations are serious injuries. Elbow dislocations can be complete or partial, and usually occur after a trauma, such as a fall, motor vehicle collision, or other accident.

Materials and Methods: A 22-year-old female patient with no known comorbidities and no medication use was brought to the emergency room by 112 ambulance teams after falling while skiing. The patient's admission GCS was 15, vitals were naturally stable. In the physical examination of the patient, there was swelling and deformity in the right elbow. Right radius and ulna. His pulses were palpable but weak. His right wrist and finger movements were evaluated as normal. After the systemic examination and necessary blood tests were taken, the patient was taken for imaging to view extremity radiographs and right upper extremity computed tomography. He had a fracture-dislocation in his right elbow (Pictures -1, 2 and 3).) was detected and the patient was consulted to the orthopedic clinic with splint application. The patient was transferred to the operating room after the necessary blood preparations were made, he was admitted to the orthopedic clinic.

FIGURE-1



FIGURE-2

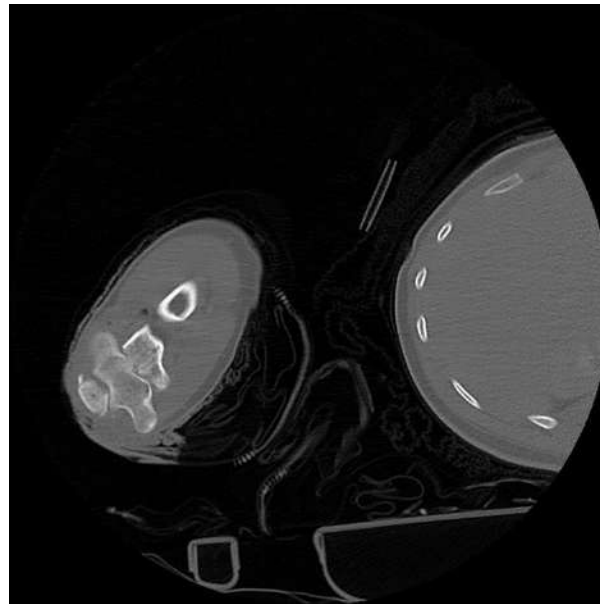
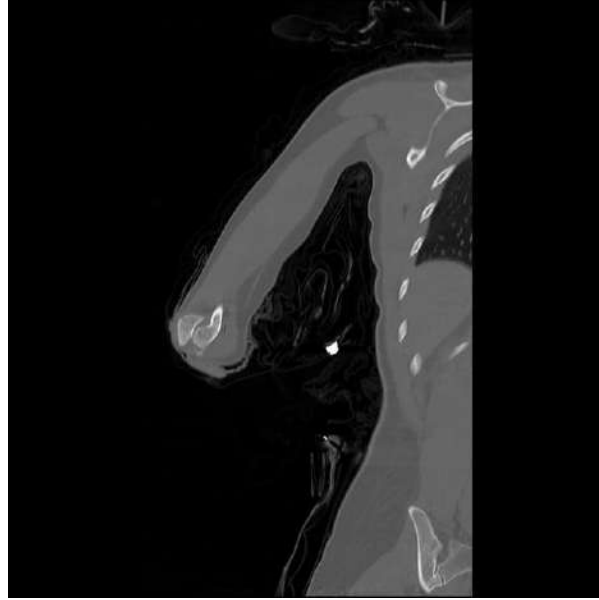


FIGURE-3



Results and Conclusion: The elbow is the second most commonly dislocated joint of the upper extremity, and more than one quarter of dislocations are associated with elbow fractures. The majority of elbow dislocations without fractures occur in patients under the age of 30. An elbow dislocation should be considered an emergency injury and immediate treatment should be applied.

Keywords: Skiing fall, Elbow, Fracture-dislocation

Ref No: 3819

Incidental detection of Wilms tumor in a pediatric patient admitted to the emergency department due to minor trauma

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Introduction and Purpose: Wilms tumor, or nephroblastoma, is the most common pediatric renal cancer, the most common pediatric abdominal cancer, and the fourth most common pediatric cancer overall. Wilms tumor is typically found in children younger than five years old.

Materials and Methods: A 3-year-old girl was brought to the emergency department in the evening with the complaint of hematuria which was said to have started after she fell on her abdomen from a 20-30 cm high swing while playing in the park. Physical examination revealed minimal tenderness in the right upper and lower quadrants of the abdomen. No open wound or abrasion was observed on the abdominal skin. There was no tenderness with pelvic compression. External genital examination revealed no incision or abrasion in the external genital organs. Pelvic radiography was normal. Meanwhile, a complete urinalysis revealed hemoglobin +3, leukocyte +2, protein +3, nitrite negative, microscopic erythrocyte count 2883. Bedside ultrasonography showed normal left kidney. However, an image that could not be clearly evaluated whether it was a hematoma or mass secondary to renal laceration was observed in the right renal logon. Subsequently, an IV contrast-enhanced abdominal CT scan revealed a lobulated contoured solid lesion with heterogeneous density and heterogeneous contrast in the right retroperitoneal area measuring approximately 13 cm in size (Figure1,2). The patient, who was considered to have a mass in the foreground and no active hemoglobin decrease was observed in the follow-up, was referred to an external center because of the need for Pediatric Surgery for further investigations and treatments. It was learned that he was diagnosed as Wilms' tumor afterwards.

Figure 1



Figure 2



Results and Conclusion: Wilms tumor is a rare kidney cancer that mainly affects children. Also known as nephroblastoma. Over the years, progress in the diagnosis and treatment of Wilms tumor has greatly improved the prognosis for children with this disease. With treatment, the outlook for most children with Wilms tumor is good. In this case we detect a incidental silent tumor after a minor trauma.

Keywords: Wilms Tumor, Minor trauma, Hematuria

Ref No: 3912

The Light of the Other Side: Contrecoup Epidural Hematomas

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Introduction and Purpose: Epidural hematomas from head trauma can result in coup and contrecoup hemorrhages. Contrecoup epidural hematoma is rare, involving blood accumulation between the dura mater and the skull opposite the impact site. Few cases are documented, typically from falls or accidents, showing symptoms like decreased consciousness and vomiting. Here, we present a case of contrecoup epidural hematoma.

Materials and Methods: A 52-year-old male patient presented to the emergency department (ED) after hitting his head on a fixed iron object mounted on the wall. He experienced a syncopal episode lasting approximately 30 seconds immediately after the head trauma. Initial examination showed a conscious, alert patient with a Glasgow Coma Scale score of 15. A skin defect measuring approximately 0.5 * 4 cm was noted below the hairline in the left frontal region. Other systemic and neurological examinations revealed no abnormalities, with isochoric pupils demonstrating equal and normal direct and indirect light responses. The patient, with no history of comorbidities or drug use, underwent head and maxillofacial computed tomography (CT) scans. Following the imaging procedure, the patient experienced profuse vomiting and bilateral periorbital ecchymosis became apparent. CT scan revealed a non-displaced linear fracture extending from the lateral wall of the left orbit to the left zygomatic bone, as well as a 6 mm thick epidural hematoma in the right parietal region. Ophthalmology consultation was obtained, and no urgent surgical intervention was deemed necessary. Conservative management was chosen as the course of action by neurosurgeon. After tetanus prophylaxis and wound closure in ED, the patient was admitted to the intensive care unit (ICU) for close monitoring. Subsequent head CT scans conducted in ICU showed no increase in hemorrhage size, and the patient's symptoms began to improve. Conservative management was continued, and the patient was discharged on the third day of hospitalization following clinical improvement.

Bone fracture



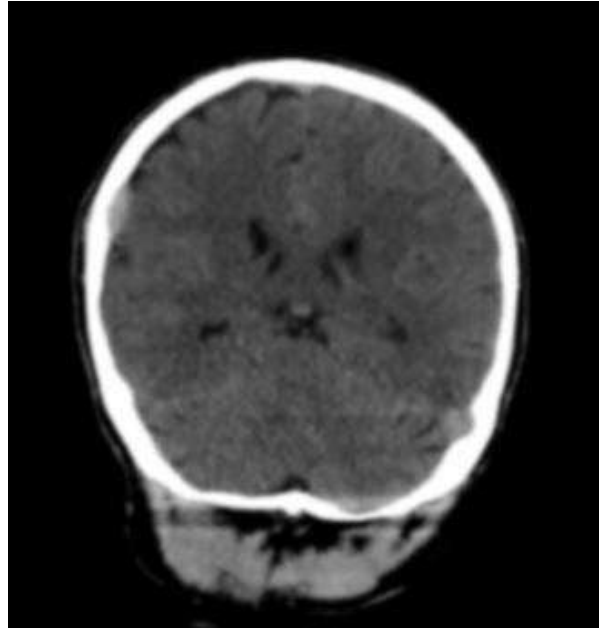
CT revealed non-displaced linear fracture extending from the lateral wall of the left orbit to the left zygomatic bone

Contrecoup epidural hematoma in axial view



CT scan of the brain shows a hyperdense collection in the right parietal region in axial view. No calvarial fracture noted.

Contrecoup epidural hematoma in coronal view



CT scan of the brain shows a hyperdense collection in the right parietal region in coronal section. No calvarial fracture noted.

Results and Conclusion: The formation of epidural hematoma without fracture, especially from contrecoup injuries, is extremely rare, highlighting the need for prompt diagnosis and surgical intervention. Emergency physicians must stay vigilant for clinical signs in head trauma patients, including contrecoup epidural hemorrhages, which may occur depending on the injury mechanism.

Keywords: head injury, epidural hematoma, contrecoup

Ref No: 4006

Approach to Diverticulitis in the Emergency Department

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Introduction and Purpose: Diverticular diseases, often encountered in medical practice, may necessitate complex approaches, particularly in the emergency department. Accurate diagnosis and prompt treatment are crucial for effective intervention. Diverticulitis, the inflammation and infection of these diverticula, typically manifests with symptoms such as left lower abdominal pain, fever, nausea, vomiting, and changes in bowel habits.(1-3). Factors like diet, obesity, low physical activity, increasing age, and smoking play significant roles in diverticulitis etiology. Diverticula commonly arise from the weakening of the sigmoid colon wall and increased intraluminal pressure due to age-related or physiological factors.(2). The development of diverticulitis is associated with fecal retention, bacterial overgrowth, and inflammation, with potential complications including abscess, perforation, obstruction, bleeding, fistula formation, recurrent diverticulitis, colonic dysplasia, cancer, stricture, and stenosis.(4-5)

Materials and Methods: An 88-year-old female presented with abdominal pain and decreased appetite beginning 4-5 days prior. Vital signs were stable: BP 137/77mmHg, pulse 64BPM, temperature 37C. Abdominal examination revealed diffuse tenderness. Laboratory findings showed elevated WBC (19.66X10000/μL), Neutrophil%90, and CRP (18.3mg/dL). CT scan indicated an increase in diameter of 4 cm in the transverse colon and 8 cm in the cecum, with signs of paralytic ileus or subileus and free air in the retroperitoneum due to fistulization. Multiple diverticula were found in the sigmoid colon, consistent with diverticulitis. Consultation with General Surgery confirmed a preliminary diagnosis of diverticulitis fistulized to the skin and subileus. The patient was admitted to the general surgery service with this diagnosis

Results and Conclusion: Early and late complications of diverticulitis can lead to serious morbidity and mortality in both the acute and chronic phases. Adult patients presenting with left lower quadrant pain, fever, and leukocytosis should raise suspicion of acute diverticulitis. Diagnosis is made with IV contrast-enhanced abdominal CT scan. Due to the high risk of developing severe and complicated disease, imaging, antibiotic therapy, and surgical consultation should be considered early in immunocompromised patients. As in the case of our patient, treatment should be initiated early in the presence of comorbid conditions such as advanced age, decreased physical activity, and accompanying CKD, and surgical consultation should be sought promptly.

Keywords: Emergency Department, Diverticulitis

Ref No: 4033

Management of Complex Neurological Conditions with Chronic and Acute Subdural Hemorrhage: A Case Study

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Introduction and Purpose: Subdural hemorrhage is characterized by the accumulation of blood between the brain tissue and the skull, usually as a result of trauma. Subdural hemorrhages that include both chronic and acute components can be challenging to manage and may lead to various neurological complications. This poster emphasizes the importance of a multidisciplinary approach in a patient with existing neurological conditions such as chronic and acute subdural hemorrhage, cerebral palsy (CP) sequelae, and dementia.

Materials and Methods: A 35-year-old male patient presented to the hospital with persistent back pain for two days and sudden weakness in the legs. Neurological examination revealed anisocoria (pupils of different sizes) and clouding of consciousness. The patient had previously been diagnosed with cerebral palsy and was exhibiting symptoms of dementia. A cranial computed tomography (CT) scan detected subdural hemorrhage with components of both chronic and acute bleeding. These findings demonstrated the complexity of the patient's neurological condition and necessitated urgent surgical intervention.

Results and Conclusion: This case highlights the challenges in managing subdural hemorrhage in patients with chronic neurological conditions and the impact of these conditions on the patient's prognosis. Pre-existing conditions such as CP sequelae and dementia can complicate both diagnosis and treatment. Neurological signs such as anisocoria and changes in the level of consciousness require urgent evaluation and intervention. A multidisciplinary approach is vital in managing these complex conditions and can optimize patient outcomes.

Ref No: 4082

Jaw dislocation in elderly patient

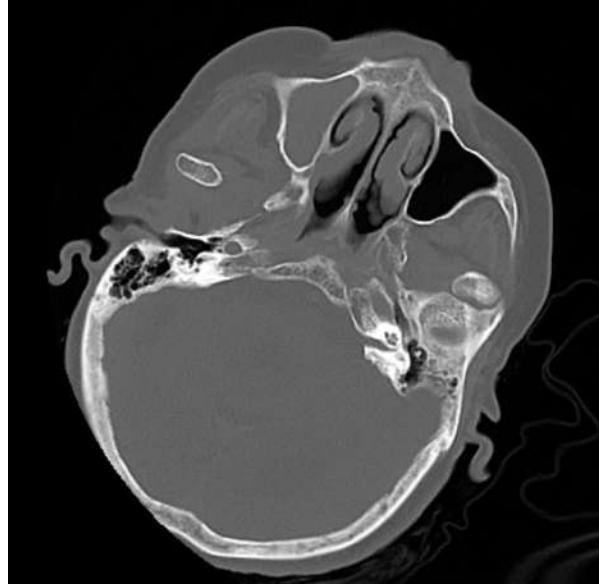
alparslan altun¹, ibrahim özlü¹, erdem zeki karabulut¹

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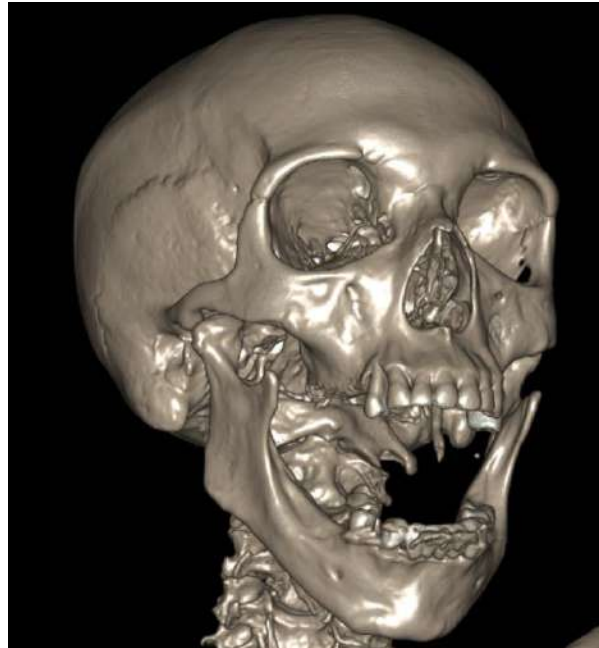
Introduction and Purpose: Temporomandibular joint (TMJ) dislocation can be defined as excessive movement of the condyle in the forward direction, crossing the articular eminence, leaving the joint fixed in the open position and not allowing any sliding movement. Especially in elderly patients and patients with poor general condition, overlooking this condition may lead to incorrect prediagnoses.

Materials and Methods: A 79-year-old woman with a history of svo 3 months ago was referred to an external center with complaints of decreased oral intake and deterioration in general condition for 1 day. She was referred to our center because of a cerebro vascular event due to slipping in the mouth. In the anamnesis, it was learned that the patient had right-sided sequelae and could not speak after a previous svo. Known diseases of DM and hypertension were present. Vitals bp: 165/ 110 sat: 92 hr: 75 Fever: 36.7 respiratory rate: 16/min finger tip blood glucose: 147. In the physical examination, the right side was found to have 1/5 motor power (after previous svo) and the left side was found to have 5/5 motor power. In the examination of the patient, there was erasure in the right nasolabial sulcus. It was also noticed that he could not close his jaw. No abnormality was found in blood tests. Magnetic resonance imaging revealed a large encephalomalasic area (secondary to a previous cerebro vascular event) in the right mca irrigation area. Ct imaging revealed temporo mandibular joint dislocation. No external acute pathology was detected on ct and mr imaging and the patient was consulted to maxillofacial surgery clinic. The patient whose jaw was reduced by the maxillofacial surgery clinic was discharged.

çene çıkığı



çene çıkığı 2



Results and Conclusion: A good physical examination of the whole body is one of the most important steps in the diagnosis of emergency admissions. Although cerebrovascular events should be ruled out in elderly patients presenting with complaints of impaired general condition and impaired oral intake, a simple condition such as temporo mandibular joint dislocation, which is a much simpler condition compared to cerebrovascular events, can be detected with a good physical examination.

Keywords: : Temporomandibular joint dislocation, cerebro vascular event, patients with poor general condition

Ref No: 4099

A CASE OF INTRA ABDOMINAL ABSCESS SECONDARY TO INVASIVE PROCEDURE

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¹inönü university

Introduction and Purpose: Complications after abdominal surgery are frequently seen in emergency departments. Computed tomography (CT) is the technique normally used to diagnose post-operative complications. Intra-abdominal abscesses (IAA) are cystic collections consisting of focally limited, suppurative inflammatory material located within the abdominal cavity.

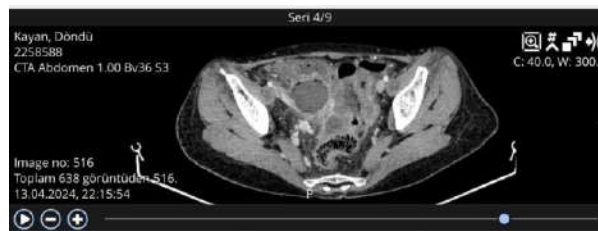
Materials and Methods: In our case, a 53-year-old patient who was diagnosed with gastric adenoca one year ago, underwent surgery, chemotherapy and radiotherapy, presented to the emergency department with abdominal pain and fever and was eventually diagnosed with intra-abdominal abscess.

Results and Conclusion: Our aim in this publication is to gain an understanding that intra-abdominal abscesses should not be forgotten in patients with a history of intra-abdominal surgery and progressing with persistent fever and abdominal pain.

Intra-abdominal abscesse



Intra-abdominal abscesse



Keywords: abdominal pain, INTRA ABDOMINAL ABSCESS, emergency department

Ref No: 4122

Chronic Aortic Dissection With Acute Clinical Presentation in a Young Patient

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Introduction and Purpose: Dissection occurs as a result of the rupture of the media and intima layers of the aorta, causing blood to advance between the aorta and the outer 1/3 layer. The most common is the ascending aorta in 60-70%, the left subclavian distal in 25%, the aortic arch in 10%, and the abdominal aorta in 2%. The most common cause of death is aortic rupture. The classification is divided into De Bakey and Stanford. If left untreated, mortality rates are 23% at 6 hours, 50% at 24 hours, and 68% at 1 week.

Materials and Methods: 46 years old male with no previous known disease He was admitted to the emergency room with stabbing chest pain, stabbing back pain and left side pain and redness on the back and left side, which started 30 minutes ago (picture 1). On arrival, consciousness was clear, oriented-cooperative, gks: 15, left TA: 1300/90mmHg, right TA: 140/90mmHg SO2: 90 Pulse 51 Fever 36.5 KW: 130mg/dl. ECG showed sinus bradycardia. On examination, the patient's peripheral pulses were palpable and equal. Upon admission to the clinic, the patient underwent CT angiography of the thorax, lower abdomen and upper abdomen in terms of large vessel pathology. In the CT angiography of the patient, an image compatible with a TYPE 3 dissection line starting from the descending aorta and extending to the left iliac artery, forming a false lumen and forming a thrombus in the lumen was detected (picture 2). The patient was taken into elective operation by cardiovascular surgery and post op medical treatment was organized after the successful operation.

picture 1



picture 2



Results and Conclusion: The treatment of Type 1 and Type 2 dissections is undoubtedly surgery. There is no significant difference between surgical and medical treatment in acute type 3 dissections, except in complicated cases. In acute Type 3 dissections, early medical treatment should be preferred. In the surgical treatment of acute Type 1 and Type 2 aortic dissection, the surgeon faces technical difficulties. The procedure has a high mortality rate. In recent years, intraoperative mortality with surgical intervention in aortic dissections is 6-32%, with an average of around 22%.

Keywords: Aort dissection, young patient, treatment

Ref No: 4135

INTRASPINAL HEMORRHAGE PRESENTING WITH SEVERE HEADACHE AND HYPERHYDROSIS

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Introduction and Purpose: 43% of intraspinal hemorrhages are idiopathic. Secondary reasons include trauma, coagulopathies, vascular anomalies, malignancy caused masses and iatrogenic. The major cause is thought to be caused by leafletless epidural venous plexi. The most prevalent secondary cause is use of anticoagulants including thrombolitics. Other prevalent secondary causes are vascular malformations and trauma, 9.1% and 1.7% respectively.

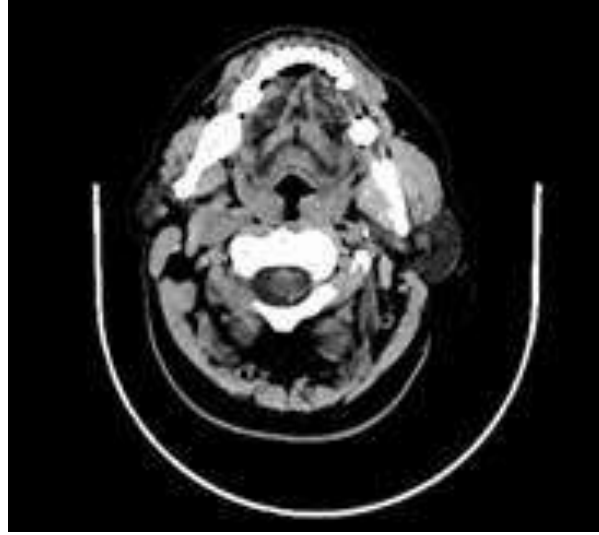
Materials and Methods: A 44 year-old male patient with no history of prior comorbidities. He presented to the Emergenct Depeartment (ED) with three days of severe headache and hyperhydrosis. The patient was not using any antiplatelets or anticoagulants. He had full orientation and he was cooperative. Glasgow come scale score was 15. While the patient was cooperative, she was agitated and was not able to keep his eyes open. There was no prior recent history of trauma. Physical exam revealed neck stiffness. Kernig and Brudzinski signs were positive.

Figure 1



Sagittal MRI

Figure 2



Transvers Computed Tomography

Results and Conclusion: Although headache may be the most common symptom in patients with intraspinal hemorrhages hyperhydrosis is relatively uncommon. There is not enough data on prevalence of hyperhydrosis in intracranial hemorrhage. Further investigation of case report analysis might be helpful in this subject.

Keywords: INTRASPİNAL HEMORRHAGE, HYPERHYDROSİS

Ref No: 4144

DIAGNOSIS OF PULMONARY EMBOLISM USING BEDSIDE ECHOCARDIOGRAPHY

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Introduction and Purpose: Pulmonary thromboembolism (PTE) is a significant cause of emergency department visits, particularly among young and middle-aged adults. The condition arises when blood clots obstruct the pulmonary arteries, leading to a high rate of global mortality and morbidity. Due to the wide range of clinical symptoms and potentially fatal outcomes, swift and careful diagnosis and management of pulmonary thromboembolism are critical. Bedside echocardiography, which assesses the structures of the right heart, is an effective tool in diagnosing patients suspected of having pulmonary embolism. This case highlights the atypical presentations of pulmonary thromboembolism and the significance of bedside echocardiographic imaging in emergency department practice.

Materials and Methods: A 34-year-old male patient presented to the emergency department with complaints of dizziness. His history included sporadic dizziness and fainting sensations over the past few days, with no known chronic diseases or regular medication use. At presentation, his blood pressure was 90/60 mmHg, heart rate 50 bpm, body temperature 36.5°C, and oxygen saturation 98%. No pathological findings were detected during the physical examination. Bedside echocardiography showed that the right ventricle was about twice the volume of the left ventricle, and a thrombus was visible in the right atrium. Based on these findings, pulmonary thromboembolism was considered as a preliminary diagnosis, and a pulmonary artery CT angiography was performed. This imaging showed thrombus material creating massive filling defects starting from subsegmental areas in both main pulmonary arteries and upper, middle, and lower lobes and segmental branches. Since no contraindications were found, the patient was administered 100 mg of alteplase infusion at 50mg/hour. Following the alteplase administration, the patient was admitted to the service of the pulmonary disease.

thrombus image on echocardiography



Results and Conclusion: Bedside ultrasonographic evaluation is frequently used to assess patients' conditions and make quick treatment decisions. In this case, bedside ultrasound significantly shortens the diagnosis time, especially in complex and dangerous situations, and aids in the rapid initiation of treatment. It also excludes other diseases in differential diagnosis, allowing for purpose-oriented advanced imaging methods. Therefore, it should become a critical part of emergency department practice.

Keywords: pulmonary embolism, POCUS, bedside ultrasonography

Ref No: 4191

The Hidden Danger of Gastritis Ulcers: Duodenal Perforation and Emergency Surgical Intervention

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Gastritis ulcers are common gastrointestinal diseases that cause erosions on the mucosal surface of the stomach and duodenum. These conditions can lead to symptoms such as pain, dyspepsia, and stomach bleeding. One of the most serious complications is gastric or duodenal perforation, a life-threatening condition that requires urgent surgical intervention. This poster examines the case of a 30-year-old male patient who presented to the emergency department complaining of widespread abdominal pain and was diagnosed with duodenal perforation, and emphasizes the importance of diet and medication regimen in the management of ulcerative diseases.

Materials and Methods: A 30-year-old male patient was admitted to the emergency department with a complaint of widespread abdominal pain that started suddenly and became increasingly severe. On physical examination, widespread tenderness and guarding during abdominal palpation were detected. A plain abdominal x-ray showed free air, raising a high suspicion for gastric or duodenal perforation. The patient was immediately referred to emergency surgery and duodenal perforation was detected during the operation. The perforation area was repaired with surgical intervention and the patient was followed up postoperatively in the intensive care unit. The patient was closely monitored for postoperative complications and was supported with antibiotic treatment. In the postoperative period, it was recommended to pay attention to the patient's diet and review the medication regimen

Results and Conclusion: This case highlights the potentially serious complications of gastritis ulcers and the importance of urgent surgical intervention. In the management of ulcerative diseases, reducing risk factors and using acid-suppressing drugs and mucosal protective agents are critical. Additionally, prevention strategies such as eradication of *Helicobacter pylori* infection and careful use of NSAIDs may reduce the risk of ulcer development and thus perforation. Early diagnosis and effective management of gastritis ulcers play a vital role in preventing complications. In this context, regular medical follow-up, appropriate diet and lifestyle changes are among the important strategies in the treatment of ulcerative diseases and reducing the risk of complications. It is recommended that patients be aware of their symptoms and seek medical attention for early intervention.

Keywords: Gastritis, Ulcers, Duodenal

Ref No: 4201

Sixth nerve palsy

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Introduction and Purpose: Diplopia is an uncommon emergency department (ED) complaint representing only 0.1% of visits, but it has a large differential. One cause is a cranial nerve palsy, which may be from a benign or life-threatening process.

Materials and Methods: A 69-year-old female presented to the ED with two days of diplopia and dizziness. The physical exam revealed a sixth cranial nerve palsy isolated to the left eye. Imaging demonstrated an intracavernous internal carotid artery aneurysm. The patient was treated with embolization by neurointerventional radiology.

Results and Conclusion: The evaluation of diplopia is initially divided into monocular, usually from a lens problem, or binocular, indicating an extraocular process. Microangiopathic disease is the most common cause of sixth nerve palsy; however, more serious etiologies may be present, such as an intracavernous internal carotid artery aneurysm, as in the patient described. Imaging modalities may include computed tomography or magnetic resonance imaging. Some causes of sixth nerve palsy are benign, while others will require more urgent attention, such as consideration of an intracavernous internal carotid artery aneurysm.

Keywords: Diplopia, nerve palsy

Ref No: 4202

ILEUS AND DIARRHOEA: Case report

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Introduction and Purpose: Ileus is a condition in which the peristalsis of the small and large intestines is impaired or the passage cannot progress due to a mechanical reason. The causes of ileus also vary with age. Congenital anomalies are the most common causes of ileus in the neonatal period, while electrolyte disturbance, postoperative adhesions, hernias and malignancies are the main causes with increasing age.

Materials and Methods: A 77-year-old female patient was admitted to the emergency department with a history of vomiting and diarrhoea for the past four days. Further history revealed that the patient had been hospitalised and treated for gastroenteritis at an external centre four days ago. The patient had a known history of Alzheimer's disease and was taking Duopezil 10/20 mg, Citoles 10 mg, Desyrel 1X100 mg, and Ketya 25 mg. The patient's oral intake had decreased, and she was vomiting after eating. Vital signs were stable. On examination, the patient's abdomen appeared distended and there was diffuse tenderness. No defence or rebound was observed. The patient's blood tests did not reveal any acute pathology. Abdominal CT imaging revealed an asymmetric increase in wall thickness up to 32 mm in the posterior wall of the rectum, which may indicate rectal cancer. Additionally, findings compatible with ileus in the colonic and intestinal anus, a heterogeneous dirty appearance in the mesenteric fatty tissue, and free fluid up to 22 mm in width in the pelvic region were observed. The patient was referred to general surgery and hospitalized due to ileus. In conclusion, the imaging findings suggest the possibility of rectal cancer and further medical attention is necessary.

Results and Conclusion: Ileus is characterised by abdominal pain, gas, nausea, anorexia, and abdominal distension. It is important to note that constipation is not always present and diarrhoea may also occur. Vomiting and abdominal distension are particularly indicative. In elderly patients, it is important to consider ileus caused by neoplasms and electrolyte disorders.

Keywords: Vomiting, Diarrhoea, Abdominal distension

Ref No: 4215

High Energy Trauma and Distractor Injuries: L1 Compression Fracture Detection and the Role of Imaging in the Emergency Department

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¹High Energy Trauma and Distractor Injuries: L1 Compression Fracture Detection and the Role of Imaging in the Emergency Department

Introduction and Purpose: High-energy traumas can cause injury to more than one anatomical region, which may cause distractor injuries to be overlooked. Dominant symptoms, such as headache and chest pain, especially after trauma, may overshadow other, less obvious but potentially serious injuries. This study deals with a patient who did not feel any other symptoms due to severe headache and was subsequently diagnosed with an L1 compression fracture by computed tomography (CT).

Materials and Methods: A 35-year-old male patient was admitted to the emergency department following a high-energy vehicle accident. At presentation, the patient complained primarily of headache and was unaware of other potential injuries. Waist tenderness was detected during systemic evaluation and physical examination in accordance with Advanced Trauma Life Support (ATLS) protocols. Computed tomography (CT) of the thoracolumbar region performed under emergency room conditions revealed a compression fracture at the L1 level with 20% height loss. This case highlights the importance of systemic evaluation and early imaging in accordance with ATLS protocols in high-energy trauma. Spinal fractures can be easily overlooked, especially in the presence of distracting symptoms such as pain in the head and chest area. Prompt and effective CT scanning in the emergency department plays a critical role in the early diagnosis of such fractures.

Compression Fracture



Results and Conclusion: In cases of high-energy trauma, each patient should receive a comprehensive physical examination and a systemic evaluation according to ATLS protocols. CT scanning performed in the emergency department is vital in the early diagnosis of potentially serious injuries, especially in the presence of distractor injuries. This approach improves the general condition of the patient and plays an important role in determining appropriate treatment strategies.

Keywords: high-energy trauma, compression fracture, injury

Ref No: 4289

Strange Combination

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Introduction and Purpose: Pneumopericardium is a rare clinical and radiological condition defined as the accumulation of air within the pericardial sac. As the amount of air inside the pericardium increases, it can lead to cardiac tamponade, and this condition is referred to as tension pneumopericardium. Bilateral thalamic infarction is rare. In about one third of cases, occlusion of thalamo-perforating arteries originating from the same vascular territory leads to bilateral infarcts. Clinical signs include altered mental status, decreased alertness, memory issues, mood disorders, cognitive problems, and vertical gaze palsy. This patient had both condition at same time.

Materials and Methods: A 70-year-old woman with a known diagnosis of hypertension was found at home by emergency medical services upon notification from her neighbors. The patient, with a saturation of 40, was promptly brought to the emergency department. On arrival, her arterial blood pressure was measured as 180/110 mmHg, while other vital signs were within normal ranges. Her Glasgow Coma Scale score was 7. Physical examination revealed bilateral negative Babinski reflexes, diffuse coarse lung sounds, and bilateral dilated pupils with absent light reflexes. No additional abnormalities were detected upon further examination. Imaging studies and blood tests were performed, revealing bilateral thalamic infarctions (Figure-1,2) and pneumopericardium (Figure-3,4). The patient was consulted with relevant departments and transferred to the intensive care unit for anesthesia.

Figure-1

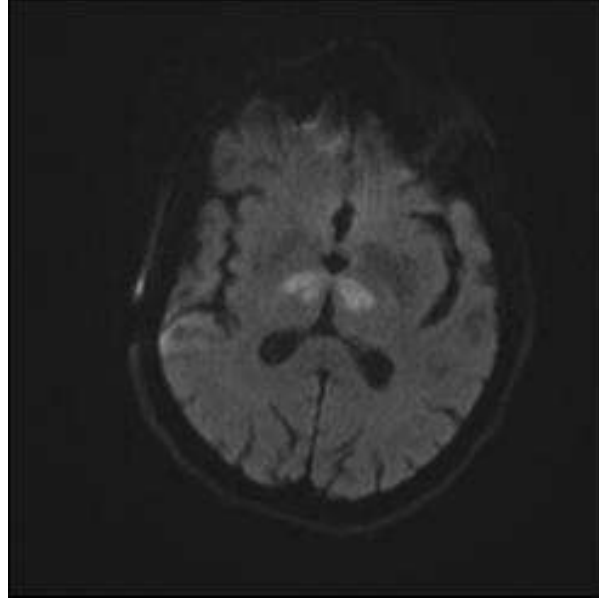


Figure-2

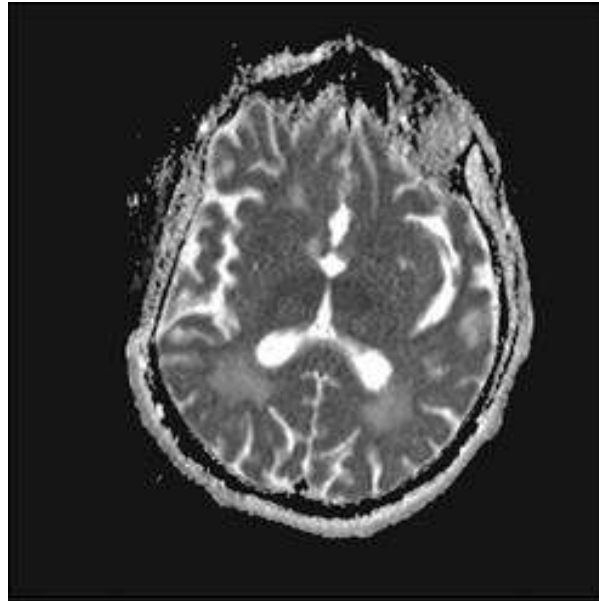


Figure-3

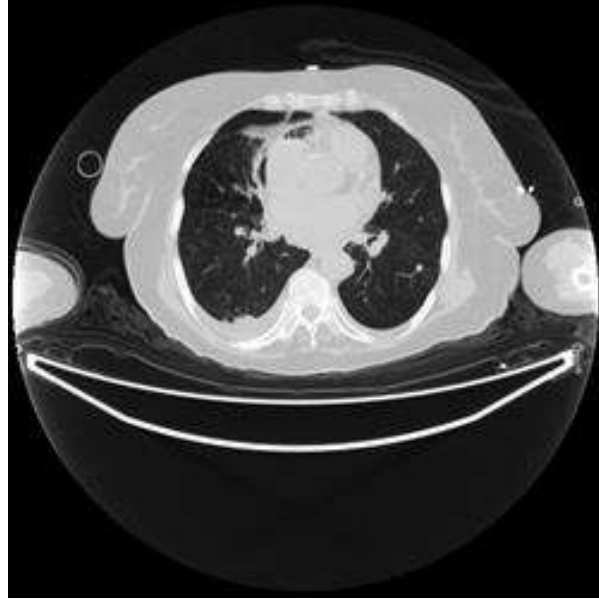


Figure-4



Results and Conclusion: Acute care settings often encounter complex cases involving multiple concurrent clinical conditions in critically ill patients. Despite the intricacies involved, comprehensive physical examinations combined with detailed patient histories can yield successful outcomes across these cases. Furthermore, technological diagnostic modalities serve to further streamline our processes in this regard.

Keywords: Pneumopericardium, Bilateral thalamic infarction, Unconscious

Ref No: 4295

comparison of treatment approaches in pediatric torus fractures

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Introduction and Purpose: Comparison of Treatment Approaches in Pediatric Torus Fractures: Reduction, Splint or Circular Cast?"Entrance:Torus fractures, which are common in the pediatric population, occur especially in the distal radius as a result of low-energy trauma. Methods used in the treatment of these fractures include reduction, use of splints and circular casting. This poster aims to determine the most appropriate management strategy by comparing the effectiveness of different treatment methods and recovery processes in pediatric patients.

Materials and Methods: Case Report:A 6-year-old girl was brought to the emergency room due to pain and swelling on her wrist after falling. Physical examination and radiological evaluation revealed a nondisplaced torus fracture of the distal radius. Since the fracture was stable and not displaced, it was decided to apply a splint to the patient. This method was chosen to ensure an effective healing process while increasing the child's comfort. After splint application, the patient reported a significant decrease in pain and was able to return to daily activities in a short time

torus fracture



torus fracture

Results and Conclusion: Argument:There are important differences between old and new treatment strategies in the management of torus fractures. Although the use of circular casts has traditionally been preferred, the use of less invasive splints has gained popularity in recent years. Reduction is usually not necessary, and the use of a splint is frequently recommended due to the stability of the fracture. While splints allow children to continue their daily activities more easily,

they also provide good recovery. Current literature shows that the use of splints for torus fractures offers similar healing outcomes and increases patient comfort compared to circular casting. Conclusion: Choosing minimally invasive approaches in the management of pediatric torus fractures increases patient comfort and satisfaction. The use of splints both positively supports the healing process and allows children to return to their daily lives more quickly. Therefore, it is recommended that non-invasive methods become the standard approach, especially in the treatment of stable torus fractures.

Keywords: Pediatric Torus Fractures, Treatment Strategies, Reduction

Ref No: 4301

Unexpected events in a patient entering at the emergency department with haemoptysis: simultaneous presence of pulmonary embolism and aortic dissection in conjunction with covid-19

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Introduction and Purpose: During viral pandemics, like the COVID-19 pandemic, it is critical to diagnose and treat other medical emergencies in addition to identifying and treating suspected cases. In order to draw attention to this situation, we wanted to present this case example of a patient presenting with a single symptom.

Materials and Methods: A 55-year-old male patient presented to the emergency department with hemoptysis. Patient's temperature: 37.8, pulse: 107, TA: 108/65, SpO2: 85. In the blood tests of the patient, White Blood Cell: 12.85x10³, Neutrophil: 9.15x10³, Lymphocyte: 2.11x10³, Haemoglobin: 11.6gr/dl, Creatine: 0.9mg/dl, CRP: 119.73mg/dl, D-dimer: 2.21mg/L. The following findings were detected in the patient's chest CT scan: An aneurysm is present in the descending aorta. The aneurysm has a total diameter of 6 cm. There were blockages in the upper lobe of the pulmonary artery that were likely caused by emboli. An aortic dissection with worrisome characteristics was detected. The Department of Pulmonary Diseases suggested the implementation of intensive care monitoring. The patient, seen by a cardiovascular surgeon, was advised to have a follow-up for a restricted (subacute?) aortic dissection. Following the surveillance and medical management of the patient's COVID-19 condition, a decision was made to proceed with an aortic stent operation.

Results and Conclusion: The most prevalent respiratory symptoms of COVID-19 include cough, sore throat, and shortness of breath, with an increasing number of hemoptysis cases being documented in the literature. In a patient presenting with hemoptysis or dyspnea during the COVID-19 period, the diagnosis of pulmonary embolism may be overshadowed. The utilization of the D-dimer test is also limited. Common muscle and back pain is a frequently observed symptom of COVID-19 disease and might be associated with the absence of a typical history of aortic dissection. During pandemic periods, it is important to not overlook possible other emergency diagnoses and to remember that these diagnoses might coexist, especially with an increase in patient density. In these cases, it is important to emphasize the significance of the emergency department approach as well as the potential for significant changes in treatment methods, particularly surgical interventions. Providing high-quality and effective emergency care is a vital issue during pandemic periods.

Keywords: differential, COVID19, diagnoses

Ref No: 4368

Miscarriage Trauma and Aspirin Use: Unexpected Serious Consequences in the Elderly Contribution of Aspirin Use to Low-Level Post-Traumatic Subarachnoid Hemorrhage in the Elderly: A Critical Case Analysis

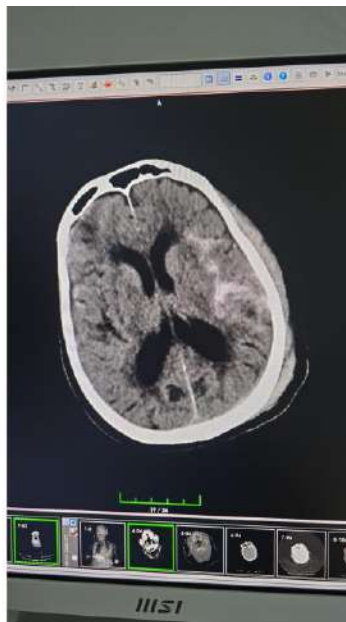
ASLI LEYLA TAHİROĞLU¹, ÖMER FARUK İŞLEYEN¹, İBRAHİM ÖZLÜ¹

¹Miscarriage Trauma and Aspirin Use: Unexpected Serious Consequences in the Elderly Contribution of Aspirin Use to Low-Level Post-Traumatic Subarachnoid Hemorrhage in the Elderly: A Critical Case Analysis

Introduction and Purpose: Aspirin is an antithrombotic agent widely used in the prevention and treatment of cardiovascular diseases. However, aspirin use in elderly patients may increase the risk of subarachnoid hemorrhage (SAH) even as a result of minimally traumatic events. This poster examines a 75-year-old male patient with a history of low-dose aspirin use who developed SAH after falling from his own level.

Materials and Methods: A 75-year-old male patient was brought to the emergency department with weakness on his right side and decreased level of consciousness (Glasgow Coma Scale 12) after a low-level fall at home. The patient, who had a high risk of bleeding due to chronic aspirin use, was found to have right-sided hemiparesis on neurological examination. A cranial computed tomography (CT) scan revealed subarachnoid hemorrhage, characterized by blood accumulation between the meninges.

SAK



Results and Conclusion: This case shows that aspirin use is an important predisposing factor in SAH that develops after a low-level trauma. Aspirin may increase the risk of intracranial bleeding by prolonging bleeding time, even as a result of minimal trauma. In the elderly population, especially chronic aspirin users, early and careful evaluation after trauma is critical. This emphasizes the need to be cautious in the management of minimally traumatic events and that early recognition of signs of intracranial hemorrhage is vital in these patients. Awareness that aspirin use increases the risk of low-level post-traumatic SAH in elderly patients may help optimize treatment and monitoring strategies in these patients. This case demonstrates the need for a careful approach in the evaluation of elderly patients with a history of minimal trauma and those using antithrombotic agents such as aspirin

Keywords: Trauma, Aspirin, Subarachnoid Hemorrhage

Ref No: 4410

A Life-Threatening Diagnosis Peptic Ulcer Perforation: A Case Report

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¹inönü university

Introduction and Purpose: In this case report, we aimed to present a patient with peptic ulcer perforation who was admitted to the emergency department.

Materials and Methods: A 45-year-old male patient was admitted to the emergency department with the complaint of inability to urinate. He had a history of gastritis and PPI use and 30 pack/year smoking history. The patient underwent hemorrhoidectomy and sphincterotomy the day before. The patient used NSAIDs after surgery. On physical examination, the patient was pale on inspection, his skin was moist, defenses and rebound were positive in all quadrants of the abdomen. Other system examinations were within normal limits. Vital values of the patient were as follows: blood pressure 110/80 mmHg, pulse rate 110/min, respiratory rate 24/min, temperature 37 °C, oxygen saturation 98% in room air. Ultrasonographic examination was reported as free fluid in the right iliac fossa region with motion echo and reflection artifacts with high echogenicity on the cross-sectional surface in the left lobe of the liver. The abdominal CT report showed air densities in the perihepatic and perisplenic areas forming a diffuse appearance and leveling consistent with free fluid. The patient was recommended to be evaluated for intra-abdominal perforation. In line with these findings, fluid resuscitation and appropriate antibiotic prophylaxis were initiated with a diagnosis of acute gastrointestinal perforation. General surgery consultation was requested. The patient was taken to the operating room for emergency laparotomy by the general surgery department. The operative report showed a perforation of approximately 1.5 cm in the 1st continent of the duodenum on exploration. The patient was hospitalized in the postoperative general surgery intensive care unit. The patient was discharged with cure after improvement in laboratory values and clinical status.

Results and Conclusion: The diagnosis of peptic ulcer perforation should be kept in mind in patients with a history of peptic ulcer, long-term smokers and acute surgical abdominal examination findings. Good anamnesis, rapid diagnosis and effective treatment process increase the survival and quality of life of patients.

Peptic Ulcer Perforation



Peptic Ulcer Perforation



Keywords: Abdominal pain, nonsteroidal antiinflammatory drugs, peptic ulcer

Ref No: 4451

The importance of bedside USG : aortic dissection

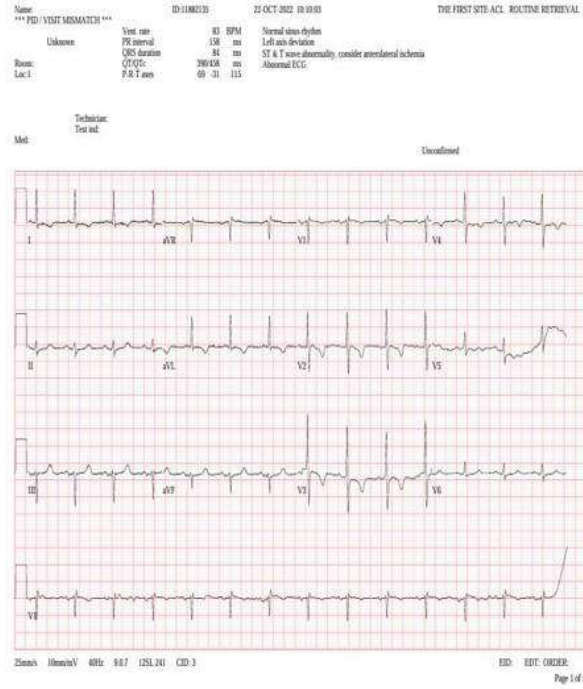
Merve Demir Turkeri¹, Atakan Yilmaz¹, Murat Seyit¹, Mert Ozen¹, Alten Oskay¹

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Introduction and Purpose: Aortic dissection occurs when there is a tear in the intima and media layers of the aorta, allowing blood to flow between these two layers, resulting in the formation of a true lumen and a false lumen. It can present with a wide range of symptoms, including syncope, chest pain, back pain, hip pain, abdominal pain, and neurological symptoms.

Materials and Methods: An 82-year-old female patient presented to the emergency department with complaints of a burning sensation radiating from the epigastric region to the throat. The pain started four days ago but recurred two days prior to presentation. The patient has a known history of aortic valve replacement (AVR) and lung adenocarcinoma. Vital signs were stable. EKG showed normal sinus rhythm, and cardiac monitoring was unremarkable. Bedside ultrasound revealed a dissection flap in the ascending aorta. CT angiography showed a dissection flap extending from the ascending aorta to the proximal arch, consistent with aortic dissection. The appearance may be indicative of the subacute phase. Clinical evaluation is recommended. The true lumen diameter was measured at 22 mm, and the false lumen diameter was 23 mm in the ascending aorta. Subsequently, the patient was admitted to the cardiovascular intensive care unit (CVICU).

ECG



USG



CT



Results and Conclusion: Acute aortic syndromes can present with a wide range of symptoms. The use of bedside ultrasound for rapid diagnosis should not be overlooked.

Keywords: Aortic Dissection, Acute Aortic Syndromes, Acute Coronary Syndrome

Ref No: 4460

Foreign Body in The Gastrointestinal System Case Study

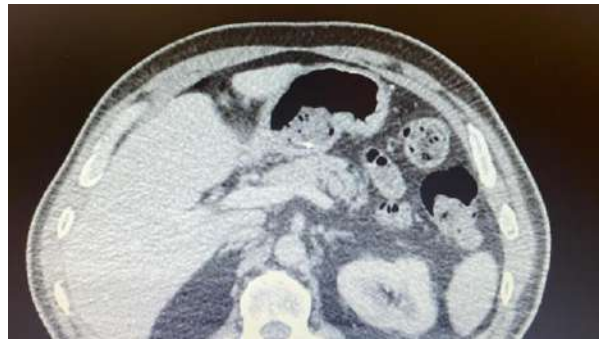
fatih çağlar genç¹, oğuz alp paköz¹, mehmet emin yılmaz¹, bahadır bıçak¹

¹kastamonu univercity

Introduction and Purpose: 63 year old male patient admits to the emergency room with the complaint of swallowing one nail 30 minutes ago. Abdomen bt was ordered and the nail detected in the stomach. Under observation the nail detected in the jejunum.

Materials and Methods: A 63 year old male patient admits to the emergency room with the complaint of swallowing one nail 30 minutes ago, vitals were stable abdomen examination was normal bowel sounds were normoactive. Abdomen ct was ordered. The nail was detected in the stomach. The patient was consulted with general surgery and internal medicine specialists. Due to the foreign body being in the stomach, considered a need of gastroscopy. Due to lack of gastroenterology specialist at our hospital, the patient was planned to be referred to a center where endoscopy can be performed. A control abdominal imaging was done to ensure that the patient's transfer will be smoothly. the foreign body was observed in the jejunum. No signs of acute abdominal sendrom are seen in the image. The patient was explained about acute abdominal emergencies and was discharged with recommendations.

abdomen ct



the nail in the stomach

control abdomen ct



in the control abdomen ct the nail in the jejunum

Results and Conclusion: A foreign body in the GI system is a common situation encountered in the emergency department. Clinics may be mild, as well as aspiration, perforation, total it may also occur in severe cases due to complications such as obstruction. It must be detected by imaging methods including physical examination and indication and interference.

Keywords: foreign body in the gis, emergency imaging, control abdomen ct

Ref No: 4465

SUBMANDIBULAR ABSCESS IN A PATIENT WITH SORE THROAT

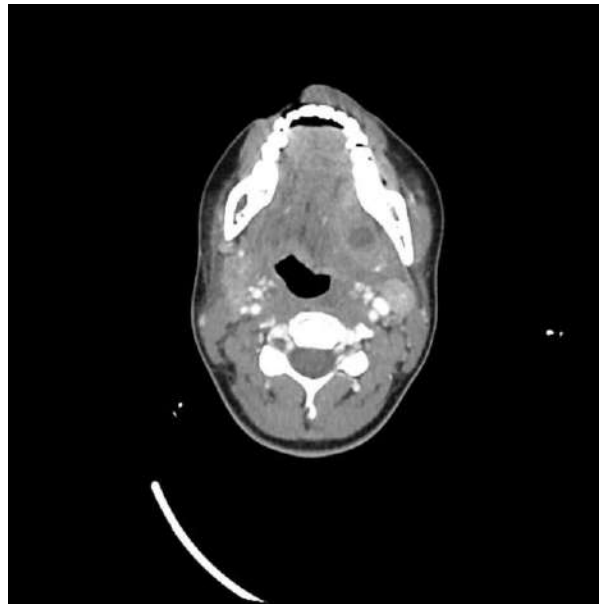
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Introduction and Purpose: Submandibular abscess is an infection of the submandibular space that begins at the floor of the mouth, commonly associated with the second or third mandibular molars. It is typically a polymicrobial infection involving oral cavity flora. It is an aggressive, rapidly spreading cellulitis but without lymphadenopathy. It requires careful monitoring and prompt intervention to prevent asphyxia and aspiration pneumonia, as airway closure is a possible complication.

Materials and Methods: A 19-year-old female patient presented to the emergency room with complaints of inability to swallow, sore throat and body tremors for 2 days. She had no known chronic disease. She had a fever of 38 degrees on admission vitals. Other vitals were normal. Physical examination revealed hypertrophic tonsils and swelling in the left submandibular region. WBC:14.760 CRP:92 and other tests were normal. CT scan of the neck and nasopharynx showed an appearance compatible with an 18x11 mm abscess in the submandibular area. The patient was hospitalized for further examination and treatment by the otorhinolaryngology clinic.

submandibular abscess



Results and Conclusion: In patients presenting with sore throat, we should perform neck examination as carefully as throat examination. We should be careful about abscess in such patients.

Keywords: sore throat, submandibular abscess

Ref No: 4480

A Rare Pediatric Emergency Department Presentation: Infantile Colic.

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Introduction and Purpose: Infantile Colic (IC) is an episode of crying and restlessness which has been present more than 3 weeks, at least 3 days a week for more than 3 hours and cannot be explained by any other cause. In infants with IC, conditions such as infections and diseases are considered in foreground, leading to delays in diagnosis. We aimed to present a case of IC who frequently presented to paediatric emergency department due to incorrect breastfeeding technique.

Materials and Methods: A 32-day-old infant was admitted to paediatric emergency for the 4th times in the last 10 days with complaints of restlessness, vomiting and crying. No abnormal examination findings were found in the routine examinations performed on the first day. The hemogram Hb: 13.2 g/dl, WBC: 12.800/mm³, MCV:84 fl, plt:255.000) and biochemical (CRP:2.1 mg/l, ALT:32 U/L, AST:38 U/L, ALP:280 U/L, urine: 9 mg/dl creatin: 0.4 mg/dl LDH:200 U/L) values were within normal limits for age. On the 2nd and 3rd admission, urine, 2nd hemogram, PA X-ray graphic and stool analyses found to be normal. The patient was consulted to breastfeeding counselling. The mother-baby pair was evaluated together, and breastfeeding was actively observed. It was observed that the baby was incorrectly placed on the breast and the baby sucked the nipple. The mother was shown the correct breastfeeding positions and placement of the baby on the breast, and practice was performed. At the 3rd follow-up visit, it was observed that the baby was correctly placed on the breast, breastfeeding problems were resolved, and the restlessness of the mother and the baby decreased.

Results and Conclusion: As a result of improper breastfeeding techniques, the feeding-sleep-resting pattern of infants may be disrupted and may lead to IC. In the parents of babies with colic, findings such as helplessness, fatigue, exhaustion, loss of self-confidence, anxiety and breastfeeding problems may occur and there may be frequent emergency admissions due to this situation. In such cases presenting to the emergency department, breastfeeding techniques and feeding status should be kept in mind and evaluated in the foreground and breastfeeding counsellors should be consulted.

Keywords: Emergency Department, Infantile Colic, vomiting

Ref No: 4483

MENİNGİTİS WITH HEADACHE

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Introduction and Purpose: Meningitis is one of the life-threatening infectious diseases. It is an inflammatory disease of the membranes surrounding the brain and spinal cord, along with the cerebrospinal fluid. Characteristic clinical features of adult meningitis patients include fever, headache, neck stiffness, and altered mental status. However, these symptoms may not be present in all cases.

Materials and Methods: A 45-year-old female patient presented with a one-week history of persistent headache and dizziness. She had no known medical conditions or history of medication use. On arrival, her vital signs were stable, and she had no fever. Neurological examination was unremarkable, with no neck stiffness. Blood tests showed no abnormalities. Despite treatment, the patient's headache persisted, leading to brain computed tomography (CT) and magnetic resonance imaging (MRI), which showed no pathology. Due to the persistent headache, the patient was consulted to the neurology and infectious diseases clinics. A lumbar puncture was performed, and cerebrospinal fluid analysis showed findings consistent with meningitis. The patient was admitted to the infectious diseases clinic.

Results and Conclusion: Even in patients without risk factors and presenting with atypical symptoms, further investigation should be considered if there is no improvement in clinical condition. Blood tests and imaging modalities are helpful in differential diagnosis. Patients with no improvement in clinical condition should be referred to relevant departments for consultation.

Keywords: headache, meningitis, lumbar puncture

Ref No: 4492

A RARE CASE; EPIPLOID APPENDICITIS

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Introduction and Purpose: Epiploic appendicitis is a rare inflammatory disease that occurs as a result of spontaneous torsion or venous thrombosis of epiploic appendages. Those in the descending colon and sigmoid colon mimic diverticulitis, those in the cecum and ascending colon mimic appendicitis, but it is a self-limiting disease. It is a condition that usually causes acute abdomen in patients presenting with pain in the lower quadrants but does not require emergency surgery. Treatment is performed with antibiotherapy and anti-inflammatory agents.

Materials and Methods: A 52-year-old male patient was admitted to us with the complaint of abdominal pain for 3 days. The general condition of the patient is good, consciousness is clear, cooperative fever 36.4°C, pulse 90 beats/min, respiratory rate 16/min, saturation 98%, blood pressure 140/80mm/Hg. On physical examination, there is defence and rebound in the left lower quadrant, other examinations are normal. In laboratory results; white blood cell 9000/mm³, CRP 23mg/dl. In the abdominal tomography, the abdomen was evaluated in favour of epiploic appendicitis in the first plan due to the observation of dirty, predominantly fat densities around the 2.5cm diameter in the neighbourhood of the sigmoid colon on the left side of the abdomen. The patient was consulted to the general surgeon. Discharge was recommended with oral antibiotherapy and anti-inflammatory treatment.

Results and Conclusion: Epiploic appendicitis is a self-limiting, well-diagnosed, inflammatory disease. The diagnosis is made by ultrasonography or abdominal tomography. Patients presenting with pain in the lower quadrants of the abdomen may have an acute abdominal picture similar to appendicitis and diverticulitis, but since it does not require urgent surgical intervention, it should be considered in the differential diagnosis.

Keywords: left lower quadrant pain, epiploic appendicitis, diverticulitis

Ref No: 4513

Pneumobilia in a Patient without a History of ERCP: A Rare But Serious Condition

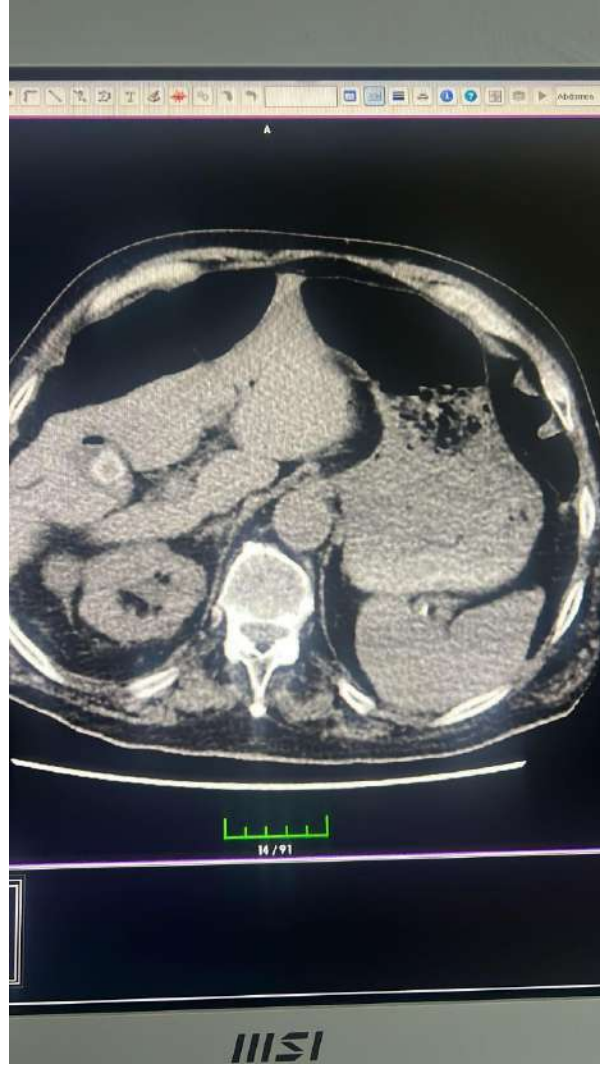
Ömer Faruk İŞLEYEN¹, Mevlana GÜL¹, Erhan ŞAHİN¹

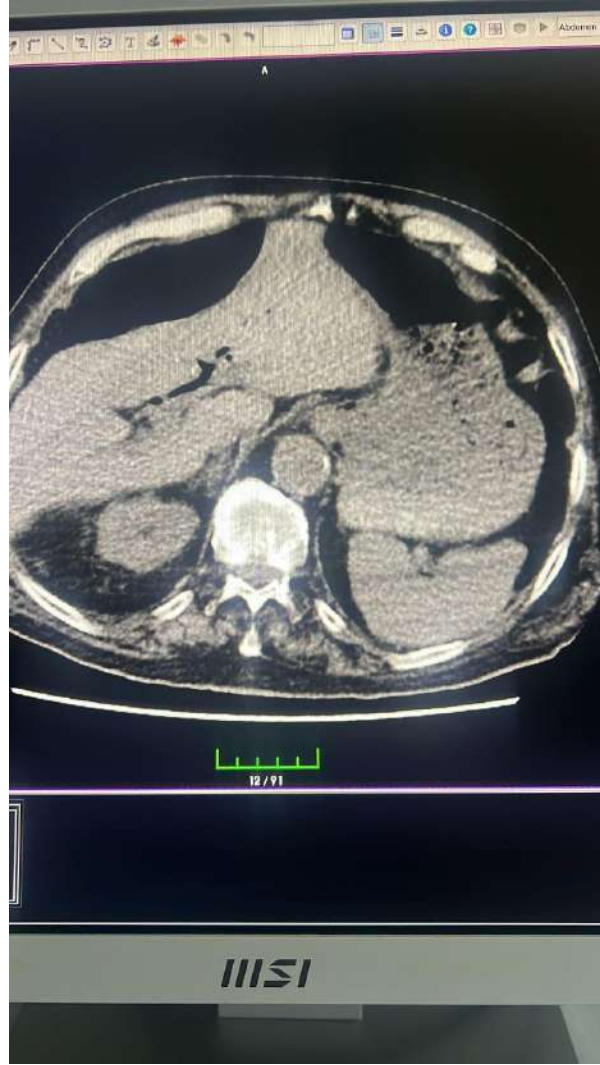
¹Ataturk Univercity

Introduction and Purpose: Pneumobilia means the presence of air within the biliary tract and is commonly seen after interventional procedures such as Endoscopic Retrograde Cholangiopancreatography (ERCP). However, the detection of pneumobilia in patients without a history of ERCP can be indicative of rare but potentially serious underlying pathologies. This poster examines the case of an 80-year-old female patient who presented with right upper quadrant abdominal pain and was found to have pneumobilia.

Materials and Methods: An 80-year-old female patient presented to the emergency department with several days of persistent right upper quadrant abdominal pain. The patient had no prior history of ERCP. Physical examination revealed sensitivity in the right upper quadrant. Abdominal computed tomography (CT) scan showed pneumobilia consistent with air accumulation in the biliary tract.

Results and Conclusion: The detection of pneumobilia in patients without a history of ERCP typically suggests the presence of serious conditions such as perforation, fistula formation, or malignancy. Therefore, it is imperative to promptly investigate the underlying causes in patients diagnosed with pneumobilia. This case draws attention to the rare condition of pneumobilia while emphasizing the importance of early diagnosis and intervention for potential serious complications. Pneumobilia, especially in elderly patients without a history of ERCP, is a rare finding that requires careful evaluation. It may signal the presence of serious gastrointestinal pathologies. Early diagnosis, appropriate imaging methods, and a multidisciplinary approach are critical in improving patient management and treatment outcomes.





Keywords: Pneumobilia, ERCP, Diagnostic Imaging

Ref No: 4596

PATIENT WITH ACUTE PANCREATITIS PRESENTING WITH NAUSEA AND VOMITING INTRODUCTION

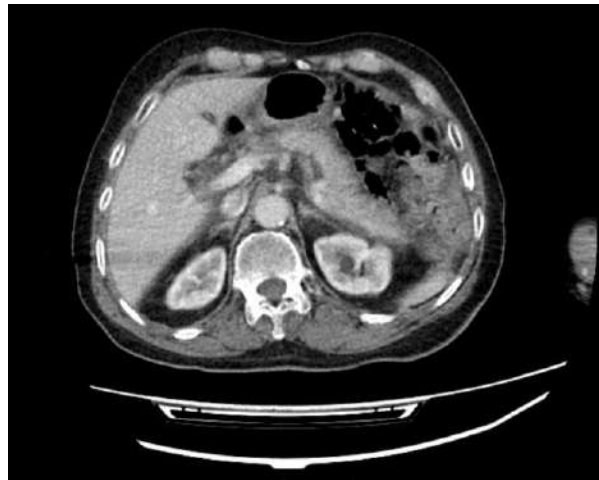
ENES AKINCI¹

¹ATATÜRK UNIVERSITY

Introduction and Purpose: Acute Pancreatitis is an inflammatory process of the pancreas characterized by abdominal pain in the upper quadrants of the abdomen and elevated pancreatic enzymes such as amylase and lipase.

Materials and Methods: An 82-year-old man with known hypertension presented with complaints of nausea, vomiting 3 times, and abdominal distension for 3 hours. There was no complaint of abdominal pain. The patient's vital signs on arrival were TA:135/86 Pulse:80 Respiratory Rate:15 Temperature:36.7 O₂ Saturation:97. On physical examination, neurologic examination was normal, lung sounds were natural, and there was no abdominal relaxed defensive rebound. Other system examinations were also normal. Blood tests revealed amylase: 2597 lipase: 2068 CRP: 34. Contrast-enhanced abdominal CT imaging was reported as 'There is edematous thickening in the pancreas.' The patient was hospitalized in the Internal Gastroenterology service.

acute pancreatitis



Results and Conclusion: In acute pancreatitis, patients generally present with abdominal pain and nausea and vomiting. However, not all patients may have abdominal pain. Acute abdomen can also be seen in patients who present with nausea and vomiting even without abdominal pain. This patient presented with nausea and vomiting without abdominal pain and was diagnosed with acute pancreatitis.

Keywords: acute pancreatitis, vomiting, nausea

Ref No: 4631

Neuroleptic Malignant Syndrome

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Introduction and Purpose: Neuroleptic Malignant Syndrome (NMS) is a neuropsychiatric emergency with symptoms such as altered mental status, muscle rigidity (lead pipe rigidity), fever and autonomic dysfunction due to the use of antipsychotic agents. It is a potentially fatal syndrome caused by exposure to dopamine antagonists or abrupt discontinuation of dopamine agonists (1). Almost every antipsychotic agent has been associated with NMS. The patient may experience muscle rigidity, involuntary movements, confusion, dysarthria, dysphagia, pallor, cardiovascular instability, fever, pulmonary congestion and diaphoresis. Since Neuroleptic Malignant Syndrome can lead to stupor, coma and even death in some cases, it should be monitored in intensive care as soon as the diagnosis is made (2).

Materials and Methods: A 73-year-old woman presented to the emergency department with complaints of high fever and altered consciousness that started three days ago. In addition to these complaints, she also complained of sitting stiffness, not responding to questions, urinary incontinence and increased body temperature. In his anamnesis, it was learned that he had psychosis comorbidity and was taking rasagiline, flufenazine and motilium. On admission vitals; TA: 183/120 mmHg, pulse: 117/min, inspiratuare rate: 24/min, fever: 38.2 °C, O2Sat: 89%. On examination; general condition was moderate, oriented, cooperation was limited, contractions in the whole body, tremor in the left arm were normal. In the tests; WBC:16,75 K/uL, Neu:94%, CRP:147 mg/dL, CK:430 IU/L, Kre:1,06 mg/dL, urea:60 mg/dL, Na:131 mmol/L, K:2,63 mmol/L, Cl:85 mmol/L, Ca:9,09 mg/dL. Brain CT showed no acute gross hemorrhage and changes compatible with chronic ischemic processes. Diffusion MRI showed no acute potologic diffusion limitation. Thorax CT showed no significant infiltration and consolidation in both lungs. After consultation with infectious diseases, neurology and psychiatry, the patient with a known diagnosis of psychosis and a history of rasagiline, flufenazine and motilium use was diagnosed as NMS, admitted to internal medicine ICU and started bromocriptine 3*2.5 mg/day treatment.

Results and Conclusion: NMS is a rare but life-threatening syndrome with high mortality. Dose changes in antipsychotic treatment and abrupt discontinuation of drugs are the most important etiologic factors and can be seen in 0.5-1% of antipsychotic users. Predisposing factors for NMS should be reviewed.

Keywords: Neuroleptic Malignant Syndrome, Brain CT, Emergency

Ref No: 4663

Acute Alcohol Poisoning: Diagnosis and Intervention Strategies in the Emergency Department

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¹Acute Alcohol Poisoning: Diagnosis and Intervention Strategies in the Emergency Department

Introduction and Purpose: Acute alcohol poisoning is a potentially life-threatening condition that occurs as a result of excessive alcohol consumption. This poster focuses on the management of a diagnosis of acute alcohol poisoning offered by emergency services, whereby the steps of the method used in diagnosis and intervention are evaluated.

Materials and Methods: A 20-year-old male university student was brought to the emergency room with his friends' complaints of decreased consciousness and vomiting. The patient stated that he consumed a large amount of alcohol during the party. In the first evaluation, vitality was recorded as continuing and vital assets were recorded as stable; However, he was showing signs of slow breathing and hypothermia.

Results and Conclusion: Management of acute alcohol intoxication involves quantifying vital capacity and preventing potential capacity. In this case, treatments such as respiratory support and fluid resuscitation were terminated. In the literature, the importance of increasing measurement and respiratory analysis of patients and appropriate treatments in cases of acute alcohol poisoning is emphasized (Lyon et al., 2018). This case also demonstrates the power to future-proof the potential consequences of alcohol consumption, especially among young adults. Alcohol distribution needs to be protected from harm and supported by education and community-based interventions (Rehm et al., 2017). As a result, early diagnosis and intervention in cases of acute alcohol poisoning can significantly improve the recovery process. Emergency services teams must be constantly available to administer this type of care quickly and effectively.

Keywords: acute alcohol, intoxication, alcohol poisoning

Ref No: 4675

Norwegian Scabies and Contact Dermatitis Following Facial Trauma with a Wood Fragment

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Norwegian scabies and contact dermatitis are different pathologies that can cause skin reactions. Norwegian scabies is a highly contagious and severe form of scabies that occurs especially in individuals with compromised immune systems. Contact dermatitis develops as a result of skin contact with irritating or allergenic substances.

Materials and Methods: A 56-year-old male patient applied to the emergency room with the complaint that a piece of wood splashed on his face while chopping wood and a rash started two days later. There was visible redness, itching and blisters on his face. No urgent pathology was detected in the patient, who was evaluated due to trauma, and the Dermatologist was consulted due to the rashes. The patient was admitted to the dermatology service with a preliminary diagnosis of Norwegian scabies and contact dermatitis.

Results and Conclusion: This case highlights the complex nature of dermatological conditions that can develop on the skin after mechanical injury and the diagnostic challenges encountered in clinical practice. Injuries that occur during activities such as chopping wood can be a trigger for a variety of dermatological problems. Such cases demonstrate the importance of clinical caution and flexibility in the diagnosis and treatment of atypical skin reactions.

Norwegian Scabies



Keywords: Norwegian Scabies, Scabies, Norwegian

Ref No: 4687

STROKE PRESENTING WITH AORTIC DISSECTION CHALLENGING DIAGNOSIS A CASE REPORT

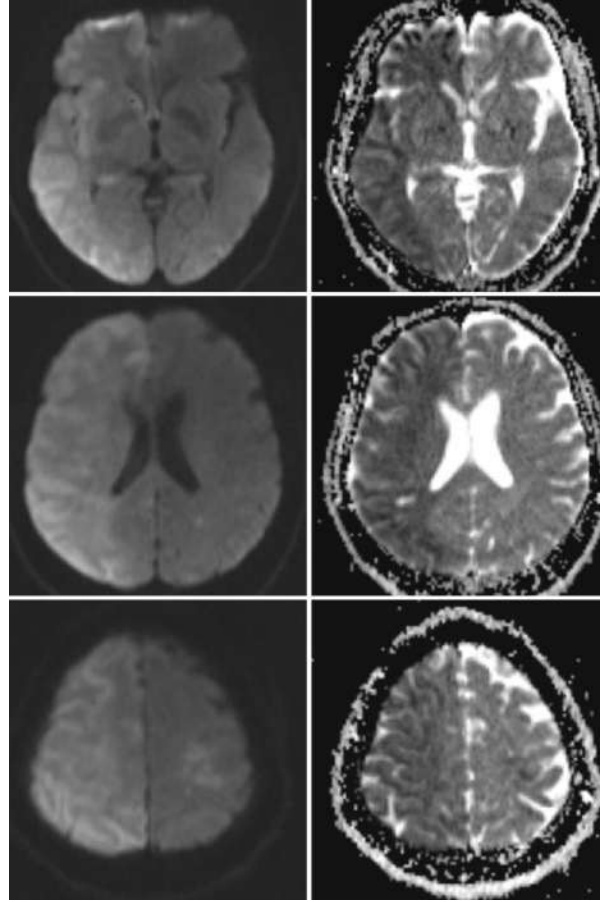
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Introduction and Purpose: Aortic Dissection (AD) is a vascular emergency with high mortality, morbidity. It occurs as a result of a tear in the aortic intima. Presentations most commonly include chest and back pain, but can involve neurological deficit. Involvement of cranial vessels in the dissection line can lead these patients to present with neurological symptoms, resulting in overlooking the primary issue. Herein, we aimed to draw attention to this condition by presenting a case of presenting with stroke symptoms who was diagnosed with aortic dissection.

Materials and Methods: A 53 years old female patient presented to the emergency department with sudden onset loss of consciousness and suspected ischemic cerebrovascular accident (CVA). Although there was no exact information regarding the onset time of her symptoms, it was learned to be approximately 4 hours before her presentation to the emergency department. The patient had a history of hypertension and chronic obstructive pulmonary disease. The patient's vitals were stable, with a Glasgow Coma Scale (GCS) of 5, muscle strength of 3/5 in the right lower and upper extremities. Other system examinations were unremarkable. Cranial CT was performed for stroke suspicion, which did not reveal acute pathology but Diffusion-Weighted Brain MRI showed widespread infarction in the right MCA, PCA, ACA territories. Brain-Cervical CT angiography was performed for carotid artery dissection considering the lack of cardiac embolism based on bedside echocardiography and ECG. No opacification was observed in the right ICA. A dissection line was observed in the central branch of the ICA. Thoracoabdominal CT angiography was performed for aortic dissection, revealing a dissection originating from the ascending aorta and extending to the abdominal aorta, progressing to the left common iliac artery. The patient was diagnosed with Aortic Dissection DeBakey Type 1, Stanford Type A and was admitted for surgical intervention by the Cardiovascular Surgery Department.

Diffusion-Weighted Brain MRI



Diffusion-Weighted Brain MRI showed widespread infarction in the right MCA, PCA, ACA territories

Brain-Cervical CT Angiography



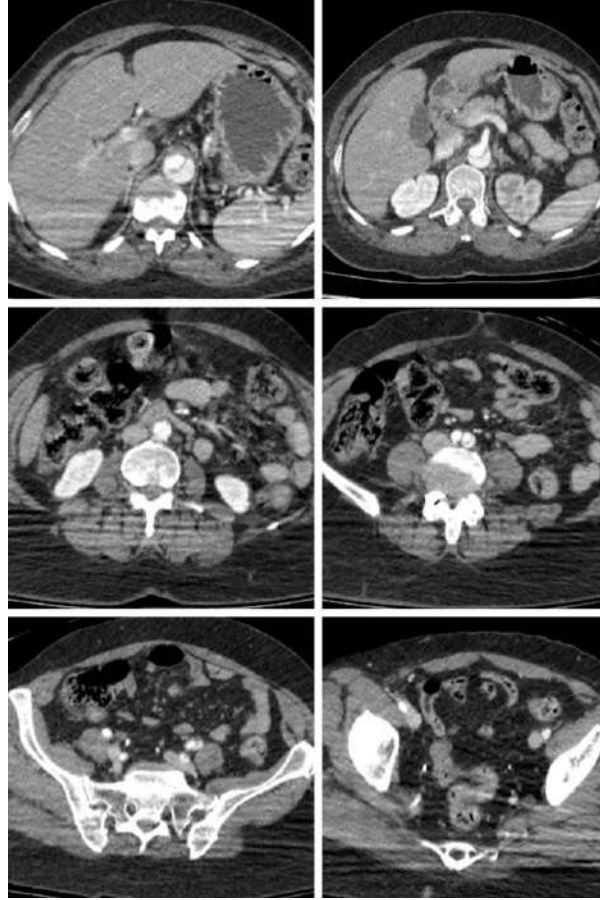
No opacification was observed in the right ICA. A dissection line was observed in the central branch of the ICA.

CT Angiography of the Chest



A dissection originating from the ascending aorta occurs.

CT Angiography of the Abdomen



Revealing a dissection originating from the ascending aorta and extending to the abdominal aorta, progressing to the left common iliac artery.

Results and Conclusion: In patients with suspected ischemic stroke or neurological deficits, a detailed history should be obtained and aortic dissection should be suspected. Pain history should be thoroughly investigated. Delay in diagnosis of AD can occur in the absence of comprehensive history taking and examination, and the mortality of the patient increases with every delayed hour.

Keywords: Aortic Dissection, Carotid Dissection, Ischemic Stroke

Ref No: 4725

A case report of Association of Fahr Syndrome and Spinal Stenosis in a Patient Presenting to the Emergency Department with Trauma

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Introduction and Purpose: FAHR syndrome is a rare neurodegenerative disorder characterized by symmetrical calcification of the cerebellum, thalamus and basal ganglia, diagnosed by computed tomography (CT), resulting from the deposition of calcium and various minerals in the brain. Spinal trauma from accidents (vehicle or non-vehicle) or sports injuries can led to spinal stenosis. It can occur as a result of spinal cord injury in the narrowed cervical spinal canal, especially in elderly patients, usually after traumatic cervical hyperextension. In this case report, we aimed to present spinal stenosis in a trauma patient with Fahr syndrome

Materials and Methods: A 74-year-old male patient was admitted to the emergency department by ambulance after a non-vehicle traffic accident. It was learned that the patient had a known diagnosis of hypertension but was not followed up regularly. Vital signs of the patient were blood pressure 140/80 mmHg, pulse: 80, respiratory rate 22/min, temperature 36.5, oxygen saturation 90 (without oxygen), general condition was moderate, GCS: 15, consciousness was clear, no obvious thoracoabdominal acute pathology was detected except bilateral upper extremity muscle strength 1/5. CT scan was planned as a result of NEXUS criteria scoring. CT imaging showed bilateral diffuse symmetric calcification in the periventricular deep white matter, basal ganglia, cerebellar hemispheres and temporal regions (consistent with fahr syndrome) no vertebral fracture was detected(Fig 1,2,3). MRI was planned for the patient with decreased muscle strength. MR imaging was compatible with cervical stenosis and cervical hernia(Fig 4). The patient was consulted to neurosurgery and vertebral decompression surgery was planned with a prediagnosis of Fahr syndrome + cervical stenosis and the patient was hospitalized in neurosurgery and operated.

Fig 1



Fig 1: Bilateral diffuse symmetric calcification areas on CT imaging consistent with Fahr syndrome

Fig 2



Fig 2: Bilateral diffuse symmetric calcification areas on CT imaging consistent with Fahr syndrome

Fig 3



Fig 3: Cervical CT without pathologic findings

Fig 4

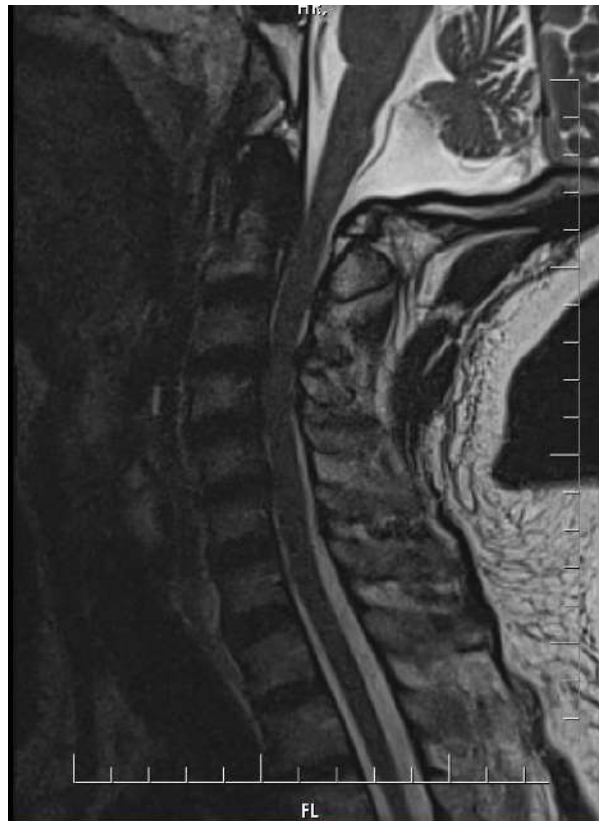


Fig 4: Stenosis and hernia on Cervical MRI

Results and Conclusion: Calcifications and hyperdense foci on computed tomography of the brain taken after trauma may be interpreted as hemorrhage foci since the patient had a history of trauma. In addition, causes of calcification may also cause spinal stenosis by calcifying the cervical vertebrae. Trauma may accelerate this process. As in this case, Fahr Syndrome should be considered in the differential diagnosis.

Keywords: Fahr syndrome, Trauma, Spinal Stenosis

Ref No: 4761

A rare cause of abdominal pain in an adult with mental retardation - Foreign body in the vagina

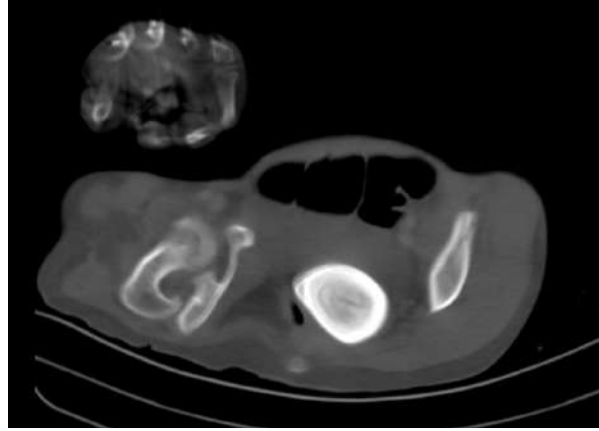
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Introduction and Purpose: Vaginal foreign bodies represent a rare condition characterized by prolonged, malodorous vaginal discharge and bleeding with obscure etiology. Patients may present with nonspecific symptoms such as nausea and abdominal pain alongside these symptoms. This case presentation involves an adult patient with cerebral palsy who presented to the emergency department with complaints of nausea and abdominal pain, ultimately diagnosed with a vaginal foreign body on CT scan.

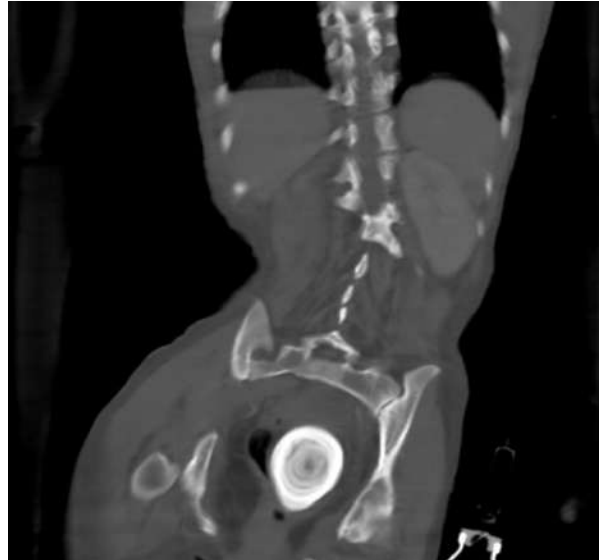
Materials and Methods: A 31-year-old female patient with cerebral palsy was brought to our emergency department by her relatives, complaining of nausea and abdominal pain that started in the morning. On initial assessment, her Glasgow Coma Scale was normal, vital signs were within normal limits, and she had no fever. Physical examination revealed no guarding or rebound tenderness in the abdomen, and there was no distention noted. A computed tomography (CT) scan of the abdomen revealed a dense appearance approximately 60 mm in diameter in the pelvic region (Image 1, 2 and 3). Abdominal ultrasound reported an approximately 6 cm diameter structure in the posterior aspect of the bladder, suggestive of a foreign body that could potentially be located within the vagina. A rectal examination was performed, revealing a mobile, firm mass of approximately the same size on the left side, indicating that the foreign body was located in the vagina. General surgery did not consider immediate intervention necessary. The patient was admitted to the Obstetrics and Gynecology service for further investigation and treatment. It was decided that the foreign body would be removed under sedation in the operating room. Upon evaluation, a firm object was encountered approximately 5 cm inside the vaginal entrance, which was grasped with forceps and extracted using an ovarian clamp. No additional foreign bodies were identified. Suturing or cauterization was not deemed necessary for the minimal bleeding observed in the vagina. The patient was discharged in good condition on the second postoperative day.

Image 1



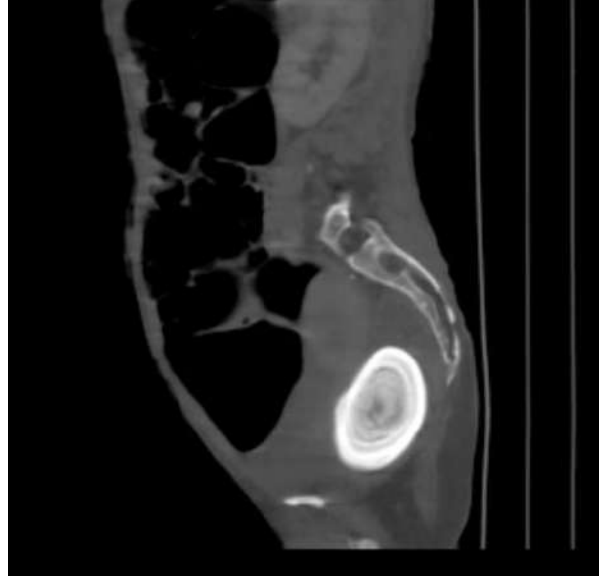
Intravaginal foreign body on axial CT scan.

Image 2



Intravaginal foreign body on coronal CT scan.

Image 3



Intravaginal foreign body on sagittal CT scan.

Results and Conclusion: In conclusion, vaginal foreign bodies should be considered in the differential diagnosis of abdominal pain, particularly in female patients with mental retardation such as cerebral palsy or psychiatric disorders such as schizophrenia.

Keywords: Emergency medicine, Intravaginal foreign body, Abdominal pain

Ref No: 4779

Doctor, look, my stomach hurts!

mustafa safa pepele¹, serdar derya¹, gökay sülü¹, melike ayhan¹, rıdvan sönmez¹

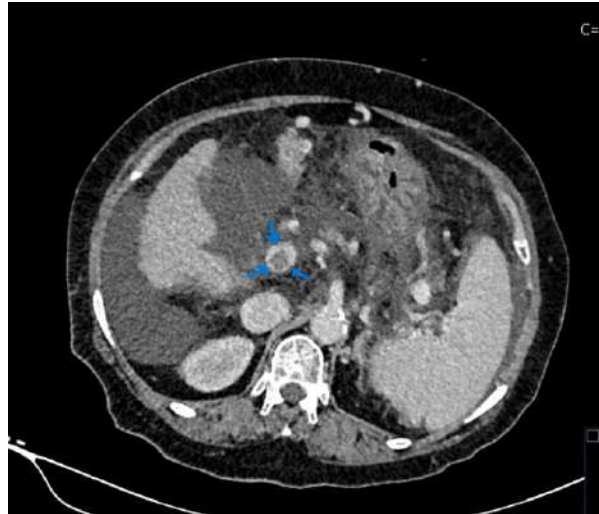
¹inönü university

Introduction and Purpose: portal vein thrombosis is an important pathology that is rarely seen in the emergency department oath requires rapid diagnosis oath treatment due to its existing complications . patients may today with various complaints such as abdominal pain , diarrhea , nausea , vomiting oath loss of appetite.

Materials and Methods: A 70-year-old female patient who applied to our emergency department with symptoms of left upper quadrant pain oath indigestion was diagnosed with portal vein thrombosis .

Results and Conclusion: Our aim in this case report is to remind portal vein thrombosis due to its life- threatening complications oath early treatment , although it is rare in patients who apply to the emergency department with abdominal pain .

Portal vein thrombosis



Keywords: portal vein thrombosis, stomachache, emergency

Ref No: 4782

Resistant Hypoglycemia in Methyl Alcohol Poisoning; Case Report

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Introduction and Purpose: Methyl alcohol poisoning presents challenges for clinicians in emergency departments and intensive care units. In poisoning, the amount consumed, the elapsed time and the combination of ethyl alcohol are effective on the clinical course. Methanol causes the first signs of poisoning to appear, and its metabolites are responsible for permanent neurological sequelae. Diagnosis is made by evaluation of clinical symptoms and laboratory tests. Methanol poisonings are associated with high mortality rates if left untreated or if treatment is delayed.

Materials and Methods: 57-year-old male patient, no known systemic disease. He came to the emergency room via 112 due to loss of consciousness. According to information received from his relatives, he has a history of intermittent drinking alcohol. Due to the presence of acidosis and coma, the patient was hospitalized with the preliminary diagnosis of methyl alcohol poisoning. His general condition was poor, he was unconscious, Glasgow Coma Score was 8, vitals were stable. In arterial blood gas evaluation, Ph: 6.88, PCO₂: 40.2, PO₂:50.7, HCO₃:6.7, BE: -27, lactate: 17.72, in blood biochemistry, Sodium value is 104, creatinine, GFR, AST, ALT was evaluated as normal. Blood ethanol level was measured as 45 mg/dl. The patient was urgently taken to hemodialysis in the intensive care unit. Ethyl alcohol infusion was started through the nasogastric tube. Resistant hypoglycemia developed during patient follow-up. Dextrose iv. It was administered as an infusion. The patient began to respond to vocal stimuli approximately 6 hours later.

Results and Conclusion: In patients who come to the emergency department with loss of consciousness, it is difficult to distinguish methyl alcohol poisoning from clinical conditions such as hypoglycemia, carbon monoxide poisoning, electrolyte disorders, and traumatic brain injury. Accumulation of metabolites in the blood leads to a decrease in serum bicarbonate and an increase in the anion gap. Acute renal failure and neurological function loss may occur. Hemodialysis will help to remove alcohol and its metabolites from the blood in the early period. Since ethyl alcohol will be cleared by dialysis, its administration should continue after dialysis. Serial measurement of blood alcohol level indicates response to dialysis.

Keywords: methyl alcohol, hemodialysis, hypoglycemia

Ref No: 4803

Hidden Danger in the Eye: HSV Keratitis Underlying Conjunctivitis Symptoms

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Eye infections are among the common conditions encountered in clinical practice. Conjunctivitis is one of the most common eye infections and is usually harmless and self-limited. However, some cases may be a symptom of more serious underlying diseases. Herpes Simplex Virus (HSV) keratitis is a serious corneal infection that can lead to vision loss, especially if left untreated. Therefore, it is of great importance to consider the preliminary diagnosis of keratitis in patients presenting with conjunctivitis findings

Materials and Methods: A 50-year-old female patient was admitted to the emergency department with a known history of hypertension (HT). The patient came with complaints of itching, burning and stinging in the eyes that had not gone away for a month, and visual impairment for the last two days. The patient has previously used antibiotic eye drops. During the examination, white opacity was detected in the cornea and the ophthalmology department was consulted. A diagnosis of HSV keratitis was made and the patient was admitted to the eye service and treatment was started

Results and Conclusion: HSV keratitis is an infection characterized by HSV settling in the cornea. Early diagnosis and treatment reduces the risk of complications and helps preserve visual functions. This case emphasizes that more serious conditions such as HSV keratitis should be considered in patients presenting with conjunctivitis findings, especially in those with persistent and atypical symptoms. Studies conducted in recent years show that although significant advances have been made in the early diagnosis and management of HSV keratitis, this condition is still a significant cause of vision loss. Therefore, intervening quickly and effectively in patients whose clinical findings are compatible with HSV keratitis may have important results

Keywords: Eyes, Keratitis, Hsv

Ref No: 4813

Arterial occlusive disease treated without complications

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Introduction and Purpose: Acute arterial occlusive diseases are clinical conditions caused by embolism, thrombus and tissue/organ ischemia. Acute occlusive diseases of the lower extremities carry a high risk of limb loss and death. Lower extremity ischemic diseases mostly originate from the heart (90-96%). Classically, Pratt's 6P sign is important in the diagnosis of acute limb ischemia. In this case, we wanted to present a case that could be treated without complications.

Materials and Methods: 38-year-old female patient. He called 112 and stated that he had severe pain radiating from both groins to both legs, 1 hour before he went to the emergency room. He had hypertension and a history of one stillbirth. There is no history of Deep Vein Thrombosis or Pulmonary Embolism. Patient who smokes one pack of cigarettes a day. On physical examination, it was observed that both feet were pale and cold, and foot/ankle and pelvic movements were not possible. Bilateral femoral pulses are palpable, and bilateral popliteal, tibialis posterior, and dorsalis pedis pulses are absent. Laboratory findings were normal and the ECG was in normal sinus rhythm with no acute ST-T changes. Lower extremity CT angiography revealed bilateral femoral arteries occlusion and high-grade stenosis in the proximal superficial femoral artery on the right (picture 1). There is an occluded appearance in the distal part of the superficial femoral artery and trifurcation artery on the right. Occlusion is observed in the distal part of the superficial femoral artery, popliteal artery and trifurcation arteries on the left. The patient was admitted to the cardiovascular surgery intensive care unit and underwent surgery.

picture 1



Results and Conclusion: In patients presenting with complaints such as pain, pallor and numbness in the extremities, we should not neglect to perform a detailed physical examination and keep in mind the embolism or thrombotic processes that may develop acutely. Especially in patients with suspected lower extremity embolism, extremity elevation should be avoided and the patient should be immediately consulted with cardiovascular surgery with the results of Doppler USG or CT angiography. Treatment may progress to endovascular interventions, surgery or amputation.

Keywords: Arterial occlusive disease, treatment, complication

Ref No: 4827

LBBB ST-ELEVATION MI

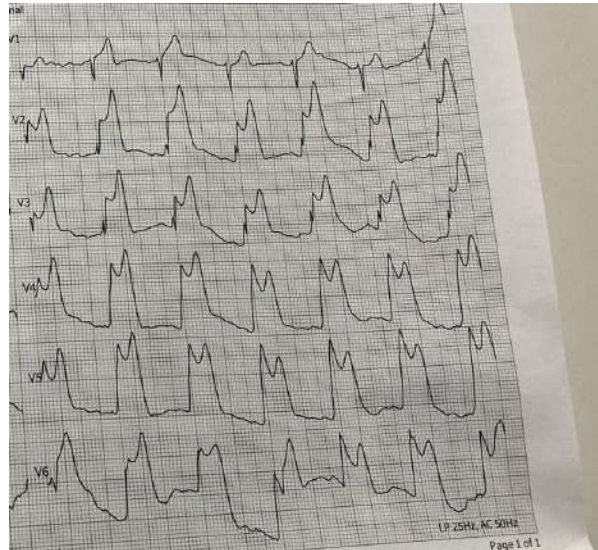
Aykut ADIGÜZEL¹

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Introduction and Purpose: CASE: 57-year-old male patient with a documented history of three angioplasties, two stents, and left bundle branch block was admitted to our centre with complaints of compressive chest pain and left arm pain that began four hours ago. Upon presentation, the patient's general condition was moderate, with a saturation of 94%, a pulse of 91, an arterial blood pressure of 113/72 mmHg, and a temperature of 36.4°C. Upon examination, bilateral lung sounds were normal, and peripheral pulses were equal and clear. The electrocardiogram (ECG) of the patient demonstrated a ST-elevation ECG with five points from the LBBB and SQ-arrhythmia criteria (Figure 1). The patient was promptly administered 300 mg of ecopirin and referred to the cardiology department for further evaluation and treatment.

Materials and Methods: Electrocardiogram (EKG)

Figure 1: The electrocardiogram (EKG) revealed a left bundle branch block (LBBB) with a ST-elevation myocardial infarction (MI).



Results and Conclusion: Although it is uncommon for patients with left bundle branch block to exhibit a score of 5 on ECGs in accordance with the sqarbossa criteria, this should not be overlooked.

Keywords: LBBB

Ref No: 4859

Midshaft Forearm Fractures

YUSUF ŞİMŞEK¹, SÜMEYYE GÜNDÜZ SAĞIR¹, ZEYNEP ÇAKIR¹

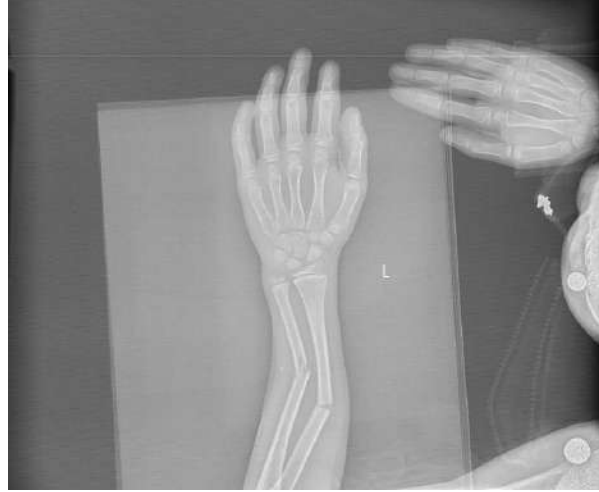
¹ATATURK UNIVERSTY

Introduction and Purpose: Midshaft forearm fractures involving the radius, ulna, or both bones are relatively common and potentially debilitating. Patients typically complain of pain, and bone deformity may occur in the area immediately following the trauma. Associated soft tissue injury to the affected extremity is common but varies greatly in severity depending on the mechanism (more common in high-energy trauma and crush injuries) and the patient. Such injuries may include skin lacerations, superficial and deep muscle contusions, and contusions or tears to tendons or neurovascular structures. For this reason, the injured extremity should be examined closely and the mobility of the wrist and elbow should be evaluated as much as the pain allows. Considering the possibility of nerve and vascular injury resulting from direct (laceration, crush injury) or indirect (acute compartment syndrome) mechanisms, thorough neurovascular examinations of the patient are important.

Materials and Methods: A 10-year-old boy came to us after falling off the couch. On arrival, his general condition was fair, GCS was 15, and vitals were stable. In his medical history, he described pain in his left arm. He had no known chronic disease or medication use. On examination, there was tenderness, swelling and deformity in the midline of the left forearm. The neurovascular examination of the patient, who had no open wounds, was normal. His external systemic examination was unremarkable. Displaced shaft fracture of radius and ulna was observed in the extremity X-ray and tomography. [Figure 1] The patient was consulted to the Orthopedics and Traumatology Clinic. He was admitted to the Orthopedics Clinic.

Results and Conclusion: All patients with midshaft forearm fractures receive standard initial treatment consisting of rest, ice, elevation, immobilization, and appropriate analgesia. The immobilization method for each fracture type is described in the text. Final care is usually provided by the orthopedic surgeon to whom the patient is referred.

Figure



Keywords: Fall, Double Arm Fracture, Emergency Surgery

Ref No: 4883

A case of aortic dissection presenting with upper respiratory tract infection symptoms

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Introduction and Purpose: Upper respiratory tract infection(URTI) may cause many atypical symptoms such as weakness, sore throat, myalgia and back pain. These symptoms may be confused with many serious diagnoses such as aortic dissection(AD).AD has a high mortality rate. AD in patients requiring redo-surgery with a history of previous aortic valve replacement(AVR) is a rare condition requiring a multidisciplinary approach and more complex treatment strategies. In this study, we aimed to present a case of AD presenting to the emergency department with complaints of URTI in the light of the literature.

Materials and Methods: A 78-year-old man with a history of coronary artery disease, hypertension, AVR and warfarin and antihypertensive use presented with complaints of weakness, throat and back pain. The patient's general condition was good and GCS was 15. When the vital signs of the patient were analysed, right-left blood pressure was 130/85-145/95 mmHg, pulse rate was 95 beats/min, respiratory rate was 21 breaths/min and oxygen saturation was 86%. Lung sounds were coarse in the right basals. On pulse examination, all pulses were bilaterally patent.X-ray showed right lobar pneumonia and dilated thoracic and abdominal aorta(Fig 1).CT was performed in a patient with a history of AVR and a score of 2 (Age+Urea) in CURB-65CT scan showed a dissection flap extending from the ascending aorta to the abdominal aorta and iliacs, and aneurysmatic dilatation of the thoracic and abdominal aorta reaching 80 mm in size(Fig 2,3,4).The patient was monitorised. Esmolol infusion was started. Cardiovascular Surgery was consulted. Cardiovascular surgery planned Benthall + Elephant Trunk + TEVAR operation but recommended referral to the appropriate centre due to lack of equipment and hybrid operating room. The patient could be transferred after 36 hours and died during the operation.

Fig 1



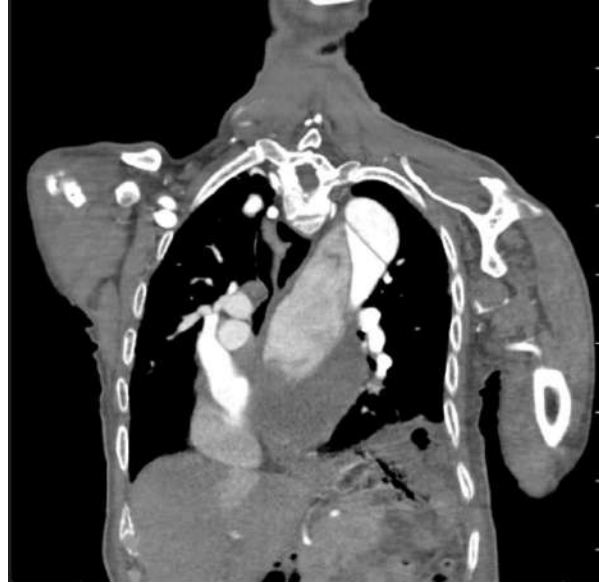
X-ray image: Lobar pneumonia + enlargement of the thoracic and abdominal aorta

Fig 2



CT axial view: Dissection flap in the ascending aorta and aneurysmatic dilatation of the thoracic aorta

Fig 3



CT coronal view: Dissection flap in the ascending aorta and aneurysmatic dilatation of the thoracic aorta

Fig 4



CT sagittal view: Dissection flap in the ascending aorta and aneurysmatic dilatation in the thoracic and abdominal aorta

Results and Conclusion: Patients with advanced age, hypertension and history of AVR surgery are at risk for AD. Mortality is significantly increased in AD patients with a history of

AVR. Caution should be exercised in patients with advanced age, comorbidities and a history of previous surgery, as symptoms of URTI may be confused with AD, a fatal cause of chest pain.

Keywords: Upper respiratory tract infection, Aortic valve replacement, Aortic dissection

Ref No: 4891

An Urgent Consideration in the Emergency Department: Posterior Reversible Encephalopathy Syndrome (PRES)

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Introduction and Purpose: Introduction: Posterior Reversible Encephalopathy Syndrome (PRES) is a clinical entity characterized by reversible vasogenic edema, first described in 1996. While hypertension is a primary factor in its pathogenesis, cases have been reported without severe hypertension.

Materials and Methods: Case: We present an 85-year-old female patient who was found unconscious at home and brought to the emergency department. She had elevated blood pressure and a history of hypertension. Despite a normal brain CT, MRI was inconclusive due to unavailability. The patient was admitted with a presumptive diagnosis of PRES.

Results and Conclusion: Discussion/Conclusion: PRES poses diagnostic challenges, as it can occur without severe hypertension and may present with nonspecific symptoms. MRI typically reveals characteristic findings in the parieto-occipital regions. Early diagnosis and treatment are crucial for reversibility, emphasizing the importance of addressing underlying causes. Our patient showed clinical improvement with prompt intervention, highlighting the need for vigilance in recognizing and managing PRES in clinical practice.

Keywords: Hypertension, Posterior Reversible Encephalopathy Syndrome (PRES), Vasogenic Edema

Ref No: 4897

An Atypical Case of Pancreatitis Caused by Back Pain and Choledocholithiasis

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¹An Atypical Case of Pancreatitis Caused by Back Pain and Choledocholithiasis

Introduction and Purpose: While cases of acute pancreatitis usually present with significant abdominal pain, cases presenting with atypical symptoms, such as this case, require special attention in emergency department practice. We discuss the difficulties in the diagnosis and management of such atypical cases through the example of a patient who presented with back pain and was subsequently diagnosed with acute pancreatitis due to choledocholithiasis, confirmed by computed tomography (CT).

Materials and Methods: A 50-year-old male patient, although his general health condition was good, applied to the emergency room with the complaint of constant and severe back pain. Although musculoskeletal pain was initially considered, a more comprehensive evaluation was performed due to the persistent nature of the pain and its lack of response to analgesics. Laboratory tests showed significant increases in amylase and lipase levels, which are at high risk for pancreatitis. Abdominal CT scan performed under emergency room conditions revealed findings consistent with gallstones and biliary obstruction and confirmed the diagnosis of acute pancreatitis.

KOLEDOKOLİTİYAZİS



Results and Conclusion: This case demonstrates that acute pancreatitis can present only with atypical symptoms such as back pain and that choledocholithiasis is an important etiological factor that can lead to acute pancreatitis. CT scanning in the emergency department has a critical role in both the diagnostic and differential diagnosis process. This highlights the importance of emergency physicians using rapid and effective imaging methods while considering a wide range of differential diagnoses, especially in patients presenting with atypical symptoms. Early diagnosis and management can improve outcomes and prevent potential complications in patients with acute pancreatitis.

Keywords: Choledecholithiasis, acute pancreatitis, EMERGENCY

Ref No: 4942

Femur Fracture

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¹ATATURK UNIVERSITY

Introduction and Purpose: A distal femur fracture will usually be suspected based on a history of a high-energy mechanism along with a physical exam such as pain and swelling around the distal femur and knee. Patients with distal femur fractures often experience severe pain and are unable to bear weight. The relevant area of hamstring muscle spasms causes a significant deformation and persistence. Plain imaging, consisting of standard anteroposterior (AP) and lateral imaging of the entire femur, including the knee and hip, typically diagnose a distal femur fracture. However, some physical structures and cardiovascular injuries require additional imaging such as computed tomography and arteriography.

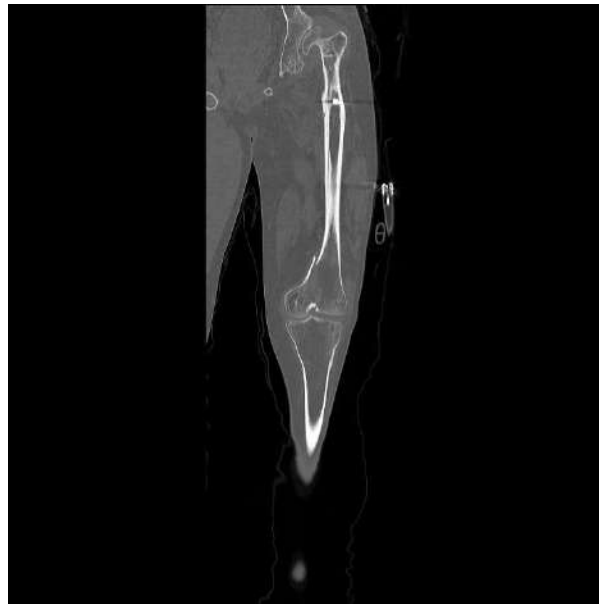
Materials and Methods: A 34-year-old male patient came to us after spraining his left knee. On arrival, the general condition was moderate, GCS was 15 and vitals were stable. His anamnesis described pain in his left knee. There was a known history of polio. On examination, there was tenderness and edema at the distal end of the left femur. His neurological examination was normal, with no open wounds. Examination of the external system was unremarkable. A displaced fracture line was observed in the distal femur in the extremity X-ray and tomography. [Figure 1-2] The patient was consulted to the Orthopedics and Traumatology Clinic. The patient, who was hospitalized and operated on by the Orthopedics Clinic, was discharged with full recovery after follow-up.

Results and Conclusion: Patients with signs of distal neurovascular disorder or acute compartment syndrome require urgent orthopedic evaluation. Definitive care can vary significantly, from brief splint immobilization to open surgical treatment, depending on the progression of expansion and the ability to tolerate surgical repair.

Figure 1



Figure 2



Keywords: Trauma, Femur Fracture

Ref No: 5011

Solid Organ Injuries in Traffic Accidents: The Importance of High-Energy Trauma and Whole-Body CT

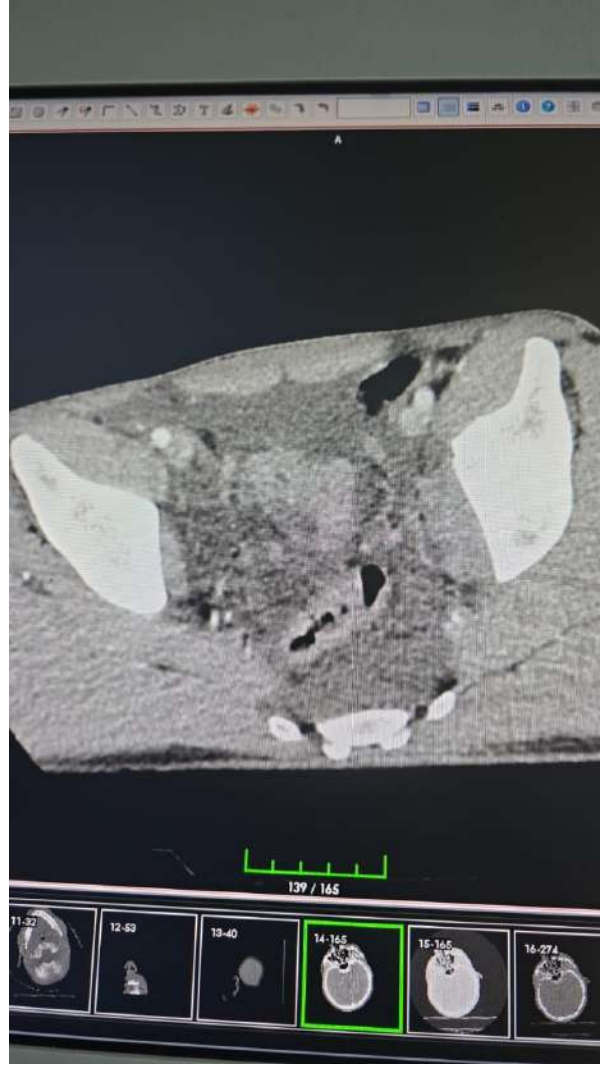
Ömer Faruk İŞLEYEN¹, Sultan Tuna Akgöl GÜR¹, Erhan ŞAHİN¹

¹Ataturk University

Introduction and Purpose: Traffic accidents are a major public health issue worldwide, leading to serious injuries and deaths. In high-energy trauma cases, particularly where multiple organs are affected, these situations are commonly encountered. This poster underscores the importance of often overlooked solid organ injuries resulting from traffic accidents. Moreover, it highlights the critical role of whole-body CT (pan CT) in the diagnosis of patients with high-energy trauma.

Materials and Methods: A 25-year-old male patient was brought to the emergency department following a traffic accident. The patient had sustained a high-energy trauma, and initially, there was no apparent external damage. However, he presented with persistent abdominal pain. Despite stable vital signs, physical examination revealed diffuse abdominal tenderness. The patient was immediately taken for a pan CT scan, which led to the diagnosis of bladder perforation. This diagnosis serves as an example of how solid organ injuries in traffic accidents can be overlooked and the critical importance of pan CT in evaluating such conditions.

Results and Conclusion: This case emphasizes the importance of a thorough evaluation of solid organ injuries resulting from traffic accidents. In patients with high-energy trauma, the use of pan CT plays a critical role, particularly concerning solid organ injuries. Pan CT is a significant tool that enables the rapid and effective identification of such injuries, guiding appropriate treatment strategies and improving patient outcomes. The use of pan CT for the early diagnosis of high-energy trauma incidents in traffic accidents is of vital importance. This technology ensures the swift recognition of potentially life-threatening injuries and the appropriate direction of treatment. Health professionals should always consider the value and importance of pan CT in such cases.



Keywords: Bladder Perforation, Solid Organ Injuries, Traffic Accident

Ref No: 5054

HORSESHOE KIDNEY AND HEMATURİA: CASE REPORT

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Introduction and Purpose: Hematuria may develop as a result of blunt or penetrating trauma. The majority of renal injuries occur due to blunt mechanisms. In children, kidneys are more susceptible to injury after blunt abdominal trauma compared to adults. Hematuria is the most reliable indicator of traumatic urinary tract injury. Horseshoe kidney is the most common renal fusion anomaly. The kidneys are fused at the superior or inferior poles, resembling the shape of a horseshoe. They are typically asymptomatic and incidentally detected.

Materials and Methods: A 10-year-old boy presented to the emergency department approximately 8 hours after falling and hitting his abdomen on the sidewalk while running at school. The patient presented to the emergency department with abdominal pain and urinary bleeding. Upon examination, periumbilical and suprapubic tenderness were noted, and hematuria was observed on insertion of the bladder catheter. The patient's vital signs were stable, and no acute pathology was detected in the blood. Bedside ultrasound revealed ectopic localization of the right kidney. The patient was hospitalized in the pediatric surgery service due to the presence of a hematoma in the bladder and a laceration in the ectopic kidney, as shown by abdominal tomography.

Results and Conclusion: It is important to consider urinary system injuries in patients who present with hematuria after trauma. Due to its location, the horseshoe kidney is more susceptible to injury from blows to the anterior abdomen, and therefore requires extra caution to avoid laceration.

Keywords: Horseshoe kidney, Trauma, Hematuria

Ref No: 5056

Hypothermia: More Than a Measurement

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Introduction and Purpose: Hypothermia occurs when the body temperature drops below 35°C. It affects multiple body systems and can become life-threatening as body temperature decreases, leading to serious cardiac arrhythmias, severe hypotension, acid-base imbalances, pulmonary edema, significant central nervous system dysfunction, and cardiac arrest. Various factors such as trauma, concurrent medical conditions, elderly age, sepsis, drug usage, and nutritional deficiencies can predispose individuals to hypothermia. Its differential diagnosis is extensive, and several conditions that mimic its symptoms may coexist with hypothermia. Prompt diagnosis and prevention of heat loss are crucial, with early intervention, prolonged resuscitation, and rewarming being key goals for successful management.

Materials and Methods: A 74-year-old male was brought to the emergency department after being found unconscious in a car. Initial assessment revealed a pulse rate of 42, blood pressure of 82/41, Spo2 measurement not feasible, and a body temperature of 31°C (measured using an infrared thermometer). The patient had dilated pupils with reduced light reflexes, emitted incomprehensible sounds, exhibited wheezing, and was unresponsive to pain stimuli. ECG findings showed Osborn waves, widened QRS complexes, bradycardia, and diffuse T-wave inversions. Immediate measures included thermal insulation, heated fluid replacement, cardiac monitoring, and active external warming. Bladder catheterization was performed due to lack of urine output despite hydration, and inotropic therapy was initiated for persistent hypotension. Laboratory results showed elevated glucose levels (1250), CRP of 66, procalcitonin of 0.48, and evidence of urinary tract infection. Thoracic CT revealed ground-glass opacities, peribronchial infiltrations, and consolidations in both lung fields. The patient received insulin therapy, antibiotics, and ongoing temperature management. With improved consciousness, resolved hypotension and bradycardia, the patient was transferred to the Intensive Care Unit with diagnoses of sepsis and hypothermia.

Results and Conclusion: Hypothermia, often overlooked and underdiagnosed, particularly in the elderly or trauma patients, presents a broad range of differential diagnoses. Early recognition, temperature regulation, pharmacological interventions, and management of underlying conditions are essential for successful outcomes. Remarkable results, including resuscitation at temperatures as low as 9°C and extracorporeal warming in hypothermic cardiac arrest, demonstrate the potential for effective management even in severe cases.

Keywords: Hypothermia, Osborn Waves, Sepsis

Ref No: 5092

Splenic artery dissection and thrombus

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Introduction and Purpose: Spontaneous isolated splenic artery dissection is considered a rare clinical entity. There is no known definitive cause of visceral artery dissections, but risk factors include male gender, age in the 5th or 6th decade, hypertension, and connective tissue disorders. The outlook varies, diagnosis is primarily radiographic, and the mainstay of treatment is anticoagulation or antiplatelet therapy. Splenic infarction is a common finding with splenic artery dissection, but the strength of this association has not been previously reported.

Materials and Methods: Abdominal aortic angiography was requested because the patient's pain did not relieve despite narcotic analgesia. In the patient's radiology report, the splenic artery originates from the abdominal aorta. In the splenic artery, there is a segmental thrombus formation of approximately 43 millimeters, starting approximately 2 centimeters distal from the origin (FIGURE 1). It is thought that the thrombus is secondary to dissection. It causes approximately 50-60% stenosis in the lumen at its narrowest point. The thrombus measured 8.5 millimeters at its thickest point. Additionally, minimal thickening was observed in the middle section of the splenic artery and in the posterior wall, and linear partial thrombus could not be excluded (FIGURE 2). More distally and proximally, the splenic artery is patent. Our patient was started on anticoagulant treatment and splenectomy was recommended.

SPLenic ARTERY DISSECTION



The area marked with a circle is the area containing splenic artery dissection. There is also thrombus here.

Splenic artery thrombus



There is a thrombus in the splenic artery in the area marked with the arrow. The nutrition of the spleen is intact. Distal and proximal arterial flow is open.

Results and Conclusion: Splenic artery dissection can be seen very rarely. Although it is very rare, it should be kept in mind in patients presenting with epigastric pain.

Keywords: Splenic artery dissection, splenic artery thrombus, Splenic artery

Ref No: 5101

DIAGNOSIS TO REMEMBER IN MALIGNANT PATIENTS: PULMONARY EMBOLISM

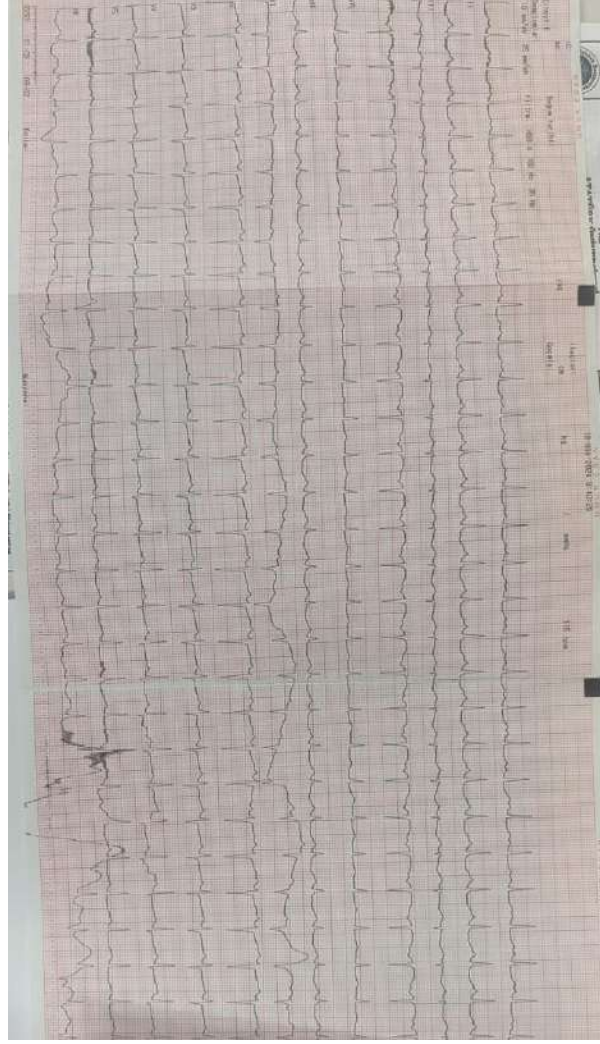
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¹emergency department of Atatürk university

Introduction and Purpose: Pulmonary embolism :The clinical picture caused by partial or complete occlusion of the pulmonary artery or one of its branches by a thrombus is called PULMONARY EMBOLI.

Materials and Methods: 61 years old, female A patient with known hypertension, diabetes mellitus and pancreatic ca (active chemotherapy) presented to the emergency department with swelling in the feet.Vitals Temperature: 36.6 BP: 110/69 Pulse: 126 Sat: %85Physical examination: neurologic examination was normal. No abdominal defense, no rebound, rales were heard at basals in lung sounds. Heart sounds are natural S1+ S2+, no additional sound, no murmur. Bilateral homans + in legs.Laboratory results: Blood gas: ph:7.45 sat: 86% pco2:36 po2:50.1 lac:2.5 hco3:24 Hemogram: Wbc:10.3(3.9-10.8) Hgb:12 (14.4-18.3) Plt:589 Biochemistry: amylase: 25(22-80) ALP:893 GGT:354 AST:63 ALT:9 LDH:732 TOTAL BILIRUBIN: 11.1 DIRECT BILIRUBIN: 6.25 CREATININE: 0.59 INR:2.6BILATERAL DVT USG: DVT WAS DETECTED IN THE RIGHT COMMON FEMORAL VEIN, POPLITEAL VEIN AND VENA SAPHENA MAGNA.Since the patient had dtv and malignancy, a possible pulmonary embolism was considered and contrast-enhanced pulmonary CT/angio was planned. Pulmonary CT imaging revealed contrast filling defects in the segmental-subsegmental branches leading to the right middle and lower lobe and left lower lobe and was interpreted in favor of pulmonary embolism. The patient was consulted to cardiovascular surgery due to dtv, oncology clinic due to elevated liver enzymes and pulmonary diseases clinic due to pulmonary embolism. The patient was admitted to the anesthesia and reanimation intensive care unit due to multiorgan diseases and the need for intensive care.

ekg



paag



ct1



ct2



Results and Conclusion: When evaluating patients with malignancy, patients with additional comorbid diseases, multi-organ dysfunctions should be considered. Each system should be evaluated in detail, regardless of the complaint of admission to the hospital. Recommendations should be obtained from the relevant clinics when necessary.

Keywords: MALIGNANT PATIENTS, PULMONARY EMBOLISM, comorbidities

Ref No: 5107

Flank and Right Lower Quadrant Abdominal Pain Secondary to Massive Grade IIIB Emphysematous Pyelonephritis: A Case Report

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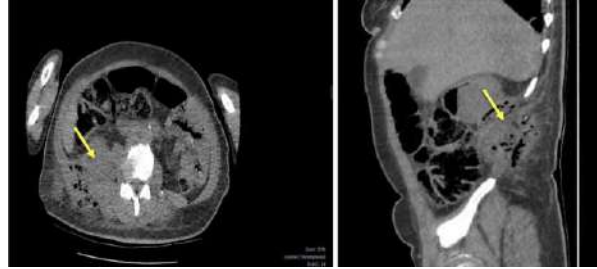
Introduction and Purpose: Emphysematous Pyelonephritis (EPN) is a severe necrotizing infection of the kidney and its surroundings. The first case was described in 1898 by Kelly and MacCullum. Most cases are reported in people with diabetes, about 90% reported according to different series. It is primarily unilateral, but 10% is bilateral. EPN is a rare clinical condition characterized by gas in the renal system, most often in the parenchyma, but also extending to surrounding perinephric tissues. It is caused by gas-forming organisms, most commonly *Escherichia coli* (E. coli), *Klebsiella*, *Clostridium*, *Candida*, *Aspergillus*, *Cryptococcus*, and *Amoeba*.

Materials and Methods: Our case presents a 55-year-old female patient with a past medical history of hypertension, type 2 diabetes, and atrial fibrillation. She was brought to the emergency department for a right lower quadrant abdominal pain associated with fever and multiple episodes of vomiting that started four days before her arrival to the emergency room. On arrival to the emergency room, her vitals were as follows: Blood pressure (BP):99/43 mmHg, heart rate (HR):112 beats/min, respiratory rate (RR):22/min, temperature:37.8°C, oxygen saturation:98% on room air. On physical examination, the general condition was alert and oriented, with a distended abdomen that was severely tender to palpation, rigidity, guarding, and rebound. There were tachycardia and tachypnea. Other physical examinations were normal. Computerized tomography (CT) imaging showed grade IIIB emphysematous pyelonephritis with renal abscess.

Figure 1 The presence of diffuse air values within the collecting system and intraparenchymal area of the right kidney is noted.



Figure 2 Within the inferior aspect of the right kidney, there is an evident presence of air-liquid levels measuring approximately 10 x 8 cm, with ill-defined borders adjacent to the iliopsoas muscle.



Results and Conclusion: EPN is an infection that primarily affects women at a ratio of 6:1. The Mean age of onset is 55–60 years, and the left kidney is the most affected in up to 67 % of cases. Abdominal CT scan continues to be the gold standard for diagnosis. Currently, nephrectomy is avoided as much as possible, and more conservative treatments are given. Mortality is still as high as 21 % despite new therapeutic options, all of which are primarily surgical. Patients with EPN usually complain of symptoms of typical pyelonephritis. In more severe conditions, acute renal failure or a septic shock can occur. Laboratory examination usually shows increased white blood cells and thrombocytopenia, while blood glucose may be high due to coexisting diabetes mellitus.

Keywords: emphysematous pyelonephritis, emergency room, abdomen pain.

Ref No: 5157

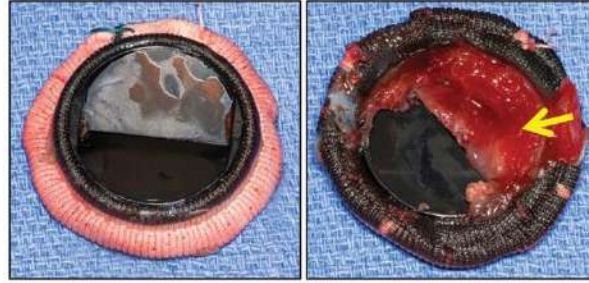
One of the rare mortal conditions seen in the emergency department: acute mechanical valve obstruction

Muhammet Bilal Ozmen¹, Atakan Yilmaz¹, Murat Seyit¹, Mert Ozen¹, Alten Oskay¹

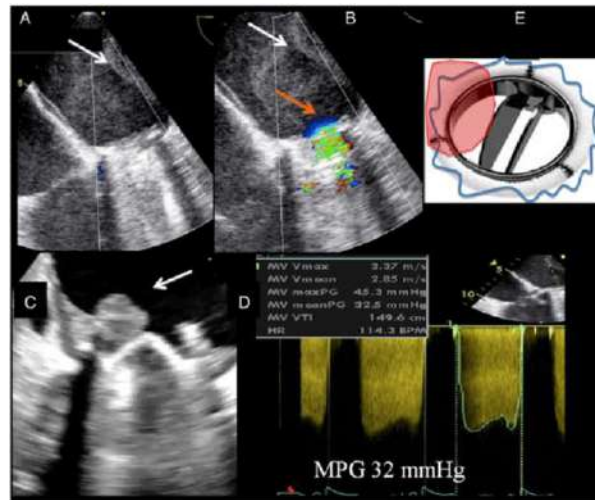
¹Pamukkale University, Faculty of Medicine, Department of Emergency Medicine

Introduction and Purpose: Prosthetic valve thrombosis is an important complication with high morbidity and mortality rates. It is seen at a rate of 0.5 to 8% in mitral and aortic valve prostheses and 20% in tricuspid valve prostheses. Although the primary cause is often inadequate anticoagulation, other risk factors include endocardial disease due to the surgical technique applied, fibrosis, pannus developing around the mechanical valve, atrial fibrillation, multiple valve replacement, ventricle dysfunction, and pregnancy.

Materials and Methods: A 46-year-old female patient was admitted to the emergency room with increasing shortness of breath for several days. We learn that the patient has a diagnosis of epilepsy and hypothyroidism in his medical history and that he had mechanical mitral valve replacement due to mitral insufficiency about 3 weeks ago. Patient's vitals Blood Pressure:70/50mmHg,Pulse:145beats/minute,SS:36,Temperature:36.7°C,Sat:76%,tachypneic. The dyspneic patient describes orthopnea. The patient,who does not have pretibial edema, has fine rales extending to the upper zones bilaterally in the respiratory sounds, s1/s2 rhythmic heart sounds were heard, no mechanical heart valve sound was heard, he is conscious but prone to sleep, and there is no additional pathology in his external physical examination. The patient was started on treatment with a preliminary diagnosis of hypotensive cardiac overload. Vasopressor support was provided along with IV hydration and IV diuretic treatment was started at the same time. Meanwhile, the patient's blood tests began to be completed and the patient's INR value came to 1.13. In the patient's bedside echocardiography, pericardial effusion was seen. The patient was considered to have cardiac tamponade and cardiology was consulted. The patient was referred to Cardiovascular Surgery with the diagnosis of "mechanical valve obstruction" due to the mechanical mitral valve not working and the mean gradient being high in the echocardiography performed by the cardiologist. He was consulted and underwent emergency surgery.



2



Results and Conclusion: Mechanical valve obstruction is a rare condition in the emergency department but has serious mortality. Valve thrombosis and dysfunction is a diagnosis that should definitely be considered in valve replacement patients who present to the emergency department with symptoms of heart failure, especially those who are under inadequate anticoagulation .

Keywords: Prosthetic heart valve thrombosis, shortness of breath, Heart failure

Ref No: 5188

De winter T wave

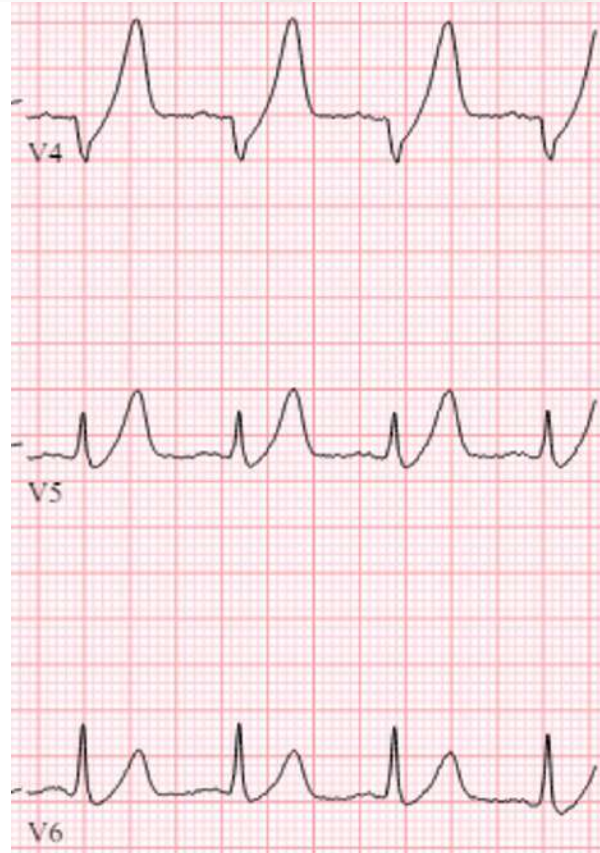
Bayram Bugra Turkeri¹, Atakan Yilmaz¹, Murat Seyit¹, Alten Oskay¹, Mert Ozen¹

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Introduction and Purpose: The De Winter T wave ECG pattern is an anterior STEMI equivalent characterized by the absence of significant ST segment elevation. The De Winter ECG pattern was first reported by De Winter and Wellens in 2008 in a case series where they observed this ECG pattern in 30 out of 1532 patients (2% of cases) with acute LAD occlusion.

Materials and Methods: A 58-year-old male patient presented to the emergency department with chest pain. He described the pain as pressure-like over the sternum, accompanied by a sensation of sweating, which started approximately one hour ago. He reported having undergone coronary angiography once about 10 years ago, with clean results and subsequent medical treatment. When asked about similarity to the previous pain, he couldn't recall due to the long time elapsed. Initial vital signs were as follows; BP: 175/90 mmHg, HR: 96 bpm, RR: 22 breaths/min, Temp: 36.8°C. There was no significant difference between right and left arterial blood pressures. He has a medical history of hypertension, diabetes mellitus, and coronary artery disease. He takes aspirin, olmesartan, and metformin without any known drug or environmental allergies. There is no history of past surgeries or smoking/alcohol use. Physical examination revealed normal breath sounds bilaterally, no cardiac murmurs on cardiac auscultation, no jugular vein distension, and clear peripheral pulses in both upper and lower extremities. ECG showed sinus rhythm at 80 BPM, with De Winter T waves in leads V4-V5-V6. Bedside echocardiography revealed an LVEF of 30% and significant hypokinesis of the apex of the left ventricle and other walls. Considering the presence of De Winter T waves on the ECG, anterior STEMI was suspected, and cardiology consultation was promptly requested. The patient received 300 mg aspirin and 5000 units of heparin in the emergency department and was transferred to the angiography unit. Coronary angiography revealed total occlusion of the LAD, and a stent was placed. Subsequently, the patient was admitted to the coronary intensive care unit for further monitoring.

ECG



Results and Conclusion: The purpose of presenting this case is to remind emergency medicine physicians that certain specific ECG patterns, such as De Winter T wave, may serve as an equivalent of STEMI even in the absence of typical ST segment elevation. Recognizing the De Winter T wave pattern will aid in identifying potential myocardial infarction and initiating early medical intervention.

Keywords: De Winter, myocardial infarction, T wave

Ref No: 5238

An atypical presentation abdominal aortic aneurysm rupture

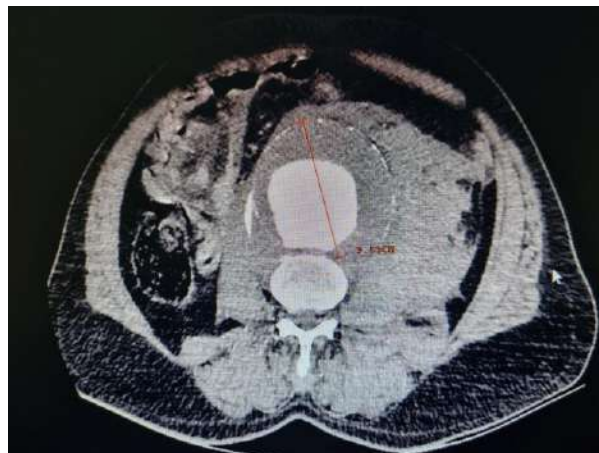
sabri sekme¹

¹Niğde Ömer Halisdemir Training and Research Hospital

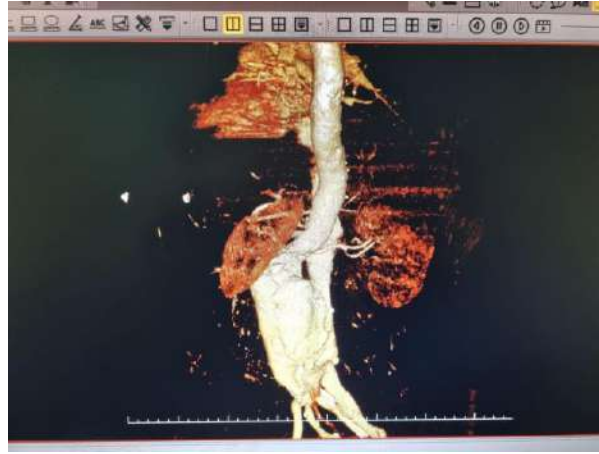
Introduction and Purpose: Abdominal aortic aneurysm (AAA) is dilatation of the abdominal aorta. Risk factors are age over 65, male gender, and family history. In developed countries, AAA is seen at a rate of 0.4% to 0.67%. If diagnosis and treatment are delayed, rupture may occur. The mortality rate of AAA rupture is estimated to be 70-80%.

Materials and Methods: A 68-year-old male patient was brought to the emergency room by ambulance with complaints of lower back pain and left flank pain. According to the anamnesis, it was learned that the pain had continued for six hours and was gradually getting worse. In the medical history, the patient had no comorbidities and no medication use. Vitals: TA: 130/80 mm-Hg Pulse: 94 beats/min O2 Sat 95% Fever: 36.1°C. The skeletal muscle examination was normal. Symptomatic treatment (paracetamol 1gr + 50 mg tramadolol) was started with the preliminary diagnosis of renal colic for the patient, whose abdominal examination was normal and there was no defensive rebound. There was a discrepancy between the severity of the patient's pain and the physical examination. With the preliminary diagnosis of abdominal AAA rupture and/or aortic dissection, routine complete blood cell (CBC) was performed, biochemistry, Electrocardiography (EKG), cardiac enzymes, d-dimer blood and gas were taken, and the patient's blood gas pH: 7.22, CBC: 20.300, and creatine were observed within normal ranges. computer tomography angiography of the patient's thoracic and abdominal aorta was performed. Its diameter was 9.5cm and its lumen diameter was 5.3 cm at its widest point. A 13.5x7.5 cm hematoma and edema were observed around the aorta. After CT, the patient was taken to the red area and was consulted to cardiovascular surgery. The patient was taken to emergency surgery and died intraoperatively.

computer tomography



computer tomography 3D



Results and Conclusion: Rupture of AAA is among the serious emergencies and are rare cases. In this respect, emergency physicians should take a good history of the patient's pain from patients who apply to the emergency department with renal colic-like pain. Although there are no obvious risk factors for AAA due to incompatibility between pain and physical examination, this rare diagnosis should be kept in mind.

Keywords: Abdominal aort anevrism, Abdominal aort anevrism

Ref No: 5291

EXTUBATION IN THE EMERGENCY DEPARTMENT; SINGLE CENTER EXPERIENCE

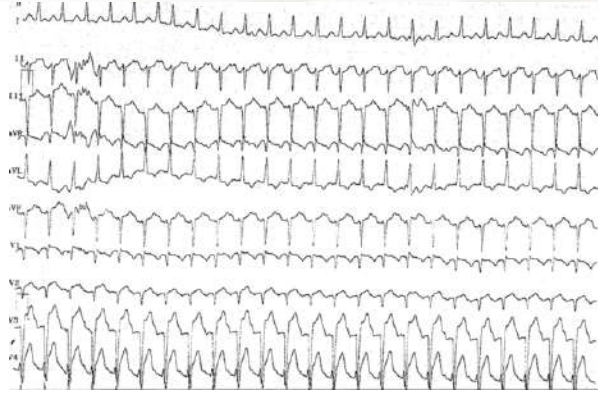
ABDULLAH YASER GUNEY¹, BAHADIR TASLIDERE¹

¹BEZM-İ ALEM VAKIF ÜNİVERSİTESİ

Introduction and Purpose: Hypertensive pulmonary edema is an important cause of mortality and morbidity that is frequently encountered in the emergency department and often occurs as a result of acute heart failure. It may occur due to conditions such as diastolic and systolic dysfunction, myocardial ischemia, acute mitral regurgitation[2] and may cause heart rhythm disturbances resulting in hypoxia[2].

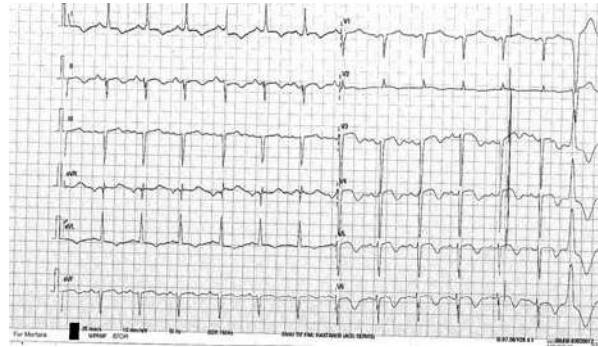
Materials and Methods: A forty-nine-year-old female patient presented with shortness of breath and active chest pain. The patient, who had a known history of COPD (chronic obstructive pulmonary disease), CHF (congestive heart failure), hypertension, diabetes mellitus and coronary artery disease. Complained of increasing shortness of breath and new-onset chest pain it is learned that she applied to the emergency room. The patient describes her pain as retrosternal pressure. During the first physical examination, the patient was agitated, her Glasgow Coma Score (GCS) was calculated as 13, and her consciousness was confused. The patient, who was thought to have developed hypercarbic respiratory failure secondary to hypertensive pulmonary edema, was intubated and respiratory support was provided with a mechanical ventilator. The patient was consulted with a cardiologist regarding acute coronary syndrome; No immediate invasive intervention was planned. The intensive care physician on duty was contacted to ensure follow-up in the intensive care unit, but there was no suitable intensive care unit in our hospital. After five hours of mechanical ventilator respiratory support, blood gas results showed that the patient's respiratory acidosis improved, and since the patient had a spontaneous respiratory effort and no longer needed a mechanical ventilator preparations for extubation were initiated. The "Weaning" protocol was started to be applied. The patient, who was able to maintain spontaneous breathing, was extubated and placed on non-invasive mechanical ventilator support with a mask in CPAP mode. A few hours later the patient was admitted to coronary intensive care

The patient's first electrocardiogram taken in the emergency room



ST segment elevation is observed especially in leads V3-V6.

ECG taken after the patient was extubated



ST segment elevation and T wave inversions seen in the anterior leads (V3-V6) suggest a myocardial infarction.

Results and Conclusion: This case of ours was followed up intubated in the emergency room, and after her treatments, she was successfully extubated in the emergency room. Extubation is not a routine practice in the emergency department. In this case, we wanted to talk about our own experiences.

Keywords: extubation, pulmonary edema, mechanical ventilation

Ref No: 5322

Major Accidents at a Young Age: Cranial Trauma and the Healing Process as a Result of Falling from the Slide

Fatih Fırat¹, Orhan Enes Tunçez¹, Zeynep Çakır¹

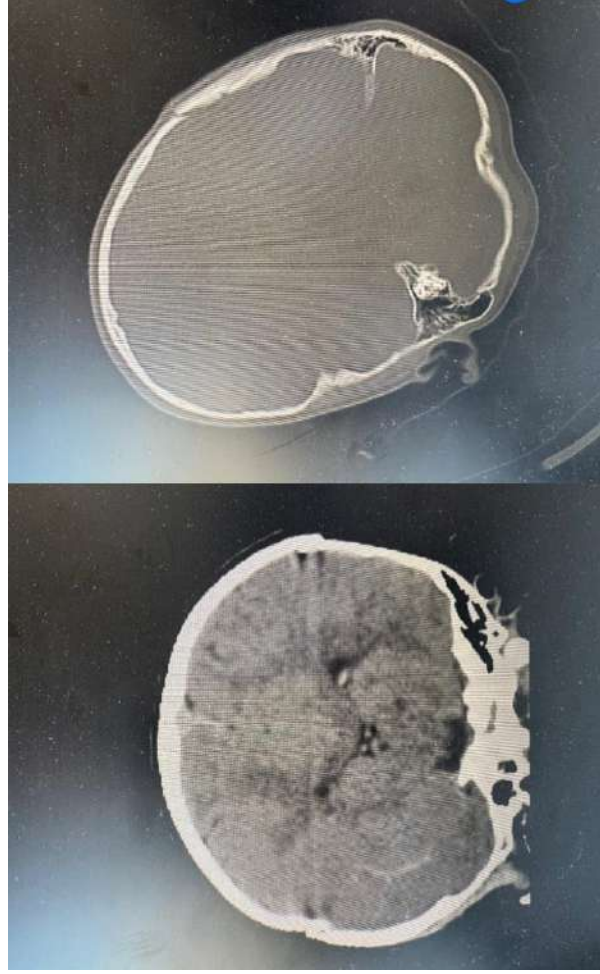
¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Head injuries are one of the causes of serious morbidity and mortality in the pediatric population. Cranial injuries that occur as a result of falls from height, especially in young children, are among the situations that require urgent intervention.

Materials and Methods: A 5-year-old male patient was admitted after falling from a slide from a height of 2 meters. When he was brought to the emergency room, his Glasgow Coma Scale (GCS) was recorded as 14. In the emergency department, the patient complained of profuse vomiting and a computed tomography scan revealed minimal SAH and a fracture in the frontotemporal region. The patient was consulted to the neurosurgery clinic and taken to the intensive care unit. Surgery was not deemed necessary, but an extensive follow-up program was implemented to monitor the patient's neurological status and intracranial pressure. Close monitoring was carried out in the intensive care unit for early diagnosis and treatment of potential complications due to head trauma. A stable recovery process was observed during the patient's stay in intensive care. During neurological follow-up, no sequelae were found and the patient was discharged after intensive care follow-up.

Results and Conclusion: Seemingly simple traumas, such as falling from a slide, can lead to serious cranial injuries. This case shows that intensive care follow-up and multidisciplinary approach provide effective recovery in pediatric cranial trauma cases. Early intervention and regular monitoring are critical in preventing possible post-traumatic sequelae.

Cranial trauma



Keywords: Cranial trauma, Head injuries, Cranial

Ref No: 5409

Emphysematous Cholecystitis

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Introduction and Purpose: It is a secondary infection of the gallbladder wall with gas-producing bacteria. Gas in the gallbladder wall is also detected in imaging methods. It accounts for approximately 1% of all acute cholecystitis. It is usually seen in older men (75%, 50-70 years old). In this case, we evaluated the case of emphysematous cholecystitis, which is rare and fatal if left untreated.

Materials and Methods: A 78-year-old male patient was brought to the emergency room complaining of fatigue. The patient has tenderness in the right upper quadrant and suffers from Chronic Obstructive Pulmonary Disease, Hypertension, and Coronary Artery Disease. ALT: 21U/L AST: 38 U/L GGT: 97U/L Total Bil: 1.36 mg/dL D.BIL: 0.63 mg/L WBC: 16.97 mL CRP: 119 mg/L. Dilated gallstones with cystic appearance and diverticular appearance were observed in the liver. There is an appearance compatible with stones with a diameter of 15.5 mm and 11 mm at the level of the liver hilus. The patient was admitted to the general surgery service for surgery. During follow-up in the ward, extended spectrum beta-lactamase + Escherichia coli was grown in the wound site after cholecystectomy and its treatment continues (picture 1).

picture 1



Results and Conclusion: Emphysematous cholecystitis, which progresses to a septic state, may present with the same clinical picture and complaints as calculous cholecystitis. Patients have right upper quadrant pain and high fever. On examination, there is tenderness (Murphy's sign) in

the right upper quadrant. However, the clinic of emphysematous cholecystitis progresses faster due to gangrene and necrosis in the gallbladder, the patient is in a more septic state, and if not treated quickly, perforation may develop. Therefore, it should be kept in mind in suspicious patients.

Keywords: Emphysematous, cholecystitis, fatal

Ref No: 5478

Revealing Hidden Fractures in Children's Foot Sprains Entrance

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Introduction and Purpose: Ankle sprains are common and generally harmless conditions in pediatric emergency department admissions. However, in some cases, especially in children, accompanying occult fractures may be overlooked. Such oversights in post-traumatic foot evaluations can lead to long-term morbidity. This study presents and discusses the management of a pediatric case diagnosed with non-displaced torus fracture in the light of current literature

Materials and Methods: A ten-year-old male patient was admitted to the emergency room after suffering an ankle sprain while playing football. His medical history was unremarkable. On physical examination, significant tenderness and swelling were detected in the lateral malleolar region of the foot. Radiological evaluation identified a nondisplaced torus fracture of the fibula. In pediatric trauma, injuries close to growth plates are particularly important. Torus fractures are common in children due to their flexible bone structure and are generally considered stable. The literature reports high healing rates and low risks of complications for torus fractures. For example, a study by Smith (2020) showed excellent healing rates of torus fractures with conservative treatment.

Results and Conclusion: This case demonstrates that nondisplaced torus fractures in the pediatric population can lead to favorable outcomes with appropriate management. Early and accurate diagnosis, conservative treatment approaches and regular follow-up ensure the child's rapid and complete recovery. For clinical practitioners, the need for careful evaluation of pediatric foot injuries and consideration of potential fractures is emphasized. Future research will help determine optimal treatment protocols for various torus fracture scenarios

Revealing Hidden Fractures



Keywords: Foot, Ankle sprains, Fracture

Ref No: 5545

Simultaneous Detection of Aortic Aneurysm and Spontaneous Colon Perforation in a Patient Presenting with Abdominal Pain

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Introduction and Purpose: Abdominal aortic aneurysm (AAA) is defined by a transverse diameter of the abdominal aorta exceeding twice the normal size below the diaphragm. It represents a progressive and irreversible condition. It typically remains asymptomatic unless it ruptures, necessitating rupture for symptomatic presentation. Spontaneous colon perforations generally manifest in elderly patients, with an average age of 60 years. Chronic constipation often accompanies these cases. We present a case of a patient presenting to the emergency department with abdominal pain, diagnosed simultaneously with AAA and spontaneous colon perforation.

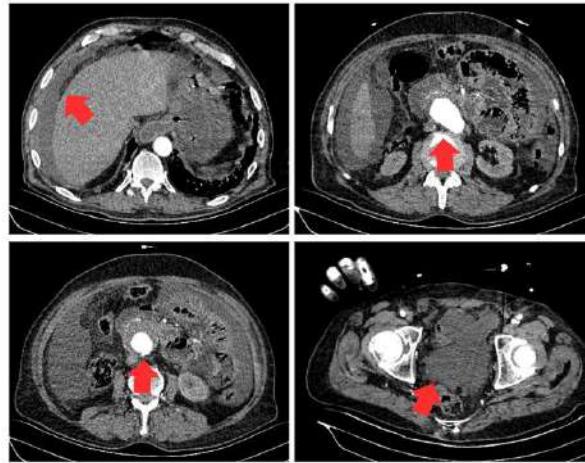
Materials and Methods: A 67-year-old male patient presented to the emergency department with abdominal pain persisting for 3 days. On arrival, his Glasgow Coma Scale (GCS) was 15, vital signs were stable, and he had no fever. Physical examination revealed abdominal distension and diffuse tenderness in all quadrants. No palpable mass was detected in the abdomen. Blood pressure was equal in both arms, and there was no orthostasis. Electrocardiogram (ECG) showed normal sinus rhythm. Chest and standing abdominal X-rays revealed free air under the diaphragm (Image 1). Contrast-enhanced computed tomography angiography of the aorta was performed with a pre-diagnosis of aortic dissection. Imaging showed widespread free fluid around the liver and spleen and in the pelvic region, along with free air below the diaphragm and around the spleen. A 4 cm wide aortic aneurysm extending to both iliac arteries with a thrombus of up to 15 mm was detected at its widest point. There was no contrast extravasation outside the aorta (Images 2 and 3). The patient was started on intravenous dual antibiotic therapy, proton pump inhibitor, and fluid therapy. He was consulted to the general surgery department, and due to the suspicion of colon perforation, he was admitted to the intensive care unit for urgent surgery.

Image 1



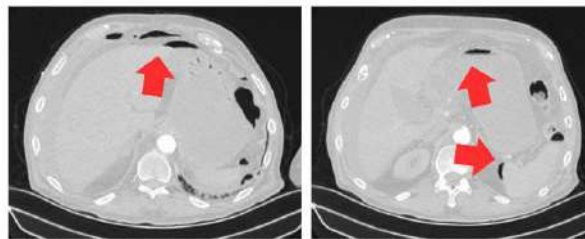
Free air images are observed under the right diaphragm on the chest X-ray (left image) and under the left diaphragm on the upright abdominal X-ray (right image).

Image 2



Contrast-enhanced CT angiography demonstrates widespread free fluid around the liver and in the pelvic region, as well as aneurysmal dilation and intramural thrombus formation within the abdominal aorta (arrows).

Image 3



Free air views for the abdomen in the lung window of the CT scan (arrows).

Results and Conclusion: Presentations of elderly patients hold significant importance in the emergency department. Early diagnosis and referral to the surgical team in cases with indications

are crucial for these patients. Moreover, in patients presenting with acute abdomen, the possibility of multiple vital diagnoses concurrently should be considered.

Keywords: Emergency medicine, Abdominal aortic aneurysm (AAA), Spontaneous colon perforation

Ref No: 5547

A case perforation of duodenal ulcer

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Introduction and Purpose: Gastroduodenal perforation can be spontaneous or traumatic and the majority of spontaneous perforation is due to peptic ulcer disease. Improved medical treatment of peptic ulceration has reduced the incidence of perforation, but it still remains a common cause of peritonitis. Classical sub-diaphragmatic air may not be present on chest x-ray and computed tomography is a more sensitive examination in the stable patient. The management of perforated peptic ulcer disease remains controversial. The majority of perforated peptic ulcers are caused by *Helicobacter pylori*, so definitive surgery is usually not necessary. Perforated peptic ulcer is an indication for surgery in almost all cases, except when the patient is asymptomatic or ineligible for surgery. However, the incidence of intra-abdominal abscess and sepsis is significant in non-operative management.

Materials and Methods: A 69-year-old woman presented to the emergency department last night at 12 o'clock with a stinging pain in the upper umbilical region that woke her up from sleep. She had been vomiting intermittently for about 15 days. She vomited 2 times 2 days ago and once yesterday evening after dinner. She is not nauseous at the moment. He says that the sinking pain has intensified. There has been frequent use of apranax and dolorex due to low back pain for the last 3 months. The patient's Glasgow coma score was 15 and he was conscious, oriented and cooperative. Vital signs were normal at the first presentation. Physical examination revealed tenderness in all quadrants, more severe in the epigastric region, no defense, no rebound, no distension. External examination was normal. Computed tomography imaging of the patient showed a suspicious perforation line closely adjacent to the duodenum. The patient was consulted to the general surgery department and the patient was taken to emergency surgery.

Results and Conclusion: What will make us suspect the presence of perforation is first the anamnesis and then our examination findings, but sometimes serious conditions can occur even without defense rebaut in the patient's examination.

Keywords: perforation, duodenal ulcer, emergency

Ref No: 5629

AORTIC DISSECTION PRESENTING WITH LOW BACK PAIN

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¹AKSARAY ÜNİVERSİTESİ

Introduction and Purpose: Aortic dissection is a cardiovascular disease with high mortality requiring rapid diagnosis and treatment. Accurate and early diagnosis and appropriate treatment in the emergency department are very important in terms of prognosis.

Materials and Methods: A 46-year-old female patient was brought by 112 teams with a complaint of low back pain for one day. There was no known history of disease and medication history. On arrival, GKS:14 Vital signs were right arm blood pressure:90/50 left arm blood pressure:90/60 spo2:95-96 pulse rate:45 beats/minute. Pulses were open. Both eyes were deviated to the right. Left upper and lower extremities were hemiplegic. The d-dimer result was too high to be evaluated by the device. Liver and renal function tests were within normal limits. According to the contrast-enhanced tomography, there was a stanford type aortic dissection in the thoracic aorta starting from the level of the ascending aorta and extending inferiorly to the distal left common iliac. The left renal artery originated from the dissected segment. Patchy hypodense areas with contrast enhancement were observed in the left kidney (renal infarct). Cardiovascular surgery was contacted and the patient was admitted to intensive care unit.

d-dimer

Parametre Adı	Sonuç	Birim	Normal Değerler	Önceki Sonuç
PT (sec)	12.586	sec	9.6 14.0	Grafik
INR	1.124	INR	0.80 1.20	Grafik
APTT	20.595	sn	22 34	Grafik
Hasta numunesindeki sonuçlar, Hastanın diğer Klinik ve Laboratuvar bulguları ile birlikte değerlendirilmelidir.				
D-DIMER	**** cihaz değerlendirilmiyor yeni numune de kontrolü uygundur	µg/mL	0 0.52	

aortic dissection



aortic dissection



renal infarction



Results and Conclusion: Aortic dissection may present with nonspecific clinical findings. In order to reduce mortality and improve prognosis, aortic dissection should be considered in the differential diagnosis in every patient.

Keywords: aortic dissection, low back pain, hemiplegia

Ref No: 5664

FİSTULA THROMBOSİS

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¹Pamukkale University Emergency Departmen

Introduction and Purpose: Deep vein thrombosis (DVT) is most commonly seen in the deep veins of the lower extremities due to reasons such as changes in vascular structure, coagulation changes, and decreased mobility. Although rare, it can also be seen in the deep veins of the upper extremities. The patient may have symptoms such as pain, fever, swelling in the area of thrombosis, and increased temperature. Although it is a preventable disease with treatment, if it is delayed, it may cause infarcts in various organs.

Materials and Methods: A 23-year-old female patient applied today with complaints of pain in the left arm and fistula not working after hemodialysis. The patient has a known history of hypertension, chronic kidney disease and related dialysis, and a history of venous thrombosis after hemodialysis catheter. The patient undergoes hemodialysis 3 times a week. In physical examination; BP: 126/75 mmHg sat:98% HR:84/min A:36.8°C was measured. Brachio-cephalic fistula thrill could not be obtained in the cubital region of the left upper extremity, there was tenderness over the fistula, there was no temperature increase, and there was no difference in diameter in the extremities. The venous Doppler ultrasound report of the patient in terms of deep vein thrombosis was reported as "The brachio-cephalic fistula tract in the cubital region of the left upper extremity appears to be occluded with thrombus and no flow was observed in the CDUS examination." The patient was consulted to the cardiovascular surgery clinic for the necessary treatment plan. The patient was evaluated by the cardiovascular surgery clinic and was admitted to the ward.

Results and Conclusion: Although upper extremity DVT is rare, the patient should be evaluated for DVT when there are appropriate risk factors and clinical suspicion. Although it is less common, DVT occurred in the upper extremity in the patient due to conditions such as blood flow changes due to fistula, vascular structure disorders, coagulation changes, and pressure changes. Although upper extremity deep vein thrombosis is less common, it should be considered in cases of arm pain and fistula failure in hemodialysis patients.

Keywords: Deep vein thrombosis, Fistula thrombosis, Upper extremity

Ref No: 5675

The Vital Role of Oxygen and Antibiotic Therapy in Acute Pneumonia Management

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Introduction and Purpose: Pneumonia, characterized by the infection of lung tissue, can lead to serious morbidity and mortality in all age groups. Early diagnosis and appropriate treatment can significantly improve outcomes, especially in critical cases. This poster emphasizes that pneumonia can be fatal in a 63-year-old male patient who experienced cardiac arrest after shortness of breath and was revived after intensive CPR (cardiopulmonary resuscitation), highlighting the importance of oxygen and antibiotic therapy in acute management.

Materials and Methods: A 63-year-old male patient presented to the emergency department with severe shortness of breath. Shortly thereafter, the patient's saturation dropped to 75%, and tachypnea developed. This led to the patient going into cardiac arrest. Immediate CPR was applied for 10 minutes, and the patient was revived. Vital Signs (After CPR): • Saturation: 75% (without oxygen support) • Respiratory Rate: 30/minute (Tachypnea) • Pulse: 110/minute • Blood Pressure: 90/60 mmHg • Temperature: 38.5°C An emergency thoracic CT scan diagnosed pneumonia. The patient was admitted to the intensive care unit, high-flow oxygen therapy and broad-spectrum antibiotic treatment were initiated.

Results and Conclusion: This case demonstrates that pneumonia can lead to mortal outcomes in critically ill patients. The early initiation of oxygen and antibiotic therapy can increase survival rates and prevent disease progression. In critically ill patients, rapid and effective oxygenation and control of infection are of vital importance. Therefore, aggressive treatment approaches must be adopted in the management of acute pneumonia.



Keywords: Pneumonia, Cardiac Arrest, CPR

Ref No: 5690

Atypical Acute Appendicitis

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Acute appendicitis is a serious condition that is frequently encountered in emergency departments and requires rapid intervention. This poster discusses a case of acute appendicitis presenting with atypical symptoms.

Materials and Methods: A 35-year-old male patient was admitted to the emergency department with a complaint of right lower quadrant pain lasting less than 24 hours. The patient's pain was mild and, unlike typical appendicitis symptoms, he did not have nausea, vomiting or fever. On physical examination, no significant findings were observed except mild tenderness in the right lower quadrant. Laboratory tests were within normal limits, but abdominal ultrasonography and subsequent CT scan performed upon clinical suspicion confirmed acute appendicitis. After the diagnosis was made, the patient was immediately admitted to the general surgery service and a laparoscopic appendectomy was performed.

Results and Conclusion: In cases of acute appendicitis, atypical symptoms can make diagnosis difficult. This requires a wide range of differential diagnostics and a comprehensive evaluation strategy in emergency department practice. Early diagnosis and effective management can significantly improve patient outcomes.

Keywords: Atypical, Appendicitis, Acute

Ref No: 5696

A Case Report of Acute Pancreatitis in a Centenarian Patient

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Introduction and Purpose: This case report aims to provide a comprehensive exploration of the rare occurrence of acute pancreatitis (AP) in a centenarian patient, aiming to unravel the intricate challenges encountered in diagnosing and managing this condition within the distinctive context of advanced age. By shedding light on the nuances of AP presentation and management in this age group, this report strives to contribute to the existing body of knowledge, facilitating enhanced clinical understanding and optimized care for elderly patients presenting with AP.

Materials and Methods: A 100-year-old female patient presented to the ED with complaints of severe abdominal pain and nausea. Upon initial assessment, vital signs were stable with a blood pressure of 130/80 mmHg, heart rate of 90 beats per minute, respiratory rate of 18 breaths per minute, and temperature of 37.2°C. Physical examination revealed epigastric tenderness without guarding or rigidity. The patient's medical history included hypertension, osteoarthritis, and mild cognitive impairment. Laboratory investigations revealed elevated serum amylase and lipase levels at 2535 U/L and 1240 U/L, respectively. Complete blood count showed leukocytosis with a white blood cell count of 13,380/mm³. Abdominal USG demonstrated mild pancreatic edema with evidence of gallstones and biliary dilation. CT scan of the abdomen revealed findings consistent with mild acute pancreatitis, characterized by diffuse pancreatic enlargement and peripancreatic fat stranding.

Results and Conclusion: In the ED, the patient received intravenous fluids for hydration, analgesics for pain relief, and antiemetics for nausea. Prophylactic antibiotics were administered due to the patient's advanced age and the risk of infectious complications. The patient was admitted to the gastroenterology service for further management of acute pancreatitis. After a 10-day hospitalization, the patient showed significant improvement in symptoms and laboratory parameters. The management of acute pancreatitis in elderly patients, particularly centenarians, poses unique challenges due to age-related physiological changes, comorbidities, and frailty. We discuss the importance of a multidisciplinary approach and individualized care in optimizing outcomes in this population. Acute pancreatitis can occur in centenarian patients, and its management requires careful consideration of age-related factors and comorbidities. This case underscores the need for further research and guidelines tailored to the management of acute pancreatitis in elderly populations, including centenarians.

Keywords: centenarian, Acute Pancreatitis, elderly populations

Ref No: 5737

Post-Dural Puncture Headache

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Introduction and Purpose: Post-dural puncture headache (PDPH) is a complication that arises following interventions aimed at cerebrospinal fluid (CSF) examination or spinal-epidural anesthesia procedures. Given that PDPH significantly impairs patients' quality of life, it should be well recognized and managed by physicians. We aim to present a patient who presented to the emergency department due to postoperative headache following epidural anesthesia, with PDPH considered in the diagnosis.

Materials and Methods: A 19-year-old male patient presented to the emergency department with a headache that had been ongoing for several days. His Glasgow Coma Scale (GCS) was 15, vital signs were stable, and he had no fever. On physical examination, there was no neck stiffness noted, and cranial nerves were found to be normal. Upon history taking, it was learned that the patient had undergone surgery under epidural anesthesia for pilonidal sinus one week ago. No abnormalities were detected in the patient's investigations. Post-dural puncture headache secondary to epidural anesthesia was considered in the patient. Despite treatment with intravenous paracetamol, the patient did not experience relief, so intravenous dexketoprofen and metoclopramide were added to the treatment regimen. The patient was advised to drink coffee orally. With this treatment regimen, the patient's symptoms improved, and he was discharged with instructions for outpatient follow-up and advised to drink several cups of coffee daily.

Results and Conclusion: From a clinical perspective, although it has been reported to occur at later stages, PDPH generally manifests within 7 days after the procedure. The diagnosis of PDPH requires a detailed history and physical examination. However, when making the diagnosis, alternative pathologies should also be considered. Symptomatic and supportive treatments are usually the first choice in therapy. Patients with PDPH generally respond positively to oral or intravenous fluid therapy. Caffeine, commonly used in treatment, has been found to work by causing vasoconstriction in dilated cerebral blood vessels and reducing cerebral blood flow. The gold standard treatment is considered to be epidural blood patch application. In conclusion, the clinical entity of PDPH, which affects patients' quality of life, should be well recognized by emergency physicians, appropriate symptomatic treatment should be provided, and patients should be referred for outpatient follow-up.

Keywords: Emergency medicine, Headache, Post-dural puncture headache (PDPH)

Ref No: 5772

DIZZINESS DUE TO INCIDENTAL BRAIN TUMOR

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Introduction and Purpose: Dizziness is one of the most common complaints in both neurology and general medicine clinics today. Dizziness is a nonspecific term used by patients to describe various symptoms. The most common symptoms that can be described as dizziness are vertigo, nonspecific lightheadedness, imbalance and presyncope. Patients may also use the term to describe other sensations such as visual distortion, internal rotation, nonspecific disorientation and anxiety.

Materials and Methods: A 60-year-old male patient presented to the emergency department with headache, dizziness, and dizziness that had been occurring intermittently for about 3 months. The patient had no known chronic disease. The patient's vital signs on admission were TA:173/102 PUKŞ:132 O2 Sat:96 Fever:36.7. The physical examination revealed vertical nystagmus and ataxia. Other system examinations were normal. The patient underwent non-contrast brain CT for further imaging examination. After the imaging, a 54x28 mm hypodense mass appearance was observed in the right parenchyma of the brain. The patient was hospitalized for surgery by Neurosurgery.

brain tumor



Results and Conclusion: Patients presenting with headache or dizziness who are not relieved despite symptomatic treatment may need further imaging. We should be careful for central events in such patients.

Keywords: dizziness, brain tumor

Ref No: 5776

Pneumobilia and Mirizzi syndrome; emergency medicine case report

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ELİF YAREN AYVAZ¹

¹BEZM-İ ALEM VAKIF ÜNİVERSİTESİ

Introduction and Purpose: Gallstone ileus is a mechanical intestinal obstruction caused by the movement of gallstones into the intestinal lumen through a biliodigestive fistula. Mirizzi syndrome, another rare complication of gallstone disease, occurs as a result of gallstones compressing the main hepatic duct.

Pneumobilia



Computed tomography image of air in bile ducts

Materials and Methods: A 75-year-old female patient was admitted to the emergency room with complaints of nausea and vomiting. He had hypertension (HT) and asthma in his medical history. The patient stated that her complaints, along with abdominal pain, had been increasing for three days. Today there has been no gas or stool discharge. The patient's vital signs were fever: 36, pulse: 96, oxygen (O₂) saturation in room air: 96, respiratory rate in minutes: 17, Blood Pressure: 131/84. On physical examination, there was tenderness in all quadrants of the abdomen, but there was no sign of peritoneal irritation. On auscultation, bowel sounds were heard as hyperactive. The patient's blood tests showed BUN: 31 creatinine: 1.26 AST 21 ALT 17 sodium: 143 potassium: 3.7 INR: 1.04 CRP: 70.9 wbc: 15.4 hgb 14.8. The abdominal contrast-enhanced tomography report was as follows; "There is a three-centimeter (cm) sized stone in the distal loop of the jejunum and, accordingly, the appearance of subileus in the loops of the small intestine. Free air is observed in and around the gallbladder. There is a fistula between the first part of the duodenum and the gallbladder. It was thought to be related to Mirizzi syndrome." The patient was admitted to the general surgery service for surgery. During the operation, it was

thought that the sac was partially fistulated in the common bile duct, in the form of Mirizzi syndrome. The patient was discharged with full recovery after the operation.

Abdominal X-ray



Abdominal radiograph showing air-fluid levels in the small intestine

Image of gallstone on computed tomography



A gallstone with a diameter of 3 centimeters is seen in the jejunum.

Air seen in the gallbladder chamber



It was thought that the air seen in the gallbladder chamber was caused by the fistula between the first part of the duodenum and the gallbladder.

Results and Conclusion: Gallstone ileus is one of the late-stage pathologies that occurs as a result of fistulization of the gallbladder into the duodenum. We wanted to draw attention to the fact that gallstones cause a condition with a worse prognosis in patients whose treatment is delayed. Our case is interesting because it is not one of the common causes of ileus and is accompanied by Mirizzi syndrome.

Keywords: pneumobilia, gallstone, Mirizzi syndrome

Ref No: 5847

A Rare Ischemic Stroke In A Young Patient; Sinus Vein Thrombosis

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Introduction and Purpose: Thrombosis of the cerebral sinus veins accounts for approximately 0.5% of all cerebrovascular diseases and occurs in 5 permillion people in the population. It is more common in younger patient groups. The most common symptoms and signs are headache, focal seizures with or without secondary generalization, unilateral or bilateral paresis and papilledema. Risk factors include pregnancy and puerperium, oral contraceptives, malignancy, head trauma, prothrombic diseases (Factor V Leiden mutation etc.), infection and sinus vein thrombosis.

Materials and Methods: A 19-year-old woman presented to the emergency department with headache and numbness in the distal left lower extremity for 4 hours. She had no known disease and was not taking any medication. On physical examination, GKS:15, there was no loss of strength in the extremities, distal left lower extremity was paresthetic, there was no pathological reflex, oriented, cooperative, there was no nuchal rigidity. Blood pressure:114/83 mmHg pulse:86/dk fever:36,8 O2saturation:100. Hemogram, biochemistry, blood gas, coagulation blood tests were ordered. HB: 6.3 mg\dl PLT:613.000 µL no acute pathology was detected in other blood results. Brain MR venography was performed considering the possibility of sinus vein thrombosis due to the presence of hyperdense area in the brain tomography which corresponded to the inferior sagittal sinus. MR venography showed thrombosis in the straight sinus. 0.4 ml/40 mg enoxoparin and 1 unit of erythrocyte suspension replacement was performed and the patient was interned to the neurology ward.

Results and Conclusion: Cerebral venous sinus thrombosis is a rare condition occurring in 5 per million people. In contrast to arterial stroke, it is more common in young patient groups. As in our case, more caution should be exercised in young age and female patient groups and rare diagnoses should be kept in mind and further investigations should be performed if necessary.

Keywords: Ischemic Stroke, young patient, sinus vein thrombosis

Ref No: 5873

KOUNIS SYNDROME: A CASE OF PARADOXICAL MYOCARDIAL INFARCTION WITHOUT ST-ELEVATION FOLLOWING CIMZIA TREATMENT

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Introduction and Purpose: Kounis syndrome is a condition characterized by acute coronary syndrome (ACS) associated with allergy, hypersensitivity, anaphylaxis, or anaphylactoid reactions, triggered by mast cell activation. It was first described in 1991 by Kounis and Zavras. This syndrome has been predominantly reported in Europe, especially in countries such as Spain, Italy, Greece, and Turkey. The clinical course ranges from subclinical or clinical allergic reactions to chest pain, leading to acute myocardial infarction (MI), particularly associated with the inferior wall.

Materials and Methods: A 40-year-old female patient presented with chest pain, itching, and pain radiating to the left arm for two days. She had a medical history of rheumatoid arthritis and was not known to have coronary artery disease risk factors such as smoking, hypertension, or diabetes. On examination, her blood pressure was 70/40 mmHg, pulse rate was 86 beats per minute, and oxygen saturation was 94%. The patient was fully oriented and cooperative, with normal lung sounds bilaterally. Hyperactive bowel sounds were noted on abdominal examination. Intravenous access was established, and blood samples were sent to the laboratory. The patient received Avil+prednisolone 80 mg, followed by adrenaline 0.5 mg intramuscularly and isotonic saline hydration. Laboratory results showed a white blood cell count of 15,000/mm³ and troponin levels of 2.8, 46.95. Kounis syndrome was suspected, and cardiology consultation was requested. Coronary angiography was recommended, and the patient was referred to the angiography unit. The angiography results were normal, and medical management was advised.

Results and Conclusion: Kounis syndrome, resulting from extreme allergy, presents as acute coronary syndrome. Mast cell activation during hypersensitivity reactions leads to coronary vasospasm, plaque rupture, and thrombus formation. In this case, the patient exhibited ischemic ECG changes and elevated cardiac biomarkers, experiencing this syndrome for the first time. Detailed history-taking revealed antibiotic therapy as a probable cause. Differential diagnosis included hypersensitivity myocarditis, necessitating cardiac MRI for myocardial changes. Accurate diagnosis and appropriate treatment are crucial for allergic reactions affecting the heart and coronary arteries, emphasizing the importance of comprehensive history-taking alongside diagnosis and treatment.

Keywords: Kunis syndrome, chest pain, emergency department

Ref No: 5932

The Effect of the Working Environment of Nurses Working in the Emergency Department on Burnout Syndrome

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¹BEZMİALEM VAKIF ÜNİVERSİTE HASTANESİ

Introduction and Purpose: Burnout Syndrome; It is a state of physical, emotional and mental exhaustion caused by intense and long-term stress. The person thinks that he cannot meet the demands and at the same time feels overwhelmed and emotionally exhausted. As this feeling and felt situation continues, interest and motivation begin to disappear. With the loss of motivation, productivity decreases, the energy felt decreases, and it causes feeling helpless and hopeless.(1)Studies conducted among healthcare professionals in Turkey show that burnout is more intense among emergency nurses. Nursing is considered a stressful profession with intense workload due to the influence of many negative factors arising from the working environment. It has been observed that nurses spend little time on hobbies or social activities outside the work environment, are not satisfied with their socioeconomic status, have long working hours per month, work overtime, do not have sufficient rest areas in the work environment, and have high levels of Emotional Exhaustion and Depersonalization in those who have problems with their team members. Nurses working in emergency units, which are the most active, busiest, most stressful and most complex sections of health institutions, where the aim is to save lives, where patients requiring urgent intervention are evaluated, treated and cared for, suffer from excessive patient circulation, patient deaths, insufficient equipment, rapid diagnosis and Patients who require treatment are considered to be at risk for burnout due to negative factors such as dealing with life-threatening patients and their relatives, and disruption of sleep patterns.

Nurse



Materials and Methods: poster presentation

Results and Conclusion: As a result, in order to support nurses working in emergency units emotionally and increase their personal success levels, their voluntary work should be taken into account, and the equipment and physical equipment in emergency units should be in a structure and number that will facilitate the treatment and care interventions of the employees. A staff rest room should be planned for employees to take breaks and rest. Working hours should be taken into consideration the psychosocial needs of employees, and employees should be given the opportunity to spare time for social activities outside of work, thus preventing incompatibility and conflicts within the team.

Keywords: burnout, Nurse, emergency

Ref No: 5938

Fili tanımlayalım: Delirium Tremens

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Introduction and Purpose: Altı kör adam bir filin yanına getirilir. Her birini filin farklı bir bölümüne götürürler ve elleriyle fili tutmalarını isterler. Onlardan “neye benzediğini” tarif etmelerini isterler. İçlerinden biri ipe, diğeri yılan, diğerleri mızrağa, duvara, yelpazeye ve ağaca benzettir. Bazen resmin tamamını görmek için bir acil servis hekimi gerekir.

Materials and Methods: 32 yaşında erkek hasta genel durum bozukluğu ile dış merkezde yoğun bakım ünitesinde dahiliye ve enfeksiyon hastalıkları tarafından takip edilirken; ateş, taşikardi, tremor, bilinç değişikliği gelişmiş ve epileptik nöbet geçirmiş. Karaciğer fonksiyon testleri bozulan hasta nöroloji ve kardiyoloji ile konsültasyon sonrası tarafımıza sevk edilmiş. Gelişinde ajite, bilinci kapalı ve yaygın tremoru vardı. Ateşi 39 C, nabız 138/dk, tansiyon 145/90 mmhg, kan şekeri 83 mg/dl, solunum sayısı 19/dk ve laktik asidozu mevcuttu. Yakınlarından anamnezi derinleştirildiğinde 7-8 yıldır 1-2 litre/gün alkol aldığı ve 3 gündür alkol kullanmadığı öğrenildi. Kanda etanol <10 mg/dl ölçüldü. Acil serviste nöbet geçirmesi üzerine 10mg diazepam uygulandı ve diazepam infüzyonu başlandı. Glukoz ve tiamin uygulandı. Stabilizasyonu sağlanarak deliryum tremens (DT) tanısı ile kliniğimiz toksikoloji yoğun bakımına yatırıldı. 32 yaşında erkek hasta genel durum bozukluğu ile dış merkezde yoğun bakım ünitesinde dahiliye ve enfeksiyon hastalıkları tarafından takip edilirken; ateş, taşikardi, tremor, bilinç değişikliği gelişmiş ve epileptik nöbet geçirmiş. Karaciğer fonksiyon testleri bozulan hasta nöroloji ve kardiyoloji ile konsültasyon sonrası tarafımıza sevk edilmiş. Gelişinde ajite, bilinci kapalı ve yaygın tremoru vardı. Ateşi 39 C, nabız 138/dk, tansiyon 145/90 mmhg, kan şekeri 83 mg/dl, solunum sayısı 19/dk ve laktik asidozu mevcuttu. Yakınlarından anamnezi derinleştirildiğinde 7-8 yıldır 1-2 litre/gün alkol aldığı ve 3 gündür alkol kullanmadığı öğrenildi. Kanda etanol <10 mg/dl ölçüldü. Acil serviste nöbet geçirmesi üzerine 10mg diazepam uygulandı ve diazepam infüzyonu başlandı. Glukoz ve tiamin uygulandı. Stabilizasyonu sağlanarak deliryum tremens (DT) tanısı ile kliniğimiz toksikoloji yoğun bakımına yatırıldı.

Results and Conclusion: Sonuç: DT her yaşta ortaya çıkabilen, hızlı tanı ve tedavi gerektiren bir durumdur. Dehidratasyon durumunda hızla sıvı tedavisi başlanmalı, ensefalopatiyi önlemek için glukoz ve tiamin verilmelidir. Benzodiazepinler psikomotor ajitasyonun önlenmesi ve nöbet tedavisi için ilk tercih olmalıdır. Stabilizasyon sonrası yoğun bakım takibi gerekir.

Keywords: ayırıcı tanı, alkol, deliryum

Ref No: 5946

Analysis of studies conducted on Artificial Intelligence (AI) in Emergency Services

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Introduction and Purpose: It is observed that the number of articles utilizing artificial intelligence (AI) methods in medicine has increased over the years. AI holds promise in numerous applications within emergency medicine, including the interpretation of diagnostic imaging, predicting patient outcomes, and monitoring vital signs. This study was conducted with the aim of bibliometrically analyzing studies related to AI in emergency medicine (EM) specifically after the year 2020.

Materials and Methods: A search was conducted on Google Scholar. Studies related to AI in emergency services were recorded. The studies were examined in terms of their type, branch, subject, journal, methodology, and results.

Results and Conclusion: Since 2020, five studies related to AI in the emergency department have been identified. One was conducted in 2020, three in 2021, and one in 2022. All three studies in the EM field were published in 2021. All of them were of the review type. In our study, we were able to identify only five works related to AI in emergency services since 2020, a number that we find insufficient. EM, by its very nature, is one of the disciplines that constantly incorporates the latest developments and innovations in the field of medicine. AI should not be excluded from this vision, and more dedicated efforts should be made to explore its applications in emergency services. The limited number of studies highlights the need for increased attention and research dedicated to the use of AI in emergency departments.

Table 1. Emergency Department Studies on Artificial Intelligence After 2020 and Their Characteristics

No	Study name	Year	Branch	Journal	Type	Method / Aim	Result
1	Artificial Intelligence in Emergency Diagnosis and Triage of Intracranial	2020	Neurosurgery	Journal of Medical Innovation Technology	Research article	The aim was to evaluate a deep learning model capable of distinguishing the presence of intracranial	The results of the study suggested that a deep learning model could yield highly accurate

	Hemorrhage					hemorrhage using a small dataset.	results even with a small dataset, indicating its potential use for rapid triage in emergency departments.
2	Artificial Intelligence Applications in Emergency Services	2021	Emergency Medicine	Journal of Artificial Intelligence in Health Sciences	Review	This compilation aimed to provide a general overview of current artificial intelligence research related to emergency medicine.	Despite some existing limitations, the study concluded that various well-defined problems in clinical areas could be effectively addressed using current artificial intelligence techniques and algorithms.
3	The Use of Artificial Intelligence in Emergency Services	2021	Emergency Medicine	Aksaray University Journal of Medical Sciences	Mini-review	Research related to artificial intelligence in emergency medicine was examined.	Artificial intelligence has the potential for various applications in emergency services, including patient triage, interpretation of diagnostic tests, and the entire process of diagnosis and treatment. Advances in artificial intelligence algorithms hold promise

							for the field of medicine.
4	Emergency Medicine and Artificial Intelligence	2021	Emergency Medicine	Anatolian Journal of emergency Medicine	Review	This study also took the form of a compilation, gathering recent research on the use of artificial intelligence in emergency medicine.	Artificial Intelligence applications in emergency services enhance service quality and reduce workload. They decrease human errors, assist clinicians in decision-making, but the possibility of erroneous decisions by AI systems should not be overlooked. Additionally, there is a need for medicolegal regulations concerning the use of AI.
5	Time Series Analysis and Application of Machine Learning Methods for Predicting the Number of Emergency Department Visits	2022	Industrial Engineering	Pamukkale University Journal of Engineering Sciences	Research article	The research aimed to predict the number of emergency department visits using a dataset with a seasonal cycle, employing a combination of time series analysis and machine learning	The results indicated that the Seasonal Autoregressive Integrated Moving Average (SARIMA) method, a time series analysis technique, provided more effective results in predicting the number of

						methods.	visits to the emergency department compared to other methods.
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Keywords: Emergency medicine, Artificial intelligence (AI)

Ref No: 5963

The Sweet Danger of Forest Honey: Wild Honey Intoxication

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Delibal is a type of honey produced especially from Rhododendron flowers and contains grayanotoxin. This toxin can cause cardiovascular and neurological symptoms in humans. This poster discusses the clinical course and management of a 40-year-old healthy female patient who consumed honey collected from the forest and developed acute delibal intoxication.

Materials and Methods: A 40-year-old female patient with no comorbidities was brought to the emergency room with dizziness, sweating and fainting. The patient stated in his medical history that he consumed honey he collected from the forest the day before. In the initial evaluation, the patient was hypotensive (blood pressure: 90/50 mmHg) and sinus bradycardia was observed on the ECG. On physical examination, the patient appeared oriented but pale, and excessive sweating was detected on his skin. Laboratory tests showed no obvious abnormalities other than electrolyte imbalances and mild acidosis. The patient was suspected of delibal intoxication and was treated with supportive treatment and symptomatic interventions. Hypotension and bradycardia were successfully managed with intravenous fluids and atropine. The patient was kept under cardiac monitoring and monitored in the intensive care unit until his symptoms resolved. With supportive treatment and close clinical monitoring, the patient's blood pressure and heart rate returned to normal. Over the next 48 hours, all symptoms resolved completely and the patient was discharged in a stable condition. The patient and his family were informed about the potential dangers of honey collected from the forest and were trained to prevent similar situations.

Results and Conclusion: Delibal intoxication, although rare, can lead to serious cardiovascular and neurological symptoms. This case highlights the potential risks of consuming wild-collected honey and the importance of supportive treatment in the effective management of acute delibal intoxication. Early diagnosis, appropriate symptomatic treatment and careful monitoring of the patient can accelerate the recovery process.

Keywords: Delibal, Forest honey, Honey

Ref No: 5972

A PATIENT WITH CHOLELITHIASIS AND RENAL ABSCESS PRESENTING WITH RIGHT FLANK PAIN AND ABDOMINAL PAIN: CASE REPORT

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Introduction and Purpose: Hepatobiliary pathologies and renal pathologies may be present together in patients presenting to the emergency department with fever, flank pain and abdominal pain. Renal and perirenal abscess formation is rare, but should be kept in mind in the differential diagnosis of fever and abdominal and/or flank pain. Although it is frequently seen as a complication of abdominal or urological surgery, it may also occur in completely healthy patients.

Materials and Methods: A 52-year-old male patient presented to us with fever, flank pain and abdominal pain for 1 week. The patient had a history of 1 coronary angiography and no medication other than ecopirin 100 mg and no additional disease. Body temperature was 37.6 °C at presentation and other vitals were within normal range. On examination, the patient had right upper quadrant tenderness with no defence or rebound. Right costovertebral angle tenderness was present. The patient's laboratory parameters included leucocytosis, left shift, mildly elevated ccft and cholestasis enzymes were close to the lower limit. The erythrocyte count was 25 in the complete urine examination. In the whole abdominal USG of the patient, the sac was of normal size, the wall was of normal thickness and there were many stones in the lumen. A hypoechoic area of 5*4 cm in the lower pole of the right kidney with no flow coding was detected and interpreted in favour of abscess or haematoma. Computed tomography of the patient showed an area of approximately 6*4 cm in size in favour of abscess or haematoma, similar to USG. The patient was consulted to urology and interventional radiology clinics. He was hospitalised for percutaneous drainage. During percutaneous drainage, 80 cc of complicated-infected fluid which was evaluated in favour of abscess was drained.

photo-1



Results and Conclusion: It should be kept in mind that renal pathologies may be present with or without hepatobiliary pathologies in a patient presenting to the emergency department with abdominal pain and flank pain. In our patient, the patient had cholelithiasis and renal abscess at the same time.

Keywords: renal abscess, cholelithiasis, flank pain

Ref No: 5974

A rare case in the emergency department: Traumatic aortic dissection

Havva Serin Yiğit¹, Hasan Gazi Uyar², Emine Başaran Uyar³

¹Meram Devlet Hastanesi

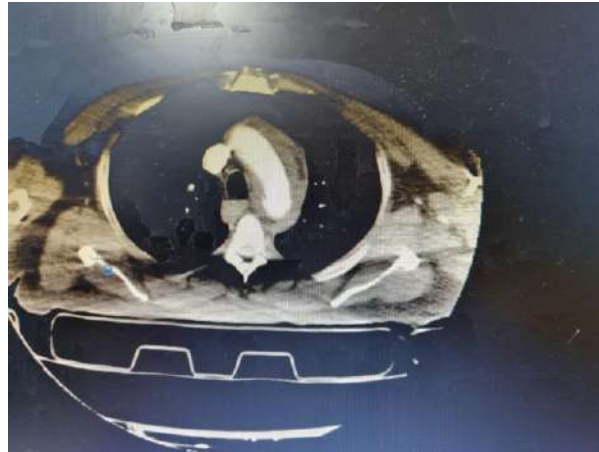
²Yunak Devlet Hastanesi

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Introduction and Purpose: Aortic dissection is defined as the separation of the tunica media of the aorta and the filling of blood into the aortic wall as a result of a tear in the aortic intima, with the contribution of various mechanisms, especially blood pressure and structural anomalies of the aortic wall. In traumatic rupture of the aorta, the intima and media are lacerated. According to the Stanford classification, regardless of the distal extension, dissections involving the ascending and arch are called Type A, and those involving the descending aorta are called Type B. Aortic dissections occurring after acute trauma carry a high risk of mortality. The mortality rate in Stanford type B aortic dissections is between 50-60%. In this case report, we aimed to discuss traumatic aortic dissection (type B), which is very rare in the literature, especially its diagnostic aspect.

Materials and Methods: Case: A 44-year-old male patient came to the emergency room after an in-car traffic accident. When he arrived, GCS: 14, blood pressure was 95/65 mmHg, pulse: 120. Physical examination of the patient was suboptimal because his consciousness was confused. In laboratory examinations, Ph:7.22 hco3:17 BE:-8 lactate:5.5. Contrast-enhanced tomography showed a partial flap proximal to the descending aorta. Traumatic aortic dissection was accepted. The patient was taken to emergency surgery and was accepted as exitus on the 2nd post-operative day.

Traumatic aortic dissection



Results and Conclusion: Aortic dissection is classically characterized by severe sudden onset of chest, back waist pain, and patients may encounter atypical presentations in the clinic. Aortic dissection is seen in the ascending aorta in 60% of the cases, the aortic arch in 10% and the descending aorta in 30%. In Traumatic Aortic Dissection (TAD), when the tear involves all layers of the aortic wall, mortality is high and rapid due to excessive bleeding. The single most important factor in diagnosing TAD is a high degree of suspicion arising from the nature of the trauma. Plain chest radiography, thorax computed tomography, transesophageal ECHO and angiography are used for definitive diagnosis. In our case, it was suspected and contrast-enhanced thorax and abdominal CT angiography was performed. Treatment of aortic injuries is surgery or endovascular repair.

Keywords: Aortic Dissection, Trauma, Vessels

Ref No: 5977

Concomitant Acute Pancreatitis and Subdural Hematoma in a Patient

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Introduction and Purpose: There has been a significant increase in emergency department visits in our country, especially in recent years. With the abundance of admissions, there is also a rise in diagnoses of critical importance that emergency physicians should not overlook. Within the daily practice of the emergency department, these vital diagnoses can sometimes be detected simultaneously in certain cases. Here, we present a case of a patient presenting to the emergency department with complaints of abdominal pain and altered consciousness, in whom diagnoses of acute pancreatitis (AP) and subdural hematoma (SH) were concurrently identified.

Materials and Methods: A 90-year-old male patient presented to the emergency department with complaints of constipation, abdominal pain, and vomiting for one day. Apart from benign prostatic hyperplasia (BPH), the patient had no other significant medical history. Upon arrival, his level of consciousness was somnolent. Vital signs on arrival were as follows: arterial blood pressure 193/82 mmHg, pulse rate 66/min, oxygen saturation in room air 95%, and temperature 36.7°C. Abdominal examination revealed distension. Laboratory investigations showed elevated white blood cell count ($18.37 \times 10^3/\mu\text{L}$), aspartate aminotransferase (308 U/L), alanine aminotransferase (180 U/L), gamma-glutamyl transferase (194 U/L), amylase (1699 U/L), and lipase (3200 U/L). Brain computed tomography revealed a hyperdense appearance consistent with acute-chronic subdural hematoma in the right parietal region (Image 1), while abdominal computed tomography reported acute pancreatitis (Image 2). The patient was admitted to the intensive care unit.

Image 1. Subdural hematoma on brain computed tomography



Image 2. The appearance of the pancreatic area on abdominal computed tomography.



Results and Conclusion: Acute pancreatitis (AP) is a clinical diagnosis that should be considered in cases presenting with symptoms such as abdominal pain, nausea, and vomiting. Common diagnostic methods for AP include serum amylase and lipase levels, as well as imaging techniques such as ultrasound (USG) and computed tomography (CT). CT is considered the gold standard for diagnosing AP and evaluating cases. Although subdural hematoma (SH) is often seen after trauma, it can also occur spontaneously. In the chaotic environment of emergency departments, it is important to keep in mind the possibility of a secondary life-threatening diagnosis in patients.

Keywords: Acute pancreatitis, Emergency medicine, Subdural hematoma

Ref No: 5999

THE AIR IS ONLY BEAUTIFUL INSIDE THE ALVEOLUS

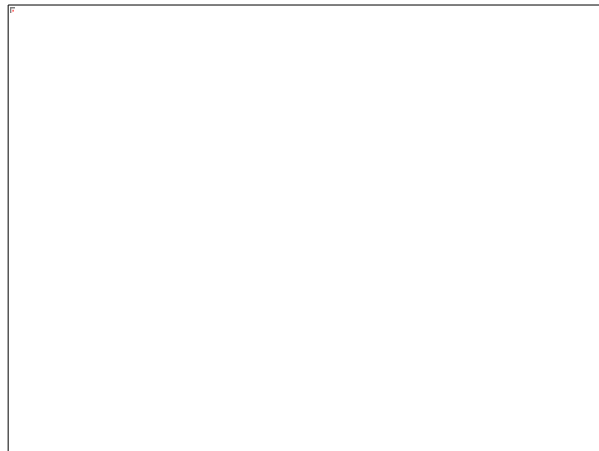
yusuf burak eker¹, yunus emer ek¹, sultan tuna akgöl gür¹

¹Atatürk üniversitesi

Introduction and Purpose: Pneumomediastinum is defined as the presence of free air in the mediastinum. The mechanism leading to pneumomediastinum is known to involve the escape of air into the affected lung's hilum, mediastinum, and then spreading to the subcutaneous tissues of the chest or neck after alveolar rupture. Additionally, rupture or perforation of the major airways and esophagus can also result in the same clinical picture. The classification of pneumomediastinum is based on its underlying cause. Secondary or acquired pneumomediastinum typically develops after thoracic or abdominal surgery, foreign body aspiration, cardiac catheterization, endotracheal intubation, or mechanical ventilation. Another common cause is trauma to the tracheobronchial structures in the neck or chest.

Materials and Methods: A 51-year-old male patient presented to our emergency department with worsening pain, swelling, and shortness of breath in the neck and chest following a sudden movement. It was reported that he had suffered rib fractures after a fall two weeks ago, but hospitalization or surgery was not considered at that time. His existing pains have been increasing over the past few hours, accompanied by swelling in the chest and neck. No specific medical history was noted, and his vitals showed an oxygen saturation of 92% on room air. Upon systemic examination, no pathology was found in the neck area except for crepitus on palpation, suggesting pneumomediastinum. The diagnosis was confirmed with a chest CT scan, and the patient was admitted to the thoracic surgery clinic.

Pneumomediastinum

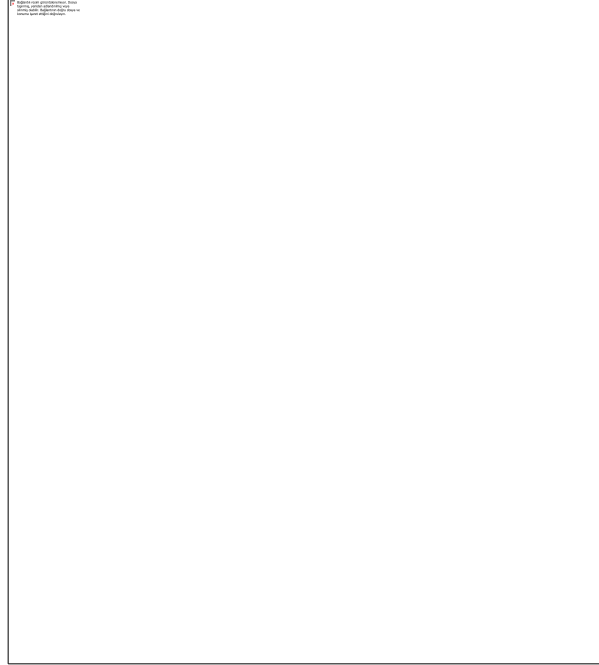


Pneumomediastinum2



Results and Conclusion: Pneumomediastinum can occur either due to internal or external traumas or spontaneously. As in our case, alveolar injury secondary to existing rib fractures can pose a risk for pneumomediastinum even in the late stages, highlighting the importance of considering this complication in patients with rib fractures.

Keywords: Pneumomediastinum



Results and Conclusion: In this case, we wanted to draw attention to cerebral venous sinus thrombosis, which is a rare disease in the emergency department. Cerebral venous sinus thrombosis, which can be easily diagnosed with Mr venography, should be kept in mind in patients with neurological complaints and risk factors.

Keywords: Sinus Vein Thrombosis, Neurology, Saggital Sinus

Ref No: 6114

Odontoid Type Two Fracture: Case Report

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Introduction and Purpose: In most countries, the elderly are the most rapidly growing segment of society, and it is estimated that by 2025, almost a fifth of the population will be over the age of 65. These patients' group are vulnerable to cervical spine injuries with the upper cervical (C0-C2) spine being involved in more than 50% of the time. There are numerous strategies to treat these disorders from immobilization (traction, collar vs. halo apparatus) to surgical intervention (anterior vs. posterior) (2). In this article, we wanted to present a case in which we detected odontoid type two fractures following a fall that underwent surgery on the cervical vertebra and internal fixation.

Picture 2



Materials and Methods: A 63-year-old female patient applied to the emergency room complaints of falling from a height of 1 meter and neck pain. The patient stated that while going up the stairs, he fell from a height of approximately 1 meter and hit his head and neck. In the

patient's history, it was learned that he had an operation on the brain and cervical vertebrae due to intraparenchymal bleeding in 2019. On physical examination, GCS: 15, conscious, cooperative, oriented, tenderness in the midline of the neck and abrasion in the left frontal. On lower extremity examination, there is abrasion on the left knee. A cervical collar was attached to the patient's neck. Hemogram and biochemistry blood tests were requested from the patient. No pathology was detected in blood tests. Brain, cervical, Thorax CT and left knee Xray were requested from the patient as imaging. There was an old operation scar on brain CT. Other than that, there was no feature. No pathology was detected in thorax CT and knee radiography. Cervical CT revealed odontoid Type 2 Fracture. (picture 1,2). Since the neurosurgeon was on leave, the patient was contacted by 112 and referred to a center where there was a neurosurgeon.

Picture 1



Results and Conclusion: In case of traumatic falls in elderly patients, care should be taken in terms of cervical trauma and cervical vertebra stabilization should be done as soon as possible, and even if there is no clinical neurological deficit, it is important to be more careful, especially in terms of odontoid bone fracture.

Keywords: Trauma, Odontoid, Cervical

Ref No: 6160

MY NOSE IS BLEEDING AGAIN

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Introduction and Purpose: Osler-Weber-Rendu Syndrome is an autosomal dominant disease characterized by nosebleeds, telangiectasia in the skin and mucous membranes, and arteriovenous malformations in the internal organs. The earliest symptom of the disease is nosebleeds. Neurological complications such as headache, seizures, and even intraparenchymal or subarachnoid hemorrhage may also occur.

Materials and Methods: A 68-year-old female patient applied to the emergency department with a complaint of nosebleeds. The patient, who had Osler-Weber-Rendu syndrome in his medical history for 25 years, stated that his intermittent nosebleeds were getting worse. On arrival at the hospital, blood pressure: 121/63 mmHg, pulse: 95 beats/min, temperature: 36.5.°C, fingertip oxygen saturation: 97%. On physical examination, there were widespread telangiectasias in the oral mucosa. In the blood and urine tests taken from the patient, wbc: 3110 µl, neut: 2080 µl, hgb: 5.8 mg/dl, control: wbc: 3290 µl, neut: 2360 µl, hgb: 5.8 mg/dl, and the other analysis showed The results were unremarkable. The patient was admitted to the Internal Medicine Hematology clinic.

Results and Conclusion: In Osler-Weber-Rendu syndrome, nosebleeds may be frequent and severe enough to lower hemoglobin. Therefore, hemoglobin levels should be checked in patients diagnosed with OWR presenting with these complaints.

Keywords: telangiectasia, epistaxis, autosomal dominant

Ref No: 6171

SUDDEN DEATH AFTER A SNAKE BITE

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Introduction and Purpose: It is known that snakes, which are important in ecological balance, have approximately 3500 species in the world. It is known that 1/10 of these species are venomous. It is reported that about 2.5 million people are bitten by snakes every year in the world and 125.000 of them result in death. Edema, haematoma and gangrenous lesions are seen as local symptoms after venomous snake bites, while fever, nausea vomiting, circulatory collapse, convulsion and coma are seen systemically. The best treatment is antivenom application and wound care.

Materials and Methods: A 48-year-old female patient was brought to our emergency room after being bitten by a snake on the left hand while picking olives in the garden, 112 teams were called due to fainting. The teams started cardiopulmonary resuscitation (CPR) when the patient had no heartbeat, and CPR was performed at the scene for 20 minutes and then CPR was performed and brought to our emergency room. The patient has no known comorbidities or medications. In physical examination, consciousness was closed, pupil reflexes could not be taken, diffuse edema and mild ecchymosis on the left arm, there was a tooth mark on the dorsal side of the left hand and the arm was tied with a rope. The patient who came to our emergency service without a peak heartbeat CPR was continued, airway endotracheal tube was inserted, femoral catheter and vascular access was opened from the right arm, 2 vials of antivenom in our service were given intravenously, adrenaline and hydration were started. In the laboratory results obtained on arrival; haemoglobin 10.7g/dl (11.9-14.8), hemotocrit 30.8% (35-43%), platelet 72.000 (142000-365000), pH 7.14 (7.35-7.45), lactate 11.8mmol/l, troponin 0.16ng/ml (0-0.045), AST 85U/L (0-40), ALT 92U/L (0-49), LDH 539U/L (120-246), Na 140mmol/l (135-145), K 6.5mmol/l (3.5-5.1). The patient who had ventricular fibrillation rhythm 5 times in total was defibrillated. Amiodarone 300 mg and 150 mg were administered. The patient was intervened for 75 minutes and was accepted as exitus.

Results and Conclusion: Venomous viper snakes are most commonly seen in the Southeast, East and Eastern Mediterranean regions. Their venom is very severe and sudden increase in fever, pallor of the skin, sudden hypotension, internal bleeding, cardiac arrest and death are observed as a result of the bite.

Keywords: snake bite, fainting, cardiopulmonary arrest

Ref No: 6257

Sly Complication of Sinüsitis

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¹Konya City Hospital Emergency Medicine Department

Introduction and Purpose: Brain abscess is a focal infectious collection within the brain parenchyma, which can arise as a complication of another infection or through trauma or surgery. Bacteria can invade the brain either by direct spread or through hematogenous seeding. The location reflects the site of the primary infection that spreads to the cerebral cortex. These locations, in order of decreasing frequency, are: the frontal or temporal lobes; frontal-parietal region; parietal lobe; cerebellum; and occipital lobe. The clinical manifestations of brain abscess typically include headache, fever, and focal neurologic deficits. However, early in the course of disease, the manifestations can be nonspecific. Physical findings can vary, and may include fever, focal neurologic deficits, and/or seizures. We present a patient who has brain abscess secondary to pansinüsitis.

Materials and Methods: Brain abscess is a focal infectious collection within the brain parenchyma, which can arise as a complication of another infection or through trauma or surgery. Bacteria can invade the brain either by direct spread or through hematogenous seeding. The location reflects the site of the primary infection that spreads to the cerebral cortex. These locations, in order of decreasing frequency, are: the frontal or temporal lobes; frontal-parietal region; parietal lobe; cerebellum; and occipital lobe. The clinical manifestations of brain abscess typically include headache, fever, and focal neurologic deficits. However, early in the course of disease, the manifestations can be nonspecific. Physical findings can vary, and may include fever, focal neurologic deficits, and/or seizures. We present a patient who has brain abscess secondary to pansinüsitis.

Results and Conclusion: Based on the light of this case, the clinical manifestations, diagnosis, differential diagnosis, treatment, and prognosis of this disease are reviewed.

Keywords:

Ref No: 6258

CASE REPORT OF A PERFORATION PATIENT PRESENTING WITH THE COMPLAINT OF HICCUPS

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Introduction and Purpose: Perforation is an acute abdominal presentation caused by sudden perforation of the base of gastric, duodenal and marginal ulcers. It is the most important complication of peptic ulcer requiring emergency surgical treatment. Stress, male gender, advanced age, heavy physical labor, and western societies have higher rates of peptic ulcer perforation.

Materials and Methods: A 58-year-old male patient was admitted with complaints of intractable hiccups and abdominal pain. He did not have any known disease and vital examination was normal. Physical examination revealed diffuse abdominal tenderness and other system examinations were normal. The patient's laboratory values were white blood cell count: 2.800 mm³, hgb:19,9 mg/dl, CRP:119 mg/L, pH: 7.21, lactate: 10.7 mmol/L, BUN: 38mg/dL, creatinine: 2.54 mg/dL other biochemistry values were normal. Contrast-enhanced abdominal CT imaging was planned in the patient in whom perforation was considered in the foreground. Imaging revealed free air under the diaphragm and free intra-abdominal fluid. The patient was operated by general surgery and perforation was detected in the 2nd continent of duodenum and primary repair was performed.

Results and Conclusion: There are many different diseases underlying the symptom of persistent hiccups. The diagnosis of perforation should be kept in mind in cases of persistent hiccups accompanied by abdominal pain.

Keywords: Perforation, Hiccups, Ulcer

Ref No: 6268

Trachinus Draco

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Introduction and Purpose: Trachinus draco lives in sandy or muddy, shallow, temperate waters. Trachinus draco, also known as the trachinus draco, lives in the Mediterranean Sea, European coasts, the Eastern Atlantic Ocean and the Black Sea. It is greenish-yellow in color and the average length of an adult is 20-40 cm. It is a fish with 3-4 poisonous spines on its spine. It stays alive for a long time out of the water and even after death, the poison in its spines retains its effect. This venom contains histamine, catecholamine, noradrenaline, 5-hydroxytryptamine and various enzymes with membrane stabilizing and hemolytic activity. It is often brown and the first spines on its back are poisonous. It is characterized by severe pain. The pain often resolves in 24 hours. Inflammation of the wound may last up to 14 days (1).

Figure 1



Materials and Methods: A 41-year-old male patient was referred to an external center with the complaint of pain and redness in the 2nd finger of the right hand (Figure 1). He was referred to us from there. He was an amateur fisherman. He suddenly felt pain when a fish caught on the fishing line touched his hand. He applied to the hospital due to redness and edema. His examination was Right hand 2nd finger edematous hemorrhagic bullous appearance. Finger movements painful, restricted. Capillary refill was too slow. Tetanus vaccine was administered. Hot water was applied to the affected extremity. Plastic surgery, Infection and Dermatology consultation was requested. A sample was taken from the hemorrhagic bullae by PRC and the patient was hospitalized. During follow-up, the tissue necrosed and was operated on and a flap was applied.

Figure 2



Results and Conclusion: Complications in trachinus draco contact can be further controlled with rapid intervention. In the anamnesis, it should be kept in mind after contact at sea. The first interventions summarized in this section should be done without delay. Control bleeding, immersion of the affected extremity in hot water, local anesthesia and regional block , check for the presence of foreign bodies, adrenaline (if necessary) and antihistamines, tetanus prophylaxis is recommended (2).

Keywords: Trachinus draco, Toxicology, Environment

Ref No: 6275

Abdominal Pain That Increases After Meal and Does Not Match the Examination Findings: Diagnosis of Mesenteric Ischemia

ASLI LEYLA TAHİROĞLU¹, ÖMER FARUK İŞLEYEN¹, AYÇA ÇALBAY¹

¹Abdominal Pain That Increases After Meal and Does Not Match the Examination Findings:
Diagnosis of Mesenteric Ischemia

Introduction and Purpose: Mesenteric ischemia occurs as a result of reduced blood flow in the gastrointestinal tract and can lead to serious morbidity and mortality if not diagnosed early. This condition is often overlooked due to nonspecific symptoms, especially in elderly patients. This poster highlights the diagnosis of mesenteric ischemia in an 85-year-old patient with two months of progressive weight loss and intermittent severe abdominal pain. An 85-year-old male patient was admitted to the emergency department with complaints of weight loss and intermittent severe abdominal pain that had been occurring for the last two months. The patient stated that the pain increased after meals, but no obvious signs of this severe pain were detected in the physical examination. An abdominal computed tomography (CT) scan performed in the emergency department showed findings suggestive of ischemia in the mesenteric vessels, and the patient was taken for emergency treatment.

Materials and Methods: Mesenteric ischemia is an emergency that requires early diagnosis and treatment. In elderly patients, abdominal pain that increases especially after meals and does not match physical examination findings requires a high suspicion of mesenteric ischemia. This case highlights the importance of CT scanning in the diagnosis of mesenteric ischemia and the need for detailed evaluation of nonspecific symptoms.

MEZENTER İSKEMİ



Results and Conclusion: Mesenteric ischemia should be considered among the underlying causes of abdominal pain that increases after meals and does not match physical examination findings, especially in the elderly population. Early diagnosis and intervention can significantly improve patient treatment outcomes. This poster aims to remind clinical practice of the importance of using fast and effective imaging methods when a preliminary diagnosis of mesenteric ischemia is made.

Keywords: Mesenteric ischemia, Abdominal Pain, gastrointestinal tract

Ref No: 6298

childhood epiphyseal fracture

muhammed emin akgün¹, yusuf şimşek¹, mevlana gül¹

¹ataürk university

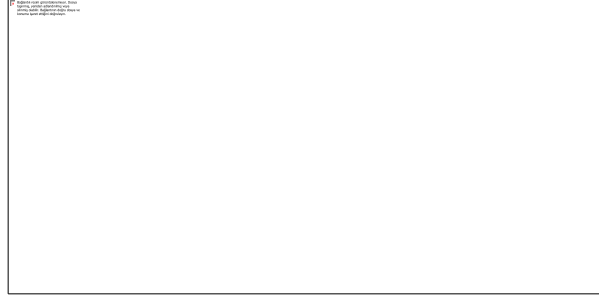
Introduction and Purpose: During the growth period, physical injuries in children are quite common. Deformities can develop after fractures occurring in the growth plate. Although it occurs in a small number of patients, the potential for deformity after such fractures is important in terms of predictability and preventability. Complications that may arise after fractures can be predicted with the commonly used Salter-Harris classification.

Materials and Methods: A 12-year-old male patient was brought to the emergency department due to deformity in his wrist as a result of falling while running at his own level. The patient, who was found to have a Salter type 1 fracture at the distal radius on X-rays, was consulted to orthopedics. After the fracture was reduced by orthopedics, the patient was discharged to come to the orthopedic outpatient clinic for follow-up.

Figure 1



Figure 2



Results and Conclusion: ractures in the epiphyseal line, especially in children during the growth period, require urgent intervention. If urgent intervention is not performed, permanent deformity and permanent shortening of the extremity may occur. In our case, orthopedic emergency reduction was performed.

Keywords: Salter type 1, epiphyseal injury, fracture

Ref No: 6307

Case Report Of a Patient Using High Dose Quetiapine for Suicide

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Introduction and Purpose: Quetiapine is an antipsychotic used in the treatment of psychiatric disorders such as schizophrenia and bipolar disorder. sedation, weight gain, constipation and fatigue are side effects that may occur during the use of quetiapine. Leukopenia can be caused by the use of quetiapine is another rare side effect. in this case report we presented a patient who used quetiapine for suicidal purposes. The aim of the presentation is to demonstrate the approach to quetiapine intoxication

Materials and Methods: This presentation was based on the clinical case of a patient on high dose quetiapine. A 47-year-old female patient took 29 tablets of quetiapine containing 200 mg each tablet, which belonged to her daughter after a depressive episode, with the intention of suicide. The patient was brought by the emergency medical teams. The patient's state of consciousness was confused and the Glasgow Coma scale was 10 when she arrived. Blood pressure was measured as 90/70 mmHg. Heart rate was: 130 BPM. Blood tests were taken and oxygen support was started. pH: 7.44, pCO₂: 30 mmHg, PO₂: 67 mmHg, SO₂: 94%, BE: -3.8 mmol/L, glucose: 129 mg/dL, Na: 135 mmol/L, Hb: 14.8 g/dL. The patient was started on fluid therapy. The patient was consulted with the poison counselling centre and intensive care or ward hospitalisation was recommended by the poison counselling centre along with symptomatic treatment if necessary. The patient was observed for intubation, but after half an hour there was an increase in the Glasgow Coma Scale. The patient was consulted with the anaesthesia and reanimation department and admitted to intensive care for follow-up.

Results and Conclusion: Quetiapine can be found especially in patients with bipolar disorder and is therefore vulnerable to abuse. In case of excessive intake of quetiapine, patients should be treated symptomatically. Depending on the general condition of the patients, they may be hospitalised in the ward or intensive care unit. Doses >3 g are associated with coma. The main toxic effects of overdose include coma, anticholinergic delirium, prolonged Qtc and rapid sinus tachycardia. Since ketipain causes drowsiness as a side effect, Glasgow Coma Score may be low in patients. Therefore, there is no need to rush for intubation.

Keywords: Quetiapine, Intoxication, Intubation

Ref No: 6403

Spontaneous Pneumomediastinum in Primigravida: A Case Presentation and Analysis

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¹gaziantep islam science and technology university faculty of medicine

Introduction and Purpose: A 28-year-old female patient presented to the emergency department with the onset of labor at 38 weeks of her first pregnancy. During labor, she experienced sudden-onset chest pain. She described the pain as substernal and stabbing, occurring abruptly during the normal vaginal delivery process. Following but reported a stabbing sensation in her chest upon breathing. Family history revealed coronary artery disease in her father and diabetes mellitus in her mother. Vital signs were within normal limits with a blood pressure of 120/80 mmHg, respiratory rate of 16 breaths per minute, temperature of 36.9°C, heart rate of 100 beats per minute, and oxygen saturation of 99%. Physical examination of the head and neck revealed hyperemic oropharynx with no palpable masses, crepitus, or tenderness. Lung auscultation revealed equal breath sounds bilaterally with no additional pathological sounds. Cardiac examination was unremarkable with no murmurs or abnormal sounds detected. Peripheral pulses were symmetrical and normal. Abdominal examination did not reveal any pathological findings.

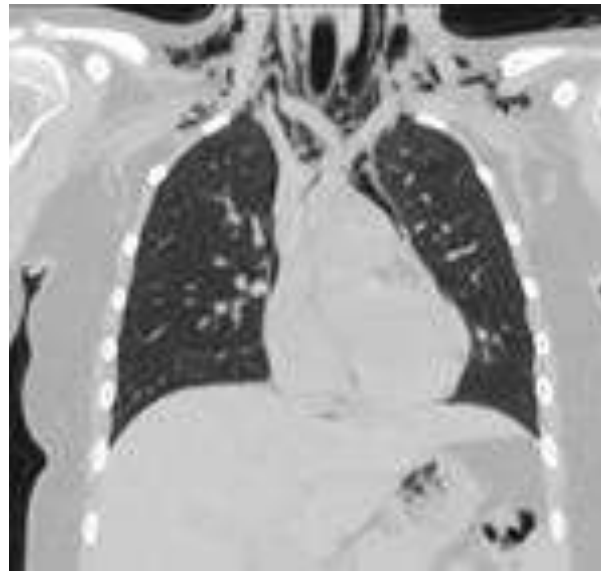
Materials and Methods: The patient underwent an electrocardiogram (EKG), complete blood count, cardiac biomarkers, and a chest X-ray. The EKG showed normal sinus rhythm with no signs of ischemic changes. Bedside ultrasound examination ruled out cardiac abnormalities such as cardiac tamponade or significant valvular insufficiencies. No evidence of aortic dissection was found on imaging. The chest X-ray revealed signs of widespread emphysema in the neck. Further evaluation with chest computed tomography (CT) confirmed the diagnosis of spontaneous pneumomediastinum (SPM), leading to the patient's admission for observation.

Results and Conclusion: Despite initially reporting relief of pain after analgesia administration, the patient exhibited widespread crepitus upon repeat examination. Follow-up chest X-ray revealed signs of widespread emphysema in the neck. Further evaluation with chest computed tomography (CT) confirmed the diagnosis of spontaneous pneumomediastinum (SPM), leading to the patient's admission for observation. Spontaneous pneumomediastinum (SPM) is defined as the accumulation of air in the mediastinum due to non-traumatic causes. usually follows a course with low recurrence rates, but it can become serious when complications develop. Therefore, early recognition of the disease is important. This case highlights that patients may present with unexpected symptoms. Early diagnosis and monitoring are crucial for preventing potential complications.

postpartum PA chest X-ray



computed tomography (CT) scan image 1



computed tomography (CT) scan image 2



Keywords: Spontaneous pneumomediastinum, Diagnosis and monitoring, pregnancy

Ref No: 6422

Acute Ischemic Infarctus and ST-Elevation ECG: A Case Report

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¹Bezmialem Vakıf Üniversitesi

Introduction and Purpose: As the population ages and more individuals experience MI, the individuals experiencing stroke after MI also increases. Studies have shown that 18–70% of patients with major AIS will have coronary artery disease, regardless of previous cardiac history. In this case, a disease presenting with the clinical picture of paralysis, but accompanied by ECG abnormalities and a history of angiography, will be discussed.

Materials and Methods: A 65-year-old male patient was brought to the emergency room by ambulance around 14:00 due to a fall resulting in loss of consciousness and left-sided weakness during the treatment process. He did not hit his head. Vital signs: blood pressure: 195/100 mmHg, temperature: 36.5°C, SPO2: 97, Respiration: 18/min. His medical history includes hypertension, diabetes, CAG4, Stent4. On neurological examination, he is conscious, oriented, and cooperative. Speech is dysarthric, but meaning is complete. Sensory neglect on the left, motor power in the left extremities is 3/5 and ataxic, hemiparetic. On the ECG, there is minimal ST elevation in D2-D3 AVF. Troponin levels in the blood were measured: 285, CK-MB: 1.6, and a control troponin taken 2 hours later showed: 315, CK-MB: 1.6. Brain CT and brain MRI diffusion studies were performed on the patient. The radiological assessment was as follows: "An acute infarct area was observed in the parietotemporo-occipital region, which did not fully attenuate on FLAIR imaging by ADC in the right MCA subdivision." The patient was consulted by the cardiology and neurology departments. Echocardiography was performed, revealing no wall motion defects, therefore angiography was not performed. Hospitalization was recommended by the neurologist, but the patient opted to discontinue treatment, leaving against medical advice.

Figure1

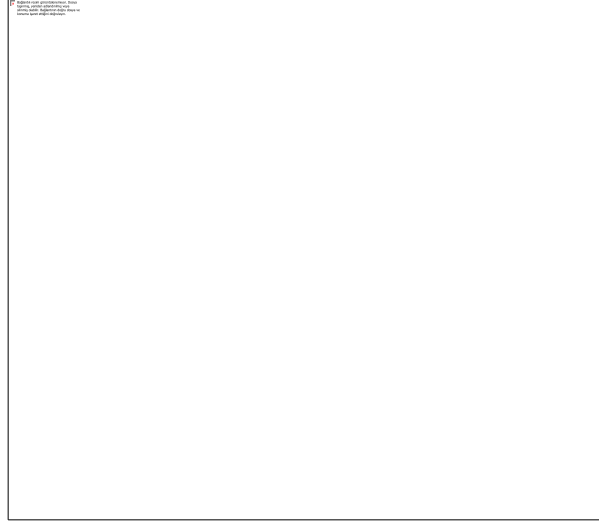
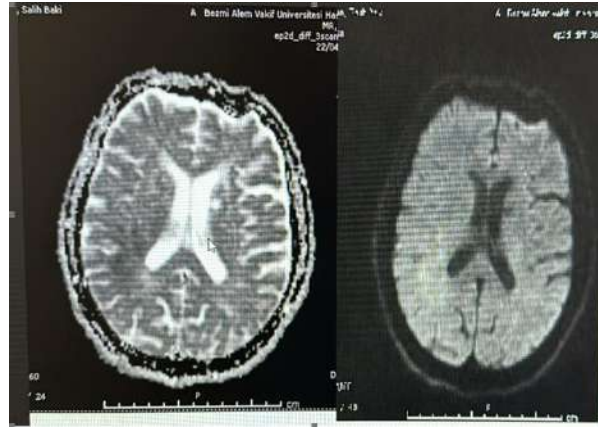


Figure2



Results and Conclusion: An ECG should be performed on every patient presenting with a stroke clinic. ECG changes, echocardiography image and the patient's clinic should be compatible in terms of myocardial infarction. Although there were ECG changes in this patient, the control troponin value taken 2 hours later did not increase significantly and the clinical picture was inconsistent. It seems that in most patients with ischemic stroke and ICH, the ECG abnormalities do not indicate a direct cerebral effect on myocardial function but rather preexisting ischemic heart disease.

Keywords: Acute Ischemic Infarctus, ST Elevation, ECG abnormalities

Ref No: 6446

ILEUS DUE TO CYGMOID VOLVULUS

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Introduction and Purpose: Ileus is the clinical inability to pass gas or stool. Intestinal obstruction is a partial or complete obstruction of the distal passage of intestinal contents.

Materials and Methods: A 73-year-old male patient was admitted to the emergency department with complaints of abdominal distention, nausea and vomiting for 2 days. It is not known when the patient last passed gas and stool. The patient has a known diagnosis of Alzheimer's disease. The patient's vital signs were normal on arrival. Physical examination revealed diffuse tenderness in the abdomen, no defense and rebound. Other system examinations were normal. ABB imaging showed air-fluid leveling. On contrast-enhanced abdominal CT imaging, 'An area with a transition zone at the level of the rectosigmoid junction and at the level of the left lower quadrant inframezocolic groove, forming a whipple image and secondary to this, an increase in the diameter content of the colonic anus up to 8 cm (ileus) was observed.' The patient was hospitalized in the general surgery clinic.

Ileus



volvulus



Results and Conclusion: Sigmoid volvulus usually presents as gas-stool distension in the colonic ans and in this patient, due to Alzheimer's disease, the patient was unable to express himself and presented to us with progression to ileus.

Keywords: Ileus, volvulus, alzheimer disease

Ref No: 6504

AN ATYPICAL CASE: HERPES ZOSTER WITH LUMBAR INVOLVEMENT

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¹Pamukkale University Emergency Departmen

Introduction and Purpose: Herpes Zoster infection can be seen in 10-20% of healthy adults. The presence of underlying malignancy, AIDS, autoimmune Diseases, major depression, The immune system such as radiotherapy, chemotherapy, trauma Suppressive diseases or immunosuppressive therapies shingles Facilitates its development. The incidence of herpes zoster increases with age, reaching a peak between the ages of 50 and 70.

Materials and Methods: A 79-year-old male patient was admitted to the emergency department with a head wound. According to the information obtained from the patient's daughter, topical antibiotics had been started for the wound on his head in another hospital. The lesion on his head was ulcerated and black crusted. Upon questioning, it was learned that the lesion was vesicular at first. A full body inspection was performed by protecting the patient's privacy. Physical examination of the patient revealed erythematous, vesicular, occasionally crusted lesions consistent with Herpes zoster in the lumbar region at the L3-L4 level and in the anteromedial thigh of the right lower extremity corresponding to the L3-L4 dermatome. Dermatology consultation was requested for the patient. The patient was interned to the dermatology clinic for treatment and follow-up with a diagnosis of Herpes Zoster (Shingles).

Figure 1



Results and Conclusion: The purpose of presenting this case is to draw attention to the importance of whole body inspection in the systemic examination of geriatric patients presenting to emergency departments.

Keywords: Herpes Zoster, Shingles, Geriatrics

Ref No: 6571

The Door Opened By Phineas Gage: Frontal Lobe Syndrome And Personality Change

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¹Recep Tayyip Erdoğan University Medical Faculty Training and Research Hospital, Emergency Department, Rize, Türkiye

Introduction and Purpose: Brain pathologies causing damage in the frontal lobes, such as cerebrovascular diseases, head trauma, brain tumors, brain infections, and neurodegenerative diseases, can lead to significant changes in social adjustment and personality. Conditions causing dysfunction in the frontal lobes result in a relatively specific clinical picture. Here, a case of a patient diagnosed with a frontal lobe tumor using computed tomography (CT) and contrast-enhanced magnetic resonance imaging (MRI), who has experienced changes in personality and behavior for the past week, will be presented.

Materials and Methods: A 69-year-old male with hypertension, hyperlipidemia, cerebrovascular disease presented to the emergency department with complaints of recent slowing of speech, frequent word repetition, forgetfulness, and a change from being easily angered to being calm. Non-contrast CT and contrast-enhanced MRI of the brain revealed a brain tumor measuring 5x2.5 cm in the frontal cortex. The patient was admitted to our hospital's neurosurgery service for further management.

Figure 1 CT scan showing a large vasogenic edema in the left frontal (red arrow) and a midline shifting in the left frontal cortex (blue arrow)



Figure 2 Left frontoparietal large asymmetric edema area (green arrow) and tumoral infiltrative appearance at the frontal level with approximate dimensions of 5x2.5cm (black arrow) on MRI



Results and Conclusion: In patients presenting with personality changes, speech slowing, hesitation, and similar complaints, a detailed history, including the patient's past medical history, along with imaging studies, leads to the diagnosis. For a patient who presents to the emergency department with a personality change, central imaging should be considered in case of doubt after a detailed history and neurological examination.

Keywords: frontal lobe syndrome, personality change, frontal cortex

Ref No: 6586

Atrial Fibrillation and Sudden Onset Abdominal Pain: A Warning Signal for Mesenteric Ischemia

Ömer Faruk İŞLEYEN¹, Ali GÜR¹, Mustafa NARİN¹

¹Ataturk Univercity

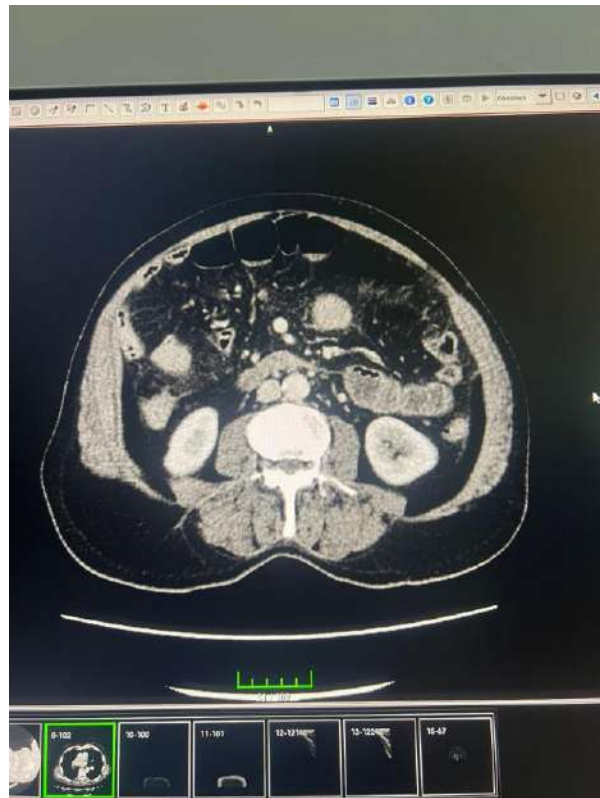
Introduction and Purpose: Atrial fibrillation (AF) is a common arrhythmia that can lead to an increase in thromboembolic events, which in turn can cause ischemia in the mesenteric vessels. This poster discusses the diagnosis of mesenteric ischemia in a 75-year-old patient who presented with sudden onset severe abdominal pain inconsistent with clinical examination and who was found to have atrial fibrillation.

Materials and Methods: A 75-year-old patient presented to the emergency department with complaints of sudden onset and persistent abdominal pain. Physical examination revealed minimal findings that did not correspond with the reported severity of the pain. When the patient was monitored for atrial fibrillation, a high level of suspicion for mesenteric ischemia was raised. An emergency abdominal computed tomography (CT) scan revealed signs of ischemia in the mesenteric vessels, and the patient was immediately directed to treatment.

Results and Conclusion: Atrial fibrillation can lay the groundwork for thromboembolic events in the mesenteric vessels, leading to ischemia. Sudden onset abdominal pain, especially in elderly patients with a history of atrial fibrillation, can be an important sign of mesenteric ischemia. This condition signifies an urgent medical situation where early diagnosis and intervention are vitally important. The presence of atrial fibrillation should be considered a significant risk factor in the diagnosis of mesenteric ischemia. This case illustrates that in patients with a history of atrial fibrillation, sudden onset abdominal pain can be an important warning sign for mesenteric ischemia. This condition requires rapid and effective assessment and intervention in the emergency department. Patients with atrial fibrillation are at high risk for mesenteric ischemia, and careful management is required in their treatment.



2



Keywords: Atrial Fibrillation, Mesenteric Ischemia, Emergency Medicine

Ref No: 6597

Aortic Dissection with Atypical Back Pain

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Aortic dissection is a potentially fatal vascular event that requires urgent treatment. Typically, patients present with severe, tearing back pain. However, this classic presentation is not always seen and atypical symptoms may delay diagnosis.

Materials and Methods: A 56-year-old male patient was brought to the emergency department with sudden onset, non-myalgic back pain, but not the typical tearing pain expected in dissection cases. It was learned that the patient had irregularly controlled hypertension and diabetes mellitus in his medical history. During the physical examination, no difference was detected between right and left blood pressure or pulse rates. Aortic dissection was diagnosed with angiography-computed tomography (CT) based on the high D-dimer level, and the patient was urgently admitted to the cardiovascular surgery service for surgery.

Results and Conclusion: In cases of aortic dissection, diagnosis may be difficult in patients presenting with nonspecific symptoms such as atypical back pain. Therefore, clinical suspicion should be broadened in high-risk patients, especially those with comorbidities such as uncontrolled hypertension and diabetes. Early diagnosis and management of patients with atypical symptoms is critical in preventing potentially life-threatening outcomes.

Aortic Dissection



Keywords: Aortic Dissection, Aortic, Dissection

Ref No: 6636

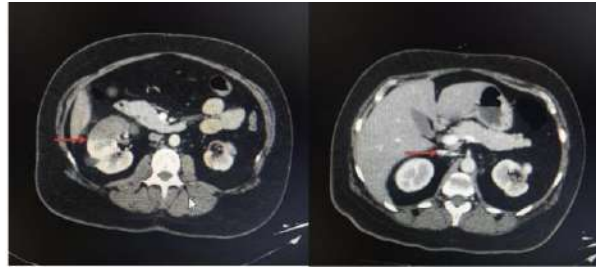
Renal Artery Thrombosis in the Diagnostic Spectrum for Nausea, Vomiting and Abdominal Pain Symptoms

Yasemin Pişgin¹, Bahadır Taşlıdere¹, Başar Cander¹

¹Bezmialem Vakif University

Introduction and Purpose: Renal artery thrombosis is a serious clinical condition, often misdiagnosed and rarely encountered, which can lead to renal parenchymal loss. Due to its ability to mimic more commonly seen conditions, including renal colic, diagnosis is frequently challenging for emergency physicians.

Figure



Absent perfusion in the right renal

Materials and Methods: We present a 43-year-old female patient who presented to our emergency department with complaints of abdominal pain, nausea, and vomiting. She had no chronic illnesses except for the presence of gallstones. Vital signs were as follows: temperature: 36.2°C, pulse rate: 120/min, SpO₂: 98%, respiratory rate: 20/min, blood pressure: 124/73 mmHg. Physical examination revealed tenderness at the right costovertebral angle, without guarding or rebound tenderness. Electrocardiogram showed normal sinus rhythm. Hemogram revealed leukocytosis (WBC: 18.7 K/uL). Urinalysis was unremarkable. Serum biochemistry showed elevated LDH levels (1973 U/L), while all other laboratory tests were within normal ranges. Abdominal computed tomography revealed absent perfusion in the right kidney (Figure 1), while the left kidney appeared normal.

Results and Conclusion: Thorough investigation of abdominal pain is crucial for distinguishing between urgent and non-urgent causes. In our case of renal artery thrombosis, a significant elevation in LDH level, despite normal serum transaminases and alkaline phosphatase, was the most sensitive biochemical marker. Considering the low specificity of LDH elevation, other causes expected to increase serum LDH levels, such as acute myocardial infarction, tumor, mesenteric embolism, and hemolysis, should be ruled out. Given that early diagnosis and appropriate treatment are key to rapid recovery, a comprehensive approach involving history

taking, physical examination, appropriate laboratory tests, and suitable radiological imaging is imperative. We recommend always considering renal thromboembolism in the differential diagnosis.

Keywords: Renal Artery Thrombosis, Abdominal Pain, LDH

Ref No: 6708

Rare cause of speech impairment and confusion: pulmonary embolism

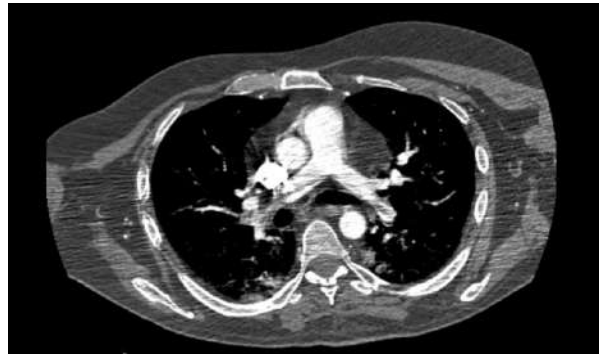
serdar derya¹, mustafa safa pepepe¹, merve nur küçük¹, alper aslan¹, neslihan yücel¹

¹inonu university

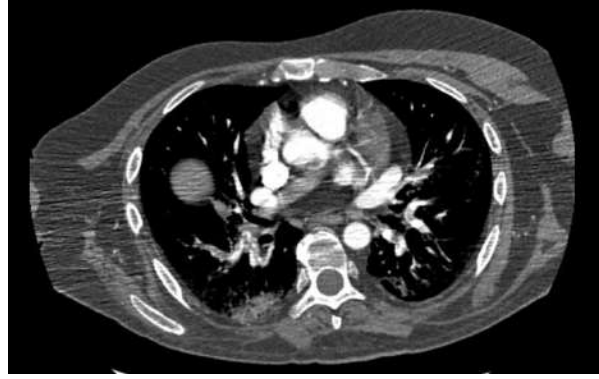
Introduction and Purpose: Pulmonary embolism (PE) is a common condition with high mortality in emergency clinics. Mortality rate is high in hospitalized patients as well as outpatients. Diagnosis of pulmonary embolism is not always easy. Difficulties in performing computed tomography angiography (CTA), which is the gold standard in diagnosis due to renal insufficiency and pregnancy, is one of the main difficulties in making the diagnosis

Materials and Methods: In this chapter, we discuss the diagnosis and treatment of massive pulmonary embolism in a 40-year-old male patient who was operated 4 months ago for brain tumor and received active chemotherapy and radiotherapy, and came with chest pain lasting approximately 15 minutes to the emergency department and developed low saturation on follow-up.

pulmonary embolism



pulmonary embolism



pulmonary embolism



pulmonary embolism



Results and Conclusion: In this chapter, we discuss the diagnosis and treatment of massive pulmonary embolism in a 40-year-old male patient who was operated 4 months ago for brain tumor and received active chemotherapy and radiotherapy, and came with chest pain lasting approximately 15 minutes to the emergency department and developed low saturation on follow-up.

Keywords: Pulmonary embolism, radiology imaging, thrombolytic therapy

Ref No: 6794

Mortal Myopericarditis: A Case Report

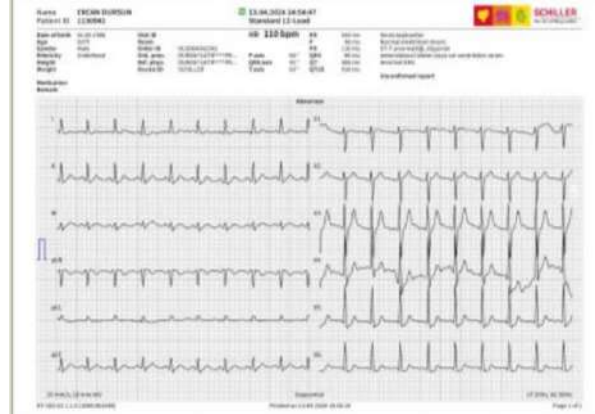
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Introduction and Purpose: Myopericarditis, inflammation of the heart muscle (myocardium) and the surrounding sac (pericardium), can result from infection, autoimmune disease, trauma, or other causes. Symptoms include chest pain, shortness of breath, fever, and fatigue. Diagnosis involves physical exams, ECGs, echocardiograms, and blood tests. We present a case of acute myopericarditis in a previously healthy individual who developed fatal heart failure following seasonal flu symptoms.

Materials and Methods: A 37-year-old male patient with no known chronic illnesses presented to our emergency department with complaints of shortness of breath, chest pain lasting for one day. Upon evaluation in our emergency department, the patient was conscious, alert, and cooperative. Physical examination revealed normal heart sounds (S1-S2) and rales on lung auscultation; no additional pathological findings were noted. Vital signs included blood pressure of 107/73 mmHg, heart rate of 114 beats per minute, respiratory rate of 32 breaths per minute, and oxygen saturation of 88%. According to the patient's history, he had experienced an upper respiratory tract infection one week prior and had been taking medication for it. Electrocardiography (ECG) showed a normal sinus rhythm with a heart rate of 110 beats per minute. Laboratory values revealed initial cardiac troponin levels of 3087, which later increased to 6010, with no other pathological findings. The patient was consulted to cardiology with a preliminary diagnosis of acute coronary syndrome. However, due to the development of respiratory distress and a sudden drop in oxygen saturation, elective endotracheal intubation was performed. The cardiology team performed a bedside evaluation, and echocardiography revealed an ejection fraction of 45% with inferior septum anterior basal hypokinesia and no major valve issues. The patient was admitted to the intensive care unit with a preliminary diagnosis of myopericarditis. Unfortunately, the patient experienced cardiac arrest nine hours after admission. Despite effective CPR, return of spontaneous circulation could not be achieved, and the patient was pronounced deceased.

EKG 1



Results and Conclusion: Although influenza is typically a self-limiting respiratory illness, serious cardiac complications such as pericarditis leading to tamponade and fulminant myocarditis leading to shock can occur. Healthcare providers should carefully monitor patients with influenza symptoms and promptly evaluate those exhibiting signs of serious cardiac complications.

Keywords: Mypericarditis, Chest pain, Dyspnea

Ref No: 6807

Serebral Venöz Sinüs Trombozu

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Introduction and Purpose: Serebral venöz tromboz nadir görülen bir durumdur. Serebral venöz tromboz insidansının uzun süredir 0,3-0,5/100 000/yıl civarında olduğu tahmin edilmektedir, ancak son çalışmalar 1-1,5/100 000/yıl civarında daha yüksek bir insidans bildirmektedir. Semptomları; huzursuzluk, baş ağrısı ve kusma gibi nonspesifik bulgular olabileceği gibi intrakranial basınç artışı bulguları, nöbet, ensefalopati, kranial sinir paralizileri, papil ödem, motor defisit ve koma gibi ciddi semptomlarla da gezebilir. Baş ağrısı, hastaların %60-90'ında başlangıç semptomu olarak bildirilir. Genellikle subaraknoid kanamanın aksine, baş ağrısı birkaç gün içinde gelişen subakut bir formda başlar, ancak akut baş ağrısı da tarif edilir.

Materials and Methods: 23 yaş erkek acil servisimize 1 haftadır olan şiddetli baş ağrısı şikayetiyle başvurdu. Aynı şikayetle yakın zamanda acil servis ve nöroloji poliklinik başvurusu öyküsü mevcuttu. Özgeçmiş ve soygeçmişinde özellik yoktu. Hastanın vitalleri; Ateş: 36,3 TA: 144/87 Nabız 88 Saturasyon: 98 idi. Bilinç açık oryante koopere GKS:15, kas gücü tüm ekstremitelerde 5/5, konuşma doğal fasyal asimetri yok. Pupiller izokorik, ışık reaksiyonu bilateral mevcuttu. Hastanın baş ağrısı haricinde şikayeti yoktu. Nörolojik muayenesi normal ve travma öyküsü olmayan hastanın kliniği şiddetli olduğu için serebral tomografi ve difüzyon MR planlandı. Serebral bilgisayarlı tomografisinde (SBT) oksipitalde ki görüntü subaraknoid kanamaya (SAK) benzetildi ve spontan SAK ön tanısıyla beyin ve sinir cerrahisine danışıldı. Beyin ve sinir cerrahisi hastanın SAK açısından girişimsel radyoloji ile konsülte edilmesini önerdi. Karotis ve SBT anjiyografisi çekilen hasta girişimsel radyolojiye danışıldı. Girişimsel radyoloji hastada SAK açısından şüpheli tariflenen alanların hiperdens venöz sinüslere karşılık ve Sinüs ven trombozu açısından MR venografi ile hastanın değerlendirilmesi ve nöroloji görüşü alınmasını önerdi. Hastaya MR venografi planlandı. MR venografi görüntülemesinde Sağ transvers sinüs, sigmoid sinüs ve superior juguler ven distali ile sagittal sinüs ve konfluente akıma ait intensite artışı saptanmamış olup bulgular tromboz ile uyumlu saptandı. Hasta nöroloji ile konsülte edildi. Hastanın kabul etmesi üzerine hasta nöroloji servisine yatırıldı.

Results and Conclusion: Şiddetli baş ağrısı, uzun süredir geçmeyen ve sık hastaneye başvuru öyküsü olan hastalarda ayırıcı tanıda sinüs ven trombozunun akla gelmesi gerektiğini vurgulamayı amaçladık

Keywords:

Ref No: 6825

Factors affecting the initial assesment at triage of clinically stable patients presenting in the emergency department with abdominal pain – the experience of the fast track area of a tertiary hospital.

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Introduction and Purpose: To investigate the factors that affect the initial assessment at Triage of clinically stable patients, presenting in the Emergency Department (ED) with abdominal pain.

Materials and Methods: This is a retrospective analysis of the common characteristics of patients with a presenting complaint of abdominal pain who were initially triaged as low acuity. We reviewed the records of 2022 patients that were referred from Triage to the Fast Track Area (FTA) during a 12-month period (1/1/23 - 31/12/23) for abdominal pain, in an effort to find common characteristics that led to undertriage.

Results and Conclusion: During the study period, 2022 patients (56.8% women) were examined in the FTA. The prevalent age group was of 21-30 years (22.1%), while the most frequent time interval from the onset of symptoms was <24 hours (33.3%). All patients underwent clinical examination, 95% basic laboratory blood testing and 95.1% basic imaging (radiography and/or ultrasonography). Patients with chronic intra-abdominal complaints consisted 11.2% of the study population, while another 8.6% had previous abdominal surgery. Most cases (62.8%) were handled independently by the FTA primary care physicians, 30.7% were referred for further investigation and 20.5% of them (constituting 6.3% of the study population) were ultimately hospitalized. Statistical analysis revealed that the presence of chronic abdominal complaints (chronic intra-abdominal conditions and/or previous surgery) is associated with a 39.4% greater likelihood of referral for further investigation and treatment (OR=1.394, x2 test, p=0.005). Conclusion: In clinically stable patients with abdominal pain, the presence of any chronic intra-abdominal complaints is an independent indicator of high resource utilization with a high admission rate. These results could be used to refine Triage protocols in comparable settings.

Keywords: Abdominal pain, Triage, Emergnecy Department

Ref No: 6861

A 66-Year-Old Man with Massive Retroperitoneal Abscess

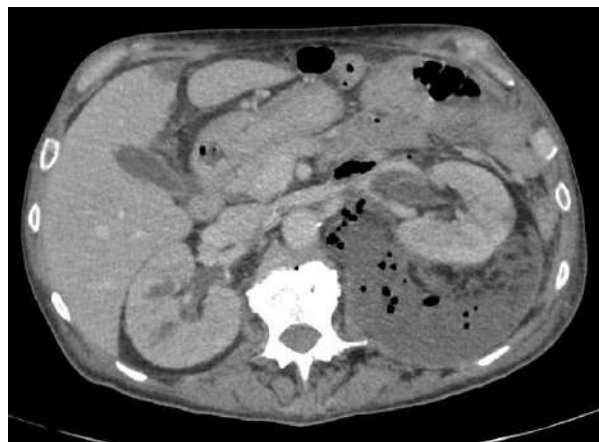
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Introduction and Purpose: A 66-year-old male presented to Emergency department with dyspnea, leg edema, abdominal distension and inability to pass the urine. He had a 12 day history of fever, urination with small portions and blood, abdominal distention and pain. For a few weeks before the current presentation, he noticed periodically bright red bleeding and sometimes mucus with bowel movements. His history was significant for arterial hypertension, hemorrhoidal disease, prostatitis two years ago, but he didn't take any medications regularly.

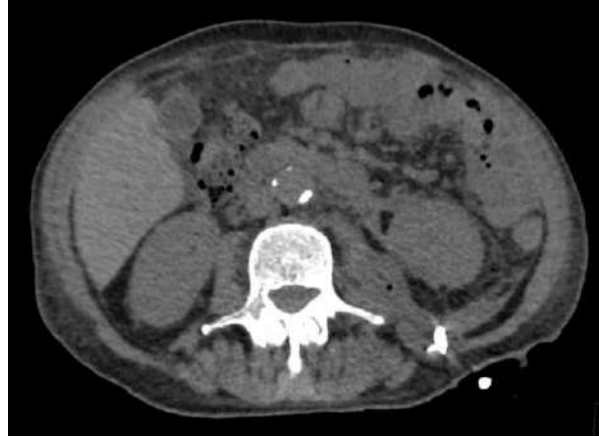
Materials and Methods: At the hospital, the patient appeared confused. The temperature and vital signs were within normal parameters. Abdomen was distended and diffusely painful, but peritoneal signs were absent. There was a significant pain on left kidney percussion, and a mild leg edema. Laboratory studies revealed a leucocytosis of $23.8 \times 10^9/L$, CRP 198.44 mg/l, HGB 121 g/L, creatinine 224 $\mu\text{mol/l}$, GFR 27, leucocytes (494 WBC/ μl) and bacteria in urine. Abdominal US showed urinary retention with bilateral second grade urostatics. There was no free fluid in the abdominal cavity. Urinary catheter was inserted and cloudy urine was obtained. After passing urine the abdominal pain still persisted. Chest radiography showed no abnormalities. Abdominal CT with i/v contrast was performed and showed a massive (14x7x30 cm) left side retroperitoneal abscess, enlarged prostate and left side basal pneumonia.

Figure 1



CT scan showing a massive left side retroperitoneal abscess

Figure 2



Control CT scan after 7 days with a pigtail drain in retroperitoneal space

Table 1

Investigation	Result	Reference range
White cell count $\times 10^3/\mu\text{l}$	23.8	4-10
Erythrocyte count $\times 10^3/\mu\text{l}$	3.17	4.5-6
Hematocrit, %	34.9	40-52
Platelet count $\times 10^3/\mu\text{l}$	185	150-400
Haemoglobin, g/dl	121	130-170
C-reactive protein, mg/L	198.44	0-5
ALAT, U/L	22	7-40
Lipase, U/L	21	12-53
Total Bilirubin, $\mu\text{mol/L}$	18	5-21
Glucose, mmol/L	5.4	4.1-5.9
Creatinine, $\mu\text{mol/L}$	224	62-115
GFR, ml/min/1.73m ²	27	>60

Sodium, mmol/L	129	136-145
Potassium, mmol/L	5.9	136-145
Chloride, mmol/l	100	98-107

Laboratory findings (Day 1)

Table 2

Investigation	Result	Reference range
Glucose, mmol/l	Normal	0-1.7
pH	5.5	5-7
Protein, g/L	Negative	Negative
Nitrite	Negative	Negative
Colour	Yellow	-
Clarity	Clear	-
Leucocytes, WBC/ μ l	494	0-30
Erythrocytes, RBC/ μ l	10	0-20
Hyaline casts, CAST/ μ l	Normal	0-8
Bacteria, BACT/ μ l	+(1201-5000)	0-1200
Epithelial cells, p/ μ l	Normal	0-30

Urine analysis (Day 1)

Results and Conclusion: A broad spectrum antibacterial therapy was initiated. The patient was admitted to the surgery department where US guided abscess drainage was performed. Specimens for bacterial culture came back positive for E. Coli (resistant to Ampicillin and Amoxiclav). After abscess drainage and a/b therapy patient condition improved. During his stay in the hospital epicystostomy was done because of prostate hyperplasia. Patient was discharged after 31 day of treatment. The drain from retroperitoneal space was evacuated 2 weeks after the discharge in the outpatient clinic when no more fluid from the drain was observed. Conclusion:

Retroperitoneal abscess is a rare condition with occult and insidious occurrence often leading to delay in diagnosis and drainage. It is mainly caused by urinary tract infections (as in this clinical case), infections of gastrointestinal tract, postoperative complications. CT scan with contrast is modality of choice for diagnosis.

Keywords: Retroperitoneal abscess

Ref No: 6879

Pulmonary Embolism in a Postoperative Bedridden Patient

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¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: After surgical treatment of serious brain tumors such as glioblastoma, patients are prone to serious complications such as pulmonary embolism (PE) due to prolonged immobilization. This poster examines the case of a 78-year-old male patient who was operated on for brain glioblastoma 4 months ago and developed pulmonary embolism in the postoperative period, and emphasizes the importance of prevention strategies that can be applied to reduce the risk of Pulmonary Embolism.

Materials and Methods: A 78-year-old male patient was brought to the emergency room with complaints of poor general condition and shortness of breath. The patient was operated for brain glioblastoma 4 months ago and remained immobile in the postoperative period. In the first evaluation, Glasgow Coma Scale (GCS): 8, tachypneic and oxygen saturation were recorded as 75%. Laboratory results show D-dimer > 5000 ng/mL (normal <500 ng/mL), elevated troponin I, and hypoxemia in blood gases. Emergency tomography revealed pulmonary embolism in the right main bronchus and the patient was admitted to intensive care.

Results and Conclusion: This case draws attention to the development of pulmonary embolism in bedridden patients in the postoperative period and emphasizes the importance of early prevention strategies. Anticoagulant therapy and a multidisciplinary approach are vital in the management of patients diagnosed with PE. Promoting mobilization in the postoperative period, ensuring appropriate hydration, and considering prophylactic anticoagulation in patients at risk play critical roles in preventing such serious complications.

Pulmonary Embolism



Keywords: Pulmonary Embolism, Embolism, Postoperative

Ref No: 6894

Acute bacterial meningitis

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Introduction and Purpose: Meningitis is an acute and chronic inflammatory disease of the meninges caused by various microorganisms. Pia-arachnoiditis that develops in the subarachnoid space with different microorganisms reaching the meninges by different routes.

Materials and Methods: A 38-year-old female patient was admitted to the emergency department of an external centre with headache that started in the morning. Relieved and discharged with symptomatic treatment. She was admitted to the emergency department of PAU with headache, confusion and incoherent speech that started again in the evening. No known chronic disease. No regular medication. Have a recent history of flu. Admission vitals; TA:130/80 Sat:98 Pulse:85 Fever:36.8. No history of previous surgery and no smoking or alcohol use. On physical examination the patient appears agitated. No place-time-person orientation. Nuchal rigidity +, Kernig and Brudzinski not analysed. Thoracic and abdominal examination normal. Laboratory; WBC:17.8 CRP:25. no acidosis in blood gas, coagulation parameters normal, urinalysis normal. No pathology on central imaging performed on the patient. CNS infection was considered and lumbar puncture was performed. Lumbar puncture revealed dense leucocytes and erythrocytes in all areas of the thoma slide. Streptococcus pneumoniae was detected in the viral parameters studied. The patient was hospitalised in the infectious disease ward with a diagnosis of acute bacterial meningitis

Results and Conclusion: Central nervous system infections should be ruled out in patients with a history of flu presenting to the emergency department with fever and altered consciousness.

Keywords: Bacterial meningitis, headache

Ref No: 7006

A case of delayed cardiac tamponade after cardiac surgery

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Introduction and Purpose: The condition that occurs when diastolic filling of the ventricles is restricted, stroke volume and cardiac output decrease as a result of increased intrapericardial pressure due to fluid accumulation in the pericardial space, is called cardiac tamponade. Cardiac tamponade due to pericardial effusion may occur in the postoperative period after cardiac surgery. Cardiac tamponade that develops after surgery is classified into two groups: early if it develops within the first two weeks, and late if it develops after two weeks. Cardiac tamponade cases that develop in the late period are rare, but their mortality is higher. In this case, we presented a case of cardiac tamponade that developed after cardiac surgery and is a rare case of emergency services

Materials and Methods: A 67-year-old female patient was admitted to the emergency room with complaints of confusion and sudden onset of chest pain. In the patient's anamnesis, it was learned that she had open heart surgery approximately 4 weeks ago. It was learned that the patient has diagnosis of coronary artery disease, diabetes mellitus and hypertension. In the physical examination, pathologically deep heart sounds and pulsus paradoxus were detected. In the vital signs, oxygen saturation(SPO2): 99, blood pressure arterial(TA): 90/40 mm/Hg, pulse: 118/min, temperature:36.4°C. No new pathology was detected in the patient's electrocardiography(ECG), other than sinus tachycardia. Pericardial fluid measuring up to 30 mm at its widest point was detected in the echocardiography of the patient with suspected cardiac tamponade. The patient, whose diagnosis of cardiac tamponade was confirmed, underwent transthoracic percutaneous pericardiocentesis. Approximately 150 cc of fluid was aspirated through pericardiocentesis and allowed to drain freely. After pericardiocentesis, the patient regained consciousness, her heart rhythm decreased to 88/min and TA increased to 110/70mmHg. The patient was admitted to the cardiology intensive care unit

Results and Conclusion: Cardiac tamponade is a serious clinical condition that disrupts hemodynamic and is accompanied by mortality and morbidity. Early diagnosis and primary care in the emergency department should not be overlooked and should be treated. In patients with a history of cardiac surgery; Cardiac tamponade developing in the early and late periods should be kept in mind in the diagnosis.

Keywords: Cardiac Tamponade, Pericardiocentesis, Chest Pain

Ref No: 7025

Neck Injuries in Pediatric Headfirst Falls: Ligament Injury Detected with Cervical CT

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Introduction and Purpose: In the pediatric population, headfirst falls can lead to serious neck injuries. These injuries manifest as symptoms such as restricted neck movements and pain in children. Cervical spine computed tomography (CT) scans play a critical role in diagnosing such injuries. This poster discusses a case of a 3-year-old patient who fell headfirst from a sibling's lap and was found to have ligamentous injury with asymmetric widening between the lateral masses on cervical CT.

Materials and Methods: A 3-year-old boy was brought to the emergency department after falling headfirst from his sibling's lap. He presented with complaints of significant restriction in neck movements and discomfort. The cervical CT scan revealed asymmetric widening between the left lateral masses, which was considered an important indicator of neck ligament injury, and the patient was immediately referred to neurosurgery for appropriate treatment.

Results and Conclusion: Neck injuries in the pediatric population, especially after headfirst falls, are frequently encountered but can be overlooked. Cervical CT is an effective diagnostic tool for identifying specific damages such as ligamentous injuries. This case emphasizes the potential severity of neck injuries resulting from headfirst falls and the importance of early diagnosis and intervention. This case report highlights the critical importance of cervical CT in the diagnosis and management of neck injuries, particularly ligamentous damage, caused by pediatric headfirst falls. Symptoms like restricted neck movements and pain following a fall in children require prompt and careful evaluation. Early diagnosis and appropriate treatment are key to the successful management of such injuries.



2



Keywords: Pediatric Neck Injuries, Headfirst Falls, Cervical CT

Ref No: 7074

ADRENAL CRISIS DUE TO INADEQUATE CORTISONE TREATMENT

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Introduction and Purpose: Acute adrenal insufficiency is a sudden onset, mortal medical condition caused by insufficient cortisol levels. It may be caused by acute destruction of the hypothalamic-pituitary axis or adrenal glands or stressors in the case of underlying primary and secondary insufficiency. The main symptoms seen in adrenal crisis are hypotension, nausea-vomiting, abdominal pain, weakness, headache, hypotension, hypoglycaemia or hyponatraemia. Crystalloid fluids, 5% dextrose, hydrocortisone are applied in the treatment.

Materials and Methods: A 47-year-old female patient was admitted to the emergency department due to widespread wife, nausea, confusion, hypotension, known Addison's disease, cortisone treatment, but it was stated that she had missed a few doses. The general condition of the patient was moderate-poor, consciousness was lethargic, skin hyperpigmented, blood pressure could not be taken, finger tip blood glucose 90mg/dl, pulse 90 beats/minute. The patient's vascular access was opened, hydration with crystalloid, 5% dextrose, 40mg metiprednisolone, proton pump inhibitor was performed. Control blood pressure was 60/40mm/hg. In the laboratory, white blood cell 10.700mm³, potassium 5,7mmol/l, sodium 124mmol/l, glucose 82mg/dl, creatinine 1,22mg/dl, BUN 31 mg/dl. Due to hypotension not responding to treatment, the patient was consulted to the endocrine department and hospitalised in the internal intensive care unit.

Results and Conclusion: Adrenal insufficiency is a life-threatening endocrine emergency with high mortality if not properly diagnosed and treated early. In the first instance, the patient should be treated without seeking a diagnosis. In patients with a known history of adrenal insufficiency, adrenal crisis occurs as a result of inadequate intake of cortisone.

Keywords: weakness, confusion, adrenal insufficiency

Ref No: 7084

Aortic Dissection with Atypical Clinical Presentation: Detection of an Emergency Situation in a 58-Year-Old Male Patient

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¹Aortic Dissection with Atypical Clinical Presentation: Detection of an Emergency Situation in a 58-Year-Old Male Patient

Introduction and Purpose: Aortic dissection occurs as a result of a tear between the layers of the aortic wall and is a life-threatening emergency. It is classically characterized by severe, sudden onset of chest pain; However, some patients may experience atypical clinical findings. This study presents the case of a 58-year-old male patient whose chest pain gradually decreased but did not go away and aortic dissection was detected in subsequent imaging

Materials and Methods: A 58-year-old male patient was admitted to the emergency department with a complaint of chest pain that started suddenly and decreased over time, but did not go away completely. No significant abnormality was detected in the patient's physical examination and initial laboratory tests. As the pain continued, a chest computed tomography (CT) was performed for detailed cardiovascular evaluation. CT imaging showed aortic dissection in the ascending portion of the aorta. The patient was urgently referred to cardiovascular surgery.

Results and Conclusion: Diagnosis of aortic dissection can be difficult, especially when the patient's presentation is atypical. This case shows that decreasing the severity of chest pain can sometimes lead to serious underlying conditions being overlooked. Early diagnosis and intervention is critical for life-threatening conditions such as aortic dissection. Atypical clinical presentations can mislead physicians and delay the diagnostic process; therefore, comprehensive imaging is recommended in suspicious cases. This case aims to raise awareness of potentially atypical clinical presentations of aortic dissection. In patients complaining of chest pain, changes in the character of the pain should be evaluated carefully. Early imaging in patients with suspected aortic dissection plays a vital role in preventing life-threatening complications and determining effective treatment strategies.

Keywords: Aortic Dissection, emergency, chest pain

Ref No: 7094

Acute Pancreatitis Due to Hypertriglyceridemia

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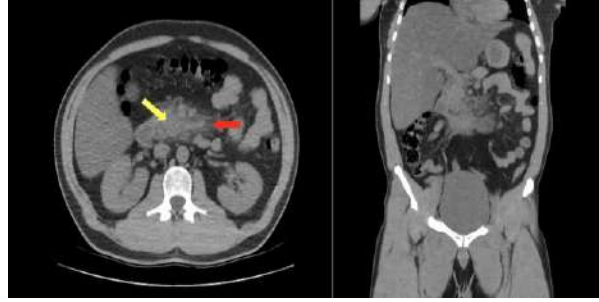
Introduction and Purpose: Acute pancreatitis is a disease that causes inflammation of the pancreas. The most common causes of AP etiology are biliary system stones and alcohol use. Hyperlipidemia can be shown as the 3rd most common cause of AP. The purpose of this case report is to discuss the development of acute pancreatitis in a patient with hypertriglyceridemia.

Materials and Methods: A 32-year-old male patient is being followed due to known diagnoses of type 2 diabetes mellitus, hyperlipidemia and hypothyroidism. He applied to the emergency room with complaints of abdominal pain and fever that started 6 hours ago. On physical examination, there is pain radiating from the epigastric region to the back and tenderness with palpation. In the blood tests taken from the patient, lipemic content was observed macroscopically in the biochemistry tube (Figure 1). In laboratory tests, amylase: 770 U/L, triglyceride: 7035 mg/dl, C-reactive protein (CRP): 65 mg/L, LDL: 460 mg/dl. Abdominal Computed Tomography (CT) showed edema and free fluid around the pancreas. Laboratory and imaging findings were consistent with acute pancreatitis, and the patient was admitted to the gastroenterology department with a preliminary diagnosis of acute pancreatitis.

Figure 1 Lipemic appearance in the biochemistry tube after centrifugation



Figure 2 Abdominal CT with pancreatic edema (yellow arrow) and peripancreatic fluid (red arrow).



Results and Conclusion: It is thought that HTG is responsible for at least 5-7% of AP cases, and if clinicians do not consider and investigate whether this plays a role in etiology, it may lead to a delay in diagnosis and treatment. The main component of AP treatment is fluid resuscitation. This is followed by analgesia, stomach acid and pancreatic enzyme secretion inhibition treatment. Fluid resuscitation therapy is vital in preventing multiple organ dysfunction syndrome (MODS) and SIRS by helping to improve microcirculatory disorders and control inflammatory responses. Plasma apheresis (PE) can be described as a blood cell separator, isolating plasma from blood cells and then removing serum triglyceride from the plasma. Fluid resuscitation is one of the main treatment principles in cases diagnosed or suspected of AP. Lactated Ringer's solution is mainly preferred for fluid resuscitation. Antibiotherapy is not preferred unless there is another accompanying condition. Plasmapheresis is among the treatment principles in cases with HTG.

Keywords: acute pancreatitis, hyperlipidemia, dyslipidemia

Ref No: 7109

The Importance of Seat Belt Use: An Example of Protection in a High-Energy Traffic Accident

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Introduction and Purpose: The use of seat belts significantly reduces the risk of injury and death in traffic accidents. This poster highlights the protective effect of the seat belt by comparing the serious injuries sustained by a patient sitting in the back seat without a seat belt in a high-energy traffic accident to those in the front seat who were wearing seat belts and escaped without injury.

Materials and Methods: A 37-year-old female patient faced serious injuries while sitting in the back seat during a high-energy traffic accident. Upon arriving at the healthcare facility, she was diagnosed with spinal cord injury (SCI), intracranial hemorrhage (ICH), and frontotemporal fractures. In contrast, two individuals in the same vehicle sitting in the front seat wearing seat belts survived the accident without any injuries.

Results and Conclusion: This case clearly demonstrates the importance of seat belts as a life-saving measure during traffic accidents. The unscathed survival of passengers wearing seat belts in the front seat provides concrete evidence of the effectiveness of seat belts, while the serious injuries of the patient in the back seat not wearing a seat belt reinforce the importance of seat belt usage. Seat belts protect passengers from frontal impacts, ensure a safer deceleration of the body, and can prevent fatal injuries.





Keywords: Seat Belt, Traffic Safety, Injury Prevention

Ref No: 7111

The holistic approach to atypical symptoms resulted in pneumothorax

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Introduction and Purpose: Pneumothorax is the entry of air into the pleural space. Normally, there is 5-10 ml of fluid between the visceral and parietal pleurae, but no air is present. In pneumothorax, air enters due to an opening in the parietal or visceral pleura. This opening can occur due to blunt or penetrating trauma to the chest wall, or it can result from the adjacent visceral pleura being torn along with the lung parenchyma. Symptoms depend on the degree of pneumothorax and may include dyspnea, tachypnea, pleuritic chest pain, hypoxia, decreased or absent breath sounds unilaterally, or unilateral hyperresonance on percussion.

Materials and Methods: A 34-year-old male patient, who fell from the same level three days ago, hit his right shoulder. He has right shoulder pain during flexion. There is no dyspnea or chest pain. Physical examination: Decreased breath sounds in the right hemithorax. Chest X-ray: Pneumothorax is present on the right side.

Chest graphy



thorax CT



Results and Conclusion: The level of danger associated with pneumothorax depends on the type and size of the pneumothorax. For example, tension pneumothorax is a highly dangerous and life-threatening condition. For other types of pneumothorax, such as small spontaneous cases, the critical factor is usually the size or collapse level of the lung. These cases often require observation or a simple puncture or pleural drainage procedure. Pneumothorax can pose a life-threatening risk to patients and requires urgent treatment. If left untreated, it can lead to acute respiratory failure and potentially result in death. Regardless of its type, pneumothorax is a potentially life-threatening condition that requires prompt medical intervention.

Keywords: Pneumothorax, chest, x-ray

Ref No: 7129

FİRST SEİZURE

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Introduction and Purpose: Brain tumors encompass a variety of neoplasms originating from different cells within the central nervous system or from systemic cancers that have metastasized to the brain. Adequate evaluation of patients suspected of having a brain tumor requires a detailed history, comprehensive neurological examination, and appropriate diagnostic neuroimaging studies. Symptoms may include headaches, seizures, cognitive function loss, focal deficits, and signs of increased intracranial pressure.

Materials and Methods: A 74-year-old male patient presented with complaints of seizures. The patient had no known comorbidities, and vital signs upon arrival were unremarkable. Blood tests yielded normal results. A computed tomography scan revealed a mass in the right frontal region (Figure 1, 2). The patient was referred to the neurosurgery clinic for diagnosis and treatment and was admitted to the hospital.

figure-1

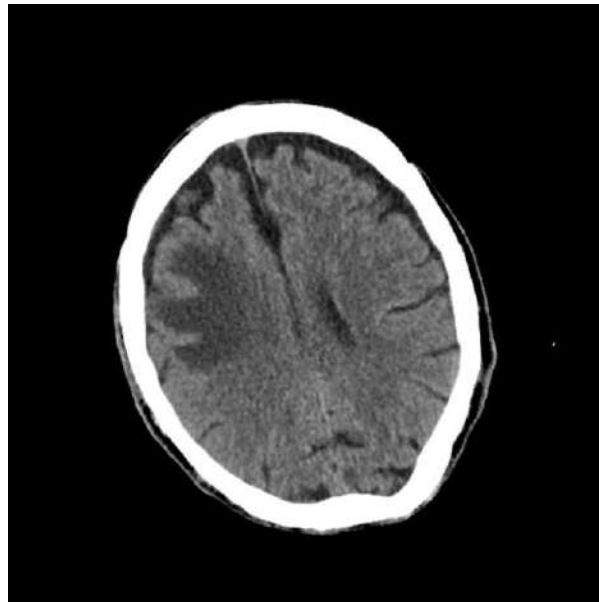
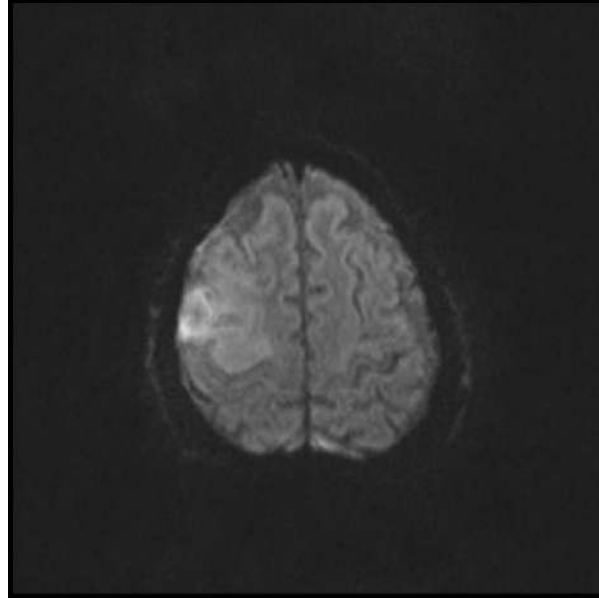


figure-2



Results and Conclusion: In patients presenting with seizure complaints, especially if it is their first seizure and if they are elderly, the cause of the seizure should be elucidated. Patients with brain tumors may present with atypical symptoms. History-taking and physical examination are of utmost importance. Surgical intervention may be necessary after the diagnosis is established.

Keywords: seizure, epilepsy, brain tumor

Ref No: 7144

Nadir Bir Karın Ağrısı Nedeni: Rektus Kılıf Hematomu

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Introduction and Purpose: Rektus kılıf hematomu, rektus kasının veya epigastrik damarların yırtılması neticesinde gelişen nadir görülen akut karın ağrısı nedenlerinden biridir. Akut karın ağrısı ayırıcı tanısında kolay atlanması sebebiyle, kanama bozukluğu olan hastalarda akılda tutulmalıdır. Rektus kılıf hematomu, epigastrik arter veya venlerin rüptürüne bağlı, rectus abdominis ve pyramidalis kaslarını saran kılıf içine kanama sonucu ortaya çıkmaktadır.

Materials and Methods: 83 yaşında erkek hasta 3 gündür olan ve gittikçe artan sağ yanda ve sağ üst femurda kızarıklık, bugün yataktan düşme ile 112 ile acil servise başvurdu. Hastanın 10 yıl önce geçirilmiş SVO öyküsü ve coumadin kullanım öyküsü mevcut. Fizik muayenesinde batında defans ve rebound yok, suprapubik bölgeden başlayan sağ yana uzanan ekimoz ve sağ yanda şişlik mevcut. Ayrıca burunda abrazyon ve sol kolda güç kaybı var. Bilinci açık oryante koopere GKS 15, TA:90/60 mmHg, Sat:92, Nabız:120/dk, Ateş:36,7. Laboratuvar parametrelerinde Hb:7.3 INR:2.7 gelen hastaya rektal tuşe yapıldı. Rektal tuşesi normal gayta bulaşı gelen hastaya kontrastlı abdomen BT çekildi. Raporunda sağda lomber bölge posterolateralde kas planları içerisinde 70x75 mm'ye varan kabalaşma dikkati çekmiş olup görünüm hematom ile uyumlu olarak gelmesi üzerine hasta genel cerrahi ve coumadin kullandığı için kardiyolojiye konsülte edildi. Coumadin stoplanan hastaya acil serviste traneksamik asit tedavisi başlandı. Eritrosit süspansiyonu ve TDP istemi yapıp rectus kılıf hematomu tanısı ile genel cerrahi yoğun bakıma yatırması verildi.

Results and Conclusion: Rektus kılıf hematomu açıklanamayan karın ağrılarının %2'sini oluşturmaktadır. Akut batını taklit ederek yanlış tanı alır ve gereksiz cerrahi girişim yapılmasına neden olabilir. Ağrı daha çok sağ tarafta ve alt kadranda, ani başlayan şiddetli karın ağrısı ve karın duvarında kitle tespit edilir. En önemli predispozan faktör antikoagulan tedavi olmasına rağmen, hematolojik hastalıklar, travma, ilaç enjeksiyon, öksürük, hapşırma, gebelik ve hipertansiyon gibi çeşitli nedenlere bağlı da oluşabilir. Antikoagulan tedavinin venöz tromboembolizm, diyaliz, atriyal fibrilasyon, miyokard infarktüsü ve prostetik kalp kapağı hastalarında kullanımının artmasına bağlı spontan rektus kılıf hematomu olgularının da artışı olmuştur. Rektus kılıf hematomu acil servise karın ağrısı ile başvuran antikoagulan kullanan hastalarda düşünülmesi gereken bir tanıdır. Ender görülmekle birlikte özellikle antikoagulan kullanan yaşlı kadın hastalarda akılda tutulmalıdır.

Keywords: Coumadin, hematom, karın ağrısı

Ref No: 7158

Hypoglycemia Due to Hypothermia

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Introduction and Purpose: Hypothermia is a condition in which body temperature drops abnormally and can lead to serious complications such as hypoglycemia due to its effects on metabolism. This poster discusses the management and intervention of a patient presenting to the emergency department with hypothermia and hypoglycemia following cold weather exposure.

Materials and Methods: A 60-year-old male patient was brought to the emergency room with complaints of confusion and tremors after staying outside for a long time in winter. In the first evaluation of the patient, GCS: 13 TA: 90/60 Pulse: 86 Temperature: 32°C and blood sugar level was measured as 40 mg/dL. The patient was showing hypothermic and hypoglycemic symptoms. The patient started to be warmed with a blanket and a heater. The patient's consciousness began to improve after he was treated for blood sugar. The patient was admitted to the intensive care unit for follow-up and treatment.

Results and Conclusion: The importance of the relationship between hypothermia and hypoglycemia and how the decrease in body temperature affects insulin sensitivity and glucose metabolism was emphasized. Prompt and effective warming of the patient and treatment with intravenous glucose solution is critical. These methods improve patient outcomes and prevent potential complications. This case highlights that exposure to cold weather can lead to serious health consequences and that emergency services must be alert to such cases.

Keywords: Hypoglycemia Due, Hypothermia, Hypoglycemia

Ref No: 7159

Heat Stroke and Nursing Care in Emergency Departments

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Introduction and Purpose: Heat stroke is a condition that occurs when the body is over 40°C in high temperature and humid environments and loses fluid and salt through excessive sweating as a result of not maintaining homeostasis. It is especially common in the summer months when the temperature and humidity are high. With increasing body temperature, symptoms of fatigue, dry-hot-red skin, rapid pulse, gradually decreasing sweating, nausea, vomiting and dizziness resulting from fluid loss are observed. According to the World Meteorological Organization (WMO), air temperatures in Turkey are recorded to be above average every year. Accordingly, it increases the rate of admission to emergency services. These patients, most of whom are elderly, suffer serious damage as a result of heat stroke.

HEAT STROKE



Materials and Methods: First aid is very important for patients who apply to the emergency room with heat stroke. The patient should first be taken to a cool place and laid on his back. Vital signs should be checked and vascular access should be established. Signs of shock should be observed, and if there are any, the patient should be placed in the shock position immediately. Fluid therapy should be started due to fluid loss in the body. If a cooling blanket is available in the emergency department, it should be applied; if not, cold water immersion should be applied, which will reduce the body temperature as quickly as possible. Additionally, depending on the emergency room conditions, ice pack massage or a towel soaked in ice water may be applied to lower body temperature. During the treatment of the patient, frequent temperature monitoring should be followed and when it drops below 38.5° C, cooling techniques should be avoided and passive decline should be expected.

Results and Conclusion: To protect from heat stroke, light clothing that does not cause sweating and suitable for seasonal conditions should be worn. You should not stay under the sun when the sun rays are vertical. Protective accessories such as hats, sunglasses and umbrellas should be used. Plenty of liquid should be consumed. Awareness seminars about heat stroke and the precautions to be taken should be organized during the summer period.

NURSE



HEAT STROKE

HEAT STROKE

Keywords: EMERGENCY ROOM, HEAT STROKE, NURSE

Ref No: 7187

renal infarct

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Introduction and Purpose: Renal artery thrombosis is a diagnosis that should be kept in mind in patients with valvular heart disease, a history of thromboembolism, side pain, and heart rhythm disorder. Various changes occur in the renal tissue as a result of obstruction of the renal arteries due to thrombosis. This clinical situation causes patients to present to the emergency department.

Materials and Methods: A 58-year-old woman with no known disease or medication is admitted to the emergency department with complaints of flank pain. In the examination, tests and imaging of the patient, a heterogeneous area was observed in the lower pole of the right kidney, no flow could be coded in the interlobar branches of the renal artery at this level. In this area, there was a loss of density in an area of approximately 30-22 mm and perirenal fatty areas with contamination and fluid in the form of liquefaction compatible with edema. The patient was therefore evaluated by urology and cardiovascular surgery.

abdominal tomography right renal infarct



abdominal tomography right renal infarct



Results and Conclusion: Diagnoses such as acute appendicitis, aortic dissection, diverticulitis and intestinal obstruction should be considered as differential diagnosis in patients presenting with these complaints. The first step in the treatment of renal artery thrombosis is anticoagulation. Percutaneous endovascular thrombectomy is another treatment option.

Keywords: renal infarct, side pain

Ref No: 7277

Epileptic seizure and poppy (*Papaver rhoeas*) poisoning: Case report

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Introduction and Purpose: In Turkey, poppy grass (*Papaver rhoeas*) is commonly consumed as a herbal food source. The patient, who presented to the emergency department with complaints of nausea, vomiting, and body numbness, had two episodes of generalized tonic-clonic seizures.

Materials and Methods: The 32-year-old patient had no medical or drug history. On physical examination, she was apathetic, and her pupils were highly myotic. Vital signs, hemogram and biochemical parameters, and other systemic investigations were normal. Brain CT and diffusion MR images of the patient were normal. During the seizure follow-up, it was understood that the patient had an epileptic seizure about 2-2.5 hours after eating poppy herb. After 24 hours of follow-up, the patient was discharged with recommendations.

Results and Conclusion: Patients presenting to the emergency department with altered mental status and focal or diffuse neurologic symptoms should be evaluated for herbal food poisoning. Unconscious poppy ingestion can cause CNS depression, epileptic seizures, and a clinical condition similar to morphine intoxication. The public should be educated about the conscious use of wild herbs.

Keywords: Intoxication, Epileptic seizure, *Papaver rhoeas*

Ref No: 7288

Splenium Infarction

Fatih Fırat¹, Ömer Faruk İşleyen¹, Ayça Çalbay¹

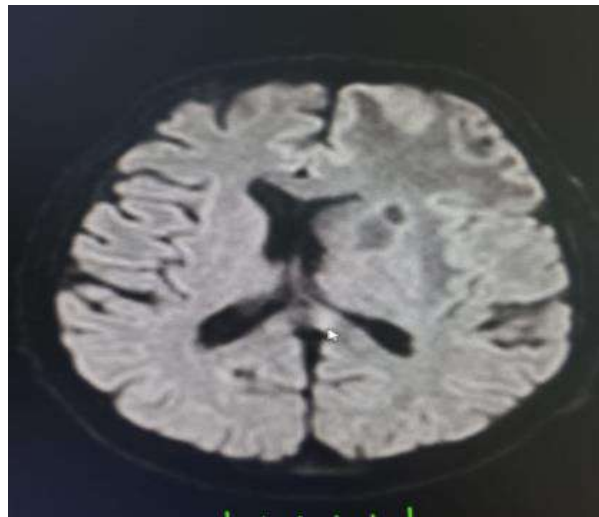
¹Atatürk Üniversitesi Acil tıp anabilim dalı

Introduction and Purpose: Splenium infarction is a rare type of cerebrovascular events and is usually associated with specific causes. This special part of the corpus callosum enables the exchange of information between the brain hemispheres; Therefore, any damage occurring here can lead to impairments in various neurological and cognitive functions.

Materials and Methods: A 59-year-old patient was admitted to the emergency room with sudden onset of speech impairment and confusion. The patient also stated that he had difficulty remembering especially new information. After physical examination and detailed neurological evaluation, the patient was admitted to the neurology service, where an acute infarction was detected in the splenium region of the corpus callosum by magnetic resonance imaging (MRI).

Results and Conclusion: Splenium infarcts can make diagnosis difficult due to the variety of neurological symptoms. In order for patients to be diagnosed quickly and accurately and directed to appropriate treatment, healthcare professionals need to be alert to such rare cases.

Splenium Infarction



Keywords: Splenium Infarction, Splenium, Infarction

Ref No: 7317

Foreign Body Aspiration Case Study

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Introduction and Purpose: 70 years old male patient who had aspirated a pea applied to te emergency room. Pea viewed in the toraks ct in the left bronchia. Toracic surgeology specialist was consulted and pea succesfully removed with bronchoscopy.

Materials and Methods: A 70 years old male applied 2 hours ago with the complaint of a pea aspiration while eating food. No foreign body was observed in the oropharynx, breathing sounds and oxygen saturation was natural. Abdomen examination was normal. The patient applied before with the same complaint before and a chickpeas was removed with bronchoscopy. He has COPD. İn the thorax ct imaging, a foreign body the size of a pea was detected in the left hemithorax at the bronchio level. The patient was consulted to the thoracic surgery specialist. The foreign body was removed as a result of bronchoscopy performed in the emergency service. The patient was discharged with recommendations.

ct imaging



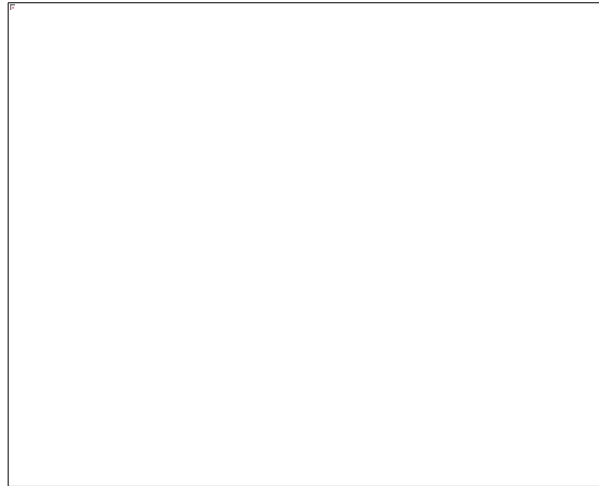
pea viewed in te left bronchia

bronchoscopy



pea viewed in th bronchoscopy

pea extracted with bronchoscopy



pea extracted with bronchoscopy

Results and Conclusion: The most important criterion for the indication of bronchoscopy, which allows a defined diagnosis in FBA, is suspicion. the patient's history, physical examination and radiological examination were sufficient. Early removal of the foreign body with bronchoscopy prevents parenchymal damages such as bronchiectasia, lung abscess, hemoptysis, bronchial stency, and so as a result, there is no need for pulmonary paranchyma resection.Fba is still among the causes of death in infability and childhood. If it is diagnosed and removed in the early period, the results are positive. FBA should always be remembered in the presence of respiratory system symptoms that do not respond to treatment in the late period.if necessary, bronchoscopy should not be avoided for diagnosis and treatment purposes.

Keywords: foreign body aspiration, bronchoscopy, ct imaging

Ref No: 7324

malign hypercalcemia

muhammed emin akgün¹, merve bulut¹, fatma tortum¹

¹atatürk university

Introduction and Purpose: Hypercalcemia is defined as a total calcium level above 10.5 milligrams/dL or an ionized calcium level exceeding 2.7 mEq/L. More than 90% of cases are associated with hyperparathyroidism and malignancy, with malignancy-related hypercalcemia being the most commonly encountered cause in the emergency department.

Materials and Methods: A 62-year-old female patient presented to our emergency department with increasing complaints of nausea and weakness for the past few days. The patient has a known diagnosis of liver adenocarcinoma. No specific findings were observed during the abdominal examination. There were no abnormalities on the electrocardiogram. The laboratory tests revealed a calcium level of 12.89 mg/dl (normal range: 8.8 - 10.6 mg/dl). The patient was admitted to the internal medicine department for oncology, suspected to have malignant hypercalcemia.

Results and Conclusion: Malignant hypercalcemia is a condition that can present with atypical symptoms in oncology emergencies. Diagnosis requires evaluation of the patient's history, physical examination, and laboratory parameters. The main goal of treatment is to normalize the calcium level and treat the underlying disease. Treatment options include hydration, calcitonin, bisphosphonates, denosumab, and corticosteroids. Hemodialysis may be used in severe renal failure or refractory hypercalcemia cases. Early diagnosis and treatment of malignant hypercalcemia improve patients' quality of life and prevent delays in cancer treatment.

Keywords: Malignant hypercalcemia, oncologic emergency, weakness.

Ref No: 7328

Unilateral neurological deficit associated with bilateral middle cerebral artery occlusion

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Introduction and Purpose: Of all strokes, 87% are ischemic, 10% are intracranial hemorrhage and 3% are subarachnoid hemorrhage. The middle cerebral artery (MCA) is the most commonly involved artery in acute stroke. Only 10% of acute ischemic strokes are caused by multiple vessel occlusion. Bilateral MCA occlusion is rare and often fatal. It accounts for less than 1% of all cerebrovascular events.

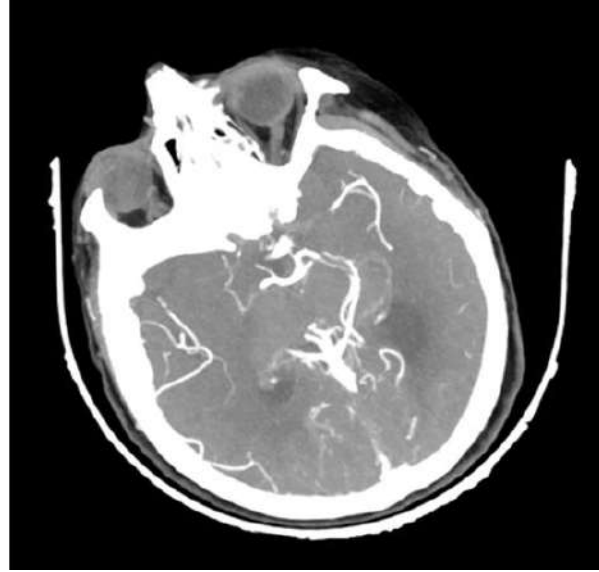
Materials and Methods: An 80-year-old female patient presented to the emergency department with complaints of collapsing at home, vomiting, speech disturbance, and weakness on the left side of her body, which had occurred 30 minutes prior. The patient's medical history revealed hypertension and chronic obstructive pulmonary disease. Non-contrast computed tomography of the brain did not reveal findings suggestive of intracranial hemorrhage (Figure 1a). Brain angiography showed no contrast filling in the lumen from the left MCA M1-M2 and right MCA orifice level, indicating occlusion (Figure 1b). Following thrombolytic therapy, the patient was referred for thrombectomy, and thrombus formations were cleared, restoring blood flow (Figures 2a-2b). Despite successful reperfusion, the patient passed away on the 5th day.

Figure 1a



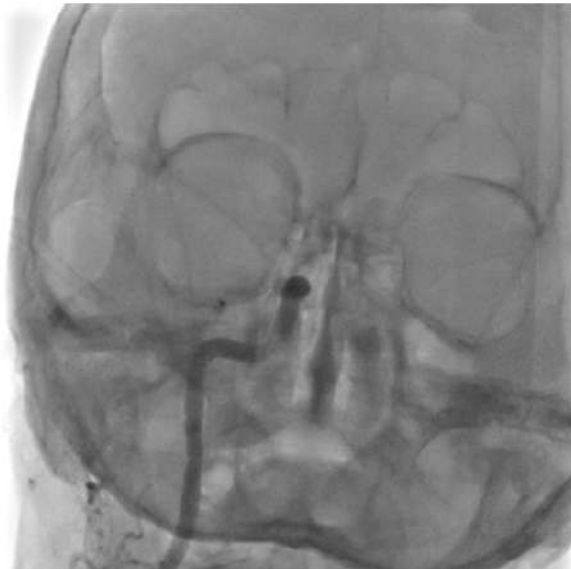
Non-contrast computed tomography image

Figure 1b



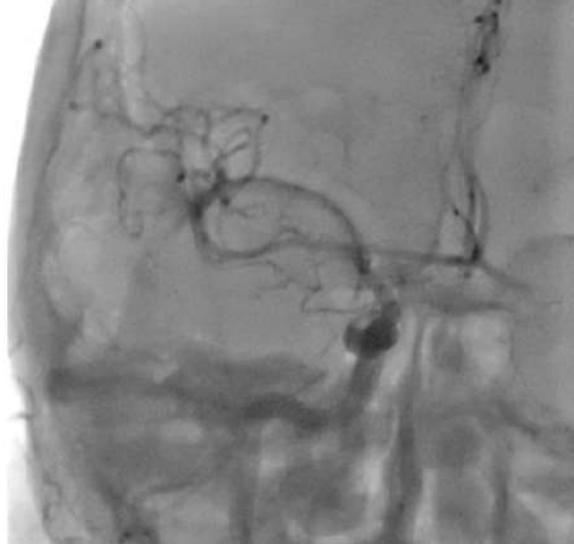
Brain angiography image of the patient

Figure 2a



Pre-procedure

Figure 2b



Post-procedure

Results and Conclusion: Bilateral MCA occlusions are extremely rare and mortal. A few published cases have shown dramatic benefit from thrombolytics and thrombectomy, and there is controversy about thrombectomy before thrombolytics.

Keywords: Stroke, Bilateral middle cerebral artery occlusion, Thrombectomy

Ref No: 7336

A Rare Complication Of Acute Pacreatitis: Myocardial Infarction Without St Elevation

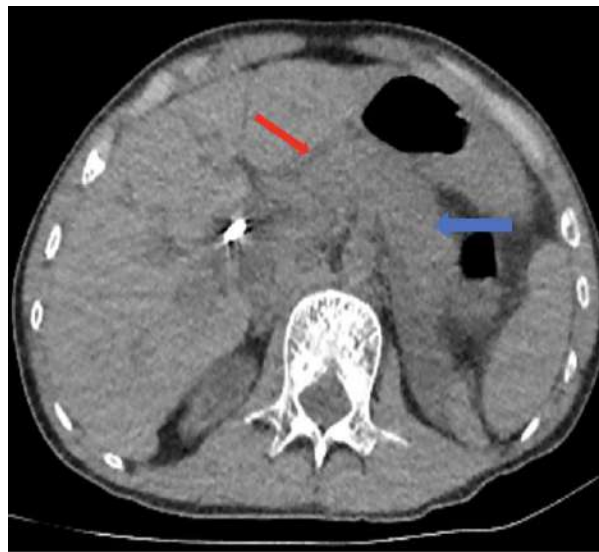
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Introduction and Purpose: Acute pancreatitis (AP) is an inflammatory pancreatic disease that clinically begins with pain in the epigastric region and is characterized by high pancreatic enzymes that may cause multisystem involvement as a complication. (1) In this article, cardiovascular symptoms are discussed as one of the factors that significantly affect the prognosis of acute pancreatitis (AP).

Materials and Methods: A 40-year-old patient with a known history of chronic renal failure (CKD), chronic arterial disease (CAD), hypertension (HT), hyperlipidemia (HL), and acute pancreatitis, and receiving hemodialysis 3 days a week, was admitted to our emergency department with complaints of pain in the epigastric region, nausea, and vomiting. Laboratory tests revealed elevated amylase and cardiac enzymes. The patient, whose abdominal imaging showed findings consistent with acute pancreatitis, was admitted to the coronary intensive care unit with the preliminary diagnosis of acute coronary syndrome, which was thought to have developed secondary to an acute pancreatitis attack.

Figure 1. Non-contrast abdominal computed tomography images of edematous pancreas (blue arrow) and minimal peripancreatic fluid (red arrow)



Results and Conclusion: It suggests that although type 2 myocardial infarction due to an attack of acute pancreatitis has a low prevalence, it may be associated with higher morbidity and mortality. This emphasizes the importance of cardiovascular monitoring of these patients. This case report highlights that in clinical practice we need to consider the possibility of cardiovascular events in patients experiencing an attack of acute pancreatitis. It also shows that caution should be exercised in the cardiovascular monitoring and evaluation of these patients.

Keywords: acute pancreatitis, myocardial infarction

Ref No: 7371

Acute Spontaneous Spinal Epidural Hematoma

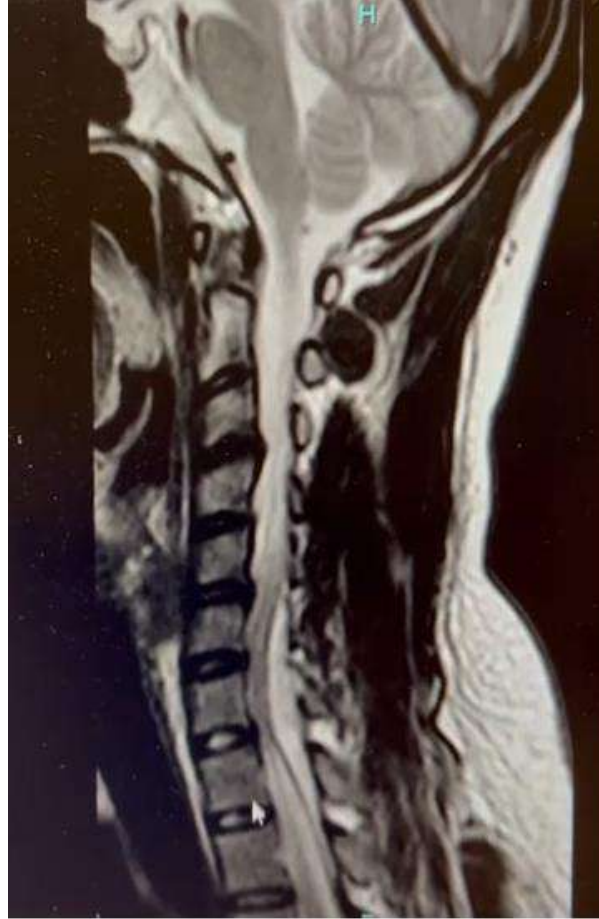
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Introduction and Purpose: Spinal epidural hemorrhage (SEDH) is an uncommon condition characterized by the accumulation of blood in the spinal epidural space, often leading to neurological deficits. While trauma and iatrogenic factors are common causes, spontaneous SEDH can occur, albeit rarely. Early clinical signs vary, making diagnosis challenging. Here, we present a case of SEDH in a young female patient and underscore the significance of prompt diagnosis and management.

Materials and Methods: A 26-year-old male presented to the emergency department with sudden stiffness in both legs during working hours. Physical examination revealed complete motor deficit in bilateral lower extremities and numbness in the umbilicus to epigastric region. With no significant medical history or medication use, spinal radiologic imaging revealed a spinal epidural hematoma at the C5-T1 level. Neurosurgical consultation led to emergency drainage of the hematoma, resulting in complete resolution of neurological deficits within six hours postoperatively.

SEDH ct image



Results and Conclusion: SEDHs are rare emergencies with the potential for significant morbidity. Early diagnosis and intervention are crucial in cases of sudden onset paraplegia, even with atypical presentations. This case highlights the importance of maintaining a high index of suspicion for SEDH in patients presenting with sudden neurological deficits, enabling timely treatment and favorable outcomes.

Keywords: Epidural Hematoma, Spinal Hematoma, Neurosurgery

Ref No: 7413

CARDIAC TAMPONADE

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Introduction and Purpose: Cardiac tamponade can be defined as pericardial effusion causing severe cardiac compression and haemodynamic deterioration. It is a clinical definition. It should be considered in patients presenting with chest pain, dyspnoea, tachypnoea, tachycardia, hypotension and fullness in the neck veins.

Materials and Methods: A 50-year-old male patient was referred to our hospital from an outside centre at 3 am with complaints of shortness of breath and chest pain. It was learned that the patient was admitted to the outside centre at around 17 pm and referred because no response was obtained to the treatment. There were no significant findings in the blood samples of the patient except moderate elevation in cardiac markers and moderate elevation in CRP. On admission, saturation in vitals was 90, tachycardic and tachypnoeic. On FM, central cyanosis was present, general condition was poor, respiratory sounds were normal, and other system examinations were normal. In the anamnesis, it was learned that he had undergone a heart valve operation 15 days ago and he had no postoperative problems until his presentation to the external centre. Bedside USG showed cardiac tamponade. Pericardiocentesis was performed by cardiology and the patient was admitted to ICU.

Results and Conclusion: Bedside USG, which is rapidly increasing in use in emergency departments, should be an integral part of critical patient care and should be performed in a targeted manner without wasting time. Cardiac tamponade is a disease based on anamnesis and suspicion and has a high mortality rate when missed. Emergency pericardiocentesis is performed in its treatment. It is a diagnosis that we emergency physicians should always keep in mind.

Keywords: Cardiac Tamponade, Ultrasound, Pericardiocentesis

Ref No: 7477

Abdominal Pain, Hematuria and Elevated LDH Coexistence Awaiting Urgent Solution: Case Report

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Başar Cander¹

¹Bezmialem Vakıf University

Introduction and Purpose: Anamnesis, physical examination, laboratory tests and radiologic imaging are important for the correct approach to abdominal pain and to differentiate between emergency and non-emergency conditions. Renal artery thrombosis (RAT) is a rare condition with a high morbidity and mortality rate that can lead to serious consequences (1,2). Diagnosis may be difficult because laboratory tests are not specific. The time elapsed after diagnosis significantly affects the course of the disease.

Figure 1

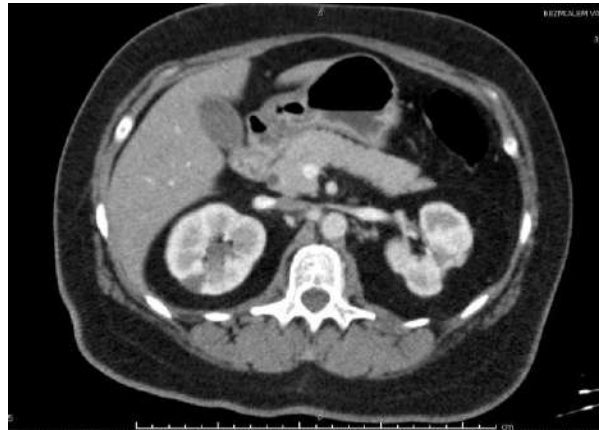


Figure 1. Thrombosis in the right renal artery

Materials and Methods: A 43-year-old woman presented to the emergency department with sudden onset of abdominal pain and right flank pain. She had a history of gallstones, uveitis and hypertension. She had no previous history of hypercoagulability. The patient was in moderate general condition, conscious, oriented and cooperative. Blood pressure was 124/73 mmHg, respiratory rate 20/min, pulse 120/min, SpO2 98% and temperature 36.2°C. Abdominal examination revealed no defense and rebound and right costovertebral angle tenderness. ECG was in normal sinus rhythm. Blood biochemistry showed BUN 33 mg/dL, eGFR 69 mL/min/1.73 m², AST 200 U/L, ALT 198 U/L, GGT 102 U/L, LDH 1973 U/L. There were no significant findings in the complete urinalysis except erythrocytes (5+). ADBG did not show any feature. The patient was given hydration, antispasmodics and painkillers as symptomatic treatment with

suspicion of renal colic. However, due to lack of response to treatment and elevated LDH, contrast-enhanced whole abdominal CT was performed for further investigation. CT scan revealed normal left kidney but no perfusion in the right kidney and thrombosis in the right renal artery (Figure 1).

Results and Conclusion: Renal artery thrombosis is frequently delayed or misdiagnosed due to a non-specific clinical presentation. renal artery thrombosis should be suspected in all patients with persistent and analgesic-resistant unilateral flank or abdominal pain with hematuria, leukocytosis and elevated LDH. LDH may be an important marker for renal infarction, especially if it is found at a level more than 5 times higher than normal (3). Acute myocardial infarction, thromboembolic events including mesenteric embolism, atrial fibrillation, trauma, aortic-related conditions and hemolysis should be considered in the differential diagnosis in high LDH levels. Obstructive uropathy and nephrolithiasis should also be excluded in patients with such complaints.

Keywords: Abdominal Pain, Hematuria, LDH

Ref No: 7513

Swelling In The Right Arm

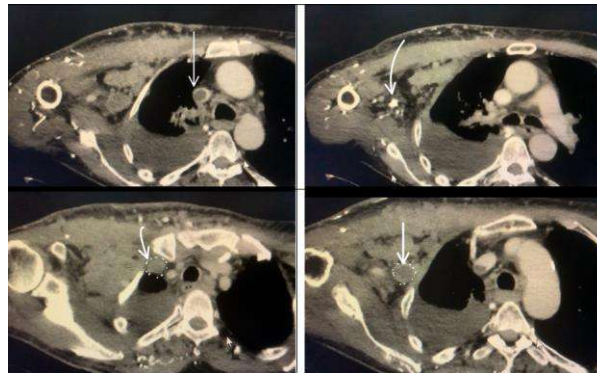
gizem gizli tan¹, nevzat hergöl¹, sevdegül bilvanisi¹

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Introduction and Purpose: Subclavian vein thrombosis (SCVT) is a clinical condition in which a blood clot forms in the subclavian vein, causing blood flow to slow or stop. SCVT can result from multiple etiologies and is a potentially life-threatening pathology if not treated promptly. Continuation of blood flow in partial obstructions makes diagnosis difficult. In this article, we will talk about a case that was diagnosed late.

Materials and Methods: A 58-year-old male patient applied to us with a complaint of swelling in his right arm that started about 1 month ago. It was learned that he had a diagnosis of lung cancer in his medical history and was receiving chemotherapy. No pathology was detected in the external center Doppler ultrasonography (USG) and magnetic resonance (MR) imaging of the patient, who repeatedly applied to an external center due to swelling in the right arm. The patient's vital signs were stable, and on physical examination, there was a pulse in the right arm. No features were detected in other system examinations. The patient underwent Doppler USG to check for thrombosis, but no pathology was detected. Due to clinical suspicion, the patient underwent computed tomography (CT) venography. Venography showed that the patient's right subclavian vein was thrombosed and allowed only a small amount of contrast to pass through (Figure 1). The patient, who had a stent inserted into the right subclavian vein by the Interventional Radiology department, was transferred to the Medical Oncology service for follow-up and was discharged with full recovery after 5 days of follow-up and treatment.

Picture 1: CT Venogram, Arrows show thrombosed subclavian vein.



Results and Conclusion: Subclavian vein thrombosis can be fatal if left untreated. Although USG is the preferred diagnostic tool with 96% specificity and 97% sensitivity, it may not be detected in partial occlusions of the subclavian vein because blood flow continues. In cases

where the diagnosis is uncertain and there is clinical suspicion, diagnosis can be made with advanced imaging methods such as computed tomography, magnetic resonance imaging (MRI) and direct venography. As a result, we wanted to emphasize once again the importance of physical examination. Examinations should be performed to explain the patient's clinical condition and support the doctors' preliminary diagnoses.

Keywords: Subclavian vein, thrombosis, obstruction

Ref No: 7537

Retroperitoneal Injuries Resulting from High Energy Trauma

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Introduction and Purpose: Retroperitoneal Injuries Resulting from High Energy Trauma: Liver Laceration and Pancreatic Density Decrease in a 40-Year-Old Female Patient
Entrance: High-energy traumas can lead to serious internal organ injuries, and the retroperitoneal space is among the frequently affected areas. This poster highlights the difficulties in the diagnosis and management of retroperitoneal injuries by discussing a case encountered as a result of a fall from a height of 2 meters.

Materials and Methods: Case Presentation: A 40-year-old female patient was brought to the emergency room after falling from a distance of 2 meters. The patient was conscious (GCS 15) and stable but complained of widespread abdominal tenderness. As a result of the initial evaluations, laceration in the liver and decreased density in the pancreas were detected. These findings suggested a possible hematoma and retroperitoneal injury.

retroperitoneal hemoraji



Results and Conclusion: Argument: This case demonstrates the potential effects of high-energy trauma on retroperitoneal organs. Findings such as liver lacerations and decreased pancreatic density may be signs of internal organ damage. Diagnosis and management of retroperitoneal injuries can be challenging because damage to this area often does not cause obvious symptoms and may delay diagnosis. Conclusion: High-energy traumas can cause serious injuries to retroperitoneal organs such as the liver and pancreas. Prompt and effective management of such cases can significantly improve patient outcomes. Health professionals should be careful when evaluating such traumas and should not ignore the possibility of retroperitoneal injury.

Keywords: High Energy Trauma, Retroperitoneal Injury, Liver Laceration

Ref No: 7558

Renal Infarction in Hemodialysis Patients: A Rare Yet Mortal Complication

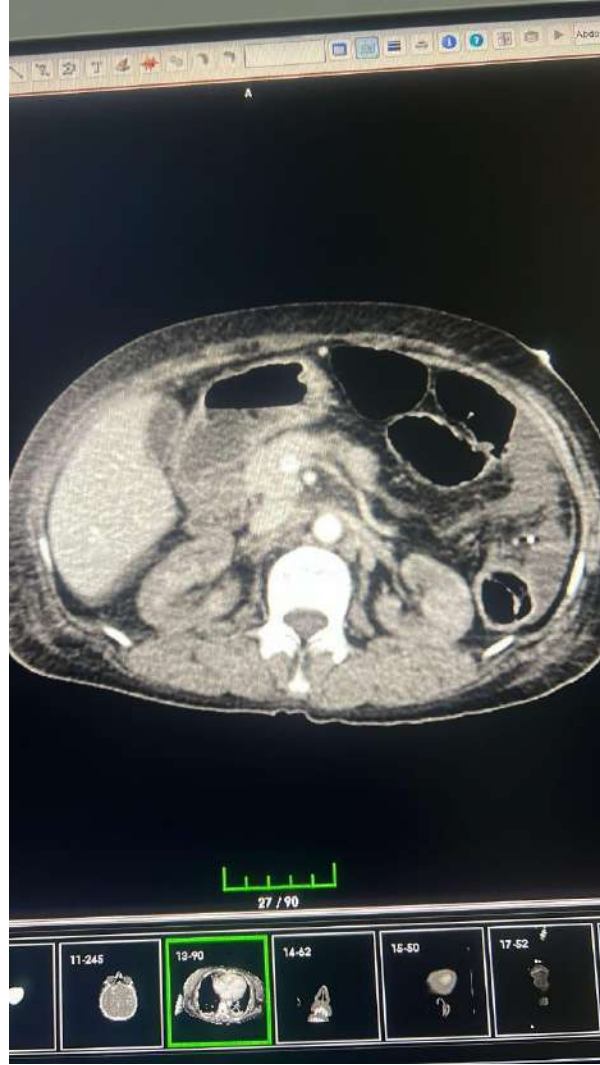
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¹Ataturk Univercity

Introduction and Purpose: Renal infarction occurs due to the obstruction of renal arteries, leading to the cessation of blood flow to the kidney tissue and can result in severe pain, hypertension, and renal dysfunction. Hemodialysis can increase this risk by predisposing to thrombosis. Although renal infarctions are rare in hemodialysis patients, they can significantly increase mortality risk when combined with existing comorbidities. This poster provides critical information about the occurrence and management of renal infarction in hemodialysis patients.

Materials and Methods: A 52-year-old female patient experienced cardiac arrest during dialysis. She was successfully resuscitated following CPR. She had presented with severe flank pain over the last 24 hours. After detailed examination and imaging, she was diagnosed with renal infarction. This condition is considered a rare complication in patients prone to thrombosis during the hemodialysis process.

Results and Conclusion: Renal infarction can occur as a result of thromboembolic events, especially in hemodialysis patients. Hemodialysis involves the cleansing of blood via an artificial filter outside the body, a process that can lead to the activation of thrombogenic factors. The literature indicates that renal infarction in hemodialysis patients is particularly associated with thromboembolic events and anticoagulation management. These cases underscore the importance of early diagnosis and management of renal infarction and point to potentially mortal complications in hemodialysis patients.



Keywords: Renal Infarction, Hemodialysis, Thromboembolic Complications

Ref No: 7563

NOT EVERY RASH IS URTICARIAL: A CASE OF ERYTHEMA MULTIFORM

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Introduction and Purpose: Erythema multiforme (EM) is an acute inflammatory hypersensitivity reaction of skin and mucous membranes that usually develop due to infections and drugs and can be seen in all age groups

Materials and Methods: A 42-year-old woman presented to the emergency department with pruritic erythematous lesions on the palmar surface of both hands. According to the information obtained from the patient, systemic and topical antihistamine treatment had been initiated for the lesions on her hands at another hospital. At the end of the in-depth anamnesis, it was learned that the lesions started after the use of antibiotics and nonsteroidal anti-inflammatory drugs following a viral upper respiratory tract infection that started about 10 days ago. Dermatology consultation was requested with a prediagnosis of erythema multiforme because the lesions on the patient's hand were target-like lesions and the anamnesis was consistent. Clinical follow-up and steroid treatment was started by dermatology.

Figure 1



Results and Conclusion: The aim of presenting this case is to draw attention to the importance of Erythema Multiforme, which can be a precursor of mortal diseases such as Steve johnson syndrome or toxic epidermal necrolysis, and to be more careful in terms of prediagnosis with detailed anamnesis in patients with skin rash presenting to emergency services.

Keywords: Erythema Multiforme, Steve-Johnson Syndrome, Toxic epidermal necrolysis

Ref No: 7596

A Huge Thrombus in Right Atrium due to Hepatocellular Carcinoma

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Introduction and Purpose: Hepatocellular carcinoma is one of the most common malignant tumors and has a poor prognosis. Predisposition to thrombus formation is common in advanced HCC and is a poor prognostic factor. Hepatic veins and portal vein are frequently involved. Here we report a rare case of giant thrombus formation in the right atrium via the inferior vena cava causing haemodynamic instability.

Materials and Methods: A 21-year-old male patient who was being followed up due to HCC presented to the emergency department with dyspnea which had increased in the last few days. In the initial evaluation, the patient was tachypneic, pallor and peripheral cyanosis was present. Heart rate was rhythmic 120/min and respiratory rate was 20/min. Routine blood samples and arterial blood gas were taken. Ph:7.27, pO₂:68.1 mm/Hg, pCO₂:27 mm/Hg, ALT:193 U/L, AST:391 U/L, ALP:264 U/L and CRP:14.3 mg/dl were observed. Cardiac ultrasound was performed and while left ventricular functions were within normal limits, a 48x35 mm thrombus from the VCI was observed in the RA. Thoracic and abdominal tomography was performed for other regions that may be associated. A 53x35 mm thrombus was observed filling the RA. Immediately after the procedure, the patient developed cardiac arrest and intervention was started but no response was obtained.

Figure 1



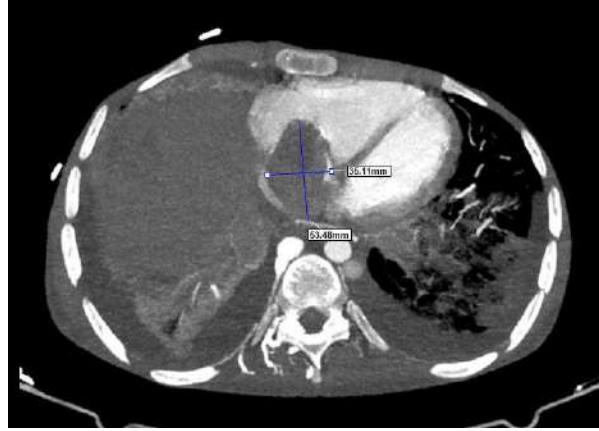
A huge thrombus in RA originating from IVC

Figure 2



Frontal view of thorax and thrombus in RA

Figure 3



Horizontal view of heart, liver and thrombus in RA originating from IVC

Results and Conclusion: Cardiac point of care ultrasound (POCUS) should be performed and evaluated rapidly in patients with known malignancy presenting to the emergency department with increasing breathlessness. Bedside applicability and easy accessibility constitute a great advantage. We think that the training should be certified in order to assimilate the procedure.

Keywords: thrombus, hepatocellular carcinoma, right atrium

Ref No: 7599

Posterior shoulder dislocations

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Introduction and Purpose: Shoulder dislocation is the most common large joint dislocation and accounts for 45% of all dislocations. Shoulder dislocations are classified according to the direction in which the humeral head arises. Although anterior shoulder dislocation is the most common, the shoulder may dislocate posteriorly, inferiorly or superiorly. Posterior shoulder dislocations are rare injuries. These dislocations may be missed during the first presentation to the emergency department because clinical and radiological findings are misleading.

Materials and Methods: An 82-year-old female patient came with the complaint of falling on her arm while descending the stairs. Diabetes Mellitus and Hypertension are present. There is right shoulder pain and limitation of movement in the right arm. There was a widespread distribution on the shoulder upon palpation. The patient's arm remained almost completely in internal rotation and adduction. Shoulder movements, both active and passive, were painful. Neurological examination was normal. In the shoulder anteroposterior radiograph, it was determined that the humerus and glenoid relationship continued and there was no obvious fracture. The patient was reduced under sedation with shoulder joints closed. Neuropsychiatric examination after reduction was normal. In the control radiography, it was observed that the shoulder joints were reduced. Orthopedic velvet bandage with pillow support that keeps the shoulder neutral and abducted. He was discharged to the outpatient clinic for check-ups.

Results and Conclusion: The shoulder joint carries a higher risk of dislocation with greater range of motion than other joints. Dislocations are usually fractures, and since they are accompanied by vascular and nerve injuries, it is important to make the diagnosis and treat them. Shoulder dislocations should be taken into consideration and CT should be performed when necessary.

Keywords: posterior, shoulder, dislocations

Ref No: 7604

Foreign body in trachea

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Introduction and Purpose: Foreign bodies in the respiratory tract can partially or completely obstruct the passage of airways. Removing the foreign body can lead to a dramatic relief in the patient's clinical condition.

Materials and Methods: : A 40-year-old female patient presented to the emergency department with sudden throat pain while attempting to speak, forgetting that she had a needle in her mouth while tying her headscarf. The patient's vital signs were normal, and a lateral X-ray taken at an external facility showed a foreign body in the epiglottis (Figure 1). The X-rays were repeated upon referral to our department, and it was determined from the anterior-posterior (AP) X-ray that the foreign body was not in the epiglottis but rather on the patient's headscarf (Figure 2).

figure 1



figure2



Results and Conclusion: In cases involving foreign body investigation, X-rays should be taken in at least two directions to accurately determine the location of the foreign body.

Keywords: Foreign body in trachea, 2 view chest X-ray

Ref No: 7642

Evaluation of The Termination of Cardiopulmonary Resuscitation of Cardiopulmonary Arrest Patients In The Emergency Department With A Bispectral Module Device

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Introduction and Purpose: Background: The determination to end cardiopulmonary resuscitation (CPR) rests upon the administering physician, who considers a multitude of factors, including witnessed or unwitnessed arrest, duration of CPR, initial arrest rhythm, duration of defibrillation, comorbidities, pre-arrest status, and whether or not spontaneous circulation (ROSC) was achieved during resuscitation. Aim: An assessment of the efficacy of Bispectral Index (BIS), an objective criterion, in determining the termination of CPR or prognosis forecasting of a cardiac arrest patient was conducted.

Materials and Methods: Methods: This is a single-center, prospective and observational study. The research encompassed patients who experienced in-hospital (IHCA) and out-of-hospital cardiopulmonary arrest (OHCA). The BIS score, which is a scored assessment between 0 and 100, was recorded at 10-minute intervals from the start of CPR. The BIS score at the time of death or ROSC was recorded and the procedure was terminated.

Figure 1

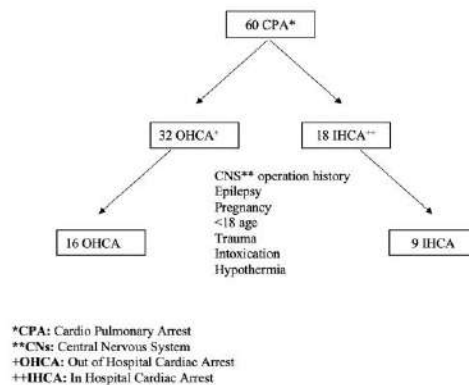


Fig. 1: Flow chart of patient selection

Results and Conclusion: Results: The study included 25 patients and ROSC was achieved in 9 (36%). The mean age of the patients was 64.6 and 50% had comorbid diseases. OHCA patients (64%) were brought to the emergency department by an Emergency Medical Technician (EMT).

The initial BIS value at the time of initiation of CPR was 35.19 ± 14.49 vs 30.44 ± 13.13 in patients who died and those who received ROSC, respectively; the BIS value at the time of death decision and ROSC was 34.06 vs 36.56. Conclusion In the study, it was concluded that BIS would not be sufficient in determining the prognosis of patients with CPA and in making the decision to terminate resuscitation.

Figure 2

Figure 2. The First BIS value Death and ROSC

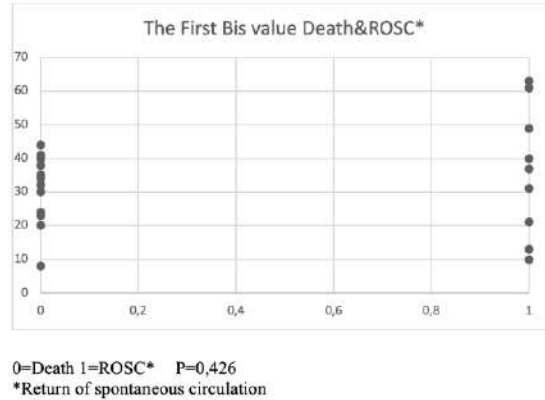
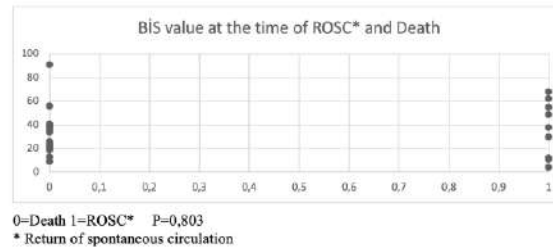


Figure 3

Figure 3. BIS value at the time of ROSC and Death



Keywords: Cardiopulmonary resuscitation, Bispectral Index, Return of Spontaneous Circulation

Ref No: 7682

At the same time , two emergencies: myocardial infarction and hemorrhagic cerebrovascular event

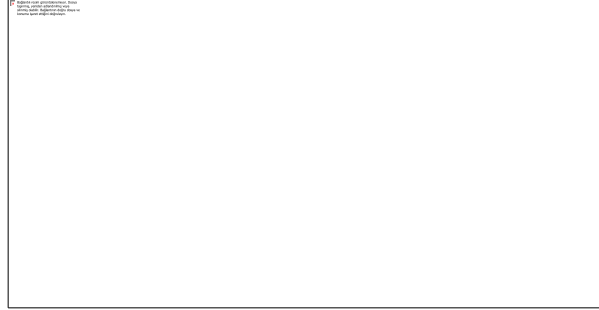
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Introduction and Purpose: Acute hemorrhagic cerebrovascular event and acute myocardial infarction are both life-threatening medical conditions with a narrow treatment window and a serious prognosis if not promptly addressed. While the acute management of both conditions is well-documented in the literature, the management of their simultaneous presentation is uncertain. Delayed intervention in hemorrhagic cerebrovascular events can lead to permanent, irreversible illness or disability, and even death. Additionally, the use of antiplatelet and anticoagulant medications, which are naturally part of AMI management, can exacerbate hemorrhage. Despite this uncertainty, there is currently no evidence-based clear guideline or clinical study addressing the optimal management of this rare combination.

Materials and Methods: A 54-year-old male patient with known mental retardation but otherwise normal speech and gait was brought in by emergency medical services with complaints of inability to lift his left arm. According to information obtained from family members, the patient had experienced syncope. Upon arrival at the emergency department, the patient was conscious and responsive to commands but was making incomprehensible sounds. Pupils were equal and reactive, and there was no anisocoria. Muscle strength in the left upper and lower extremities was 3/5, and Babinski reflex was absent. The rest of the neurological examination was unremarkable. Vital signs: Heart rate 110, EKG showing ST-elevation myocardial infarction (STEMI). The patient was promptly taken to the catheterization lab for percutaneous coronary intervention by cardiology. Upon discharge from the emergency department, it was communicated to the cardiology team that the patient would need central imaging. After angiography, it was noted on computed tomography that there was an intraparenchymal hemorrhage. The patient was subsequently followed by neurosurgery for monitoring of the hemorrhage, but no surgical intervention was deemed necessary.

ECG



Brain CT



Results and Conclusion: Patients presenting to the emergency department may receive different emergency diagnoses simultaneously. It is important not to focus solely on one diagnosis but to remain vigilant for different conditions.

Keywords: Myocardial Infarction, Hemorrhagic Cerebrovascular Event

Ref No: 7703

PATIENT WITH ACUTE PANCREATITIS PRESENTING WITH NAUSEA AND VOMITING

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Introduction and Purpose: Acute Pancreatitis is an inflammatory process of the pancreas characterized by abdominal pain in the upper quadrants of the abdomen and elevated pancreatic enzymes such as amylase and lipase.

Materials and Methods: An 82-year-old man with known hypertension presented with complaints of nausea, vomiting 3 times, and abdominal distension for 3 hours. There was no complaint of abdominal pain. The patient's vital signs on arrival were Blood Pressure: 135/86 mmHg, Oxygen saturation: %97, Respiratory Rate: 15/min Temperature: 36.7 °C. On physical examination, neurologic examination was normal, lung sounds were natural, and there was no abdominal relaxed defensive rebound. Other system examinations were also normal. Blood tests revealed amylase: 2597 lipase: 2068 CRP: 34. Contrast-enhanced abdominal CT imaging was reported as 'There is edematous thickening in the pancreas.' The patient was hospitalized in the Internal Gastroenterology service.

acute pancreatitis



Results and Conclusion: In acute pancreatitis, patients generally present with abdominal pain and nausea and vomiting. However, not all patients may have abdominal pain. Acute abdomen can also be seen in patients who present with nausea and vomiting even without abdominal pain. This patient presented with nausea and vomiting without abdominal pain and was diagnosed with acute pancreatitis.

Keywords: Acute Pancreatitis, vomiting, nausea

Ref No: 7741

Copper poisoning?

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Introduction and Purpose: Stroke is a clinical picture of infarcts and hemorrhages in the central nervous system. It is a major consequence of cerebrovascular diseases (CVD). Patients may present to the emergency department with altered consciousness, slurred speech, motor dysfunction and some patients may have atypical symptoms. After appropriate treatment, up to 70% of patients can regain functionality, while 20% become dependent on care. Therefore, patients presenting to the emergency department with CVD clinic should be evaluated rapidly and effectively.

Materials and Methods: A 60-year-old male patient admitted to the emergency department with syncope while spraying in the field. Intubation was attempted in the district state hospital due to poor general condition and low Glasgow Coma Scale (GCS) but was not successful. He had been using copper alloy medication for spraying and had been using the same medication for 3 years. Referral to a center where copper level could be measured was recommended. On admission to us, general condition was poor, GCS: 10, consciousness was confused. Light reflexes were +/+, rotatory nystagmus was present. There are no external examination findings except green colors on the hands and skin. Vitals; TA: 108/57 mmHg, HR: 60/min, Sat: 98%, Fever: 36.4°C, Fingertip blood glucose 101 mg/dl. ECG was SR. According to the information obtained from the relatives of the patient who had no known history of disease or drug use, he described weakness in his left hand and leg after syncope until emergency team arrived at the scene. Diffusion MR imaging of the patient showed diffusion restriction in bilateral temporal lobes with leptomeningeal localization and in the right cerebral cortex vertex posterior consistent with aqua stroke. The patient was consulted to neurology and hospitalized in neurology intensive care unit with a prediagnosis of acute stroke.

Results and Conclusion: Syncope is one of the common causes of presentation to the emergency department. The patient should be evaluated comprehensively and other mortal causes should not be overlooked by focusing on a single pathology. In this case, the patient who was referred to us due to drug intoxication was evaluated completely at the time of admission and it was seen that the main pathology was central.

Keywords: Stroke, CVD, Copper

Ref No: 7795

UNEXPECTED ECG IN PULMONARY EMBOLISM: VENTRICULAR TACHYCARDIA

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Introduction and Purpose: Pulmonary embolism (PE) occurs when blood flow in the pulmonary artery or its branches is impaired by thrombus originating from elsewhere. If it is not diagnosed and treated quickly, its morbidity and mortality are high. CTPA (thoracic CT angiography) is the first diagnostic imaging method in case of suspicion of PE, as it is sensitive and specific for diagnosis. In our case, we diagnosed PE in the patient who went into ventricular tachycardia (VT). We wanted to emphasize that PE should be considered as a preliminary diagnosis in patients presenting with VT and that VT may also be an electrocardiography (ECG) finding that can be seen in PE.

Materials and Methods: An 89-year-old female patient applied to the emergency department with complaints of shortness of breath and chest pain for the last 3-4 days. The patient's vital signs; arterial blood pressure was 130/80 mmHg, pulse 105/min, sPO₂: 80%, temperature 36.5 °C and respiratory rate 25/min. The patient's ECG was sinus tachycardia. In the patient's blood tests, hemogram and biochemistry values were normal. Troponin-I value was 332 nanogram/L (normal reference range 1-17 nanogram/L). In blood gas, pH: 7.380, pCO₂: 40 mmHg, pO₂: 16.9 mmHg, HCO₃: 21.7 mEq/L and lactate: 4.1 nanogram/L. During follow-up, the patient experienced palpitations and a control ECG was taken. Control ECG was VT. The patient was given 300 mg amiodarone as an infusion over 15 minutes. The patient's VT was broken. Echocardiography showed that the right ventricle was enlarged and the pulmonary artery pressure was increased. PE was considered in the patient. Thorax CT angiography was performed. The patient was diagnosed with PE on CT angiography and was admitted to the intensive care unit for thrombolytic treatment.

Figure-1: Patient's first ECG, sinus tachycardia

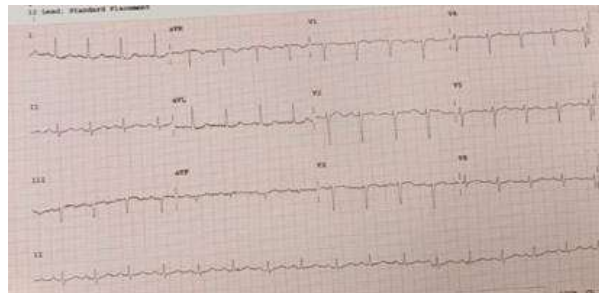


Figure-2: Patient's control ECG, VT

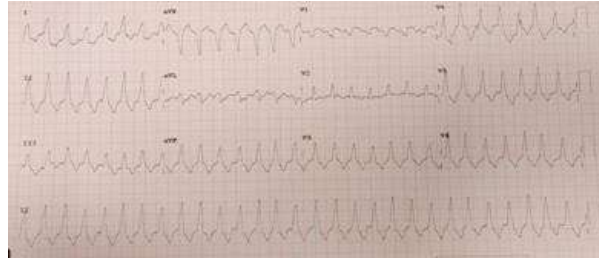
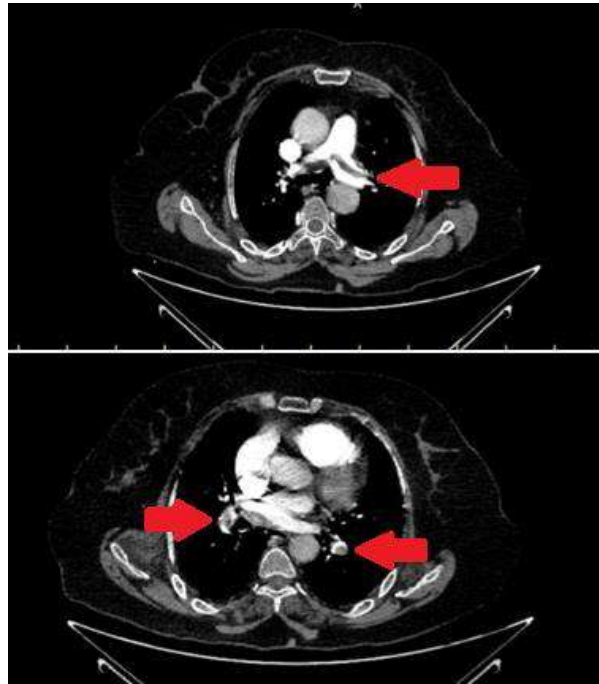


Figure-3: PE in CTPA



Results and Conclusion: Although there are various ECG findings in PE, VT is one of the ECG findings that can be seen in PE.

Keywords: ECG, pulmonary embolism, ventricular tachycardia

Ref No: 7803

PNEUMOMEDASTINUM; THE AIR ABOVE THE HEART: A CASE REPORT

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Introduction and Purpose: Pneumomediastinum is a condition in which air is present in the mediastinum. This condition can result from physical trauma or other situations that lead to air escaping from the lungs, airways or bowel into the chest cavity. Pneumomediastinum is a rare situation and occurs when air leaks into the mediastinum.

Materials and Methods: A 18-year-old female patient presented to our emergency department with complaints of pressure feeling in chest and sortness of breath for 4 hours. She has no known disease or family history. Other than her heart rate being 108, her other vital values were normal. ECG: sinus tachycardia. The partial oxygen level in arterial blood gas was 110. Her troponine levels were below the cut-off limit. Her PERC (pulmonary embolism rule-out criteria) score was 1 point because of sinus tachycardia. Her d-dimer level was 6,11 µg/dL. There was free air around the esophagus in pulmonary computed tomography angiography. The patient was consulted to Thoracic Surgery due to Pneumomediastinum. The patient was admitted to the thoracic surgery service for follow-up and treatment.

Figure 1

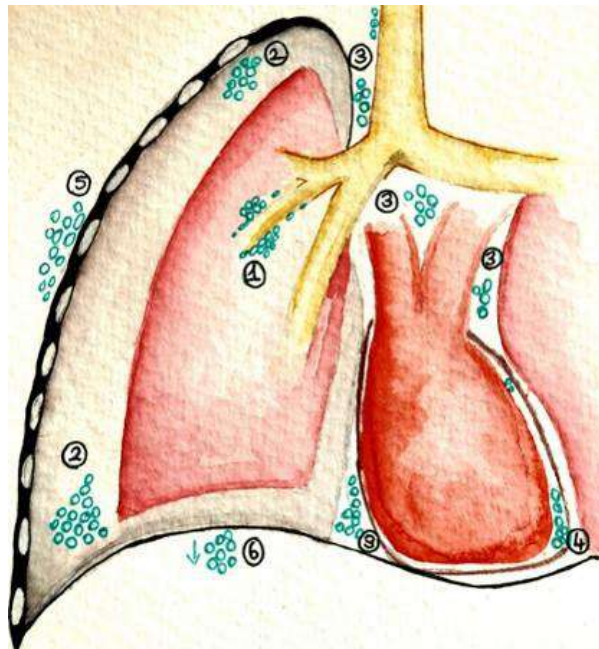


Figure 2



Results and Conclusion: Pneumomediastinum is a rare but potentially fatal disease depending on the underlying etiology. It is important not to miss diagnosis in emergency departments. Pneumomediastinum does not require diagnostic testing or intervention if it is isolated, but if the patient is symptomatic; investigation is required for other possible serious injuries to the larynx, trachea, main bronchi, pharynx, or esophagus.

Keywords: Pneumomediastinum, Chest pain, Mediastinal emphysema

Ref No: 7839

Firearm injury

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Introduction and Purpose: In case of bone fractures due to gunshot wounds, the first intervention given to the patient is extremely important. There is a high probability of open fractures. Therefore, the risk of infection is quite high. Another important complication is that vascular or nerve injuries may occur. Against such complications, the patient requires careful intervention and careful follow-up in treatment.

Materials and Methods: A 32-year-old male patient was admitted to the emergency room after being shot in the right foot with a pellet gun. physical examination: Numerous (20-30) entrance holes on the dorsal side of the right foot. There is bleeding on the dorsal side of the right foot. No dorsiflexion of the 1st toe of the right foot. No extension of the 2nd, 3rd, 4th and 5th toes of the right foot. Right foot 1.2.3.4.5. toe flexion limited, hypoaesthesia and capillary refill delayed. Xray : Many (20-30) foreign bodies in the right foot. Right foot 1.2.3.4.5. metatarsal, proximal phalanx of the second toe of the right foot and lateral cuneiform fracture. Lower extremity CT angiography: Many foreign bodies were observed in the proximal and middle parts of the cruris, in the knee region, at the ankle level, in the distal tibia-fibula neighborhoods, in the navicular and cuneiform bones, and at the level of the metatarsal bones. Density increases consistent with widespread hematoma were observed between the subcutaneous and muscular planes in the dorsal and plantar sections of the sole of the foot. The patient was started on Cefazol, Gentamicin and Metronidazole drugs in the emergency room. Tetanus prophylaxis was given. The patient was consulted to the relevant departments.

Results and Conclusion: Since we frequently encounter gunshot wounds in emergency departments, it is essential that we know their mechanism and treatment well. The most important factor affecting the healing of the bone in fractures is the condition of the soft tissue around it. The first intervention in the emergency department includes stabilization of the patient and the wound, immediate use of necessary imaging methods, and initiation of antibiotic therapy. The relevant departments should then be consulted for the necessary treatment.

Keywords: Artery injury, bone fracture, nerve injury

Ref No: 7885

A PEDIATRIC PATIENT PRESENTING WITH ISOLATED POSTERIOR HIP DISLOCATION AFTER A FALL FROM A HORSE: CASE REPORT

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Introduction and Purpose: Traumatic hip dislocations are serious injuries in which fractures of the pelvis, acetabulum, femoral head and patella are common after a high-energy injury. Femoral, obturator nerve and posterior cruciate ligament injuries may also be associated. If there is no contralateral femoral shaft or neck fracture, the type of hip dislocation can be determined by observing the patient's lying position, which is 90% posterior. Traumatic hip dislocations, whether associated with a fracture or alone, should be rapidly reduced because of the risk of avascular necrosis of the femoral head.

Materials and Methods: An 11 years old male patient was brought to us by 112 with the complaint of pain, limitation of movement and inability to step on his left hip after a fall from a horse. At the time of presentation, vital signs were within normal range and system examinations were normal except for the left hip. The left hip was in adduction, flexion and internal rotation. No deficit was found in sciatic nerve and peroneal nerve motor examination. Left lower extremity pulses could not be palpated. After radiography, additional examinations were not performed to avoid visualization of the fracture and waste of time, and the patient was taken to the resuscitation room for reduction. The patient was quickly consulted to orthopedics and cardiovascular surgery clinic. Reduction of the hip joint was performed by the orthopedic physician in the resuscitation room. No deficit was found in the neurovascular examination performed after reduction. Hip radiography and computed tomography of the hip were performed after reduction. . The examinations showed that the reduction was complete. The patient was hospitalized in the orthopedic clinic.

photo-1



fracture-free hip dislocation

photo-2



photo-3



Results and Conclusion: Isolated fracture-free hip dislocation is very rare in patients presenting with traumatic hip dislocation. It should be kept in mind that it may be associated with serious injuries not only in the hip but also around the knee. The condition that allows dislocation without fracture may be the existing laxity of the ligaments and capsule around the hip joint. In our case, no fracture was seen on the radiograph taken before reduction and closed reduction was achieved rapidly.

Keywords: fracture-free hip dislocation

Ref No: 7897

Incidental Focal Nodular Hyperplasia in a Trauma Patient

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Introduction and Purpose: Focal Nodular Hyperplasia (FNH) is a benign solid mass of the liver of nonvascular origin. FNH is often confused with comorbid conditions making diagnosis and treatment difficult. Most cases are detected incidentally. Triphasic helical computed tomography with and without contrast, although not the gold standard imaging modality, is a cheap and reliable imaging modality. Pre-contrast, FNH appears hypodense or isodense with a central scar evident in approximately one-third of cases. FNH appears hyperdense during the hepatic arterial phase and isodense during the portal venous phase rendering the lesion indistinguishable from the rest of the liver parenchyma. The patient was brought to our emergency clinic with a right lower thoracic injury and presented with pneumothorax and 10-11. We wanted to present an incidental case of FNH with pneumothorax and 10th-11th rib fractures.

Materials and Methods: A 35-year-old male was admitted to the emergency clinic following a fall, complaining of chest and abdominal pain. Physical examination revealed tenderness in the right hemithorax and subdiaphragmatic abdomen. Thorax and iv contrast-enhanced abdominal tomographies revealed fractures at the 10th-11th ribs of the right hemithorax and pseudophragmatic abdominal fractures. Cot fractures and pneumothorax were observed (Image1). However, abdominal sections revealed a mass image of approximately 11.5x11x10 cm in size, filling the liver 8th segment almost completely, with the same density as the liver in the venous phase with intense contrast in the early arterial phase (Image 2). The mass exhibited characteristics typical of FNH on CT imaging, including similar density to liver parenchyma in the venous phase and hyperdensity during the arterial phase.

İmage-1: Arterial phase

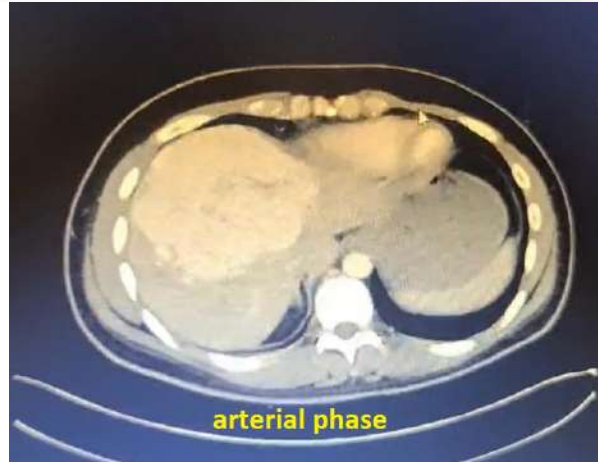


Image-2: Venous phase



Results and Conclusion: FNH often presents asymptotically, complicating its diagnosis, which is frequently incidental. This case underscores the importance of thorough evaluation, especially in trauma patients, to differentiate FNH from liver lacerations, particularly considering the intense contrast uptake in the arterial phase. It highlights the significance of vigilant assessment in patients with abdominal trauma to prevent misdiagnosis and ensure proper management of FNH. Accurate imaging techniques, such as triphasic helical CT, play a crucial role in distinguishing FNH from other liver lesions, aiding in timely and appropriate clinical decision-making.

Keywords: Focal Nodular Hyperplasia, Liver Mass, Incidental

Ref No: 7926

Epiploic appendagitis

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Introduction and Purpose: Epiploic appendages are fatty stalk-shaped structures, typically 3 cm long, located on the serosal surface of the normal colon. Their functions are unknown. Acute epiploic appendagitis is a self-limiting inflammatory condition usually caused by torsion of an epiploic appendage. Its main symptom is pain, which can mimic acute diverticulitis or acute appendicitis. Fever is rare. Nausea and vomiting are rare. Epiploic appendagitis appears on CT as an oval fatty mass with a slightly bright white border, and the surrounding mesenteric striation suggests inflammation. Its treatment is supportive and does not require surgery. Pain control should be provided. Antibiotics are not indicated. Most cases resolve spontaneously within 1 to 2 weeks.

Materials and Methods: A 24-year-old male patient applied with the complaint of abdominal pain. The patient has had pain in the lower left side of his abdomen, which has increased especially after meals, for the last 3 days, and has no history of illness or accident. In the patient's arrival vitals, blood pressure: 146/71 mmHg, pulse 106 beats/minute, temperature: 36.7°C, fingertip oxygen saturation: 95%. In the physical examination of the patient, there was tenderness to palpation in the left lower and upper quadrants and rebound in the left lower quadrant. There were no pathological values in the blood and urine tests requested from the patient. There were no pathological features in the lung and abdominal direct radiography requested from the patient. The abdominal upper and lower contrast CT scan report requested from the patient, whose complaints did not improve, showed "focal thickness increase in the sigmoid colon and increased contamination and density in the fatty planes in the sigmoid arches." Epiploic appendagitis?" It was like. The patient was admitted to the general surgery clinic with a diagnosis of epiploic appendagitis.

epiploic appendagitis



Results and Conclusion: Although conditions such as acute appendicitis are the most common symptoms of abdominal pain occurring in the lower quadrants, rarer conditions such as epiploic appendagitis should not be overlooked.

Keywords: epiploic appendages, sigmoid colon, Epiploic appendicitis

Ref No: 7991

Hydropneumothorax: A Rare Complication of Lung Cancer

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¹Elazığ Şehir Hastanesi

Introduction and Purpose: Lung cancer is the most common cancer worldwide today. Pneumothorax or hydropneumothorax, as a presenting finding, is rare. Less than 0.5% of lung cancer cases have been reported to be complicated with pneumothorax and 1.4% cases of pneumothorax had underlying lung cancer approximately.

Materials and Methods: 75-year-old lung cancer patient presented to the emergency department with complaints of increasing dyspnea and cough in recent days. In order patient's blood pressure, SpO₂ and respiratory rate per minute were 130/90 mmHg, 84% and 26. Examination of respiratory system revealed absent breath sound in the right hemithorax. His X-ray was shown on Figure-1. Intercostal tube thoracostomy was done. Pleural fluid was aspirated. Dyspnea decreased. The patient was admitted to the thoracic surgery clinic for follow-up.

Results and Conclusion: De-novo hydropneumothorax in lung cancer is rare complication but may occur.

Right sided hydropneumothorax



Right sided hydropneumothorax

Keywords: lung cancer, hydropneumothorax, dyspnea

Ref No: 7994

SPONTANEOUS URETERAL RUPTURE AND RETROPERİTONEAL URINOMA

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Introduction and Purpose: The fluid accumulation that occurs when urine exits the area outside the urinary system is called urinoma. Although urinoma often develops due to traumatic or iatrogenic reasons, it rarely develops spontaneously. In fact, urinomae, called asspontaneous, most commonly develop as a result of ureteric stones and tumoral obstructions.

Materials and Methods: Here, we describe our case of a 21 year old male with spontaneous unilateral ureteric rupture. We discuss our patient with Gardner syndrome, who applied to our emergency department with the complaint of right side pain, and who developed spontaneous ureteral rupture and was treated, with the help of literature.

SPONTANEOUS URETERAL RUPTURE AND RETROPERİTONEAL URINOMA



Results and Conclusion: Here, we describe our case of a 21 year old male with spontaneous unilateral ureteric rupture. We discuss our patient with Gardner syndrome, who applied to our emergency department with the complaint of right side pain, and who developed spontaneous ureteral rupture and was treated, with the help of literature.

SPONTANEOUS URETERAL RUPTURE AND RETROPERİTONEAL URINOMA



SPONTANEOUS URETERAL RUPTURE AND RETROPERİTONEAL URINOMA



SPONTANEOUS URETERAL RUPTURE AND RETROPERİTONEAL URINOMA



SPONTANEOUS URETERAL RUPTURE AND RETROPERİTONEAL URINOMA



Keywords: uroteral rüptüre, retroperitoneal urinoma, radiological imaging

Ref No: 8057

Retinal Artery Occlusion

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Introduction and Purpose: Symptomatic retinal artery occlusion is a rare clinical event. Etiological mechanisms overlap with ischemic stroke. Carotid artery atherosclerosis is the most common etiology and carries a high risk of future cerebral infarction. The most likely etiology in young patients is cardiogenic embolism. Other causes include clotting disorders, vasculitis and other vascular diseases.

Materials and Methods: A 64-year-old female patient was brought to us with the complaint of loss of vision in the right eye that started 3 hours ago. The patient had known hypertension. On arrival, blood pressure was 15: 145/80 mmHg, saturation was 97% (without oxygen), pulse was 92. Fundus examination was consistent with right cilioartery artery occlusion. view was available. The patient was consulted to the Ophthalmology Clinic and was admitted.

Results and Conclusion: While CRAO usually presents with severe, profound loss of vision in one eye, branch retinal artery occlusion (BRAO) presents with incomplete monocular vision loss in which visual acuity is usually not severely affected. On fundoscopic examination, it can be seen that the entire retina is affected in CRAO and a portion of the retina in BRAO. An ischemic retina is seen. CRAO has a poor prognosis for spontaneous vision recovery. However, no currently available treatments have been proven to improve visual outcomes. The diagnostic workup of CRAO and BRAO focuses on determining the underlying etiology in order to establish appropriate secondary prevention measures to reduce the risk of future vascular events.

Keywords: Sudden Vision Loss, Retinal Artery Occlusion

Ref No: 8089

Does B-type natriuretic peptide predict prognosis in trauma patients?; a pilot study

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²GÖZTEPE PROF. DR. SÜLEYMAN YALÇIN ŞEHİR HASTANESİ

Introduction and Purpose: There are many things that determine the prognosis of patients admitted due to trauma who are treated and followed up in the emergency department. These factors are listed with scores such as the National Early Warning Score (NEWS) and the Revised Trauma Score (RTS) and aim to predict the group of patients with a poor prognosis. B-type natriuretic peptide (BNP) is a neurohormone secreted by the primary cardiac ventricles in response to pressure increase and volume expansion. It is a biomarker of cardiac injury with prognostic capacity in both cardiac and non-cardiac contingency situations. There are not many studies showing the relationship of BNP with post-traumatic heart health. The aim of our research is to determine the severity of trauma in patients exposed to different types of trauma using GKS, RTS and NEWS scoring systems and to determine the relationship between trauma severity and the measured BNP level.

Materials and Methods: Patients with head, thorax trauma and multitrauma who applied to the emergency departments of Bezmialem Vakıf University and Göztepe Prof. Dr. Süleyman Yalçın City Hospital were included in the study. Patients with heart failure were excluded. A total of 29 patients were evaluated as a pilot study between August 2023 and February 2024. Statistical analysis was performed using SPSS version 26.0 (SPSS Inc. Chicago, Illinois, USA). Data were arranged appropriately and compared using analysis of variance and independent samples t test.

Results and Conclusion: Patients with a NEW score above seven and a RT score below four need close monitoring and critical care. In our pilot study, no significant difference was observed in BNP levels among the 29 patients evaluated in three separate groups: head, thorax and multitrauma ($p < 0.93$). 29 patients were divided into two groups with RT scores above four and four and below. When the groups' BNP levels were evaluated comparatively, no significant difference emerged ($p < 0.69$). Since data was obtained from only one patient with a NEW score above seven, comparison could not be made. Our results show that BNP is not sufficient to determine the patient group in need of critical care. However, we believe that the results will change positively when the appropriate sample size is provided.

Descriptive statistics of BNP levels between patient groups

BNP								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
kafa	5	79,0000	136,97695	61,25791	-91,0192	249,1392	5,70	323,00
toraks	10	457,3600	1118,61336	353,73660	-242,8478	1257,5678	3,70	3597,00
multitrauma	14	320,7143	1097,30211	293,26833	-312,8491	954,2777	5,00	4132,00
Total	29	326,1660	990,44524	183,62106	-50,5763	702,9142	3,70	4132,00

Groups in which the patients included in the study were divided according to their trauma types



BNP levels were compared by grouping according to RT score



No significant difference was observed in BNP level between the group with an RT score above 4 and the other patient group.

Comparison between head, thorax and multitrauma groups

Independent-Samples Kruskal-Wallis Test Summary

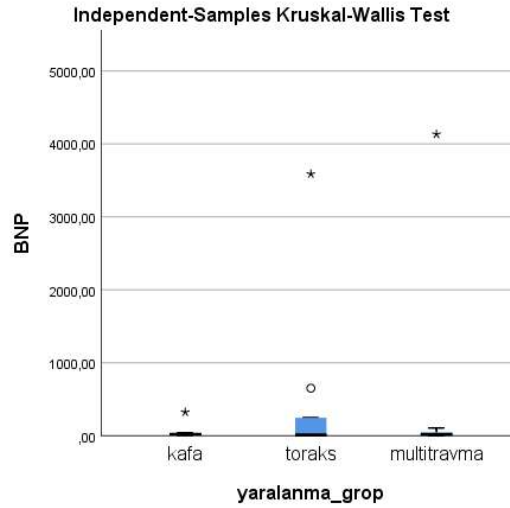
Total N	29
Test Statistic	,139 ^{a,b}
Degree Of Freedom	2
Asymptotic Sig.(2-sided test)	,933

a. The test statistic is adjusted for ties.

b. Multiple comparisons are not performed because the overall test does not show significant differences across samples.

When the head, thorax and multitrauma groups were compared, no statistically significant difference was seen between BNP levels.

Graph showing BNP levels of head, thorax and multitrauma patient groups



BNP levels were measured higher in the thoracic injury group than in the other groups, but no statistically significant difference was observed. We predict that when the appropriate sample number is reached, statistical calculations will work better and a significant difference will be obtained.

Grouping table by RTS score

Grouping table by RTS score					
	rts_grp	N	Mean	Std. Deviation	Std. Error Mean
BNP	,00	12	415,8333	1174,75660	339,12302
	1,00	17	262,8765	870,42837	211,10989

29 patients were divided into two groups with RT scores above four and four and below.

Keywords: trauma, B-type natriuretic peptide, emergency medicine

Ref No: 8111

Bioterrorism and Health Workers

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Introduction and Purpose: Bioterrorism is the deliberate use or threat of using biological agents to cause disease or death among humans or other living things. Biological weapons were also used in World Wars (I. and II.). Biological weapons are accepted as the weapon of the future by all the countries of the world and studies are carried out on these weapons. Weapons used for bioterrorism; It consists of four important components: biological agents, mail, and transport systems (rockets, air, rail) The most effective way to use biological warfare agents is the aerosol route. Decontamination of contaminated agents is one of the preventive measures that should be given top priority. Using a protective mask that can be easily worn and carried with them for personal protection will be effective against biological attacks. The use of N-95 masks and Level-D Personal Protective Equipment (long gowns, closed shoes, safety glasses, ear protection, surgical mask, suitable gloves) for the decontamination of contaminated persons may provide adequate protection. If the biological agent is unknown, Level-C Personal Protective Equipment containing a mask with a HEPA filter cartridge should be used

Materials and Methods: Before encountering bioterrorism, health personnel should be given training on the clinical, diagnosis, prophylaxis, treatment, transport of samples, prevention and precautions, approach to the patient and protection of healthy individuals of diseases that will occur with biological agents.

Results and Conclusion: Considering the geographical and geopolitical position of our country, it is imperative to take measures for the risk of bioterrorism. In a study conducted on bioterrorism awareness and in which healthcare professionals participated, it was seen that 87% did not have enough information about the subject. Considering the magnitude of the destructive dimension that biological weapons can cause in society, it is surprising that the people who will fight are not adequately trained. Healthcare professionals should be included in the discussions on defense strategies, and necessary support should be given to planning and exercises. It is important to raise the awareness of those working in the health field first and then the public appropriately.

Keywords: Bioterrorism, health workers

Ref No: 8123

Sudden onset of high fever and muscle rigidity: a case of malignant hyperthermia

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Introduction and Purpose: A young male patient presented to the emergency department exhibiting extreme fatigue, high fever, and severe muscle rigidity after intense physical exertion at a gym. Despite lacking significant previous health issues, subsequent tests confirmed a diagnosis of the rare condition, malignant hyperthermia. Malignant hyperthermia (MH) is a life-threatening condition that may be triggered in genetically susceptible individuals by certain activators, typically during anesthesia. However, this case illustrates that excessive physical activity can also precipitate MH. The condition is marked by severe hyperthermia, muscle rigidity, acidosis, and a rapid rise in carbon dioxide levels.

Materials and Methods: A 24-year-old male felt severely unwell following vigorous training, prompting his presentation to the emergency department. His symptoms included muscle stiffness and a high fever of 39.9 °C (103.8 °F). Vital signs were as follows: blood pressure at 145/90 mmHg, pulse rate at 120 bpm, oxygen saturation at 90%, and respiratory rate at 28 breaths per minute. Physical examination revealed significant muscle rigidity and elevated body temperature. Arterial blood gas analysis showed a pH of 7.18, PaCO₂ of 55 mmHg, PaO₂ of 72 mmHg, and bicarbonate level of 16 mEq/L. Additionally, lactate was elevated at 9.5 mmol/L. Serum creatine kinase (CK) reached 15,000 IU/L, myoglobin was at 4000 ng/mL, potassium at 7.0 mmol/L, and calcium at 1.0 mmol/L. These findings are consistent with malignant hyperthermia syndrome.

Results and Conclusion: Malignant hyperthermia is a rare yet critical condition that may be induced by extreme physical stress. The patient received immediate treatment with dantrolene sodium and was transferred to the intensive care unit for further management. This case highlights the necessity of recognizing MH risk in individuals engaged in intense exercise, especially those with a potential genetic predisposition.

Keywords: Malignant Hyperthermia, Physical Exertion, Muscle Rigidity

Ref No: 8125

pneumomediastinum due to barotrauma

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Introduction and Purpose: Mekanik ventilasyon sonrası barotravma nedenli pnömomediastinum ve cilt altı yaygın amfizemPneumomediastinum was first officially described by Louis Hamman in 1939. Most of the cases are caused by traumatic causes. Although spontaneous pneumomediastinum is rare, it is often seen in healthy young men as a result of rupture of peripheral pulmonary alveoli. Other possible causes are barotrauma during mechanical ventilation, hyperbaric therapy, ascent phase of water diving, asthma or obstructive airway diseases such as foreign bodies. Pneumomediastinum has also been reported after tooth extraction, tonsillectomy, tracheostomy, head and neck surgery, and craniofacial trauma. Characteristic signs and symptoms include chest pain, subcutaneous emphysema, deep heart sounds, crepitant heart sounds, pneumothorax, signs of increased mediastinal pressure (dyspnea, cyanosis, engorged veins and circulatory failure) and radiological evidence of air in the mediastinum. Prompt diagnosis is important as it is a potentially lethal condition.

Materials and Methods: A 31-year-old patient with no known chronic disease is admitted to the district state hospital after syncope at home. The patient is intubated and referred to us for central imaging because of active seizures and consciousness retardation in the external center. The patient was brought to us intubated by 112 teams. The patient's arrival gks: 3, vitals are stable. The patient's brain CT scan showed a diffuse sac area at the level of the basal cisternae and subcutaneous emphysema extending from the neck to the inguinal region, pneumomediastinum, bilateral pneumothorax was observed. 112 According to the information received from his teams, it was thought that he developed pneumomediastinum and subcutaneous emphysema due to barotrauma because he received support from high pressure in mechanical ventilation during transfer.

pneumomediastinum and diffuse subcutaneous emphysema after barotrauma



Results and Conclusion: Urgent diagnosis and treatment of pneumomediastinum is life-saving. In addition to tension and/or bilateral pneumothorax, serious complications such as tension pneumomediastinum causing cardiac compression and decreased cardiac output have been reported. Patients with pneumomediastinum should be monitored and followed closely to avoid these problems. In patients with uncomplicated pneumomediastinum, spontaneous resolution is expected with rest, pain relief and avoidance of Valsalva maneuver. For severe complications, mediastinal needle aspiration, cervical mediastinotomy, tracheostomy or emergency thoracotomy can be used.

Keywords: pneumomediastinum, subcutaneous emphysema, barotrauma

Ref No: 8174

Sudden onset chest pain and breathing difficulty; spontaneous pneumomediastinum

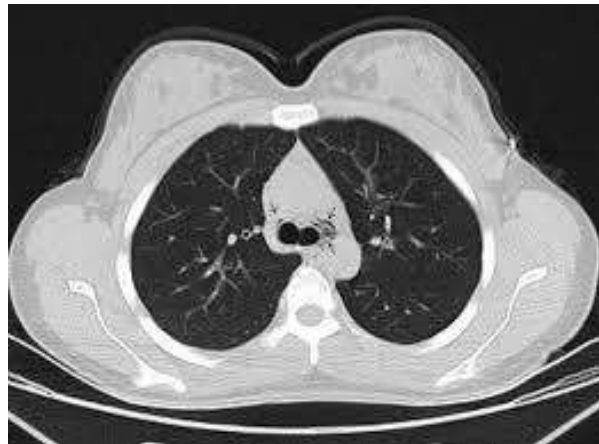
Kadir Akburun¹, Atakan Yilmaz¹, Murat Seyit¹, Mert Ozen¹, Alten Oskay¹

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Introduction and Purpose: A young female patient presented to the emergency department with severe chest pain and difficulty breathing. Detailed investigations led to the diagnosis of the rare condition of spontaneous pneumomediastinum. Spontaneous pneumomediastinum is characterized by the accumulation of air in the mediastinal space due to a leak from the airways. It often occurs after severe coughing or a forceful Valsalva maneuver and is more common in young adults. Diagnosis is typically based on radiological findings, and most cases do not require specific treatment.

Materials and Methods: A 24-year-old female patient was brought to the emergency department with sudden and sharp chest pain and difficulty breathing that started a few hours prior. The patient reported no prior health issues and mentioned that the symptoms started after intense physical activity. GCS 15, blood pressure 125/80 mmHg, pulse 92 bpm, normal temperature, oxygen saturation 96%. Physical examination revealed subcutaneous crepitation on palpation of the chest wall. Immediate chest X-ray followed by a CT scan showed free air in the mediastinal space, with the lungs and pleura within normal limits. ECG and cardiac markers ruled out a cardiac etiology.

Ct



Results and Conclusion: Spontaneous pneumomediastinum is a rare condition that presents with sudden chest pain and breathing difficulty in young patients. Most cases resolve spontaneously, but diagnosis and monitoring are important to exclude potentially serious

complications. Awareness of this condition can help prevent unnecessary interventions in the emergency department.

Keywords: Spontaneous pneumomediastinum, Chest pain, Breathing difficulty

Ref No: 8177

Advanced Imaging in Genital Cellulitis: A Critical Step in the Diagnosis of Fournier's Gangrene

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Introduction and Purpose: Fournier's gangrene is a rare, life-threatening necrotizing fasciitis of the genital region and perineum. Early diagnosis and aggressive treatment are crucial to reduce morbidity and mortality. This poster discusses how the diagnosis of Fournier's gangrene was made in a 75-year-old male patient who presented with genital discharge and erythema, through the detection of air densities in soft tissue.

Materials and Methods: A 75-year-old male patient presented to the emergency department with complaints of genital discharge and erythema persisting for several days. Initially, the condition was considered as cellulitis and oral antibiotic therapy was recommended. However, due to the lack of improvement in symptoms and the worsening of the clinical condition, advanced imaging was conducted. An abdominal computed tomography (CT) scan showed air densities in the soft tissue of the genital region and perineum, findings that confirmed the diagnosis of Fournier's gangrene. The patient was urgently referred for broad-spectrum antibiotic therapy and surgical debridement.

Results and Conclusion: Applying advanced imaging techniques early in cases of genital cellulitis is critical for the identification of severe complications such as Fournier's gangrene. The detection of air densities in soft tissue is an important radiological finding indicating the presence of necrotizing fasciitis. This case emphasizes that clinical signs in infections of the genital region can be misleading and that the threshold for advanced imaging should be kept low. Fournier's gangrene is an emergency condition that requires early diagnosis and rapid treatment. In cases of genital cellulitis, particularly those that are progressive and resistant to treatment, the presence of air in soft tissue is a strong indicator of Fournier's gangrene. This poster highlights the importance of using advanced imaging methods in the management of patients with infections of the genital region.



Keywords: Fournier's Gangrene, Advanced Imaging, Genital Cellulitis

Ref No: 8271

PATIENTS WHO CANNOT BE AWAKENED: BILATERAL THALAMIC INFARCT

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Introduction and Purpose: Bilateral paramedian thalamic infarct is rare(1). Bilateral thalamic infarction is characterized by acute confusion, vertical gaze paralysis, and cognitive changes (2). Neurological symptoms of paramedian infarcts, with their frequency; They can be listed as somnolence, hypersomnia, cognitive changes, oculomotor nerve paralysis, vertical gaze paralysis, and aphasia (3). In this article, a 69-year-old case with bilateral thalamic infarction with a history of hypertension and diabetes mellitus is presented.

Materials and Methods: A 69-year-old male patient with a history of hypertension and diabetes mellitus was found by his relatives unconsciously lying on the couch after waking up in the morning. The patient was brought to the emergency room by 112 teams. The patient had drowsiness. Upon arrival, GKS:6 (E:1 M:4 V:1); It was evaluated as BP: 199/108 RR:16/min HR:88 beats/min BT: 36.7 °C Spo2: 94 BG: 104. According to the information received from his relatives, he was using his medications regularly and had no active complaints before the incident. There is no significant feature in the patient's other system examinations. After the patient's consciousness evaluation, he was intubated because his GCS was 6. Afterwards, brain CT and brain diffusion MRI imaging were performed under the supervision of a paramedic. In brain diff MRI imaging; At the level of bilateral thalami, DWI hyperintense and ADC hypointense diffusion-limiting areas that could not be clearly distinguished from artifact were observed (percheron infarction?). The patient was consulted to neurology and transferred to intensive care.

Results and Conclusion: It constitutes 0.6% of acute ischemic strokes and 75% of the cases are paramedian artery irrigation area infarction (4). The cause of the majority of bilateral thalamic infarcts is small vessel disease (4-7). Our patient's history of diabetes mellitus and hypertension was evaluated as compatible with the stated etiology. Bilateral thalamic infarction is a rare condition and is a diagnosis that should be considered in patients who present to the emergency department and have a change in consciousness. Every physician working in emergency departments should keep this clinical situation in mind and use appropriate diagnostic methods for suspected patients.

Keywords: Thalamic infarction, Neurology, Emergency department

Ref No: 8299

Emergency Approach To Gunshot Wound To The Head

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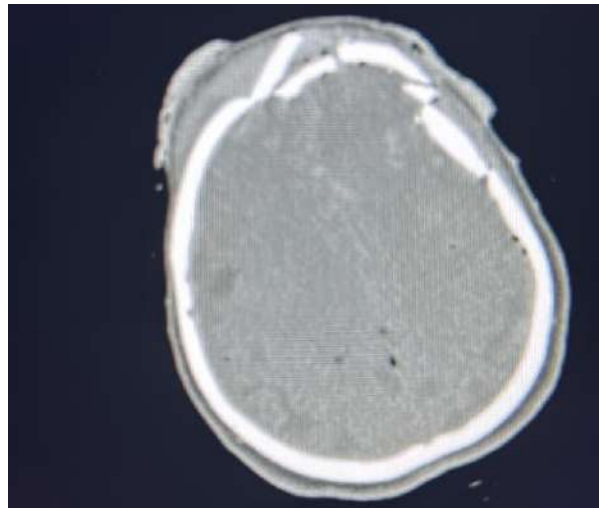
Introduction and Purpose: Emergency Approach to Gunshot Wounds to the Head Gunshot wounds are a common occurrence in emergency departments, and the situation becomes even more critical when vital organs are involved. In such cases, rapid and effective intervention by the emergency team is crucial for patient survival.

Materials and Methods: Case: A 52-year-old female patient was brought to the emergency department by ambulance with a gunshot wound to the head. Information obtained from her family members suggests that the incident was a suicide attempt, although the definitive conclusion will be determined by the legal process. Upon arrival, the patient had a GCS score of 11. Bilateral light reflexes: ++/+++ Consciousness: Confused, opens eyes to verbal stimuli Pain avoidance reflex: Present Vital signs: Blood pressure: 100/80 mmHg Pulse: 67 beats/minute Respiratory rate: 28 breaths/minute Temperature: 36.7°C SpO2: 85% Physical Examination Findings: Left temporal region: 0.5 cm diameter, star-shaped wound with irregular edges, actively bleeding Right temporal region: 2 cm diameter, irregular, fragmented, actively bleeding wound Left upper eyelid: 1 x 2 cm area of swelling and bruising No other wounds, scars, incisions, scratches, or dermabrasion were observed. Central Imaging Findings of the Patient: Bilateral Frontal Bone Fractures and Hematomas: Imaging Findings Extensive fragmented displaced fracture lines were observed in the bilateral frontal bones. Parenchymal contusion areas: Present Parenchymal hematoma areas: Present Sulcal hyperdensities consistent with SAH: Present Widespread density loss in the surrounding parenchyma suggestive of edema: Present Thickened hyperdense appearances consistent with subdural hematoma at the level of the falx cerebri: Present Appearances consistent with epidural hematoma in the right frontal region: Present Hemorrhagic density increases leveling at the interpeduncular cistern: Present Hyperdensities consistent with SAH at the level of bilateral sylvian fissures: Present. Multiple bone fragments were visible in the bilateral frontal regions. These bone fragments are likely the result of the fractured frontal bones. Widespread pneumosephaly foci were observed in the vicinity of the bilateral cerebral hemispheres, at the level of the falx cerebri, the suprasellar cistern, and the tentorium cerebelli.

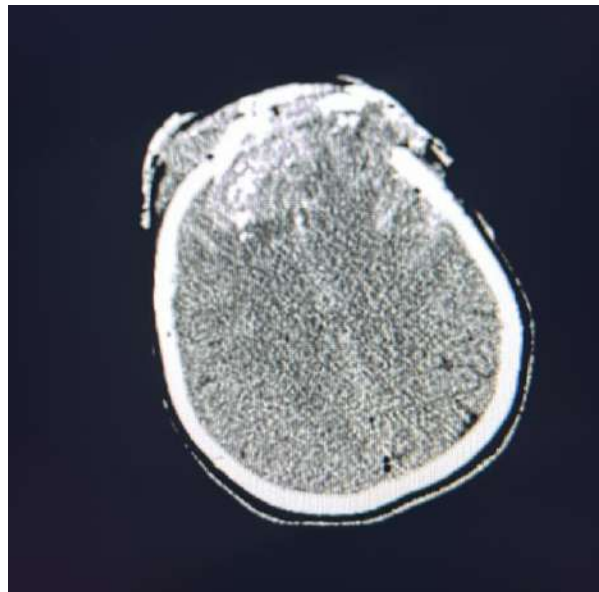
pneumocephalus



multiple bone fragments



parenchymal contusion hematoma subarachnoid hemorrhage



Results and Conclusion: The patient was admitted to the neurosurgical intensive care unit (ICU) for further monitoring and management. The neurosurgical team did not recommend immediate surgical intervention at this time. The patient remains intubated on mechanical ventilation and will continue to be closely monitored in the ICU.

Keywords: gunshot wound, subarachnoidal hemorrhage

Ref No: 8375

ANKLE SPRAIN DURING A WRESTLING MATCH

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Introduction and Purpose: The ankle is one of the most traumatized joints. Ankle injuries are more common especially in athletes. 55-90% of sports injuries occur in the lower extremities; ankle, foot and knee are the most commonly injured areas. Sports ankle injuries constitute 10-25% of all injuries and are frequently encountered in soccer, basketball, volleyball, athletics and skiing. Ankle sprains are the most common sporting lesions of the lower and upper extremities.

Materials and Methods: A 16-year-old male patient was admitted to our hospital with an ankle sprain during a wrestling match. His vitals were within normal range at presentation. Systemic examination of the patient revealed no tenderness except for the ankle. Foot and ankle examination revealed marked swelling of the ankle and range of motion was limited in all directions, and neurovascular examination was normal. Direct radiography of the patient revealed no significant pathology. Computed tomography of the patient revealed a distal end fracture of the fibula. The patient was consulted to the orthopedic clinic. The patient was hospitalized with the diagnosis of deltoid ligament tear and salter harris type-2 fibula fracture.

photo-1



photo-2



photo-3



fibula fracture in axial and coronal section

Results and Conclusion: Primary repair should be considered especially in complete deltoid ligament tears with external malleolus fractures and instability. Because patients with instability are more likely to develop degenerative arthritis in the future. It is also thought that the tibialis posterior tendon and even the nervus tibialis may be compressed between the torn ligament ends. Our patient had deltoid ligament tear with distal end fracture of the fibula and was admitted for surgery.

Keywords: deltoid ligament tear, salter harris type-2 fracture, fibula fracture

Ref No: 8469

INTUSSUSCEPTION

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Introduction and Purpose: Intussusception is a clinical entity characterized by the penetration of the proximal intestinal segment into the distal segment. Intestinal intussusception in adults is rare, accounting for 5% of all intussusceptions, 0.02-0.003% of all hospital admissions and only 1-3% of intestinal obstructions requiring emergency surgery. Intestinal intussusception in adults has nonspecific clinical manifestations and is usually diagnosed radiologically or intraoperatively.

Materials and Methods: A 24-year-old woman presented to our emergency department with abdominal pain, nausea and vomiting that started in the morning. The patient applied to the emergency department because her pain was continuous since the morning and increased over time. Admission vitals; Blood pressure: 109/74 Saturation: 99 Pulse: 91 Temperature: 36.4 respiratory rate: 20. No known history of chronic disease. No history of drug or environmental allergy. No history of previous surgery and smoking and alcohol use. Physical examination: There is tenderness in the right lower quadrant of the abdomen and suprapubic region, no defense, no rebound, no murmur with listening, normal bowel sounds, no hepatomegaly or splenomegaly. ECG normal sinus rhythm. Laboratory; WBC 15.51 Neu 12.95 hemoglobin 11.5 platelet 347 creatinine 0.65 ast 18 alt 19 crp 1.38 amylase 31 lipase 23.2 Beta Hcg 0.2. Imaging: Contrast-enhanced whole abdominal tomography showed "A target sign appearance was observed in ~6.5 cm segment in the proximal small intestinal anus in the midline of the abdomen (invagination?). The patient was then consulted to the general surgery department and admitted to the general surgery ward for follow-up and treatment.

Figure 1



Results and Conclusion: In this case, we have discussed invagination disease, which is a rare disease in adults, mostly seen in children. Delay in diagnosis and treatment can lead to perforation and other significant morbidities. Computed tomography can be guiding in cases with a high accuracy rate.

Keywords: Intussusception, Abdominal pain, General surgery

Ref No: 8506

Is prinzmetal angina difficult?

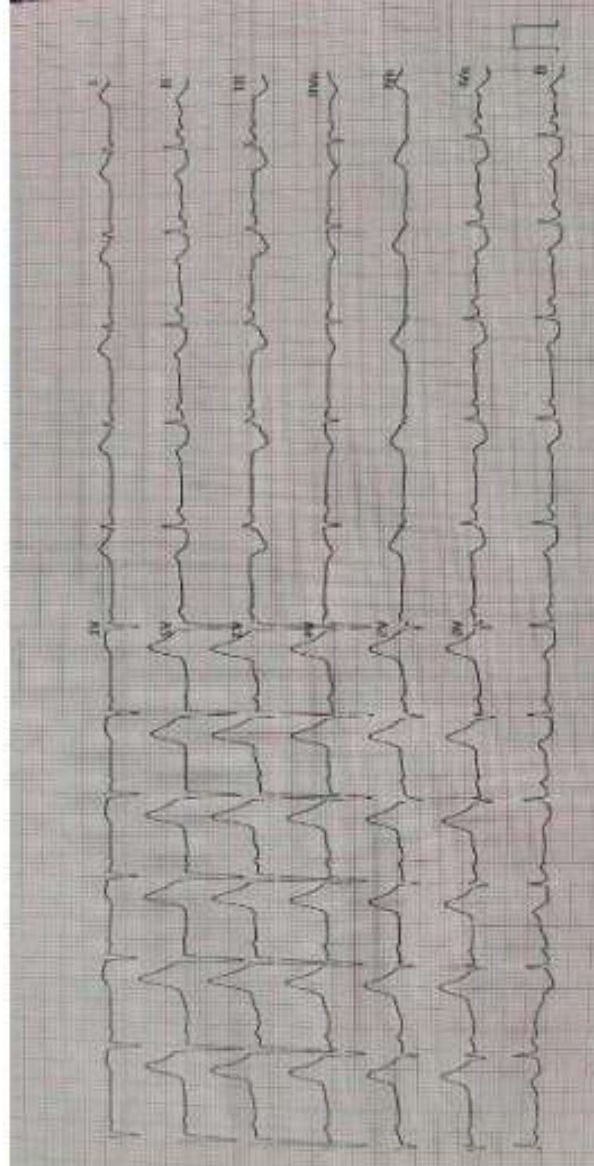
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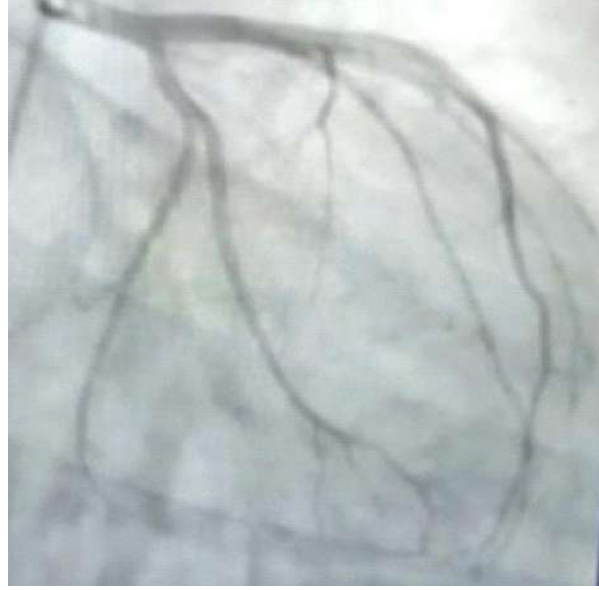
Introduction and Purpose: Prinzmetal (VAP: Variant Angina Pectoris) angina is an angina that is difficult to differentiate clinically from atherosclerotic coronary artery diseases. Most patients have transient chest pain at rest, described as crushing retrosternal pressure, and ST elevation on the ECG. Usually the pain lasts a few minutes and disappears when nitrates are used. Although the prognosis is good, myocardial infarction and serious ventricular arrhythmias may sometimes develop.

Materials and Methods: A 22-year-old male patient describes chest pain that increases at rest after emotional stress. He says that it starts from the sternal region and spreads towards the epigastric region and he feels pressure. At the onset of the pain, it lasted approximately 10-15 minutes and was accompanied by dyspnea. There is no smoking in his medical history and he does not state any additional diseases. In his family history, he states that many of his family members have coronary artery disease. In the ECG, there are significant ST changes and elevations in the precordial leads (picture 1). Coronary angiography shows an image compatible with segmental vasoconstriction (picture 2). A significant response was obtained to IV nitroglycerin and calcium channel blocker treatment. An aggressive decrease was observed in troponin values and a response was also obtained in ECG changes.

picture 1



picture 2



Results and Conclusion: As a result, VAP should be kept in mind in young male patients presenting with unstable angina and chest pain at rest, as the underlying pathophysiological process and treatment approach are completely different from atherosclerosis. Although patients often respond well to long-acting nitrates and calcium channel blockers, it is necessary to consider other factors that may trigger spasm, such as stress, hyperventilation, and pain. In cases of multi-vessel spasm or in cases where the spasm involves the proximal left anterior descending or left main coronary, serious clinical conditions such as acute myocardial infarction, life-threatening arrhythmias and sudden cardiac death may develop.

Keywords: Prinzmetal, angina, arrhythmias

Ref No: 8512

Progressive dyspnea and sudden chest pain; catheter-related major venous air embolism

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Introduction and Purpose: A middle-aged female patient presented to the emergency department with sudden onset dyspnea and chest pain during home intravenous therapy. An immediate assessment confirmed the diagnosis of a major venous air embolism. Venous air embolism occurs due to the entry of air into the bloodstream, commonly during intravenous catheter procedures. Significant amounts of air entry can lead to cardiopulmonary complications and even death. Early diagnosis and intervention are crucial.

Materials and Methods: A 58-year-old female patient, undergoing long-term parenteral nutrition at home, experienced severe chest pain and difficulty breathing. Vital signs: blood pressure 90/60 mmHg, pulse 110 bpm, oxygen saturation 85%, respiratory rate 30 per minute, temperature 37.0 °C. Physical examination revealed hypotension and tachypnea, along with jugular vein distension. Immediate arterial blood gas analysis showed PaO₂ 70 mmHg, PaCO₂ 45 mmHg, pH 7.35. Complete blood count: Hemoglobin 12.5 g/dL, leukocytes 7,800/mm³, platelets 230,000/mm³. Chest X-ray and transthoracic echocardiography (ECHO) detected air bubbles in the right heart chambers and pulmonary artery.

Results and Conclusion: Major venous air embolism is a rare but critically urgent condition requiring immediate intervention. The patient was treated in the emergency department with high-flow oxygen and the Trendelenburg position. Following cardiopulmonary stabilization, the patient's overall condition improved; intravenous lines were reviewed and necessary adjustments were made. This case underscores the importance of vigilance by clinical staff administering intravenous therapy.

Keywords: Venous air embolism, Intravenous therapy complications, Cardiopulmonary stabilization

Ref No: 8537

Community Acquired Pneumonia

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Introduction and Purpose: Community-acquired pneumonia is defined as pneumonia that was not acquired in a hospital or long-term care center, begins with acute respiratory symptoms, and develops with or without a new infiltration on chest radiography. Patients usually present to the hospital with complaints of cough, sputum, shortness of breath and fever. Here, a case who presented with cough, sputum and fever and was diagnosed with pneumonia using posteroanterior chest radiography will be described.

Materials and Methods: A 77-year-old male patient was admitted to the emergency department with complaints of cough and sputum for 1 month. On examination, rales were heard on the right side in respiratory sounds. It was learned that he had intermittent shortness of breath and sweating. He was diagnosed with hypertension, atrial fibrillation and previous tuberculosis. Posteroanterior chest radiography (POAG) performed with a prediagnosis of pneumonia based on the anamnesis, physical examination and laboratory test results showed increased opacity in the right middle and lower zones (Figure-1). The patient was evaluated as pneumonia and hospitalized in the Chest Diseases service.

Figure 1. Increased opacity and consolidated area in the right middle and lower zones in the POAG.



Results and Conclusion: Pneumonia remains a major problem in daily medical practice worldwide. The mortality rate due to pneumonia is around 3-4 million per year, mostly in childhood and older age groups. Pneumonia is the third leading cause of death due to infectious diseases in the world. Advanced age, diabetes, malnutrition, malnutrition, treatment with corticosteroids and other immunosuppressants, and a suppressed immune system as in solid and hematologic malignancies increase the risk of pneumonia. Pneumonia should be suspected in patients with recent lower respiratory symptoms such as cough, sputum and/or shortness of breath, especially if fever, changes in respiratory sounds and rales are also heard. CAP should be included in our preliminary diagnoses in patients presenting to the emergency department with complaints of cough, sputum and shortness of breath. Despite recent advances in diagnosis and treatment, community-acquired pneumonia is still a common and potentially lethal infectious disease.

Keywords: Community-acquired pneumonia, dyspnea, pneumococcus

Ref No: 8625

The Critical Role of Pan-CT in High Energy Traumas: Detection of Subdural Hemorrhage in a 70-Year-Old Patient

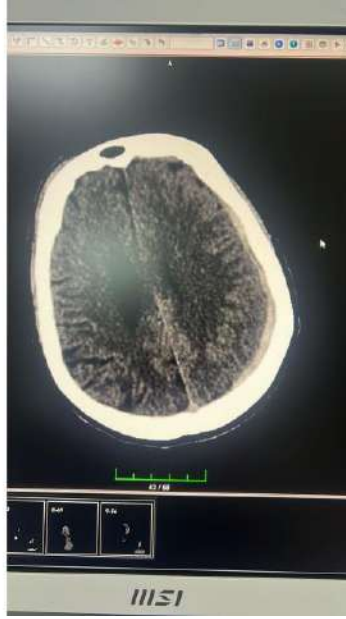
ASLI LEYLA TAHİROĞLU¹, MUSTAFA NARİN¹, ALİ GÜR¹

¹The Critical Role of Pan-CT in High Energy Traumas: Detection of Subdural Hemorrhage in a 70-Year-Old Patient

Introduction and Purpose: High-energy traumas can mask potentially life-threatening internal injuries, especially in the elderly population. This study examines a 70-year-old patient whose general condition appeared to be good, but who was diagnosed with subdural hemorrhage as a result of a high-energy traffic accident, and emphasizes the importance of full-body computed tomography (pan-CT) scanning in such cases.

Materials and Methods: A 70-year-old male patient was brought to the emergency department after a high-energy traffic accident. The patient's general condition was initially evaluated as good; He was conscious and his vital signs were stable. However, a pan-CT scan was performed to exclude potential internal injuries. As a result of the pan-CT scan, subdural hemorrhage was unexpectedly detected in the patient's left hemisphere. The patient was immediately admitted to the neurosurgery service and treated. In the management of high-energy traumas, even patients in good general condition should be evaluated carefully. Pan-CT plays a vital role in early diagnosis of internal organ and brain injuries in such cases. The fact that injury mechanisms are less clear and the presence of comorbidities in elderly patients increases the importance of a comprehensive evaluation. This case highlights the critical role of pan-CT in the diagnosis and management of potentially life-threatening conditions in patients with high-energy traumas.

PANCT



Results and Conclusion: This case report demonstrates the importance of pan-CT scanning in elderly patients who have suffered a high-energy trauma, even if their general condition is good. Pan-CT is a critical tool in the early detection of serious injuries such as subdural hemorrhage and provides valuable information for early treatment intervention. Comprehensive radiological evaluation in high-energy traumas is necessary for optimal patient management and treatment outcomes.

Keywords: Pan-CT, High Energy Traumas, Subdural Hemorrhage

Ref No: 8663

An Unusual Vaginal Foreign Body

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Introduction and Purpose: Vaginal foreign bodies are crucial issue encountered in the emergency departments in all age groups, being more common in the 18-55 age group[1]. Patients may visit to emergency services with various complaints such as abdominal pain, vaginal discharge, vaginal bleeding, dysuria, and sometimes they may declare that they have a foreign body [2].In our case, we present a case of a vaginal foreign body confirmed by x-ray in an immobile elderly patient who visited the emergency department with a complainment of vaginal itching.

Materials and Methods: CASE An 86-year-old female patient visited to the emergency department with a complainment of vaginal itching. The patient's medical history included cerebrovascular disease, hypertension, and diabetes mellitus. The relatives of the patient declared that they couldnt find her mobile phone for 3 days. When it has been asked to the patient about her mobile phone, because of embarrassment she didnt answer the question. Pelvis x-ray was planned to check for vaginal foreign body.The pelvic x-ray has showed an unusual vaginal foreign body (Figure 1). The removed object was the patient's mobile phone, which was missing for 3 days (Figure 2). The patient's psychiatric and neurological examinations were normal, the patient discharged with antibiotics.

Figure 1

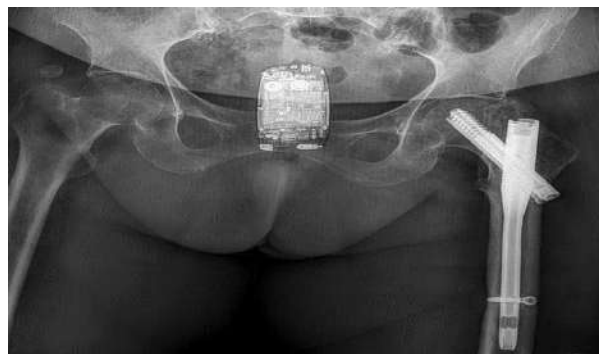


Figure 1

Figure 2



Figure 2

Results and Conclusion: DISCUSSION While vaginal foreign bodies are most commonly seen with vaginal bleeding and foul-smelling discharge, and they can rarely cause vaginal itching. [2] Such patients may visit the emergency department for various reasons and with different presentations, and especially elderly female patients may avoid giving a detailed history because they are embarrassed. In their study, Yang et al. showed that ultrasonography should be preferred in pediatric patients with foreign bodies larger than 5 millimeters.[3] Poletti et al. found that low-dose CT scanning had a higher sensitivity than radiography in screening patients suspected of using illicit drugs.[4] In our case, the diagnosis was made by using pelvic x-ray because the mobile phone is a radiopaque substance. While vaginal foreign bodies can be seen among all age groups of women, it is so important to be careful during taking a medical history because of embarrassment can cause giving wrong anamnesis and use an appropriate imaging methods.

Keywords: Foreign body, Vagina, Pelvic x-ray

Ref No: 8665

GERÇEK BİR ORTOPEDİK ACİL

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Introduction and Purpose: Kompartman sendromu, cerrahi müdahale gerektiren önemli ortopedik acillerden biridir. Osseofasial alandaki dokuların basıncının artması sonucunda, mikrovasküler dolaşım yetersizliği gelişmeye başlar. Doku perfüzyonunun bozulmasına bağlı olarak kas ve sinir dokuda iskemi gelişir. Bu durum uzun vadede nekroz, fonksiyon kaybı, ekstremité kaybı gibi geri dönüşümsüz değişikliklere sebep olabilir. Kompartman içeriğini artıran nedenler arasında kırıklar, crush yaralanma, iv ilaç uygulamaları ve buna bağlı ekstremité, böcek sokmaları, ağır egzersiz, yanıklar, alçı ve atel uygulamaları, sıkı sargı ve bandajlar bulunur. Çocuklarda kompartman sendromu çoğunlukla kırıklar ile birlikte gözlenir. Kompartman sendromu klinik bir tanıdır. Erken dönemde ağrı, uyuşma ve şişlik gibi semptomları olur, çocuk hastanın ağrısı tam olarak betimleyemeyeceği, uyuşmayı tarif edemeyeceği ve çoğu durumda ajitasyona bağlı sağlıklı veri elde edilemeyeceği göz önünde tutularak, klinik gidişatın yakından izlenmesi son derece önemlidir.

Materials and Methods: 8 yaş erkek hasta sol kısa bacak ateli olarak ayakta morarma, ağrı ve akıntı şikayetiyle hastaneye başvurdu. 2 gün önce trafik kazası öyküsü olan hastada sol tibia distalde ve kalkaneusta nondeplase fraktür tespit edilmiş. Uzun bacak atele alınıp elevasyon ve buz uygulama yapılması önerilerek taburcu edilmişti. Tarafımıza gelişinde fizik muayenede; ajite görünümde, 1.ve 2. sol ayak parmak kapiller dolumu normal fakat 3-4-5. ayak parmak kapiller dolumu uzamış ve soğukluk mevcuttu. Hastanın ateli açılarak detaylı muayenesi yapıldı. Ayak bileği ekstansiyonda ağrılı , nabız basıncı düşüktü. Ayak bileği çevresinde bülleleri ve morluğu mevcut ayak bileği ödemli ve nekroze cilt görünümü mevcuttu başka patolojik muayene bulgusu yoktu. Hastanın vital bulguları normaldi . Hasta yakınlarından elevasyonun tam uygulanmadığı öğrenildi. Ortopedi konsültasyonu sonrası kompartman sendromu düşünülerek acil operasyona alındı.

Results and Conclusion: çocuklarda kompartman sendromunun tanısı gözden kaçabilir. Çocuk hasta grubunda muayene bulgularının farklılık gösterebileceği unutulmamalıdır. Ajitasyon, anksiyete, artmış ağrı kesici ihtiyacı önceliklidir. Risk faktörü olan olgularda kompartman içi basıncı arttırabilecek atel, sargı ve sirküler alçı hızlı şekilde gevşetilmeli ve açılmalıdır. Mutlak tedavi acil fasyatomidir. Doğru teşhis ve zamanında tedavi ile başarılı sonuçlar elde edilir.

Keywords: Atel, akıntı, ağrı

Ref No: 8677

TRAVMADAN 48 SAAT SONRA EPİLEPTİK NÖBETLE GELEN SUBARAKNOİD KANAMA VAKASI

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Introduction and Purpose: Subaraknoid kanamalar acil tedavi gerektiren gerçek acil durumlardır. Subaraknoid kanamalar, tıbbi bir anevrizmal rüptür veya travmatik kafa travmasından kaynaklanır ve araknoid membran ile beyni çevreleyen pia mater arasındaki subaraknoid boşlukta kanamaya neden olur. [1] Travmatik beyin hasarının görülme oranları hem sanayileşmiş hem de sanayileşmemiş ülkelerde yüksektir ve çeşitli şekillerde yılda 100.000 nüfus başına 150-250 vaka arasında olduğu tahmin edilmektedir. [2]

Resim 1:



Parietal lob hiperdens lezyon

Materials and Methods: 42 yaş kadın hasta, acil servise 112 tarafından son 40 dk içinde 3 kez epileptik nöbet geçirme beyanıyla post iktal olarak getirildi. Acil servis takibinde takibinde de yaklaşık 1 dk süren gözlerin sağa deviye olduğu, sağ kol ekstansiyon sol kol flexiyonda olacak şekilde tonik kolik nöbet geçirdi. Bilinen KOAH hastalığı mevcut. Travma anamnezi sorgulandığında 2 gün önce kafasına yazıcı düşme öyküsü bulunmakta. Yapılan fizik muayenesinde genel durum kötü, ateş 36.5 °C, kan basıncı 165/78mmHg, kan şekeri 108, kalp tepe atımı 83/dk, spo2: 96, solunum sayısı 18/dk olarak ölçüldü. Hastanın nörolojik muayenesinde GKS 14 (E5 S4 M6) oryantasyon kooperasyon kısıtlı, extremitate hareketleri ve

duyu muayenesi doğal saptandı. Diğer sistem muayeneleri olağandı. Kan tetkiklerinde; ph 6.97, laktat 12.9 mmmol/L, kreatinin 0,47mg/dL, Na 142mmol/L, hemogram 6.2g/dL wbc: 8,97 10 ^3 u/L ,INR 0,95 olarak bulundu. Hastanın çekilen intrakraniyal görüntülemelerinde çevresinde ödem oluşmuş sol parietall lobar hemoraji alanı saptandı. Göz dibi muayenesinde her iki optik disk makula ve seçilen periferik retina doğal izlendi. Optik atrofi- papilödem izlenmedi. Hastaya acil serviste IV hidrasyon, 10 mg diazepam, 2000 mg levetirasetam uygulandı. Takip ve tedavisinin devamı için nöroloji servise yatırışı yapıldı.

Results and Conclusion: Subaraknoid kanamanın farklı kliniklerle karşımıza çıkabileceğini her zaman aklımızda tutmalıyız. Özellikle bilinç değişikliği olan hayatında ilk nöbetini geçiren hastalarda intrakranyal görüntüleme almayı unutmamalıyız. Ve travma öyküsünü mutlaka sorgulamalıyız.

Keywords: Travma, Subaraknoid kanama, Epilepsi

Ref No: 8695

A Case Report on Neuroleptic Malignant Syndrome

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Introduction and Purpose: Neuroleptic malignant syndrome (NMS) is a life-threatening neurological emergency that has been observed to occur in some patients following the administration of anti-dopaminergic agents or the rapid withdrawal of dopaminergic medications. This is characterized by high fever, altered mental status, severe muscle rigidity, and signs of autonomic dysfunction. Leukocytosis and elevated serum creatine phosphokinase are also common laboratory findings.

Materials and Methods: Our case presents a 58-year-old male patient with a past medical history of hypertension, type 2 diabetes, atrial fibrillation, schizophrenia, and coronary artery disease. He was brought to the emergency department for confusion associated with fever, nausea, and vomiting that started 30 minutes before his arrival to the emergency room. On arrival at the emergency room, his vitals were as follows: Blood pressure (BP):114/60 mmHg, heart rate (HR):135 beats/min, respiratory rate (RR):18/min, temperature: 38.4°C, oxygen saturation:96% on room air. A physical examination revealed an unconscious man who demonstrated generalized rigidity, including all four extremities and neck. Glasgow coma Scale (GCS) was 8 (E1, V4, M3).

Results and Conclusion: Neuroleptic malignant syndrome is an uncommon but severe complication of neuroleptic medications. The mortality is 10–30%. Approximately 16% of cases of NMS develop within 24 hours after the initiation of antipsychotic therapy, 66% within the first week, and nearly all cases within 30 days. Neuroleptic malignant syndrome is a life-threatening iatrogenic medical emergency in which a high index of clinical suspicion is required for diagnosis and prompt treatment.

Keywords: neuroleptic malignant syndrome, emergency room, anti-dopaminergic agents

Ref No: 8706

Acute Appendicitis

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Introduction and Purpose: Appendicitis occurs due to luminal obstruction of the appendix, particularly with fecalith. Other rarer causes include lymphatic tissue, gallstones, tumors, and parasitic blockage. Luminal pressure increase leads to appendiceal vascular insufficiency, resulting in bacterial proliferation and inflammation. If the process is not controlled, perforation occurs. The signs and symptoms of acute appendicitis show a wide spectrum correlating with the pathophysiology and vary depending on the localization of the appendix. Typically, patients experience periumbilical or central abdominal pain that migrates to the right lower quadrant. Fever, loss of appetite, nausea, and vomiting are also common in patients.

Materials and Methods: A 25-year-old male patient presented with complaints of abdominal pain, nausea, fever, and loss of appetite. There were no known diseases in the patient's medical history. The patient's vital signs were normal except for a fever of 37.8 degrees Celsius. On physical examination, there was tenderness and rebound positivity in the right lower quadrant of the abdomen. Blood tests showed a white blood cell count of 14,000 with left shift. Ultrasound of the patient revealed appendicitis measuring 10mm.

Results and Conclusion: In young patients, when abdominal pain starts in the midline and moves to the right lower quadrant, it should be carefully considered. Symptoms such as fever, loss of appetite, and nausea in these patients should alert us to acute appendicitis. Acute appendicitis usually remains a clinical diagnosis, and there is no definitive test. Scoring systems like Alvarado and modified scores have been developed to assist in recognizing the disease.

Figure1



Keywords: Appendix, right lower quadrant, rebound

Ref No: 8733

shoulder dislocation

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Introduction and Purpose: Shoulder dislocation is one of the most frequently encountered cases in the emergency department. There are two types of shoulder dislocation, anterior and posterior. Anterior dislocations are the ones we encounter more frequently in the emergency department. In addition, shoulder dislocations can be traumatic and nontraumatic. It is important that shoulder dislocation is detected quickly in the emergency department. Neurovascular examination should be performed carefully, especially in terms of vascular and nerve damage secondary to dislocation.

Materials and Methods: A 36-year-old female patient with a known diagnosis of epilepsy was admitted to the emergency department with the complaint of pain in both shoulders after a seizure. When the patient's anamnesis was deepened, it was learned that the right shoulder had been dislocated 4-5 times after a seizure before. The patient's vital signs were stable on arrival. According to the anamnesis taken from his relatives and himself, it was learned that his seizures were similar to his previous seizures, but this time his contraction was more, and there was no trauma. On physical examination, the neurologic examination of the patient who had survived the postictal period was normal. There was a sign of epaulette and severe tenderness with palpation in both shoulder heads. Neurovascular examination was normal. Other system examinations were normal. Routine blood tests were ordered in terms of seizures, ECG was performed, fingertip blood glucose was checked, urine tests were ordered, and chest and shoulder radiographs were ordered for the patient who had pain in both shoulders. Bilateral shoulder reduction was performed under sedoanesthesia. The patient was followed up for seizures and had no seizure during follow-up in the emergency department. Bilateral velpau bandage was applied and the patient was discharged with the recommendation of orthopedics and neurology polyclinic control.

Results and Conclusion: Although shoulder dislocation is one of the most frequently encountered cases in the emergency department, bilateral shoulder dislocation is a rare condition. Especially in patients with a history of recurrent shoulder dislocation, it should be kept in mind that shoulder dislocation may occur again due to low-energy trauma or sudden movements. Seizures should be considered as trauma in patients with epilepsy and shoulder dislocations are common in these patients.

Keywords: Shoulder dislocation, epilepsy, trauma

Ref No: 8745

A case about biphasic phase of anaphylaxis to amoxicillin

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Introduction and Purpose: Anaphylaxis is a condition that begins when the person encounters the antigen to which he or she is sensitive, and occurs through various mediators, most commonly histamine. It may cause symptoms such as clinical skin and mucosa rashes and it may also be fatal (1). Typically, symptoms begin within 1/2 of exposure and resolve with treatment within a few hours. 20% patients develop symptoms again within 72 hours (often first 8 hours); This is called biphasic phase (2). Rehistaminergic mechanisms are held responsible for biphasic phase anaphylaxis (3). We wanted to present our case of a biphasic reaction to the active ingredient amoxicillin, which is frequently preferred by emergency physicians especially in our country, to draw attention to biphasic reactions.

Materials and Methods: A 32-year-old male patient applied with his complaints that started after using 1000mg amoxicillin prescribed to him for a respiratory tract infection. The patient's complaints were dyspnea and rashes. The patient had anxiety and urticaria. The patient, who was observed to have uvula edema during a quick examination. Patient's pulse was 118 (ECG: Sinus tachycardia). Blood tests were quickly taken to the patient. 0.5mg adrenaline was administered subcutaneously and a bolus of pheniramine, dexamethasone, methylprednisolone was given. The treatment was supported by adrenaline infusion to the patient whose urticaria disappeared but uvula edema did not subside. The patient was observed after the uvula edema resolved. Approximately the 7th hour of the observation, when the patient stated that he had shortness of breath again, it was observed that the uvula edema recurred during the control examination. After retreatment, the patient felt relieved within 30 minutes. The patient was discharged with outpatient clinic check-up recommended.

Results and Conclusion: In our country's emergency departments, the possibility of biphasic reactions in allergy/anaphylaxis patients is often ignored due to reasons such as the excessive workload of physicians and the high number of patients. Patients are usually discharged when their symptoms at first admission subside. However, life-threatening biphasic reactions develop in 20% of patients. For this reason, it is important to keep patients under observation for at least 8 hours.

Keywords: Anaphylaxis, Allergy, Biphasic stage

Ref No: 8766

THE DEADLY CAUSE OF BREATHLESSNESS: ACUTE MASSIVE EMBOLISM

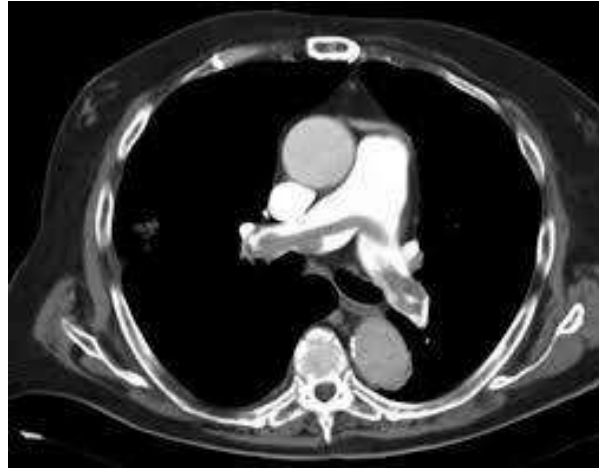
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Introduction and Purpose: CASE: 67-year-old male patient with a history of hypertension, diabetes mellitus, two previous angioplasties and one stent was not taking his medication regularly. The patient presented with sudden onset of dyspnoea at night. Upon examination of the system, it was discovered that the patient had been admitted to the hospital three days prior. Upon questioning, it was learned that the patient had presented with nosebleed three days prior. The patient's general condition was moderate, with a saturation of 82%, a pulse rate of 113, an arterial blood pressure of 99/56 mmHg, and a temperature of 36.3°C. A physical examination revealed decreased bilateral lung sounds. An electrocardiogram (ECG) showed sinus tachycardia, and hypoxaemia was present in the blood. The D-dimer value was 12,310, and acute massive embolism was observed on imaging (Figure 1). The patient was referred to the department of chest diseases for further assessment and treatment.

Materials and Methods: Thoracic tomography

Figure 1: The thoracic tomography revealed an appearance compatible with a massive embolism in both pulmonary arteries.



Results and Conclusion: In patients presenting with hypoxia and hypotension and a PERC score that cannot be excluded as the cause of sinus tachycardia, an embolism should be considered in the absence of sudden-onset dyspnoea and accompanying symptoms, provided that they are in the intermediate high-risk group according to the Wells score.

Keywords: EMBOLISM

Ref No: 8779

A case of methanol poisoning

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Introduction and Purpose: Methanol intoxication is associated with high mortality worldwide. The toxic effects of methanol occur 12–24 hours after initial exposure due to its rapid absorption, metabolism, and wide volume of distribution. Once methanol is absorbed, its toxicity can result in symptoms such as fatigue, nausea, and mild inhibition of the central nervous system (CNS), similar to ethanol intoxication. Methanol is mostly eliminated by hepatic metabolism to formic acid or formate, and only 2–5% is excreted by the kidneys. Accumulation of formic acid induces severe symptoms such as metabolic acidosis, blindness, coma, and CNS diseases, which can lead to death.

Materials and Methods: A 50-year-old male patient applied to our emergency department with complaints of shortness of breath. In the physical examination of the patient, whose vital values were SpO₂: 94, TA: 113/74, Fever: 35.4, Pulse: 84, Respiratory Rate: 18; Glasgow Coma Score is 15, neurological examination is normal, pupils are normal, respiratory and circulatory examination are normal. No pathology was detected in the chest x-ray taken at the first admission. Metabolic acidosis was observed in the blood gas of the patient, who did not improve despite symptomatic treatment and developed tachypnea and visual impairment during follow-up (pH: 6.8). As a result of the MRI and CT images taken in the red area of the patient, it was observed that there was acute diffusion restriction. The patient, whose oxygen saturation decreased and became cyanotic, was intubated and transferred to the intensive care unit.

Results and Conclusion: Methanol is usually rapidly absorbed after ingestion and metabolized by alcohol dehydrogenase. Clinical manifestations of methanol poisoning (MP) alone initiate within 0.5–4 hours after ingestion and include gastrointestinal symptoms and CNS suppression. After a latent period of 6–24 h, depending on the absorbed dose, decompensated metabolic acidosis occurs with blurred vision and early or late blindness. The mortality and severity of intoxication are well associated with the severity of CNS depression, hyperglycemia, and metabolic acidosis. After initial resuscitation, the most important therapeutic action for patients with known or suspected MP is correction of acidosis, inhibition of ADH, and hemodialysis.

Keywords: Methanol, Poisoning, Blindness

Ref No: 8791

Trauma or amphetamine?: perforation

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Introduction and Purpose: Gastrointestinal tract perforation can occur due to various reasons. Surgery remains the mainstay of treatment for gastrointestinal tract perforation. Nowadays, endoscopic and laparoscopic adjunct methods are increasingly being used in the treatment phase instead of conventional laparotomy. Given the variety of treatment options and the necessity of urgent decision-making, the fundamental question to be answered on imaging is to identify the location and cause of the perforation.

Materials and Methods: A patient with a history of substance use who underwent a high-energy MVA the day before presented to the emergency department today complaining of nausea, vomiting, and abdominal pain. A PAN-CT scan performed the day before was normal, and the patient was discharged without significant hemoglobin drop. The patient has had no bowel movements for 3days. There is no known medical history or regular medication use. Surgical history includes kidney transplant donation and the placement of naloxone. Substance abuse is a habit. Vital signs on admission;BP:130/70mmHg,HR:140,temperature:36.8°C,O2 saturation:96%,fingerstick blood glucose:109 mg/dL. Physical examination reveals a surgical scar on the abdomen, diffuse abdominal tenderness (rigidity), no distention, negative bilateral costo-vertebral angle tenderness, normal bilateral breath sounds, and unremarkable neurological findings. Abdominal examination of the patient with acute abdomen warrants a CT scan. The imaging reveals findings consistent with ileus in the small bowel loops, including a 5-centimeter air-fluid level consistent with ileus; suspected irregularities in the wall of the small bowel loops at the level of the umbilicus with neighboring millimetric air images; widespread free air and fluid images in the abdomen, suggestive of perforation. The patient, whose imaging is consistent with perforation, is consulted to the general surgery department and taken to surgery by the general surgery team. A screening test performed on the patient's previous day's tests revealed amphetamine levels above the threshold.

Results and Conclusion: Although trauma is considered to be the primary cause of the perforation in our case, the presence of accompanying ileus suggests that amphetamine may be the primary cause of the perforation. There have been three reported cases in the literature of amphetamine-induced ileus. The mechanism of the relationship between amphetamine and ileus has not been fully elucidated.

Keywords: Amphetamine, Ileus, Perforation

Ref No: 8802

TRAUMATIC DIAPHRAGM RUPTURE

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Introduction and Purpose: Diaphragm rupture may occur with severe blunt trauma or penetrating trauma to the abdomen or thorax. It is seen in approximately 0.8-5% of thoracoabdominal traumas and 30% presents late. Post-traumatic abdominal pain and hemodynamic instability, respiratory distress, tension pneumothorax, hemothorax, In symptoms such as melena, suspicion, taking into account the mechanism of trauma, plays a key role in making a correct diagnosis.

Materials and Methods: A 52-year-old male patient was admitted to the emergency room after a gunshot wound. The patient had a 4x4 cm bullet entry hole between the 8th and 10th ribs of the left mid-axillary (FIGURE 1). The patient's vital signs were BP: 100/60 mmHg. Pulse: 140/minute SaO₂: 80. The patient was intubated and the wound area was surrounded on three sides. There was ventilation on auscultation of both lungs of the patient. There was no tension pneumothorax. When a sterile aspiration catheter was inserted into the patient's wound examination, it was observed that it had moved into the abdomen. The patient was taken to the operating room for emergency thoracotomy. The patient had diaphragm, liver and lung injuries. The patient was taken to intensive care after the operating room. He died in intensive care.

PATIENT WITH FIREARM WOUND



The bullet entered the patient's lung, pierced the diaphragm and injured the liver.

Results and Conclusion: Although our patient had diaphragm rupture, pneumothorax and hemothorax, lung sounds were normal in the early period. Even if the examination is normal, patients who are thought to be injured in both the abdomen and thorax should be taken to the operating room immediately and no time should be wasted with imaging.

Keywords: traumatic diaphragm rupture, gunshot wound, thoracotomy

Ref No: 8805

A concealed diagnosis in brain CT imaging: chronic subdural hematoma and the significance of MRI utilization

Fatih Cemal Tekin¹, Emrullah Kabinkara²

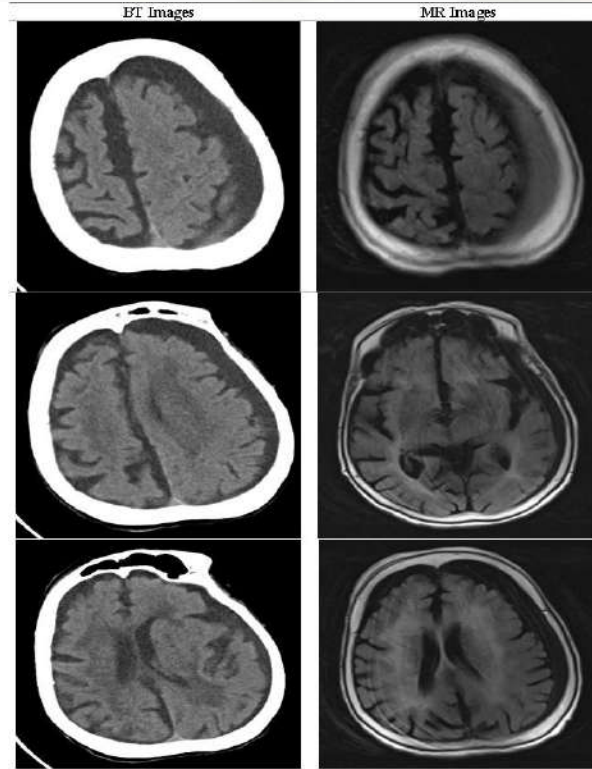
¹Konya City Hospital, Department of Emergency Medicine

²Eregli State Hospital, Department of Emergency Medicine

Introduction and Purpose: Subdural hematoma (SDH) is usually caused by rupture of the bridge veins between the dural sinuses and the superficial veins of the brain. It is classified as acute (<1-2days), subacute (3–14days), and chronic (>15days) according to the duration of hematoma formation after trauma. In this case report, we aimed to draw attention to the importance of caution in the evaluation of brain imaging in elderly patients presenting with atypical complaints, especially those who do not have a history of trauma in the first place.

Materials and Methods: 80-year-old female, agitated patient with limited cooperation due to dementia was admitted with complaints of weakness. No trauma was initially described, but when the anamnesis was deepened upon observation of ecchymosis on the face, it was learned that the patient had recurrent falls. The brain CT (Figure-1) of the patient showed no shift but an asymmetric appearance and a large subdural space on the left side with hypoechoic density. On MRI (Figure-1), there was a slight difference in density from normal in the momentary area. The case was consulted with neurosurgery, and a diagnosis of chronic SDH (C-SDH) was made. Since the patient was elderly and had no neurologic deficit, he was closely followed up with conservative treatment.

Figure 1 Brain CT and MR Images



Results and Conclusion: Acute SDH may resolve by resorption or become chronic with membranous encapsulation, the formation of the outer and inner membranes, and the development of hygroma. It should be kept in mind that in susceptible patients with cerebral atrophy or other risk factors in aging patients, as seen in our case, minor or neglected head trauma may be a more frequent cause of C-SDH. In elderly patients presenting to the emergency department, the history of trauma should be meticulously examined, and clues should not be overlooked. The fact that C-SDH can be seen as isodense on brain CT, as in our case, may cause SDH, especially those <3mm, to be missed. Although CT is the first imaging test in terms of hemorrhages, it is known that MRI is as sensitive as CT in diagnosis. Further studies and algorithms are needed for the use of MRI in the diagnosis of suspected C-SDH.

Keywords: Diagnostic Imaging, Subdural Hematoma, Chronic

Ref No: 8838

Cystic fracture

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¹atatürk university

Introduction and Purpose: In conditions that weaken the primary structure of bone, such as metabolic diseases, malignancies, or metastases, fractures resulting from minor traumas that do not cause any pathology in normal bone are referred to as pathological fractures.

Materials and Methods: An 18-year-old male patient presented to the emergency department with complaints of sudden, excruciating pain in his right foot while walking. The patient has no known medical history. Examination revealed severe pain in the right knee area of the foot. The patient underwent X-ray and computed tomography scans, which showed a fracture at the distal end of the right femur. The patient was referred to orthopedics. It was determined that there was a cyst in the current area of the patient, and the pathological fracture was associated with the cyst.

Figure 1



Figure 2

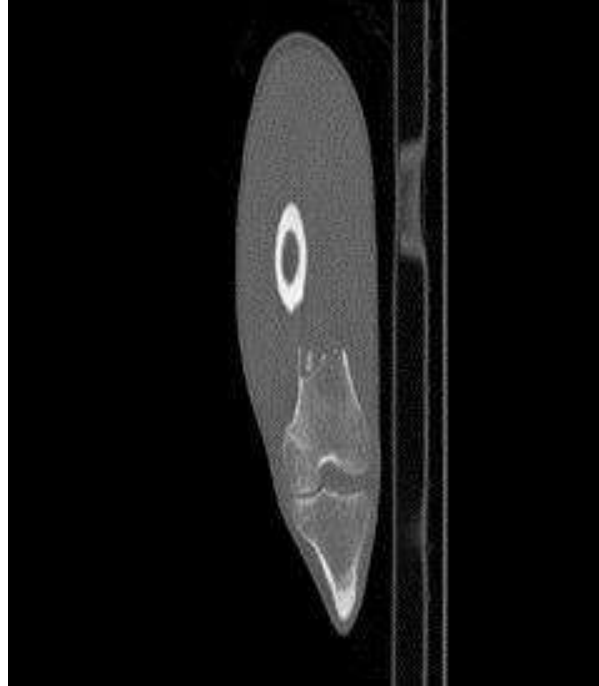


Figure 3



Results and Conclusion: Some fractures can occur without trauma. In our case, a fracture associated with a bone cyst occurred without any trauma. Pathological fractures should also be considered to prevent them from being missed.

Keywords: : bone cyst, pathological fracture, non-traumatic fracture

Ref No: 8881

Tuberculous Meningitis

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Introduction and Purpose: Tuberculous meningitis (TBM) is a serious public health problem in developed and developing countries. . Its clinical spectrum is quite broad. Examples include chronic headache and mild changes in consciousness to severe meningitis that can lead to coma.

Materials and Methods: A 26-year-old female patient is admitted to the emergency department with complaints of dizziness, weakness and loss of appetite. The patient had no known comorbidities and her vital signs were within normal limits. Physical examination of the patient revealed a fever of 37.8 and no other acute pathologic findings. The patient's ECG is taken and piracetam and dimenhydrinate treatment and hydration treatment are given for dizziness. The patient's ECG is normal sinus rhythm and there is no regression in the symptoms after the treatment given. The patient's hemogram, biochemistry, troponin, blood gas, blood samples are taken and the treatment is repeated. Since the patient's symptoms still did not regress after the treatment given and there was no pathology to explain his symptoms except WBC:12530 in his blood, non-contrast brain tomography and diffusion magnetic resonance imaging were requested. The patient was consulted to neurology and otorhinolaryngology clinics for dizziness as no significant acute pathologic finding was found in the imaging studies. As a result of the consultations, the patient was discharged for neurologic and otorhinolaryngologic emergencies. After the patient's symptoms did not regress, the patient was consulted to infectious diseases for lumbar puncture and cerebral infections. The lumbar puncture revealed that the patient had tuberculous meningitis and the patient was hospitalized in infectious diseases for further treatment.

Results and Conclusion: Tuberculosis is still a serious public health problem in developing countries. One of the most devastating forms of tuberculosis is tuberculous meningitis, and it is of vital importance for the patient to be considered in resistant and treatment-refractory dizziness.

Keywords: Tuberculous Meningitis, Dizziness

Ref No: 8883

A Rare Case of Epiglottitis

MEHMET SOYUGÜZEL², AYSUN SOYUGÜZEL¹

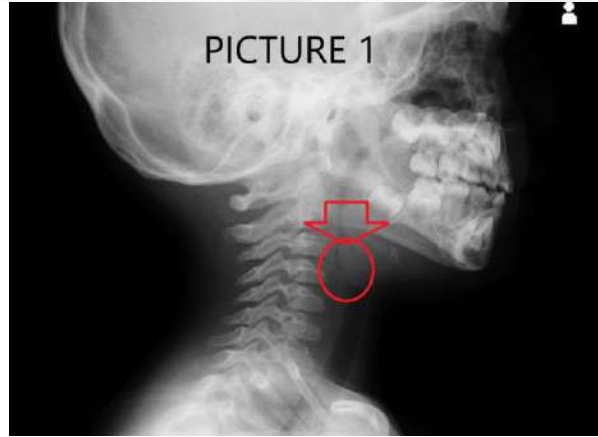
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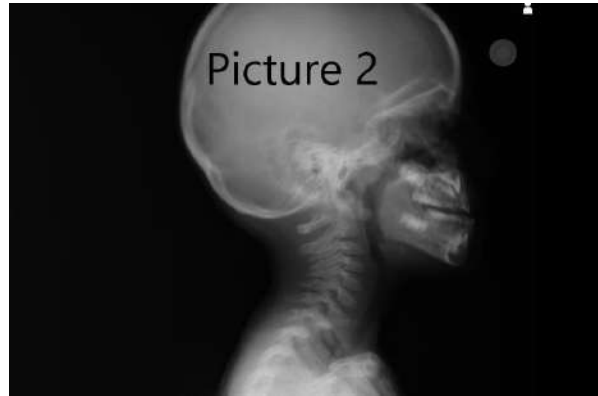
Introduction and Purpose: It is an inflammation of the epiglottitis caused by aemaphilus influenza type B. Characteristically, sore throat, fever, stridor, decreased speaking voice (not hoarse as in laryngitis), inability to swallow saliva, and drooling from the mouth are observed. Typically, the child looks exhausted, sitting leaning forward with his tongue sticking out. Since it is a very stressful situation for the child and stress-related agitation will worsen the situation, our priorities should be not to take any action, to ensure that the environment is quiet and calm, and to calm the child. Thumb sign is seen on lateral radiograph.IV Cephalosporin should be the first choice in treatment. Reducing obstruction with steroids should be attempted. Frequently intubating children under the age of 6 is a safer option, as their compliance with treatment will decrease.

Materials and Methods: 3-year-old male patient applied to the emergency department with his family. He had intermittent fever, shortness of breath and barking cough for 1 week. Today, when he slept at night, he started to drool and his chest muscles tightened. The patient has been using inhaled steroids, 3rd generation antibiotics, inhaled salbutamol and inhaled budesonide for five days. The patient's vital signs are BP: 100/60 mmHg. Pulse:140/minute SaO2:90 Fever: It was determined as 38°C. The patient had stridor, general condition was poor, and air hunger was present. There were intercostal recessions. On throat examination, there was no uvula edema, the throat was hyperemic. The thumb sign was seen in the lateral cervical radiograph (Figure 1) Third generation antibiotics, oral, iv and inhaled steroids were started. On the 3rd day of hospitalization, the patient felt symptomatic relief, his stridor receded, and a control radiograph was requested (Figure 2). He was discharged on the 5th day of hospitalization with oral antibiotic therapy.

THUMB SIGN



Thumb Sign. The area marked with an arrow is the epiglottitis, which has narrowed the airway
epiglottitis after treatment.



Normal state of the epiglottitis after treatment. Airway patency is complete.

Results and Conclusion: In our case, since epiglottitis is a very rare diagnosis, even throat examination is contraindicated. Since we could not make a diagnosis immediately, a throat examination was performed. Such patients should never be made to cry. A tracheostomy set and an ear, nose and throat specialist should be consulted. One must be ready to open a tracheostomy at any time.

Keywords: Epiglottitis, child emergency, thumb sign

Ref No: 8889

osborn wave hypothermia

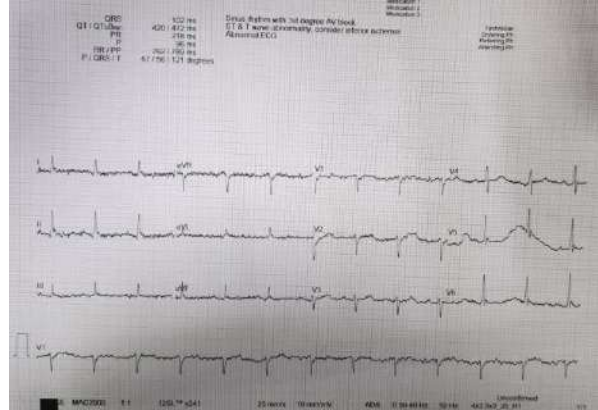
Dicle Bulak¹, Bahri Oğulcan Tabak¹, Büşra Bildik¹, Şeref Emre Atış¹

¹karabük üniversitesi tıp fakültesi acil tıp anabilim dalı

Introduction and Purpose: Hypothermia is defined as a drop in body temperature below 35°C. Due to the increased frequency of arrhythmias in hypothermia patients, electrocardiography (ECG) should be performed. Cold temperatures can prolong QT intervals by slowing impulse conduction along potassium channels. A high J point that can produce an Osborn or J wave may also be observed. This wave is most commonly seen in precordial derivations, and its amplitude is proportional to the severity of hypothermia. Osborn waves are most commonly seen in hypothermia. Here, we present a case of hypothermia diagnosed based on the detection of Osborn waves in a patient brought to the emergency department, aiming to highlight the importance of electrocardiography in hypothermia.

Materials and Methods: An 80-year-old male patient was brought to the emergency department due to altered mental status. According to information obtained from the emergency medical services, the patient, who was found alone in a wooded area and had a diagnosis of Alzheimer's disease, had a blood pressure of 100/70, pulse rate of 90, O2 saturation of 97, and blood sugar of 100 upon arrival. An ECG of the patient revealed Osborn waves in the V5-V6 derivations, leading to suspicion of hypothermia. As the body temperature was too low to be measured with an external thermometer, hypothermia treatment was initiated. Simultaneous physical examination revealed a Glasgow Coma Scale (GCS) of 12 and muscle strength of 5/5 in all extremities. Other system examinations were unremarkable. No pathology was detected in bedside ultrasound. Due to suspicion of trauma, inability to obtain a clear history from the patient, and a GCS of 12, acute pathology was not detected on the Brain CT scan. With normal laboratory parameters and imaging, the patient was admitted to the intensive care unit with a diagnosis of moderate hypothermia.

EKG



An ECG of the patient revealed Osborn waves in the V5-V6 derivations

Results and Conclusion: Electrocardiographic evaluation is crucial in the diagnosis of hypothermia, as in many other conditions. The combination of patient history and Osborn waves detected on ECG can assist emergency department physicians in diagnosis even in cases with unclear history. Recognition of these waves by emergency department physicians will also alert clinicians to be cautious regarding ventricular arrhythmias.

Keywords: Osborn waves, J waves, Hypothermia

Ref No: 8988

Approach to a Rare Clinical Condition: Malignancy or Phantom Tumor?

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Introduction and Purpose: Fantom tümörü konjestif kalp yetmezliği olan hastalarda interlobar fissürde lokalize transüdatif efüzyon birikimi ile karakterize bir pseudotümördür. Radyolojik olarak kitle görüntüsü oluşturmaları sebebiyle tanıda maligniteler ile karıştırılabilir. Bu olguda üçüncü basamak bir üniversite hastanesinin acil servisine nefes darlığı sebebiyle başvuran 62 yaşında bir kadın hastada saptanan Fantom tümörü sunulmaktadır.

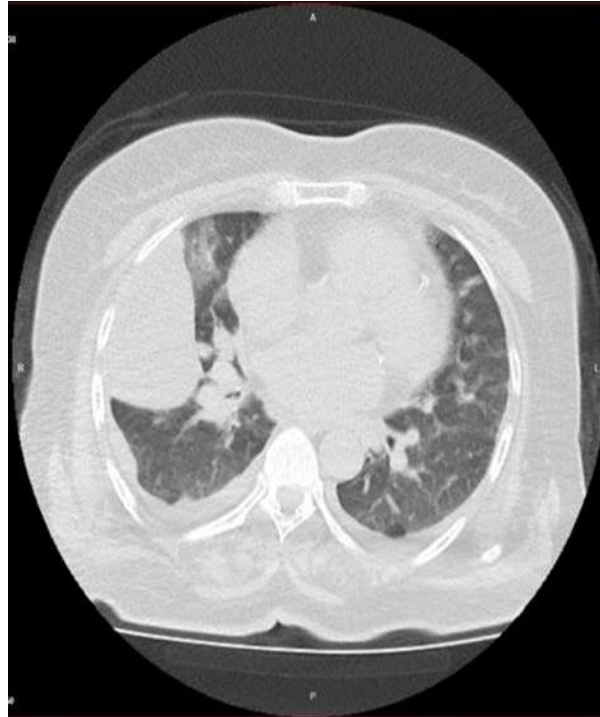
Materials and Methods: 62 yaşında bir kadın hasta nefes darlığı şikayeti ile üçüncü basamak bir üniversite hastanesinin acil servisine başvurdu. Hasta anamnezinde nefes darlığının yaklaşık 1 ay önce başladığı ve son günlerde ileri derecede artmıştı. Sigara kullanım öyküsü olmayan hastanın ilaç ile kontrol altında olan hipertansiyonu ve tip 2 diyabetes mellitusu mevcut olmasının yanında 1 ay önce miyokard infarktüsü geçirdiği öğrenildi. Fizik muayenede hastanın saturasyon değeri %92 (oda havasında) olarak ölçüldü. Sağ akciğer solunum seslerinde belirgin azalma tespit edilmesi dışında diğer vital bulgular stabildi. Laboratuvar tetkiklerinde herhangi bir patoloji tespit edilmedi. Çekilen akciğer grafisinde (postero-anterior) her iki sinüste küntleşme olup, sağ akciğer orta-alt zonda düzgün sınırlı kitle görünümü saptandı (Resim 1). Malignite ekartasyonu için kontrastlı bilgisayarlı tomografi (BT) çekimi planlandı. BT’de her iki akciğerde plevral efüzyon ile sağ akciğerde interlobar alanda ankiste (loküle) efüzyon olduğu görüldü (Resim 2a ve 2b). Hastada ön planda Fantom tümörü düşünülerek kardiyo-loji kliniğine konsülte edildi. Ejeksiyon fraksiyonu %30 olarak tespit edilen hasta kalp yetmezliği tedavisi için servise yatırıldı.

fantom tümörü



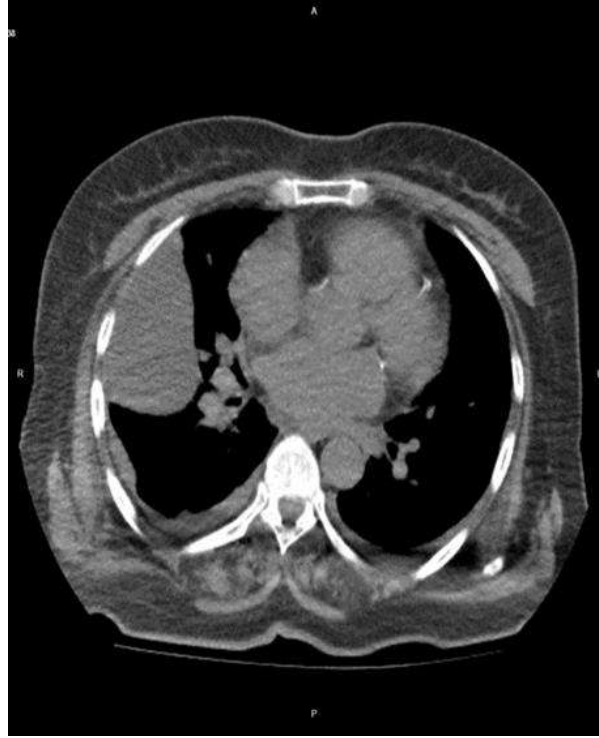
Resim1

Fantom tümörü



Resim2a

Fantom tümörü



Resim2b

Results and Conclusion: İlk olarak 1928 yılında tanımlanmış olan Fantom tümörü, Vanishing (buharlaşan) tümör olarak da bilinmektedir. Yaklaşık %75'i sağ minör fissürde gözlenir. Akciğer grafilerinde keskin sınırlı, yuvarlak ve homojen dansite artışı şeklinde görülür. Vakamızda da olduğu gibi bilinen kalp yetmezliği öyküsü olmayan ve nefes darlığı ile acil servis başvuran hastalarda, akciğer görüntülemelerinde tespit edilen kitle görünümünün henüz tanı almamış kalp yetmezliğine bağlı bir Fantom tümörü olabileceği akılda bulundurulmalıdır. Maligniteyi taklit edebilen bu antitede dikkatli bir fiziki muayene, görüntüleme yöntemleri incelemesi ve diürez tedavi ile hastalarda kısa sürede iyileşme sağlanabilmektedir.

Keywords: kalp yetmezliği, malignite, plevral efüzyon

Ref No: 9023

The Critical Importance of Trauma Investigation in Persistent Abdominal Pain: Abdominal Perforation as a Result of Domestic Violence

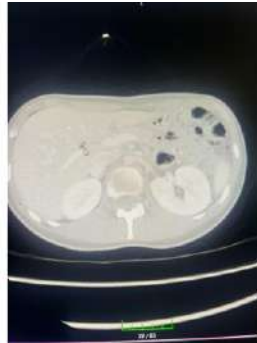
ASLI LEYLA TAHİROĞLU¹, ÖMER FARUK İŞLEYEN¹, İBRAHİM ÖZLÜ¹

¹The Critical Importance of Trauma Investigation in Persistent Abdominal Pain: Abdominal Perforation as a Result of Domestic Violence

Introduction and Purpose: Abdominal pain is a common symptom in emergency department visits and can be indicative of many different pathologies. Symptoms that are not initially obvious can mask serious underlying causes, especially when trauma history is not carefully questioned. This poster examines a 23-year-old female patient who fell from a height and developed abdominal perforation as a result of domestic violence.

Materials and Methods: A 23-year-old female patient applied to the emergency room with the complaint of persistent abdominal pain. In the first evaluation, no sign of a wooden abdomen was detected. However, the patient's pain complaints continued and when his history was deepened, it was learned that he had fallen from a height as a result of domestic violence. Detailed abdominal examinations performed in the light of this information revealed abdominal perforation

PERFORASYON



Results and Conclusion: A history of trauma is a critical assessment point, especially in patients with abdominal pain. Pain that is not evident at first and does not go away can be explained by taking a detailed history. Sensitive topics, such as domestic violence, can sometimes be hidden or ignored by the patient during the initial evaluation. This may lead to delays in the diagnosis and treatment of serious underlying injuries. This case highlights the importance of a history of trauma in patients with abdominal pain, especially in cases where the pain does not subside and is inconsistent with initial evaluation findings. Potential sources of trauma, such as domestic violence and falling from a height, need to be revealed by questioning the patient's history in

detail. For early and accurate diagnosis, a careful questioning and evaluation of trauma history is critical.

Keywords: Abdominal Pain, Trauma, Abdominal Perforation

Ref No: 9054

IS TOOTHACHE A CARDIAC SYMPTOM; ACUTE CORONARY SYNDROME

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¹Pamukkale University Emergency Departmen

Introduction and Purpose: Coronary arteries are the vessels that supply blood to the heart. Acute Coronary Syndrome is a term given to coronary artery disease associated with sudden plaque rupture within the coronary artery. There are three types: Unstable angina, Non-ST segment elevation myocardial infarction (NSTEMI), and ST segment elevation myocardial infarction (STEMI). The location of the blockage, the duration of blocked blood flow, and the extent of damage determine the type of acute coronary syndrome. These life-threatening conditions require urgent medical care. Delayed treatment significantly increases patient mortality rates.

Materials and Methods: A 54-year-old male patient presented to the emergency department with toothache that started one day ago. GCS: 15, vital signs were normal, no pathological findings were detected on physical examination. He has no known comorbidities. The patient reports that his pain started last night and radiated from his tooth to his neck. Since the patient did not describe active chest pain and had no additional complaints, and due to the inability to fully describe the pain and the absence of pathology on active intraoral examination, he underwent ECG and troponin monitoring. The patient's initial troponin level was 143, and upon reaching 246 in the first hour, cardiology consultation was requested. Following a normal echocardiogram performed by cardiology, the patient was admitted to the cardiology service for evaluation of acute coronary syndrome and angiography.

Results and Conclusion: Acute coronary syndrome, despite significant advancements in treatment and care in recent years, remains one of the most important health issues in society. It is crucial for all clinicians to know that early diagnosis and effective treatment can give patients a chance at life.

Keywords: Acute Coronary Syndrome

Ref No: 9169

Oh no, I drank alcohol, I don't see: Methanol poisoning

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¹Kütahya Sağlık Bilimleri Üniversitesi

Introduction and Purpose: Methanol , although commonly used in industrial settings, is predominantly seen in our country as a result of illegal bootleg alcohol consumption. Methanol, a colorless and odorless substance, is unfortunately difficult to differentiate from ethanol when ingested orally . Due to its low cost, it is preferred in the production of bootleg alcohol. Methanol poisoning is associated with high mortality, emphasizing the importance of early suspicion by emergency physicians. We aimed to present our patient diagnosed with methanol poisoning as a case study in order to refresh and update our knowledge on the management of methanol poisoning.

Materials and Methods: Case: A 21 year old male patient presented to our emergency department with complaints of blurred vision, and vomiting. He denied substance use. He reported drinking a bootleg alcohol beverage (50 cl of whiskey) two days prior. The patient appeared moderately toxic with pale skin, and hypotension was noted. Systemic examination is normal. Blood tests revealed significant metabolic acidosis with an increased anion gap and decreased bicarbonate levels. A forensic examination form has been completed for the patient. Suspected bootleg alcohol consumption history, visual problems, high anion gap metabolic acidosis in blood results, and negative blood ethanol levels led to suspicion of methanol poisoning in the patient. The patient has been placed under hemodynamic monitoring, IV fluid, bicarbonate, IV ethanol and hemodialysis.

Results and Conclusion: In the management of methanol intoxication in the emergency department, the following points should be promptly considered: 1. Secure the airway appropriately in severely intoxicated patients. 2. Treat hypotension with intravenous crystalloid. 3. For those with metabolic acidosis (blood pH <7.25, anion gap >24), administer 1 to 2 mEq/kg IV bicarbonate. 4. Alcohol dehydrogenase (ADH) inhibition: Use fomepizole or ethanol (if fomepizole is unavailable). 5. Hemodialysis enhances the elimination of primary alcohol and metabolites. It is indicated in cases of metabolic acidosis independent of toxic methanol concentration (pH <7.25, anion gap >24), serum methanol concentration >50 mg/dL, and visual disturbances. 6. Co-factor therapy: administer leucovorin 50 mg IV or folic acid 50 mg IV every six hours. Methanol poisoning is a serious and potentially fatal condition. Emergency physicians should be cautious in diagnosing methanol poisoning and knowledgeable in its treatment.

Keywords: methanol, poisoning. emergency medicine

Ref No: 9175

BE AWARE OF THE ETIOLOGIES OF CHEST PAIN, PRESENTING WITH SIMILAR SYMPTOMS

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²Pamukkale University Emergency Department

Introduction and Purpose: Acute chest pain is one of the most common reasons for admission to emergency departments [1-3]. Its etiology includes highly mortal pathologies, such as acute coronary syndrome (ACS) and aortic dissection. A normal d-dimer level reduces the likelihood of aortic dissection, but cannot rule it out [2]. However, a negative D-dimer level in combination with the ADD-RS (aortic dissection detection risk score) score of 1 or less can be useful in excluding cases, despite a failure rate of 0.3% [5]. Cardiac troponins could be detected in the patients' peripheral blood as a result of myocardial damage resulting in disruption of myocyte cell membrane integrity and myofibrils [5]. Elevated troponin levels are not specific to ACSs. These can also be seen in vascular conditions such as aortic dissections, especially in type A dissections, which include coronary arteries and commonly present in combination with AMI [1, 8].

Materials and Methods: An 82-year-old male patient presented to our ED with a complaint of chest pain. He declared that it was a tearing-burning sensation, starting from the middle of the upper half of the sternum. He has a history of angiography once. Left femoral pulse and bilateral dorsalis tibia were not palpable, there was no murmur in the aortic focus on cardiac auscultation. Vital signs are shown in Table-1. ECG is shown in Figure-1. Laboratory Findings are shown in Table-2. The angiothoracic computed tomography report was as follows Figure-2; "The diameter of the ascending aorta, aortic arch and its branches, descending thoracic aorta are normal. There is no stenosis, aneurysm or dissection in the arteries monitored. Diffuse calcific-noncalcific atherosclerotic plaques, some of which were ulcerated, are observed in the thoracicaorta."

Table 1

FIGURE-1
ECG signs are not acute.

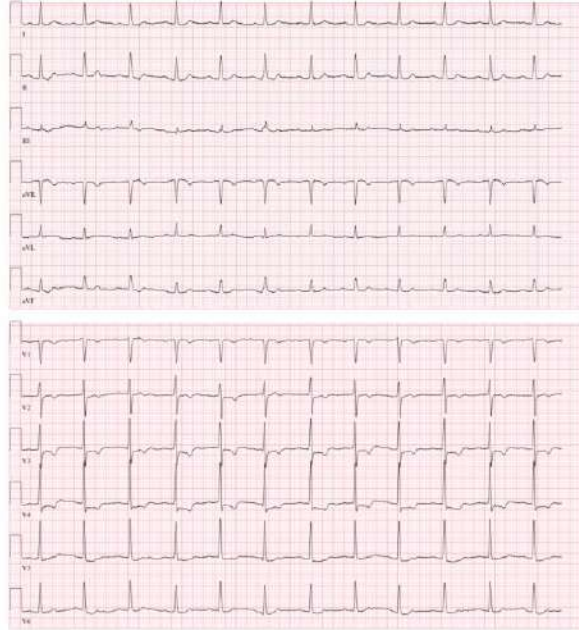


Table 1

Figure 1

TABLE-2 (Laboratory Findings)

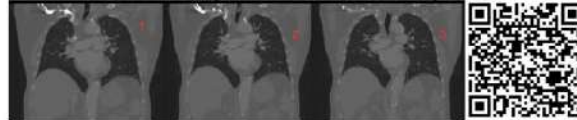
TIME	TROPONIN (ng/L)	CK-MB (ng/L)	CREATININ (mg/dl)	CRP (mg/dl)	D-DIMER (mg/L FEU)	HGB (g/dl)	HCT (%)
20.01.2024 21:00	21.1	2.68	1.01	5.06	0.84	14.0	42.0
20.01.2024 22:00	28.4	3.65	---	---	---	---	---
21.01.2024 00:05	63.5	7.78	---	---	---	---	---
21.01.2024 02:05	110	14.8	---	---	---	---	---

--- This test has not been studied.

Figure 1

Figure 2

FIGURE-2 (Angiothoracic Computed Tomography)



You can access all section from the QR code.

Figure 2

Figure 3

TABLE-1 (Vital Signs)

TIME	BLOOD PRESSURE (mmHg/mm)	ALCOHOL PRESSURE (mmHg/mm)	PULSE RATE (bpm)	RESPIRATORY RATE (bpm)	FINGERTIP OXYGEN SATURATION (%)	BODY TEMPERATURE (°C)
20.01.2024 20:05	122/100	105/55	83	20	95	36.1
20.01.2024 21:25	122/103	104/53	74	20	98	36.2
20.01.2024 23:15	109/50	107/51	65	15	95	36.1

Figure 3

Results and Conclusion: The patient which is presented in our case report was a male with multiple pulse deficits. Our preliminary diagnosis was aortic dissection, although the burning-type is not characteristic of the dissections. As a conclusion, taking a comprehensive history and physical examination are important, but their diagnostic accuracy is limited in acute chest pain [2, 5]. Atypical presentations are common and may lead to misdiagnosis [6]. Therefore, more care should be taken in the approach to acute chestpain.

Keywords: Chest Pain, Acute Coronary Syndrome, Aortic Dissection

Ref No: 9259

Not just fall from a horse

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Introduction and Purpose: Trauma is an important health problem that develops due to preventable causes. The gold standard method for the detection of intra-abdominal free fluid that develops as a result of blunt abdominal trauma is computed tomography examination; bedside focused ultrasonography is another alternative method that provides ease of diagnosis and monitoring.

Materials and Methods: A 16 years old male patient was admitted to us as a result of a fall from a horse. Contrast abdominal CT scan performed on the patient's alt:251 ast:255 showed liver laceration. The patient was admitted to the general surgery clinic for follow-up and treatment.

Results and Conclusion: The liver is the most commonly injured intra-abdominal organ in blunt abdominal trauma despite its well-preserved anatomical localisation. Blunt liver injuries can cause significant morbidity and mortality. Examination findings may vary according to the severity of the trauma. In most cases, surgical intervention is not considered in the foreground.

BT image



Keywords: liver lacerations

Ref No: 9264

I Would Rather Give Birth to A Stone Than You: Just An Idiom or A Real Phenomenon?

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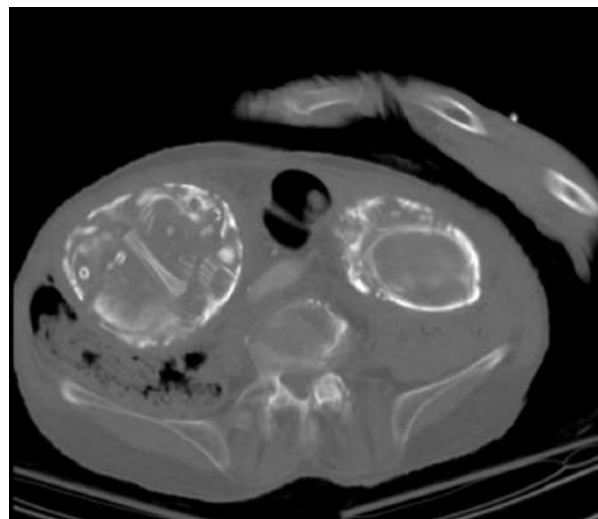
Introduction and Purpose: Calcified ectopic pregnancy, also known as lithopedion, is a rare condition where a fetus dies and becomes calcified in the abdomen of the mother. The incidence is reported to be 1.5% to 2% of all ectopic pregnancies and 0.0054% of all pregnancies. There are approximately 350 cases reported in the existing literature. It is often diagnosed incidentally on imaging examinations due to its poor symptomatic manifestations. This condition may be associated with chronic abdominal pain and discomfort, dyspepsia, and genitourinary symptoms. Here, we report a case of an elderly woman who presented to the emergency service with abdominal pain.

Materials and Methods: An 83-year-old woman presented to the emergency service with abdominal pain. It was told that she had abdominal pain for 2 days. She had a history of hypertension and Alzheimer's disease. Vital signs were as follows: Blood pressure: 134/82 mmHg, oxygen saturation 95% in room air, pulse rate 60 beats/min, body temperature: 36.5 °C. Physical examination revealed diffuse abdominal tenderness but no defence or rebound was found. No abnormal laboratory results were observed. In the pelvic X-ray, an area with a large mass-like ossification in the pelvic region was observed. Contrast-enhanced abdominal and pelvic tomography scan was performed. In the abdominal CT scan, intraabdominal ectopic pregnancy sequelae containing fetal bone structures and calcified fetuses with dimensions of 8.2x9 cm on the right, 7.1x10.4 cm on the left and approximately 4.9x5.6 cm in the midline right paramedian section in the right pelvic girdle were observed. The patient was consulted with general surgery department. Based on the patient's advanced age and mild symptomatic findings on questioning and clinical examination, it was decided to leave the calcified fetus in place. She was hospitalised for pain control and discharged 2 days later.

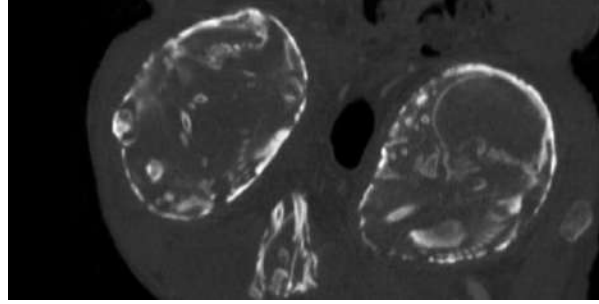
Calcified abdominal mass in abdominal x-ray



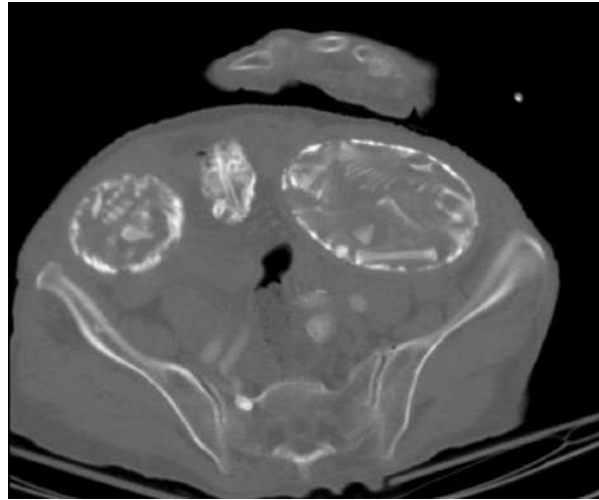
Calcified mass and fetal bones in abdominal CT



Fetal bones seen in a calcified mass



Fetal sequels of an ectopic pregnancy



Results and Conclusion: Lithopedion is a very rare cause of abdominal mass. This mass may remain asymptomatic in the mother's body for decades until it is discovered incidentally following imaging or surgery. Abdominal pain is a common symptom in patients with lithopedion. It can be managed conservatively or surgical excision, depending on the risk–benefit ratio. Surgery is the treatment of choice if not contraindicated.

Keywords: lithopedion, ectopic pregnancy, abdominal pain

Ref No: 9269

ACROMIOCLAVICULAR JOINT DISPLACEMENT

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¹ATATÜRK ÜNİVERSİTESİ ARAŞTIRMA HASTANESİ

Introduction and Purpose: The AC joint is a diarthrodial joint defined by the lateral process of the clavicle articulating with the acromion process as it projects anteriorly off the scapula. The joint is primarily stabilized by the acromioclavicular ligament. With direct force, normally a fall onto the tip of the shoulder, the joint can be injured and become painful and unstable. In some cases this pain and/or instability requires surgery. However, some cases can be followed without surgery.

Materials and Methods: A 31-year-old man comes to the emergency room with the complaint of falling from his own level onto his left arm. In the physical examination of the patient, there was tenderness in the left shoulder. The neurovascular examination was normal. The range of motion of the joint was painful but normal. The acromioclavicular CT of the shoulder taken after the joint X-ray (Figure -1) The patient, who was diagnosed with a joint dislocation (Figure - 2 and 3), was consulted to the orthopedic clinic after an arm-trunk bandage was applied. The patient was discharged with a prescription for arm-torso bandage, analgesia and outpatient clinic control.

FIGURE-1



FIGURE-2

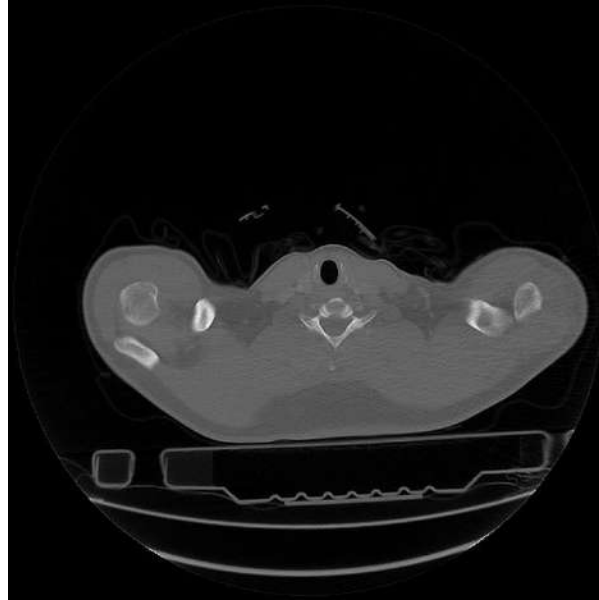
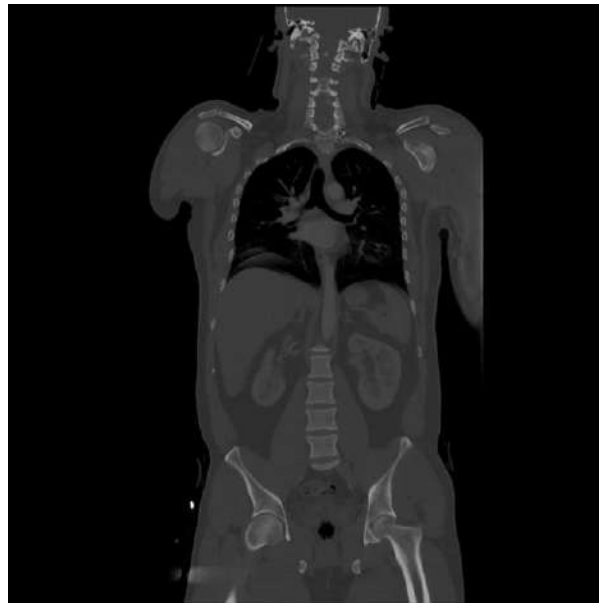


FIGURE-3



Results and Conclusion: Acute dislocation of the acromioclavicular joint is a common injury in athletes and characterized by painful impairment of shoulder function and elevation (“pseudo-elevation”) of the lateral clavicle. Persistent AC joint instabilities can result in persistent pain and functional impairment of the shoulder girdle. Accurate classification and correct choice of treatment requires radiographic assessment with vertical and horizontal weight-bearing radiographs. Rockwood type I to type II injuries can be treated conservatively. Rockwood type III to type VI injuries should be referred to a specialized orthopedic surgeon to review the indication for surgical treatment.

Keywords: Shoulder pain, AC dislocation, Acromioclavicular joint

Ref No: 9374

DO NOT BE LATE; CONSIDER PULMONARY EMBOLİSM

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Introduction and Purpose: Pulmonary embolism is a common and potentially lethal condition. Most patients who succumb to pulmonary embolism do so within the first few hours of the event. Despite diagnostic advances, delays in pulmonary embolism diagnosis are common. In patients with a pulmonary embolism, recurrent embolism and death can be prevented with prompt diagnosis and therapy. Unfortunately, the diagnosis is often missed because patients with pulmonary embolism present with nonspecific signs and symptoms. If left untreated, approximately %33 die from embolic episode.

Materials and Methods: A 60-year-old patient with known ovarian cancer and hypertension was admitted to the emergency department with complaints of shortness of breath, pain in the right leg and palpitations for 3-4 days. She was conscious, oriented and cooperative with a Glasgow coma score of 15. On initial presentation, vital signs were blood pressure arterial 155/88 mmHg, pulse rate 102 beats per minute, respiratory rate 18 breaths per minute and fingertip oxygen saturation 97% in room air. On physical examination, there was minimal increase in the diameter of the right leg and no increase in temperature. External physical examination was normal. High risk was calculated from Wells scoring and imaging was planned. Computed tomography imaging showed a filling defect consistent with embolism extending from the bifurcation level to both main pulmonary arteries and all segmental branches. The patient was consulted to the chest diseases department and hospitalized in the ward for follow-up and treatment.

Results and Conclusion: Pulmonary embolism is a difficult disease to diagnose but has a high mortality rate. The Wells score of the patient was classified as high clinical probability. In case of high clinical probability, imaging of the patient should be planned immediately and the relevant specialty should be consulted. Especially in patients with malignancy, pulmonary embolism should always be included in our differential diagnosis along with related symptoms.

Keywords: Pulmonary embolism

Ref No: 9404

Isolated medial subtalar joint dislocation during sports activities

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Introduction and Purpose: In sports such as football and basketball, ankles injuries are quite common due to the continuous sprinting and jumping involved. Furthermore, in the case of a high energy trauma, a subtalar joint dislocation can occur, which consists of the displacement of two joints, namely, the talocalcaneal and the talonavicular. This rare condition represents <1%–2% of all large joint dislocations and approximately 15% of all talar injuries.

Materials and Methods: A 18-year-old male presented to the emergency department with injury of the right ankle. The patient complained of severe pain and deformity of ankle following the injury. He described that he jumped and fell, and his right foot plantar was flexed and inverted while playing soccer half an hour ago. The patient was unable to stand or walk with the injured foot. There was no history of ankle sprains or ligament laxity. Despite his condition, he was hemodynamically stable, with no neurovascular deficits. Clinical examination detected a deformation of his right foot the right foot medially displaced, the talar-head was prominent dorsolaterally, and the skin stretched over the protrusion of talus without any wound. The head of the talus was palpable at the dorsolateral aspect of his ankle below the lateral malleolus. Swelling and bruising were present. Any attempt at correcting the plantarflexed position increased the pain. Dorsalis pedis pulse and posterior tibial pulse were palpable, but the sensation to light touch were poor. Treatment involved pain management with morphine, successful closed reduction under ketamine sedation, and immobilization. Follow-up radiographs revealed no fractures but indicated soft tissue edema.

Results and Conclusion: Based on the currently available scientific literature as appraised in the present study, conservative treatment is the first choice for isolated medial subtalar dislocation occurring during sports activities. In conclusion, for the treatment of closed subtalar dislocation, urgent closed manual reduction should be performed as soon as possible to reduce the occurrence of early or late complications, and the successful rate of manual reduction is high.

Keywords: Subtalar, Dislocation, Isolated

Ref No: 9406

It Is Not Over Until I Say “It Is Over”, or Is It? A Ventricular Assist Device Story

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Introduction and Purpose: Ventricular assist devices (VADs) are implanted in patients with end-stage heart failure in whom medical therapy is inadequate for permanent or lifelong support until heart transplantation. Due to the increasing use of these devices, it is important to manage complications that may develop in patients with VAD and conditions requiring advanced cardiac life support.

Materials and Methods: A 56-year-old male patient arrived at the emergency department following a VAD malfunction warning and subsequent syncope. According to the information obtained from the patient's relatives, a low-flow signal developed in the device that the patient had been using for 3 years, followed by a period of unresponsiveness lasting approximately 5 minutes. The patient had a diagnosis of heart failure for approximately 20 years, had been using a left ventricular assist device (LVAD) for 3 years and was waiting for a heart transplant. On examination, he displayed limited orientation and cooperation, a Glasgow Coma Score of 13, bibasilar rales, tachypnea, cold and marble-like skin with prolonged capillary filling time, and +2 bilateral pretibial edema. Blood pressure could not be measured and other vital signs were as follows; pulse rate: 110 beats/min, oxygen saturation: 95% in room air, respiratory rate: 33/min. Laboratory findings showed elevated INR and creatinine levels, with arterial blood gas indicating respiratory alkalosis. Cardiovascular surgery was consulted due to the VAD malfunction signal, confirming low-flow with Doppler blood pressure. 0.9% saline infusion was started for the treatment of hypovolemia, which was one of the causes of device malfunction. Due to worsening consciousness and increasing skin perfusion disorder, inotropic drug treatment was initiated. As the patient's condition deteriorated, orotracheal intubation and mechanical ventilation support were performed. Plans were made to transfer the patient to the implant center; however, he developed asystole, with no detectable blood pressure or pulse on Doppler. The surgical team at the implant center was contacted again, and a multidisciplinary approach was taken to declare the patient deceased.

Results and Conclusion: Decreased pump preload, increased pump afterload and pump-related failures are the main causes of hypotension in patients with VADs. Emergency physicians must be proficient in managing patients with VADs.

Keywords: Heart failure, Ventricular assist device

Ref No: 9428

A Case of Pulmonary Embolism

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Introduction and Purpose: Pulmonary embolism occurs when coagulated blood enters the pulmonary arterial circulation. Pulmonary embolism is the second most common cause of sudden, unexpected, non-traumatic death in outpatients.

Materials and Methods: A 77-year-old male patient was admitted with the complaint of shortness of breath. The patient had a Glasgow Coma Score of 15. At the first presentation, vital signs were blood pressure 171/85 mmHg, pulse rate 116 beats per minute, respiratory rate 28 breaths per minute, temperature 37.1 degrees Celsius, and oxygen saturation 86% measured by fingertip. On physical examination, bilateral respiratory sounds were decreased on lung auscultation, and there was swelling and redness in the right leg. There were no pathologic findings on external physical examination. Point-of-care ultrasound was performed in the emergency department for the swelling and redness in the right leg. Thrombus was seen in the right popliteal vein. Thoracic CT angiography imaging was performed in the patient who was at high risk for pulmonary embolism. On imaging, filling defects compatible with embolism were observed in both pulmonary arteries, lobar and segmental branches. The patient was consulted to the department of pulmonary diseases and hospitalization was given by the relevant department.

Results and Conclusion: Suspecting the possibility of venous thromboembolism in a patient before testing for it is the first step in the diagnostic pathway. In most cases, pulmonary embolism should be suspected in patients with dyspnea, chest pain, presyncope or syncope, or hemoptysis. No diagnostic test or algorithm alone can perfectly exclude or diagnose venous thromboembolism. Use recommended, validated diagnostic algorithms for pulmonary embolism, including standardized, pre-tested clinical probability assessment and D-dimer testing. This helps avoid unnecessary, expensive and potentially harmful imaging tests and radiation exposure. The agents of choice for treatment include heparin, parenteral or new oral anticoagulants, vitamin K antagonists, thrombolytics, surgical or percutaneous catheter embolectomy. Early mortality risk calculated by Pulmonary embolism severity index (PESI) and other criteria should be taken into account when determining the treatment strategy. Patients classified as low, intermediate and high risk should be treated accordingly.

Keywords: pulmonary embolism, emergency, dyspnea

Ref No: 9522

CAN THE CHEST PAIN THAT REFERS TO THE EMERGENCY DEPARTMENT BE WELLENS SYNDROME?

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Introduction and Purpose: Wellens syndrome is a cardiac disease that is highly specific for critical, proximal stenosis of the left anterior descending (LAD) coronary artery, and is generally divided into 2 groups, specially the change of deep inverted T waves or biphasic T waves in leads V2-V3. Alternatively, it is known as anterior, descending T wave syndrome. Patients with Wellens syndrome often show symptoms consistent with acute coronary syndrome. Typical complaints include chest pain described as squeezing or pressure-like, often occurring with physical activity and relieved by rest. Our aim in this case report was to draw attention to ECG changes due to Wellens syndrome without ST elevation or depression, especially in patients presenting to the emergency department.

Materials and Methods: A 58-year-old female patient presents with chest pain that has been going on for 3-4 days and has been increasing for the last 3 hours (pressure-like pain radiating to the front of the chest). There is no known additional disease in her medical history other than hypertension. She applied to the emergency room again for bronchitis and chest pain 3 days ago and was prescribed LRTI. He leaves the emergency room with his vital signs: Temperature: 36.6, Pulse: 103, TA: 110 / 80 spO2: 99, left count: 22. According to the FM, his Neurological examination is normal, he is conscious, oriented and cooperative, GCS is 15, SS is normal, Abdominal examination was normal and urological examination was normal. WBC: 8.788 K/ul NEU: 3.67 K/ul in the blood taken. Creatinine 0.69 mg / dL urea: 85 mg / dL CRP: 1.77 mg / L Troponin: < 10. ECG of the patient. Biphasic T waves were seen in his chest and he was consulted to cardiology and admitted to the coronary intensive care unit with the preliminary diagnosis of Wellen syndrome.

Results and Conclusion: As a result, Wellens syndrome is a condition that develops before coronary occlusion. If this condition is not recognized early and treated appropriately, the disease will progress to a massive acute anterior wall myocardial infarction, resulting in mortality. For this reason, ECG findings should be evaluated, especially in patients with predisposing risk factors who present to the emergency department for reasons other than chest pain. Early recognition of the Wellens pattern is important in reducing mortality and morbidity.

Keywords: WELLENS SYNDROME, CHEST PAIN, EMERGENCY DEPARTMENT

Ref No: 9588

Non-traumatic Spontaneous Spinal Subdural Hematoma in a Patient with Acute Paraplegia

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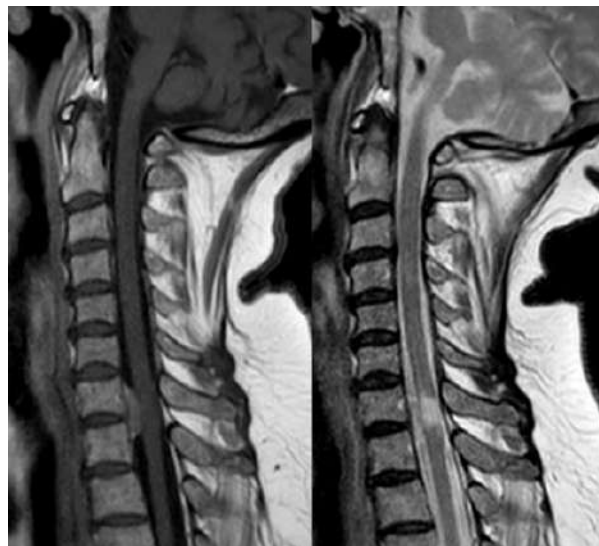
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Introduction and Purpose: Spontaneous Spinal Subdural Hematoma (SSDH) is uncommon and may arise spontaneously or post-traumatically, posing diagnostic difficulties due to varied presentations. Symptoms range from sensory-motor deficits to sudden death, necessitating urgent evaluation. Diagnosis typically relies on MRI imaging. We discuss the diagnostic journey in an elderly female patient presenting with sudden neurological deficits.

Materials and Methods: A 75-year-old female presented with neck pain, headache, and altered consciousness, accompanied by nausea and vomiting. Neurological examination revealed confusion, sensory-motor deficits in the lower extremities, and absent reflexes. Initial investigations, including CT and MRI, showed normal findings. However, secondary examination revealed a subdural hematoma compressing the spinal cord at the C7-T1 vertebral segments. The patient was hospitalized for further evaluation and treatment.

Figure1: Cervical MRI sagittal plan T1 and T2 images; on the T2-weighted examination, it was noted that the subdural hematoma caused pressure on the medulla, and that T2 hyperintensity (myelomalacia) was present in the medulla.



Results and Conclusion: Acute SSDH presents with varied symptoms and etiologies, including trauma, coagulopathy, and vascular malformations. Our patient had no identifiable cause apart from a history of hypertension and diabetes. SSDH pathogenesis remains uncertain, often resembling subarachnoid hemorrhage. Treatment options range from conservative management to surgical decompression, depending on the severity of neurological deficits. Our patient was referred for further evaluation, with outpatient follow-up arranged due to lack of improvement on MRI scans. In conclusion, SSDH poses diagnostic challenges in the emergency setting, emphasizing the need for thorough evaluation and prompt imaging in patients with sudden neurological deficits. Early diagnosis is crucial to prevent severe neurological sequelae, and repeated imaging may guide treatment decisions in SSDH cases.

Keywords: Non-traumatic, Spinal Subdural Hematoma, Spontaneous Paraplegia

Ref No: 9666

Biphasic Reaction and Koinus Syndrome After Amoxicillin-Clavulanic Acid

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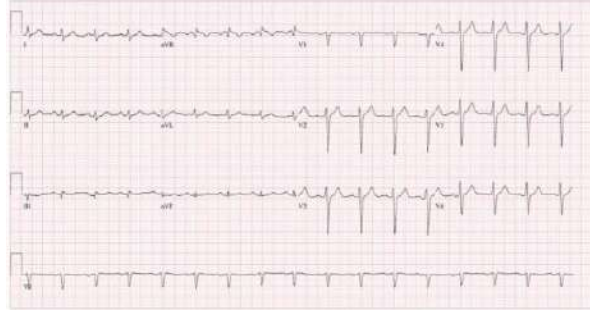
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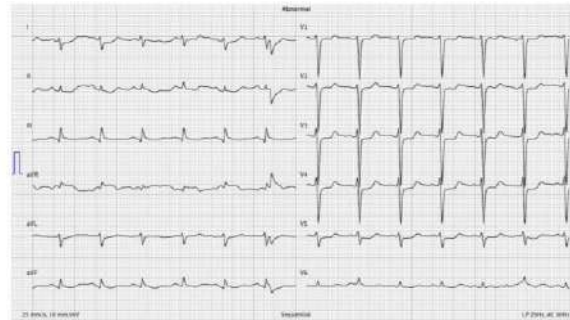
Introduction and Purpose: Anaphylaxis is a severe systemic hypersensitivity reaction associated with skin and mucosal changes that develops suddenly with life-threatening airway, respiratory or circulatory problems. Kounis syndrome is an acute coronary syndrome caused by an allergic reaction involving histamine, neutral protease, arachidonic acid products, platelet activating factor and mast cell degranulation activated by T-lymphocytes and macrophages and accompanied by allergy, anaphylaxis or anaphylactoid conditions. In some cases, a new attack may develop 2-24 hours after the attack has completely resolved. This condition is called biphasic anaphylaxis. In this case report, a 43-year-old male patient developed biphasic reaction and koinus syndrome after the use of amoxicillin-clavulanic acid.

Materials and Methods: A 43-year-old man with hypertension and no allergy took amoxicillin-clavulanic acid 1000 mg orally for toothache. After 30 minutes, he developed a rash and dyspnea. It was considered anaphylaxis and 0.5 mg adrenaline was administered intramuscularly. Prednol and pheniramine maleate were administered. Electrocardiography (ECG) was evaluated as sinus tachycardia. After 2 hours, chest pain, dyspnea and generalized rash appeared and biphasic anaphylaxis was diagnosed. He was electively intubated due to low saturation. ECG was performed again and he was referred to our center with the need for coronary intervention due to ST segment depression in anterior leads and eleve AVR. He had rashes on his body. Vital signs were stable. ST depression and elevated AVR persisted on ECG. Initial cTroponin was 44.59 ng/mL (0-47.34) and cTroponin was 164.44 ng/mL in the 2nd hour control. Cardiology was consulted with a diagnosis of Koinus syndrome. Echocardiography revealed no free wall motion abnormality and the patient was intubated during follow-up. Cardiac enzyme values returned to normal, ECG findings improved and chest pain disappeared. He was discharged with the recommendation not to use amoxicillin-clavulanic acid.

Patient's first ECG



ECG after biphasic reaction



Results and Conclusion: It is very valuable to check serial troponin in patients presenting with severe allergic reactions. In our patient, the vasospastic anginal form of Kounis syndrome was considered because he had no previous coronary artery disease. In chest pain developing after an allergic reaction or anaphylactic shock, Kounis syndrome should be considered in addition to acute coronary syndrome and follow-up and treatment should be organized accordingly.

Keywords: Koinus syndrome, allergic reaction, biphasic recurrence in anaphylaxis

Ref No: 9713

Sudden Dizziness and GCS Retardation: Insidious Presentation of Subarachnoid Hemorrhage in Elderly Patients

ASLI LEYLA TAHİROĞLU¹, ÖMER FARUK İŞLEYEN¹, SULTAN TUNA AKGÖL GÜR¹

¹Sudden Dizziness and GCS Retardation: Insidious Presentation of Subarachnoid Hemorrhage in Elderly Patients

Introduction and Purpose: Sudden onset of dizziness, although often considered a mild symptom, especially in the elderly population, can be a sign of serious and potentially life-threatening underlying conditions. This poster examines the insidious presentation of subarachnoid hemorrhage (SAH) and the importance of emergency department follow-up in a 65-year-old male patient who presented with sudden dizziness and regression of the Glasgow Coma Scale (GCS).

Materials and Methods: A 65-year-old male patient was brought to the emergency room after experiencing sudden dizziness at home. On admission, the patient was awake but confused; GCS was evaluated as 13. Although the symptoms were initially considered mild, the patient's condition deteriorated in a short time and a decrease in GCS was observed. Emergency cranial computed tomography (CT) and CT angiography revealed subarachnoid hemorrhage consistent with aneurysmatic dilation of the right anterior cerebral artery. The patient was immediately taken for neurosurgical evaluation and underwent emergency surgery to clip the aneurysm. This case emphasizes that sudden dizziness in elderly patients should not be taken lightly. In particular, any regression detected in GCS may indicate a condition that requires urgent and comprehensive evaluation. Aneurysmatic SAH is a serious cause that should be considered in patients presenting with these symptoms, and early diagnosis and intervention are vital. This case also demonstrates how critical emergency department follow-up is in early recognition of potentially serious neurological conditions.

SAK



Results and Conclusion: Sudden dizziness and any decline in GCS in elderly patients should be noted immediately and evaluated for serious neurological conditions. Early diagnosis and treatment of life-threatening conditions such as aneurysmatic SAH are critical to reduce morbidity and mortality. This case highlights that sudden dizziness in emergency department practice is not a simple symptom but may be indicative of serious underlying conditions and requires careful evaluation.

Keywords: Dizziness, Subarachnoid Hemorrhage, Glasgow Coma Scale

Ref No: 9720

BILATERAL THALAMUS INFARCTION

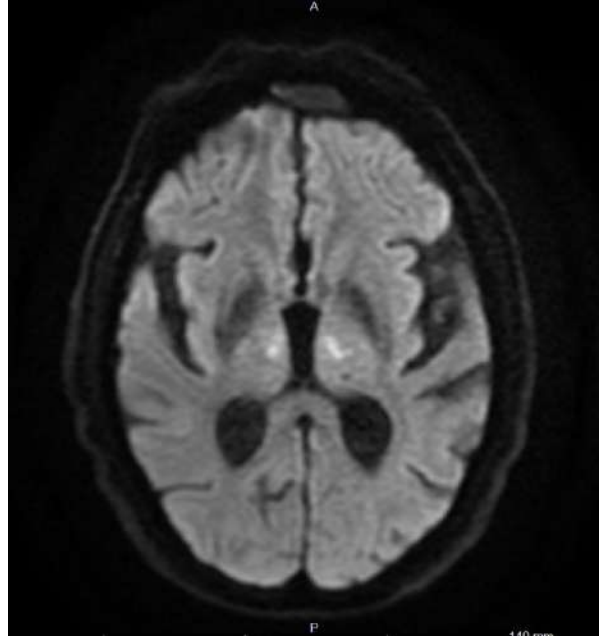
Ayşe Torun Sağlam¹, Murat Seyit¹, Atakan Yılmaz¹, Mert Ozen¹, Alten Oskay¹

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Introduction and Purpose: Bilateral thalamic infarcts are a very rare condition. It accounts for only 0.6% of all thalamic infarcts. Among all thalamic infarctions, the rate of bilateral thalamic infarction is between 22 and 35%. Classical symptoms are symptoms such as sudden changes in mental status according to the affected nucleus, cognitive disorders, vertical gaze limitation, and speech disorder. The reason is usually cardioembolism or the fact that it is single due to anatomical variation of the arteries that feed the thalamic region.

Materials and Methods: A 69-year-old male patient was brought to us by 112 at 10.30 a.m. due to a change in consciousness. According to the information received from his family, he was last seen conscious at 07:00 in the morning. He was found lying unconscious around 7:30 a.m. Application vitals; TA:199/108 Sat:94 Nb:85 Fever:37.3 No known history of chronic disease other than HT and DM. No history of drug or environmental allergies. No history of previous surgery and no smoking-alcohol use. There is no history of CVD. The patient's GCS was 6 and she had sleepiness and snoring. WBC: 6.5, CRP: 4, blood gas pH: 7.33, PCO₂: 49, saturation: 92 in laboratory tests Diffusion MRI taken at the angle of central exclusion in the patient showed DWI hyperintensity at the level of bilateral thalamus, ADC hypointensity diffusion-restricting areas (percheron infarction). The patient was consulted to the neurology department and biopsied and admitted to the neurology service for further examination and treatment.

Figure 1



Results and Conclusion: Central nervous system pathology should be ruled out in the patient who presents with sudden onset of consciousness change, tendency to sleep, and snoring.

Keywords: BILATERAL THALAMUS INFARCTION, ALTERED CONSCIOUSNESS, NEUROLOGY

Ref No: 9732

Acute carbon monoxide poisoning and anoxic brain injury

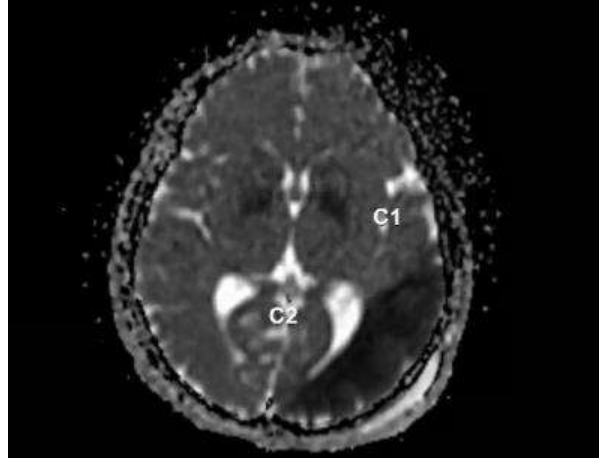
ABDİL ÇOŞKUN¹, EVREN DÖNMEZ¹, MURTAZA KAYA¹, HARUN YILDIRIM¹, ALİ HALICI¹, ERTAN SÖNMEZ¹

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Introduction and Purpose: Numerous patients present to the emergency department due to carbon monoxide poisoning, which often presents with nonspecific symptoms. While headaches are common, some individuals may arrive unconscious. In this case, we aimed to draw attention to the anoxic brain injury underlying the clinical presentation of a patient brought unconscious to the emergency department, attributed to carbon monoxide intoxication. Carbon monoxide has an affinity to hemoglobin approximately 250 times greater than that of oxygen, leading to the formation of carboxyhemoglobin, which reduces the oxygen-carrying capacity of blood and causes tissue hypoxia. Neurons are the most vulnerable cells to hypoxic-ischemic damage, as they have the highest oxygen and glucose requirements.

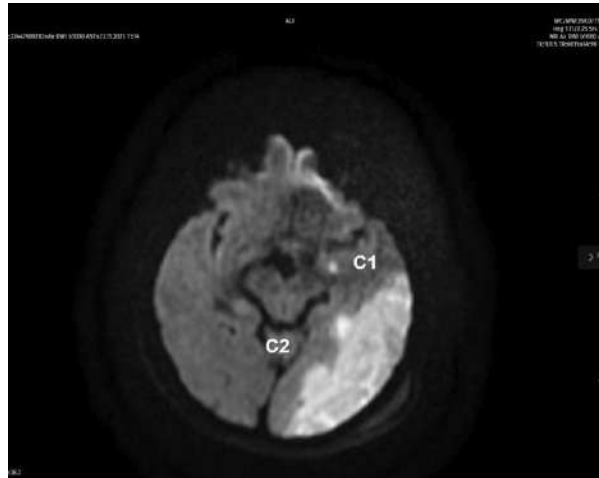
Materials and Methods: Case Presentation A 50-year-old female patient was brought to the emergency department in the morning by her relatives after being found unconscious. She had no known medical history. According to the history obtained from her relatives, the patient lived in a house with a coal stove, and she was last seen normal around 6:00 PM yesterday. During the patient's presentation, vital signs were within normal limits. On physical examination, Glasgow Coma Scale (GCS) was 5 (E:1 V:1 M:3), with bilateral miosis noted. The EKG showed sinus tachycardia. Pathological laboratory findings included a pH of 7.15, lactate level of 9.6 mmol/L, carboxyhemoglobin (COHb) level of 27.1%, and Troponin I level of 144.1 ng/L (normal range: 0-11.6). After being intubated with rapid sequence intubation (RSI) in the emergency department, the patient underwent imaging studies. A non-contrast CT scan of the brain did not reveal any acute pathology, but diffusion-weighted MRI showed extensive acute diffusion restriction in the bilateral basal ganglia and left parieto-occipital region (Figures 1-2). The patient received hyperbaric oxygen therapy and was admitted to the intensive care unit (ICU). Following intensive care monitoring, the patient was discharged with right hemiplegia, requiring respiratory support via tracheostomy.

The patient's MRI Diffusion image and ADC section



Diffusion-weighted MRI showed extensive acute diffusion restriction in the bilateral basal ganglia and left parieto-occipital region (Figures 1-2)

The patient's MRI Diffusion image and ADC section



Diffusion-weighted MRI showed extensive acute diffusion restriction in the bilateral basal ganglia and left parieto-occipital region (Figures 1-2)

Results and Conclusion: Carbon monoxide intoxication is commonly encountered in the emergency department, especially during the winter months. It can manifest with a wide range of clinical presentations. Carbon monoxide poisoning should be considered in patients presenting with loss of consciousness.

Keywords: Carbon monoxide, emergency medicine, acute brain injury

Ref No: 9750

Symptomatic sinus bradycardia due to low-voltage electrical injury: a case report

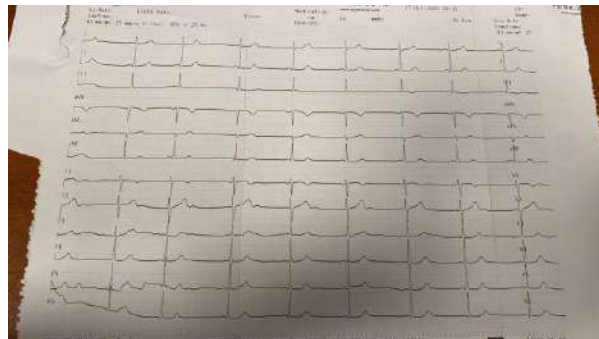
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Introduction and Purpose: Electric shocks pose a serious threat to public health. Especially low-voltage electric shocks lead to emergency room visits. The cardiovascular system is one of the most affected areas. It can cause various conditions ranging from mild symptoms to fatal arrhythmias. Arrhythmias often occur shortly after injury. In this case presentation, we describe a 30-year-old female patient presenting to the emergency room with chest pain following a low-voltage electric injury, and the diagnosis of sinus bradycardia.

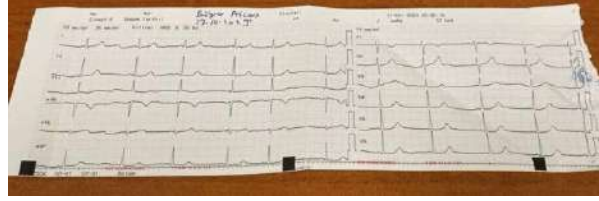
Materials and Methods: The patient, who presented to the emergency room with chest pain after contact with a damaged charging cable plugged into the socket, was monitored, and sinus bradycardia was detected on the ECG. A control ECG taken 10 minutes later again revealed sinus bradycardia. Conventional troponin was found to be slightly elevated at 0.20 ng/ml (normal range: 0-0.16 ng/ml), CK-MB: 77 IU/L (normal range: 0-24 IU/L), LDH: 460 U/L (normal range: 130-225 U/L), CRP: 1.15 mg/dL (normal range: 0-0.5 mg/dL). Other tests were within normal limits. The 2-hour follow-up ECG showed sinus rhythm with a rate of 61 bpm. The troponin value at 3 hours was within the normal range. The patient, who was discharged with clinical improvement after 6 hours of monitored follow-up, did not require any medical or interventional treatment. Cardiology outpatient clinic follow-up was recommended.

ECG 1



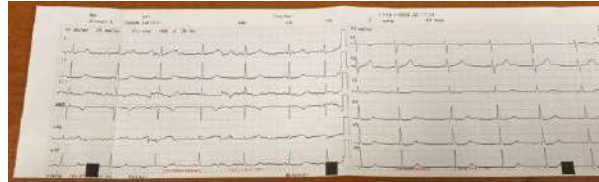
FIRST ECG

ECG 2



SECOND ECG

ECG 3



THIRD ECG

Results and Conclusion: There are different views and guidelines for the observation and treatment of patients presenting to the emergency room after low-voltage electric injury (<1000v). More work and research are needed to integrate these views and guidelines.

Keywords: electrical injury, arrhythmia, sinus bradycardia

Ref No: 9755

Anaphylaxis: Rapid Diagnosis and Life-Saving Interventions in the Emergency Department

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¹atatürk üniversitesi

Introduction and Purpose: Anaphylaxis is a rapid onset and potentially life-threatening allergic reaction. This condition can be triggered by exposure to various allergens and requires rapid diagnosis and urgent intervention. This poster examines the management process and interventions applied to a patient diagnosed with anaphylaxis who presents to the emergency department.

Materials and Methods: A 28-year-old female patient was brought to the emergency room with complaints of sudden rash, shortness of breath and facial swelling after a bee sting. The patient stated in his medical history that he was allergic to insect stings. In the evaluation performed in the emergency room, the patient's blood pressure was low (90/60 mmHg), his pulse was rapid, and widespread urticaria findings were detected on the skin. Treatment was started immediately due to suspicion of anaphylaxis.

Results and Conclusion: Anaphylaxis is a critical condition that requires rapid diagnosis and intervention in emergency department practice. This case highlights the importance of early and effective intervention of anaphylactic reaction triggered by a bee sting. According to the literature, rapid administration of intramuscular adrenaline is vital in the treatment of anaphylaxis; this approach can significantly reduce mortality rates (Sampson et al., 2016). Additionally, the use of oxygen support, intravenous fluids, and antihistamines to stabilize the patient are among the generally accepted management strategies (Simons et al., 2011). The protocols applied in the management of this case are compatible with the recommendations of current guidelines, and it has been observed that early intervention ensures rapid recovery of the patient. However, educating patients and caregivers about triggers that may cause anaphylaxis is important, especially in recurrent cases. This training can help prevent future potentially life-threatening reactions. Finally, this case also reminds us of the importance of constantly updating the competencies of emergency department teams in the diagnosis and treatment of anaphylaxis. In emergency department practice, being able to respond quickly and effectively to such situations is a critical factor in improving patient outcomes.

Keywords: epinephrin, Anaphylaxis, emergency

Ref No: 9775

SUPERIOR VENA CAVA SYNDROME PRESENTING SWELLING

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Introduction and Purpose: Superior vena cava syndrome (SVCS) is a clinical syndrome characterized by a constellation of signs and symptoms resulting from partial or complete obstruction of blood flow in the superior vena cava (SVC), and it represents an oncological emergency. This obstruction typically arises from a thrombus within the vessel wall or from external compression by tumor infiltration.

Materials and Methods: A 72-year-old male patient presented to the emergency department with swelling in the left arm and face that had been present for 2-3 days. Vital signs at presentation were as follows: Blood Pressure: 130/78 mmHg, Heart Rate: 97 bpm, Respiratory Rate: 20 breaths per minute, Temperature: 36.8°C. The patient has a known medical history of hypertension. There is a history of pacemaker placement in the patient. EKG: Pacemaker rhythm. Laboratory Results: HGB: 12 g/dL, PLT: 350,000/μL, WBC: 12,000/μL, CRP: 25 mg/L. Thoracic Aorta CT Angiography: A mass-like appearance measuring approximately 7x7 cm, showing invasion from the right hilum region towards the mediastinum, enveloping the right main pulmonary artery and partially surrounding the right main bronchus, causing significant narrowing in the lumen of the superior vena cava (SVC) with obliteration of surrounding fat planes. Contrast material stasis is observed in the veins draining into the SVC. (Superior vena cava syndrome suspected?) The patient was referred to the chest diseases department for further evaluation.

Results and Conclusion: Management of superior vena cava syndrome (SVCS) associated with malignancy focuses on both the specific treatment of the underlying cancer and the immediate relief of symptoms. In life-threatening situations, initial stabilization should be achieved with ABCs (airway, breathing, circulation). Prompt intervention to address the obstruction and alleviate symptoms may involve consideration of endovascular recanalization.

Keywords: vena cava syndrome

Ref No: 9796

A Different Perspective in the Emergency Department: Vena Cava Superior Syndrome

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Introduction and Purpose: Superior vena cava syndrome results from compression, invasion or thrombosis of the superior vena cava or brachiocephalic veins. SVCS includes a wide clinical spectrum, ranging from asymptomatic cases to rare life-threatening emergencies with upper airway obstruction and increased intracranial pressure. Symptoms correlate with the degree and extent of venous obstruction and inversely correlate with the development of venous collaterals. Imaging is essential to pinpoint the underlying cause and guide further interventions. Interventional treatment has greatly changed the therapeutic approach in symptomatic patients.

Materials and Methods: A 52-year-old man presented to the emergency department with 15 days of shortness of breath and facial swelling. Vital signs were 127/80 mmHg blood pressure, pulse rate 88 beats/minute, saturation 98%, body temperature 36. On physical examination, the facial contour was edematous and erythematous, and exophthalmos was present in the eyes. Listening lung sounds were normal bilaterally. No abnormalities were found in other system examinations. Peripheral pulses were clear and equal bilaterally. It was learned that the patient had a history of Graves' disease and was taking metamizole. He had no comorbidities and irregular medication use. Routine blood tests and thyroid tests were ordered. No abnormal results were found in routine blood values. Tsh was 6.59 μ IU/mL, freeT4 was 0.16ng/dL and freeT3 was 2.51pg/mL. Tomography revealed diffuse enlargement of the thyroid gland and compression of the trachea. There was minimal compression of the right brachiocephalic vein. The patient was consulted to thoracic surgery and cardiovascular surgery specialists. The patient was hospitalized in the cardiovascular surgery service for follow-up and further investigation and treatment.

Results and Conclusion: SVC syndrome affects a small proportion of patients, but its effects can be devastating. Malignancy remains the most common cause of SVC obstruction, but the incidence of non-malignant SVC syndrome has increased in recent years due to widespread use of devices and catheter placement. While treatment options are expanding and new modalities and devices offer potentially safer and durable solutions, there is a need for standardization of treatment strategies. Although such cases are rare, they are also encountered by us in the emergency department.

Keywords: Emergency Department, Vena Cava Superior Syndrome, facial swelling

Ref No: 9815

MAKING AN EFFORT FOR ESOPHAGEAL PERFORATION

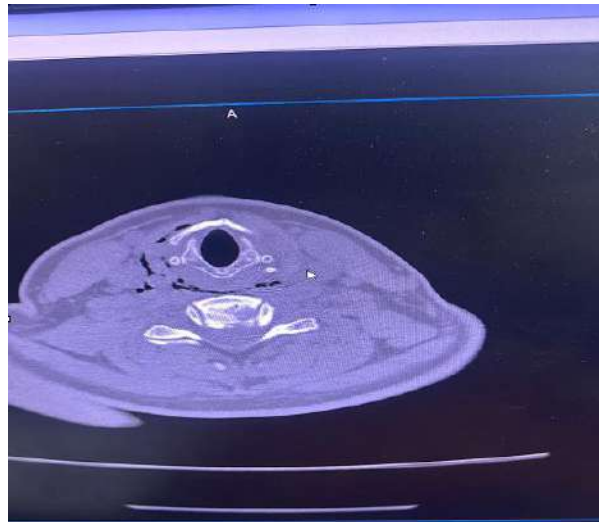
Muhammed Eyyüb POLAT¹, Bilgehan DEMİR¹

¹TURGUT ÖZAL UNIVERSITY

Introduction and Purpose: Esophageal perforation is a serious and potentially life-threatening medical emergency. Given the multiple etiologies and varying clinical presentations of perforated esophagus, diagnosis is often delayed, making prompt and optimal intervention difficult. Clinical symptoms help determine the location of the perforation. Cervical areas often present as dysphagia or pain with neck flexion, while thoracic perforations more often present with shortness of breath or discomfort in the epigastrium, back, or chest, and abdominal perforations cause abdominal pain from peritonitis. (1) In the case we presented, we tried to explain the esophageal perforation that occurred due to swallowing a large rabbit bone piece.

Materials and Methods: A 39-year-old female patient was admitted to the emergency room due to the feeling of a foreign body stuck in her throat while eating rabbit meat. During the imaging examinations, a foreign name was noticed in the throat on cervical CT. It was observed that the object, which was referred to the university due to the absence of a gastroenterologist and removed endoscopically, was a rabbit wishbone. Since there were signs of perforation in imaging studies, the patient was taken to surgery and esophagus repair was performed.

PNEUMOMEDIASTINUM



RABBIT MEAT



RABBIT MEAT



RABBIT MEAT



Results and Conclusion: Esophageal perforations are a life-threatening condition. Thoracic esophageal perforations are the most common (72.6%), followed by cervical (15.2%) and abdominal (12.5%). (2) Mortality rate varies by location; The lowest (5.9%) is in cervical, the moderate (10.9%) is in thoracic and the highest (13.2%) is in abdominal perforations. (3) Following a comprehensive history and diagnostic study to detect the presence of perforation,

the patient should receive adequate fluid resuscitation, administration of appropriate broad-spectrum antibiotics, source control, and drainage. Sometimes the clinician's normal appearance should not mislead the clinician in patients who come to the emergency department with simple complaints. It should be considered that vitally important diagnoses can be made with careful anamnesis. Although it is difficult to swallow in our patient, it should be an example for clinicians that such situations will occur.

Keywords: ESOPHAGEAL PERFORATION, PNEUMOMEDIASTINUM, RABBIT MEAT

Ref No: 9857

Erythema Nodosum

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Introduction and Purpose: Erythema nodosum (EN) is the most common cause of inflammatory nodules. Clinically, they are usually located on the anterior aspect of the tibia, are bilateral and heal spontaneously without ulceration in 3-6 weeks, are raised, red and warm, and are very painful on pressing. The classic histopathologic appearance is acute septal panniculitis of subcutaneous fat lobules without vasculitis. This histopathologic picture is considered to be the result of a late-type hypersensitivity reaction to various antigenic stimuli, usually occurring after 3-6 weeks.

Materials and Methods: A 31-year-old woman was admitted to the emergency department with complaints of redness and weakness with swelling of the feet for one week. The patient had no previously diagnosed comorbidities and her vital signs at the time of admission were within normal limits. The patient was started on cephalexin and sulfometaxazole trimethoprim as antibioterapi with the diagnosis of cellulitis in the emergency department, and although the patient used the drugs for 5 days, there was no regression in her complaints. In the physical examination of the patient, 2 x 2 cm reddish painful nodular lesions were found on the right leg and the other system examinations were normal. WBC:20430, CRP:210, ALP:153, GGT:118 and other blood tests were normal. No acute pathologic condition was found in the radiographs of the patient. The patient was consulted to the dermatology clinic with the current findings and test results and was hospitalized for etiology investigation and treatment.

ertyhema nodosum



Results and Conclusion: Although erythema nodosum is rarely encountered in emergency departments, it is an important condition that should be investigated in terms of identifiable causes since it can be seen in the course of various rheumatologic, infective and oncologic diseases.

Keywords: Erythema nodosum, middle age female

Ref No: 9871

A Rare Pediatric Emergency Department Presentation: Infantile Colic.

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Introduction and Purpose: Infantile Colic (IC) is an episode of crying and restlessness which has been present more than 3 weeks, at least 3 days a week for more than 3 hours and cannot be explained by any other cause. In infants with IC, conditions such as infections and diseases are considered in foreground, leading to delays in diagnosis. We aimed to present a case of IC who frequently presented to paediatric emergency department due to incorrect breastfeeding technique.

Materials and Methods: A 32-day-old infant was admitted to paediatric emergency for the 4th times in the last 10 days with complaints of restlessness, vomiting and crying. No abnormal examination findings were found in the routine examinations performed on the first day. The hemogram Hb: 13.2 g/dl, WBC: 12.800/mm³, MCV:84 fl, plt:255.000) and biochemical (CRP:2.1 mg/l, ALT:32 U/L, AST:38 U/L, ALP:280 U/L, urine: 9 mg/dl creatin: 0.4 mg/dl LDH:200 U/L) values were within normal limits for age. On the 2nd and 3rd admission, urine, 2nd hemogram, PA X-ray graphic and stool analyses found to be normal. The patient was consulted to breastfeeding counselling. The mother-baby pair was evaluated together, and breastfeeding was actively observed. It was observed that the baby was incorrectly placed on the breast and the baby sucked the nipple. The mother was shown the correct breastfeeding positions and placement of the baby on the breast, and practice was performed. At the 3rd follow-up visit, it was observed that the baby was correctly placed on the breast, breastfeeding problems were resolved, and the restlessness of the mother and the baby decreased.

Results and Conclusion: As a result of improper breastfeeding techniques, the feeding-sleep-resting pattern of infants may be disrupted and may lead to IC. In the parents of babies with colic, findings such as helplessness, fatigue, exhaustion, loss of self-confidence, anxiety and breastfeeding problems may occur and there may be frequent emergency admissions due to this situation. In such cases presenting to the emergency department, breastfeeding techniques and feeding status should be kept in mind and evaluated in the foreground and breastfeeding counsellors should be consulted.

Keywords: Emergency Department, Infantile Colic., vomiting

Ref No: 9888

A RARE CASE: SYPHİLİS

İbrahim Taşdemir¹, Nabi Bayramoğlu¹, Fatma Tortum¹

¹a rare case: sfiliz

Introduction and Purpose: INTRODUCTION: Malaria is a disease caused by 5 different species of the Plasmodium parasite. P. falciparum and P. vivax pose the greatest threat. The disease is transmitted to humans by the bite of a parasite-infected female anopheles mosquito. It is an acute febrile disease with an incubation period of 7 days. Malaria is characterized by flu-like symptoms such as fever, chills, sweating, headache, nausea, vomiting, abdominal pain, muscle pain, etc. Without treatment, seizures, confusion, renal failure, acute respiratory distress, hepatosplenomegaly, coma and death may occur.

Materials and Methods: CASE : A 26-year-old male patient with no known history of chronic disease and drug use. The patient, who came from Congo about 10 days ago, presented to the emergency department with complaints of weakness, joint pain, fever, nausea for the last 5 days. On arrival, the patient's vitals were stable except for fever. fever: 38.5 was measured. Physical examination revealed dry mucous membranes, bilateral coarsening of the lung sounds and decreased respiratory sounds in the basals. There was diffuse tenderness in the abdomen, defense, rebound was negative. Blood tests, urine analysis and imaging were performed in terms of fever focus. In blood tests, creatinine, Kcft, transaminase and bilirubin were elevated. thorax CT and whole abdomen and renal USG were performed. thorax CT showed patchy ground glass appearances, budded tree appearances, and consolidation areas in both lungs bilaterally. In the abdominal and renal usg report, grade 2-3 echogenicity increase was observed in bilateral renal parenchyma. With these results, malaria was considered as a preliminary diagnosis in the patient who had a history of traveling abroad and peripheral smear was performed. Plasmodium spp trophozoites were seen in the smear. The patient was hospitalized in the infectious diseases service with the diagnosis of malaria.

Results and Conclusion: CONCLUSION: Early diagnosis and treatment is life-saving as malaria can have fatal consequences. Although it is rare in our country, endemic diseases should be kept in mind especially in patients with a history of travel abroad. The blood results and imaging of this case were consistent with malaria. plasmodium trophozoites were also seen in the smear result. Although not every case has such a typical clinic, such infectious diseases should be kept in mind.

Keywords: Endemic disease, malaria, female anopheles mosquito

Ref No: 9899

PSOAS ABSCESS

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Introduction and Purpose: Psoas abscess is a rare condition, often presenting with challenging diagnosis and delayed recognition. With classical symptoms found in only 30% of cases, patients frequently experience delayed diagnosis and consequently delayed treatment. Diagnosis typically relies on abdominal ultrasonography and computed tomography, although the disappearance of the psoas muscle shadow on conventional radiographs on the side of the abscess is an important clue. The management of psoas abscess involves a combination of antibiotic therapy and drainage.

Materials and Methods: A 54-year-old male patient presented with right-sided abdominal pain. The patient has a history of known coronary artery disease and is using acetylsalicylic acid. Vital signs were unremarkable, and abdominal examination was normal. Elevated infectious parameters were detected in the investigations. Due to persistent pain without improvement, ultrasound was performed with a presumptive diagnosis of abscess or hematoma. Ultrasound revealed a psoas abscess, and computed tomography was performed for detailed imaging (Figure 1, Figure 2). The patient was hospitalized for treatment.

figure



figure 2



Results and Conclusion: The variable and nonspecific clinical presentation of psoas abscess, coupled with its rarity, can easily lead to diagnostic challenges. To prevent delays in diagnosis and misdiagnosis, requested investigations and examination findings should be systematically evaluated.

Keywords: flank pain, abscess, hematoma

Ref No: 9903

PROGRESSION OF HEMOPTYSIS

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Introduction and Purpose: Hemoptysis is the expectoration that originates from the lung parenchyma or airways [1,2]. There are many definitions for massive hemoptysis. It is generally considered to be the loss of 100-600 ml of blood in any 24-hour period that may result in hemodynamic instability, shock or impaired alveolar gas exchange, and has a mortality rate approaching 80% [2-4]. One of them is diffuse alveolar hemorrhage [2, 4, 5]. Diffuse alveolar hemorrhage includes complaints of acute shortness of breath, fever, cough and hemoptysis [6, 7]. The onset of symptoms is sudden and progresses to respiratory failure requiring mechanical ventilation [7-9].

Materials and Methods: 49-year-old male patient. He was admitted with complaints of shortness of breath, cough and bloody sputum that lasted for two days. His bloody sputum increased on the day he was admitted. On physical examination, bilateral diffuse rale was heard on lung auscultation. Palpation of the abdomen revealed a deliberate defense. A moderate D-Sign was detected in the short parasternal axis in the echo performed as POCUS. His whole blood and biochemistry results were shown in Table 1 and 2. In the contrast-enhanced chest CT report of the patient, "In bilateral lungs, peribronchovascular patchy ground glass areas were observed in the right lower zone, which were more prominent, accompanied by consolidations and increases in ILCS, and the appearances were evaluated in favor of diffuse alveolar hemorrhage in the foreground" his finding was reported (Figure 1-2). The patient was admitted to the chest diseases service with the diagnosis of diffuse alveolar hemorrhage. Due to the progression of alveolar hemorrhage, the patient's general condition and vital signs deteriorated. The patient died at the end of the 2nd day of intensive care.

Table 1

TIME	BLOOD PRESSURE (mmHg)	HEART RATE (b/min)	RESPIRATORY RATE (b/min)	FINGER TIP OXYGEN SATURATION (%)	BODY TEMPERATURE (°C)
31.12.2023 15:21	114/62	74	16	92	36,0
31.12.2023 16:18	106/76	83	21	90	36,0
31.12.2023 19:38	106/54	94	18	94	37,0

Table 2

TIME	WBC (9043)	NEU (%)	HGB (g/dL)	HtO (%)	PLT (9043)	CREATININ (mg/dL)	CMP (mg/dL)	D-DIMER (mg/L FEU)	APTT	INR
31.12.2023 15:22	2,21	85	15	43,7	100	0,82	72,82	0,07	27,5	1,00
31.12.2023 22:43	---	---	---	---	---	1,08	94,63	3,8	37,8	1,14
01.01.2024 00:02	0,40	80	15	43	72	---	---	---	---	---

---: This test has not been studied.

Figure 1

FIGURE-2 (Chest X-ray on the second day of intensive care)

Figure 2

FIGURE-1 (Contrast-Enhanced Computed Tomography)

You can access all section from the QR code.

Results and Conclusion: Non-life-threatening hemoptysis can progress to massive, that is, life-threatening hemoptysis. In patients with massive hemoptysis, hemodynamic instability may develop very quickly while there is hemodynamic stability at the time of admission. patients' vital signs should be closely monitored in emergency departments. In order to reduce high mortality rates, even non-life-threatening hemoptysis should be evaluated with a good history and physical examination on a patient basis, and it should not be forgotten that hemoptysis may become aggressive.

Keywords: Alveolar Hemorrhage, Bronchial Artery, Hemoptysis

Ref No: 9915

Zygoma Fracture and Facial Paralysis Approach

Yasin Bülbüloğlu¹, Mehmet Soyugüzel², Şerife Özdiç¹

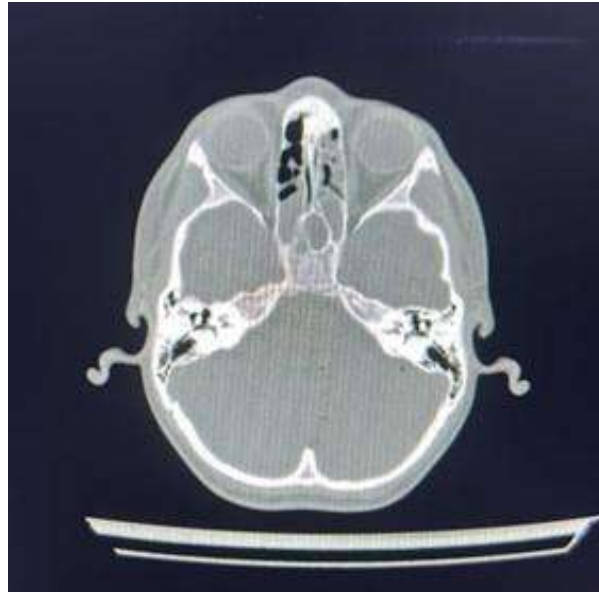
¹afyonkarahisar health sciences university hospital

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Introduction and Purpose: Zygoma Fracture and Facial Paralysis Approach Facial nerve paralysis is a common condition seen in the emergency department. It can be caused by central or peripheral lesions. Facial paralysis that develops after a temporal bone fracture can be treated medically with good outcomes. Early diagnosis and prompt treatment are essential in these cases.

Materials and Methods: Case: A 7-year-old male patient presented to the emergency department with complaints of facial numbness. His history revealed that he developed paralysis on the left side of his face one day after being hit in the right half of his face with a ball. Vital Signs: BP: 100/70 Pulse: 80 SaO2: 97 RR: 25 Temperature: 36.5 °C Mental Status: Alert and oriented GCS 15 Physical Exam: No significant facial edema or ecchymosis Normal tympanic membranes bilaterally No tragal tenderness Normal parotid palpation Grade 3-4 left peripheral facial paralysis Minimal tenderness to the right zygoma No steppage No diplopia or limitation of gaze Direct and indirect light reflexes present bilaterally CT Scan: Non-displaced fracture of the outer table of the right frontal bone at the level of the zygomatic process

Fracture site



Results and Conclusion: The patient was planned for oral prednisone treatment. On the 5th day of treatment, it was observed that the facial asymmetry was completely resolved.

Keywords: Zygoma Fracture, Facial Nerve Injury, Facial paralysis

Ref No: 9921

Esophageal Perforation After Wrestling: A Case Report

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¹ondokuz mayis university emergency department

Introduction and Purpose: Esophageal perforation is a rare and potentially life-threatening condition. Mortality and morbidity due to esophageal perforation is more than 20%. Esophageal perforation is typically diagnosed radiographically, with contrast-enhanced computed tomography (CT) being the imaging modality of choice. CT is highly sensitive, but also detects damage to surrounding structures and can exclude alternative diagnoses. Treatment can be surgical, endoscopic or conservative medical therapy. In this case report, we describe a 54-year-old male patient with esophageal perforation following pressure on the throat while wrestling.

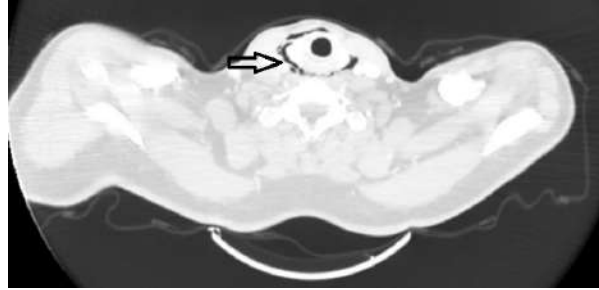
Materials and Methods: A 54-year-old male patient was admitted to our emergency department with the complaint of pain while swallowing after pressure on his throat while wrestling with his son. Examination revealed subcutaneous emphysema in the right lateral neck. There was no known chronic disease and drug use. The chest radiograph showed air values around the trachea. Contrast CT of the neck and thorax was performed. The CT report showed free air values starting in the prevertebral area at the level of the oropharynx and extending in the parathecal area up to the level of the arcus aorta in the right posterior weighted inferior mediastinum. The patient's oral intake was stopped and 3 g ampicillin sulbactam was administered. The patient was consulted to thoracic surgery, gastroenterology and ear, nose and throat (ENT) diseases. A flexible examination was performed by ENT and the anatomical structures visualized were reported as normal. Esophagoscopy was performed by gastroenterology and mucosal laceration between 18 and 21 cm in the piriform sinus in the upper esophagus was detected. The patient was hospitalized in the thoracic surgery clinic for conservative treatment.

Chest radiograph, air values around the trachea (black arrow)



Chest radiograph, air values around the trachea (black arrow)

CT neck and thorax. Free air values (black arrow)



CT neck and thorax. Free air values (black arrow)

Results and Conclusion: Esophageal perforation is a serious and potentially life-threatening medical emergency. The typical presenting symptom is pain, but odynophagia, dyspnea, subcutaneous crepitation may also be present. Abnormal vital signs such as fever, tachycardia and hypotension indicate systemic inflammation, while widespread contamination and sepsis may develop, especially if the diagnosis of perforation is delayed. Cervical sites often present as dysphagia or pain with neck flexion, while thoracic perforations more commonly present with epigastric, back or chest pain, dyspnea. Early diagnosis and optimal therapeutic approach are crucial for patient survival.

Keywords: Esophageal perforation, trauma, esophagoscopy

Ref No: 9961

CASE REPORT OF A PATIENT USING HIGH DOSE QUETIAPINE FOR SUICIDE

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¹Hatay Mustafa Kemal University Faculty of Medicine, Department of Emergency Medicine, Hatay

Introduction and Purpose: Quetiapine is an antipsychotic used in the treatment of psychiatric disorders such as schizophrenia and bipolar disorder. sedation, weight gain, constipation and fatigue are side effects that may occur during the use of quetiapine. Leukopenia can be caused by the use of quetiapine is another rare side effect. in this case report we presented a patient who used quetiapine for suicidal purposes.

Materials and Methods: A 47-year-old female patient took 29 tablets of quetiapine containing 200 mg each tablet, which belonged to her daughter after a depressive episode, with the intention of suicide. The patient was brought by the emergency medical teams. The patient's state of consciousness was confused and the Glasgow Coma scale was 10 when she arrived. Blood pressure was measured as 90/70 mmHg. Heart rate was: 130 BPM. Blood tests were taken and oxygen support was started. pH: 7.44, pCO₂: 30 mmHg, pO₂: 67 mmHg, SO₂: 94%, Beecf: -3,8 mmol/L, glucose: 129 mg/dL, Na: 135 mmol/L, Hb: 14.8 g/dL. The patient was started on fluid therapy. The patient was consulted with the poison counselling centre and intensive care or ward hospitalisation was recommended by the poison counselling centre along with symptomatic treatment if necessary. The patient was observed for intubation, but after half an hour there was an increase in the Glasgow Coma Scale. The patient was consulted with the anaesthesia and reanimation department and admitted to intensive care for follow-up.

Results and Conclusion: Quetiapine can be found especially in patients with bipolar disorder and is therefore vulnerable to abuse. In case of excessive intake of quetiapine, patients should be treated symptomatically. Depending on the general condition of the patients, they may be hospitalised in the ward or intensive care unit. Doses >3 g are associated with coma. The main toxic effects of overdose include coma, anticholinergic delirium, prolonged Qtc and rapid sinus tachycardia. Since ketipain causes drowsiness as a side effect, Glasgow Coma Score may be low in patients. Therefore, there is no need to rush for intubation.

Keywords: Quetiapine, Intoxication, Leukopenia

