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BOOK OF ABSTRACTS

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Correspondence
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George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures
38, Gh. Marinescu St, 540139 Tîrgu Mureş, Romania
Editor-in-chief Professor Adrian Man
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MANAGEMENT OF FETAL SUPRAVENTRICULAR TACHYCARDIA: A CASE REPORT

Alexandra-Maria Miclăuș[1], Margareta Pârvănoiu[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. "Constantin Opriș" County Emergency Hospital Baia Mare

Background: During pregnancy, the physiological adaptations can make women prone to developing either new or recurrent arrhythmias. Atrial flutter is one of the most frequently encountered arrhythmias in everyday practice and the second most common supraventricular arrhythmia, caused by a macroreentry circuit in the right atrium. Fetal atrial flutter, however, is an uncommon arrhythmia in pediatric patients, especially newborns, as the underdeveloped heart usually cannot sustain it.

Objective: We aim to present a case of neonatal supraventricular tachycardia, namely atrial flutter, and the approach using synchronized cardioversion, preventing fetal heart failure or preterm birth and its repercussions.

Material and methods: We present a case of a male newborn, born to a G12 P2 mother after a pregnancy without prenatal follow-up. Antepartum, the mother was transferred for a suspected fetal tachycardia. An obstetric evaluation one moth earlier had raised suspicion of fetal tachycardia, but no documentation or treatment was performed. The infant was born at term by cesarean section, with a birth weight of 3200g and an Apgar score of 9/10. In the immediate postpartum period, he exhibited a heart of 180bpm, initially attributed to physiological adaptation to extrauterine life. A positive PCT was noted on day 0. By day 3 of life, his heart rate increased to 220 bpm.

Results: The patient is monitored in the NICU, with ECG and pulse oximetry. Pharmacological conversion with IV amiodarone was attempted, repeating the loading dose without succes. On day 5, synchronized electrical cardioversion was performed (the treatment of choice for hemodynamically unstable patients), starting 0.5-1J /kg and increasing up to 2J/kg if needed, under continuous ECG monitoring and sedation if required, without delay. Antiarrhythmic therapy may be continued temporarily, and treatment duration is individualised through cardiology reassessment, monitoring for recurrence signs such as tachypnea, cyanosis, and lethargy.

Conclusions: Neonatal atrial flutter is an uncommon tachycardia that often resolves spontaneously.. Diagnosis is primarily made through an ECG, which displays its distinctive features. Electrical cardioversion is the preferred treatment. Infants with structurally normal hearts generally have an excellent prognosis, but regular cardiology follow-up is advised to detect and prevent recurrence.

Keywords: Atrial flutter, Arrhythmia, Supraventricular, Neonatal

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A TWO-STAGE VICTORY: SUCCESSFUL MANAGEMENT OF RUPTURED AORTIC ANEURYSM FOLLOWED BY DELAYED PSOAS ABSCESS

Luiza Paula Andrieș[1], Alexandru Nicolae Lazăr[2], Flavia Suciaghi[1], Ștefan Vunvulea[1], Mircea Cătălin Coșarcă[1,2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Abdominal aortic aneurysms represent a high-risk pathology, and ruptured or fissured forms are associated with significant mortality. Prompt diagnosis and rapid surgical management are essential for survival.

Objective: The objective is to present a case with a challenging evolution, marked by severe vascular and infectious complications, yet a favorable outcome, highlighting the importance of early recognition.

Material and methods: The patient initially presented to the outpatient clinic with lumbar pain, having a previously incidental diagnosis of an infrarenal abdominal aortic aneurysm. During the elective procedure, a contained rupture with vertebral penetration was identified, exposing the lumbar vertebral bodies within the aneurysmal lumen and forming a pseudoaneurysm—an unusual feature that limited major hemorrhage and prevented severe hemoglobin decline. Aortic reconstruction was performed, followed by a favorable postoperative course, monitored through clinical assessments and serial angio-CT evaluations at 1, 3, and 6 months and at 1 year, without infectious or hemodynamic complications. After 2–3 years, in the context of an intercurrent infection, the patient developed a retroperitoneal collection confirmed as an ilio-psoas abscess, requiring reoperation and drainage. Subsequent evolution remained positive, and at the most recent follow-up (approximately three weeks), the patient demonstrated good recovery, with mild residual lumbar pain due to vertebral erosions.

Results: Complete evacuation of the retroperitoneal collection was successfully achieved in a surgically challenging, high-risk patient, with a favorable and clinically stable postoperative outcome.

Conclusions: This case illustrates the unpredictable course of aortic reconstructions, with the late—three-year—onset of a retroperitoneal collection triggered by an intercurrent infection. Its particularity lies in the favorable outcome after drainage, despite the high operative risk.

Keywords: Aneurysm, Abscess, Drainage, Infection, Reconstruction, Retroperitoneu

MASQUERADING MALIGNANCY: A CASE OF AGGRESSIVE GALLBLADDER ADENOCARCINOMA PRESENTING AS CHOLECYSTITIS

Robert-Gabriel Traicu[1], Theodor Stan[1], Tudor-Gheorghe Lazăr[1], Georgian-Nicolae Radu[2], Emőke Andrea Szász[1,2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Clinical Hospital of Târgu Mureș

Background: Gallbladder adenocarcinoma is an aggressive epithelial malignancy with a 5-year survival of <10%. It most commonly affects women in the sixth–seventh decades and frequently involves the fundus. Up to 50% of tumors are detected incidentally during routine cholecystectomy due to subtle or absent gross abnormalities, making systematic sampling essential.

Objective: To illustrate the key histopathological features of gallbladder adenocarcinoma and highlight the diagnostic challenges of hepatobiliary epithelial neoplasms.

Material and methods: A 76-year-old woman underwent cholecystectomy for acute phlegmonous calculous cholecystitis. Intraoperative findings raised suspicion of hepatic metastatic involvement. The gallbladder specimen and a liver biopsy were examined at the Pathology Department of Mureș County Clinical Hospital. Macroscopy, histology, resection margins, and immunohistochemistry (CK7, CK20) were evaluated.

Results: A 1.5 cm whitish infiltrative tumor was identified in the gallbladder fundus. Histology revealed adenocarcinoma, NOS, moderately differentiated (G2), with perimuscular connective tissue infiltration, peritoneal extension, and vascular, lymphatic, and perineural invasion. Resection margins were tumor-free.

Metastases were present in 2/2 lymph nodes (pN1) and in adjacent hepatic parenchyma (pM1). The primary tumor showed CK7 positivity and CK20 negativity, while hepatic metastasis exhibited focal CK20 positivity.

Conclusions: This case represents an aggressive pT2bN1M1 gallbladder adenocarcinoma arising in the setting of calculous cholecystitis and discovered only after hepatic infiltration. It underscores the importance of thorough histopathological evaluation of cholecystectomy specimens to facilitate earlier diagnosis.

Keywords: gallbladder adenocarcinoma; metastasis; hepatobiliary neoplasm; cholecystitis

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MYSTICAL-RELIGIOUS DELUSIONS AND TREATMENT REFUSAL IN CHRONIC PARANOID SCHIZOPHRENIA: A CASE REPORT

Emilia Maria David[1], Adriana-Madalina Ghimpu[1], Roxana Pantea[1], Nicolae-Florian Păvăloaie[1], Elena-Gabriela Strete[1,2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Psychiatry Clinic II - Acute Unit, County Emergency Clinical Hospital Targu Mures

Background: Paranoid schizophrenia represents a severe and persistent subtype of schizophrenia, characterized by delusions of persecution or grandeur, hallucinations, and profound disturbances in thought content. Religious and mystical delusions are particularly resistant to correction, often intertwined with the patient's identity and belief system, which further complicates therapeutic engagement.

Objective:To present and discuss the clinical course, therapeutic treatment, and psychosocial consequences of a patient with a diagnosis of paranoid schizophrenia, it is important to highlight the complexity of the mystical-religious and mythological delusions related to the stubbornness of antipsychotic treatment.

Material and Methods: We describe the case of a 38-year-old man, with a 10-year documented history of paranoid schizophrenia, who was hospitalized with increasing psychotic symptoms and medication non-adherence. The patient had a psychiatric history of several hospitalizations and frequent religious grandiosity and persecution. On admission, the patient was preoccupied with religious and mythological themes, referring to himself as Buddha and Zeus. Psychiatric evaluation revealed persecutory and grandiose delusions, magical thinking and social withdrawal. No hallucinations or suicidal ideation were noted. The vital parameters were stable. The treatment plan involved Zuclopentixol, Olanzapine, Zolpidem, Bisoprolol, and Ginkgo Biloba extract, however he consistently refused the injectable medication, maintaining that only "divine energy" could stabilize him.

Results: During hospitalization, under oral Olanzapine, the patient showed partial behavioral improvement, with reduced agitation but the delusional ideation persisted. The Virginia Henderson dependency score improved from 30 to 23 (moderate dependence). At discharge, he continued to be clinically stable, denied suicidal thoughts or hallucinations, but maintained his mystical beliefs and refused depot medication. Conclusions:This case highlights the treatment challenges of chronic paranoid schizophrenia with mysticalreligious delusions and persistent treatment refusal. Poor insight, delusional rigidity, and medication non-adherence contribute to poor long-term outcomes. Effective management should combine pharmacotherapy, psychoeducation, family involvement, and continuous followup to enhance adherence and prevent relapse.

Keywords: Paranoid schizophrenia; mystical delusions; lack of insight; adherence to antipsychotics.

TREATING LYMPHOMA LEADING TO SQUAMOUS CELL CARCINOMA: A RARE CASE OF SKIN CANCER ARISING IN A CHRONIC RADIATION-INDUCED SCAR

Sara-Regina Cojan[1], Alexandra Miclăuș[1], Ali Imran Özatak, Ayşe Akman[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Akdeniz Üniversity Turkey

Background: Radiotherapy is a very common cancer treatment, used by 50-60% of the oncologist pacients. Chronic radiation-induced dermatitis is one of the uncommon side effects of this kind of treatment. Skin changes such as atrophy, fibrosis, or scarring are indicative of this late detrimental consequence. These lesions can form in skin malignancies, but they can also be clinically stable for many years.

Objective: To describe the clinical assessment and diagnostic confirmation of squamous cell carcinoma (SCC) resulting from persistent radiation-induced dermatitis in a 67-year-old woman who had underwent radiotherapy for lymphoma thirty years prior.

Material and methods: A 67-year-old female patient is presenting to the Dermatology Clinic of Akdeniz Hospital in Antalya for routine follow-up every six months. She had a long-lasting scar on the right side of her neck, which was indicative of chronic radiation-induced dermatitis from radiation therapy she had received for cancer thirty years prior. During a routine check-up, a dermoscopic examination detected concerning changes even though she did not report any symptoms: abnormal vascular and keratin patterns. A biopsy was carried out for histological evaluation in light of these results.

Results: The diagnosis of squamous cell carcinoma developing within a persistent radiation-induced lesion was validated by histopathological examination.

Conclusions: This case highlights the importance of continuous, long-term monitoring of patients with a history of malignancy and radiotherapy, even in the absence of symptoms. Careful surveillance of lesions located in previously irradiated areas is essential for the early detection of late complications, including rare but clinically significant malignant transformations.

Keywords: chronic radiation-induced dermatitis, squamous cell carcinoma, radiotherapy

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A RARE PRESENTATION OF CLASSICAL KAPOSI SARCOMA ON THE PLANTAR FOOT IN AN HIV-NEGATIVE ADULT

Sara-Regina Cojan[1], Alexandra Miclăuș[1], Ali Imran Özatak, Ayşe Akman[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Akdeniz Üniversity Turkey

Background: Human herpesvirus 8 (HHV-8) is the cause of Kaposi sarcoma (KS), a vascular tumour that arises from endothelial cells of blood and lymphatic vessels. Although strongly associated with immunosuppression and one of the most common sarcomas in HIV-positive individuals, KS also occurs in immunocompetent patients. The classical form typically affects middle-aged or elderly men from Middle Eastern and Eastern European populations. Therefore, when clinical characteristics are suggestive, HIV-negative status does not rule out the possibility of KS. Although KS usually affects the lower limbs, plantar localisation is very uncommon.

Objective: To describe the case of a 51-year-old man who, without any other symptoms, came to the Dermatology Clinic of Akdeniz University Hospital in Antalya with an isolated growth on the right plantar area.

Material and methods: Physical examination, dermoscopy, excisional biopsy, conventional histology, and HHV-8 immunohistochemistry were all part of the evaluation. HIV serology results from laboratory testing were negative. Histological data and clinical presentation were used to assess differential diagnosis options.

Results: A hard, violaceous lesion on the right foot's plantar surface was the patient's initial presentation. A vascular growth was revealed by clinical and dermoscopic results. Kaposi sarcoma was confirmed by histopathological analysis, which showed spindle-cell growth with slit-like vascular gaps and positive HHV-8 staining. At the time of examination, there was no indication of systemic involvement.

Conclusions: This case demonstrates that Kaposi sarcoma can develop in HIV-negative adults and manifest in unusual anatomical regions like the plantar surface. Clinicians should refrain from eliminating KS based just on HIV-negative status, especially in areas where males from Eastern European and Middle Eastern backgrounds are more likely to have the classical type. However, a complete differential diagnosis, which includes vascular tumours, dermatofibroma, amelanotic melanoma, and purpuric or traumatic vascular lesions, is still crucial. Accurate diagnosis and suitable staging are facilitated by evaluation in a dermatology speciality environment.

Keywords: Kaposi sarcoma, plantar lesion, HHV-8

MANAGING COMPLEX ANATOMY IN CONGENITALLY CORRECTED TRANSPOSITION OF THE GREAT ARTERIES: A PEDIATRIC CASE-BASED PERSPECTIVE

Nicola Suteu[1], Carmen Corina Suteu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Congenitally corrected transposition of the great arteries (ccTGA) is a rare congenital heart defect characterized by atrioventricular and ventriculoarterial discordance. The condition is frequently associated with additional structural abnormalities, including tricuspid valve dysfunction, ventricular septal defect (VSD), and left ventricular outflow tract obstruction, which may contribute to early clinical manifestations. Surgical management is highly individualized and depends on patient age, anatomical complexity, and associated lesions. Anatomical repair, typically involving a double-switch procedure, aims to re-establish physiological blood flow through the normal sequence of cardiac chambers and great vessels, but remains a technically demanding intervention.

Objective: We report the case of a 12-month-old infant diagnosed postnatally with ccTGA associated with pulmonary atresia and VSD, who subsequently underwent surgical anatomic repair.

Material and methods: Postnatal echocardiographic evaluation demonstrated atrioventricular and ventriculoarterial discordance. The systemic morphologic right ventricle exhibited preserved systolic function, with the aorta arising anteriorly and leftward from it. Two significant ventricular septal defects were identified: a large conotruncal subaortic VSD and a large muscular inlet VSD. Due to critical left ventricular outflow tract obstruction-specifically pulmonary atresia with a hypoplastic pulmonary artery trunk-the patient remained dependent on ductal flow for pulmonary circulation. Neonatal palliation was achieved with a 3.5 mm systemic-to-pulmonary Blalock–Taussig shunt. At the age of 12 months, the patient underwent anatomical surgical repair aimed to restore the morphologic left ventricle to its physiological role as the systemic ventricle. The surgical intervention consisted of a Senning procedure combined with a Rastelli repair and placement of a right ventricle-to-pulmonary artery conduit.

Results: In the immediate postoperative period, the patient experienced hemodynamic instability and developed an infectious complication-conduit endocarditis-which was managed successfully with conservative antibiotic therapy. At the three-month follow-up, the child presented good clinical status and stable hemodynamic parameters.

Conclusions: The optimal surgical strategy for children with ccTGA remains a subject of ongoing debate due to the wide anatomical variability and complexity of associated lesions. This case highlights the challenging nature of surgical decision-making in ccTGA and the importance of individualized assessment and management within experienced congenital cardiac centers.

Keywords: congenitally corrected transposition of the great arteries, pulmonary atresia, anatomical surgical repair

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MULTISPATIAL CERVICOFACIAL HEMOLYMPHANGIOMA IN AN ADOLESCENT: A CASE REPORT

Marta-Adriana Gavra[1], Bianca-Isabel Ghetler[2], Marcela Iojiban[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca

Background: Cervicofacial vascular malformations, including hemangiomas and lymphangiomas, may present as slowly progressive laterocervical masses in children and adolescents. Their clinical behavior is variable, ranging from asymptomatic swelling to extensive trans-spatial involvement with mass effect on vital structures. Diagnosis frequently requires advanced imaging to delineate anatomical extension, vascularity, and involvement of adjacent tissues. Surgical management may be challenging due to complex anatomy, risk of bleeding, and multilocular infiltrative patterns.

Objective: This case report aims to describe the diagnostic evaluation, imaging characteristics, surgical treatment, and histopathological findings of a large multilocular cervicofacial hemolymphangioma in an 18-year-old patient, emphasizing the challenges posed by extensive vascular malformations of the head and neck.

Material and methods: An 18-year-old male with no significant medical history presented with a right laterocervical mass, soft, painless, and progressively enlarging since early childhood. ENT examination revealed a 15 × 8 cm well-delimited, soft tumor adherent to deep cervical planes, with no overlying inflammatory signs. Diagnostic workup included cervical ultrasound, contrast- enhanced AngioMRI and AngioCT. Imaging demonstrated multiple multilocular vascular lesions bilaterally in the cervicofacial region, with extensive right-sided trans-spatial extension involving masticator, parotid, submandibular, and sublingual spaces, compressing the right internal jugular vein and contacting the carotid vessels. A component extended into the right glottic region causing mild airway narrowing. Cervical dissection was performed with excision of the right angulo-mandibular tumor and level Va lymph nodes under general anesthesia with orotracheal intubation. Intraoperatively, the mass was intensely vascularized; ligation of the right thyrolingofacial trunk and facial artery was required. Postoperative evolution was favorable.

Results: Histopathological examination identified a thrombosed hemangioma (vascular spaces of variable calibers, papillary endothelial structures, organized thrombi, and adjacent normal salivary tissue) with reactive lymph node changes; resection margins were tumor-free. Postoperatively, the patient demonstrated stable hemodynamic and respiratory parameters, good wound healing, and no early complications. Drain

removal was performed between postoperative days 2–6, sutures were removed and the patient was discharged with wound care, lifestyle, and follow-up recommendations.

Conclusions: This case highlights the complexity of diagnosing and treating extensive cervicofacial hemolymphangiomas, which may present with long-term progressive enlargement and multi-space involvement. Comprehensive imaging, meticulous surgical planning, and coordinated postoperative care are essential to achieving safe resection and favorable outcomes.

Keywords: hemolymphangioma; cervicofacial mass; vascular malformation; cervical dissection; adolescent surgery

WEIL'S DISEASE PRESENTING AS SEPTIC SHOCK WITH MULTIORGAN FAILURE: A DIAGNOSTIC CHALLENGE – CASE REPORT

Oana-Maria Lazăr[1], Toçka Renato[1], Victor Tărîță[1], Octavian Dinescu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Leptospirosis is an uncommon zoonosis in Europe. Its severe form, Weil's disease, often presents with rapid multiorgan dysfunction that closely mimics bacterial septic shock or fulminant viral hepatitis. In non-endemic areas, this clinical overlap frequently leads to delayed diagnosis and increased mortality.

Objective: To report a severe case of Weil's disease initially managed as septic shock, emphasizing the critical role of occupational history and specific physical signs in guiding early appropriate therapy.

Material and methods: We analyzed the clinical course of a patient admitted with febrile ictero-renal syndrome. The diagnostic workup included a full biochemical panel, chest radiography, and specific serology (IgM ELISA, PCR). Common infectious etiologies were ruled out through negative blood and urine cultures.

Results: A 54-year-old agricultural worker presented with a 4-day history of high fever, severe myalgia, and jaundice. On admission, the patient was hypotensive (unresponsive to initial fluid resuscitation), tachycardic, and oliguric. Physical examination revealed marked icterus and bilateral conjunctival suffusion. Laboratory findings showed severe acute kidney injury (Creatinine 3.2mg/dL),cholestatic hyperbilirubinemia (14.8 mg/dL), and thrombocytopenia (62,000/µL). Chest X-ray demonstrated bilateral interstitial infiltrates. Initially treated for presumed septic shock, the patient's specific combination of symptoms led to a suspicion of Leptospirosis. Diagnosis was confirmed via positive PCR for L. interrogans. Treatment was adjusted to intravenous Ceftriaxone and corticosteroids. The patient showed gradual resolution of organ failure and was discharged with near-normalized renal and hepatic parameters by day 14.

Conclusions: The clinical triad of fever, jaundice, and renal impairment in patients with occupational exposure should trigger immediate suspicion of Weil's disease. Because the presentation mimics septic shock, recognizing distinct features like conjunctival suffusion is crucial. Empiric antibiotic treatment should be initiated early, without waiting for serological confirmation, to prevent irreversible organ damage.

Keywords: Weil's disease, Leptospirosis, septic shock mimic, acute kidney injury

TINY PATIENT, BIG CHALLENGE: GASTROSCHISIS IN A PREMATURE NEWBORN

Raluca Valentina Tomolea[1], Iustina Teacu[1], Eric-Florin Tofan[1], Serena Trifan[1], Andreea Răcean[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Gastroschisis is a congenital malformation characterised by a paraumbilical abdominal wall defect and protrusion of uncovered intestine. The absence of the peritoneum exposes the bowel to amniotic fluid, leading to inflammation, dilatation, and tangling.

Objective: This case report aims to highlight the complex management of this pathology with emphasis on early diagnosis and treatment and to demonstrate the importance of multidisciplinary care.

Material and methods: This report presents a late preterm newborn diagnosed antenatally with Gastroschisis and delivered through C-section for fetal wellbeing concerns. Postpartum, a nasogastric tube was inserted for decompression and passive gastric drainage, covered with a saline-soaked dressing, and transfered to the Neonatal Intensive Care Unit. After evaluation from the Paediatric Surgery department, a midline laparotomy was performed with reduction of the bowel loops into the abdominal cavity, and a silo bag was placed at the level of the abdominal wall.

Results: Postoperatively, the newborn needed respiratory support and total parenteral nutrition. The neonate was extubated after 7 days. Enteral feeding was tried on the 9th day with breast milk through intermittent gavage, but without success until the 16th day due to the presence of gastric biliary residue. The Silo bag removal and abdominal closure were conducted on the 13th day. On the 24th day of life, the patient developed anaemia, which was corrected with Isorhesus packed red blood cell mass transfusion. By the 27th day of life, full enteral feeding was successfully established with the appropriate formula, and the neonate was moved to a room-in system.

Conclusions: Gastroschisis is a rare malformation with a challenging management and remains a neonatal surgical emergency due to the

absence of protective peritoneal covering, predisposing the exposed bowel to complications. Despite these challenges, the prognosis can remain favourable if the management is multidisciplinary and includes appropriate surgical intervention alongside adequate nutritional support.

Keywords: Gastroschisis, laparotomy, gastric residue

OUTCOMES OF A MODIFIED INTRALESIONAL BLEOMYCIN TECHNIQUE FOR RECALCITRANT WARTS

Martina Alonzi[1], Araki Mohammed Ali[1], Awad Rhossoon[1], Kassas Ahmad[2], Mattia Mattarocci[3]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. The University of Oxford
3. Roma La Sapienza Hospital

Background: Recalcitrant warts, driven by human papillomavirus infection, pose a particular challenge in immunocompromised patients, including those with chronic kidney disease (CKD), who respond poorly to conventional therapies such as cryotherapy and topical agents. Intralesional bleomycin is used off-label for resistant lesions due to its antiviral and cytotoxic activity, yet the traditional 1.0 mL injection technique is limited by pain and rare but significant adverse effects. A modified low-dose approach that maintains efficacy while improving tolerability is therefore especially desirable in patients with reduced renal clearance.

Objective: This case series evaluated the efficacy, safety, and tolerability of a low-dose, multipuncture intralesional bleomycin technique ("paint and poke") for recalcitrant warts in immunocompromised adults with CKD stages 3–4

Material and methods: Eleven adults with CKD stages 3A–4 and warts unresponsive to at least two standard therapies (topical salicylic acid and ≥3 sessions of cryotherapy) were included. The modified protocol used a tenfold lower bleomycin concentration (0.1 mL). After applying 0.1–0.2 mL of bleomycin to the lesion surface, 5–20 superficial punctures were performed in a grid-like pattern to enhance intralesional diffusion. To reflect reduced renal clearance, the session dose was capped at 0.5 U. Sessions occurred every 3–4 weeks for up to four treatments. Primary outcomes were complete clearance and number of sessions required; secondary outcomes included recurrence at 3–6 months and adverse events.

Results: Complete clearance was achieved in 91% of patients. Responders required one to four sessions (median: three). One partial responder was lost to follow-up. No recurrences were observed during 4–6 months of post-treatment monitoring. Tolerability was high: four patients (36%) reported mild to moderate pain resolving within 48 hours without analgesics. Transient erythema, swelling, and black eschar formation occurred but healed without scarring. No significant adverse events were recorded, including ulceration, infection, ischemia, or systemic toxicity manifestations such as flagellate hyperpigmentation, reflecting the safety of the low-dose, superficial technique.

Conclusions: The low-dose multipuncture ("paint and poke") bleomycin method demonstrated a 90.9% clearance rate and excellent tolerability in CKD patients with recalcitrant warts. By delivering minimal, superficially applied drug, it avoids systemic exposure while maintaining strong therapeutic effect. Although limited by small sample size, these findings support this technique as an effective, safe, and accessible option for difficult warts unresponsive to standard care.

Keywords: bleomycin, resistant, warts, CKD, Multipuncture technique

RARE COEXISTENCE OF KAPOSI SARCOMA AND SPINDLE-CELL ANGIOSARCOMA IN A HIV-NEGATIVE PATIENT

Denis Suciaghi[1], Patrik-Marian Szekely[1], Eduard Teodor Todea[1], Ștefan Vunvulea[1], Andreea Cătălina Tinca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Kaposi sarcoma is an HHV-8-driven vascular neoplasm that typically presents as cutaneous lesions in immunosuppressed patients, mainly affecting HIV-infected patients. Angiosarcoma is a distinct, rare, aggressive malignant vascular tumour arising from endothelial cells, the simultaneous occurrence of these tumors being exceedingly rare.

Objective: This case aims to bring forward an unusual case of an HIV-negative 66 years old man known with Kaposi sarcoma who developed a large spindle-cell angiosarcoma on the lower limb.

Material and methods: The patient presented to the Surgery Department with a "monstrous" exophytic tumour of the left foot, in the same site as previously diagnosed Kaposi Sarcoma, prompting amputation of the second, third, and fourth toes. Histopathology of the amputated specimens showed a malignant vascular spindle-cell proliferation: irregular slit-like vascular spaces lined by pleomorphic spindle cells, with 55 mitoses per 10 high-power fields, and a mixed inflammatory infiltrate. Immunohistochemistry revealed diffuse strong CD31 and CD34 positivity of neoplastic cells, while HHV-8 staining was negative. These features confirmed a high-grade spindle-cell angiosarcoma, distinct from Kaposi sarcoma.

Results: Clinical and pathological evaluation confirmed two distinct vascular neoplasms: HIV-negative Kaposi sarcoma and a separate high-grade spindle-cell angiosarcoma arising at the same site. HHV-8 immunostaining and PCR detected viral DNA were present exclusively in the

previous Kaposi sarcoma lesion, whereas the angiosarcoma was HHV-8 negative and showed a markedly elevated Ki-67 index, highlighting its independent, aggressive biology.

Conclusions: This case illustrates two key points: Kaposi sarcoma may rarely occur in HIV-negative individuals and an unrelated high-grade angiosarcoma can develop concurrently, even within the same anatomical areas as previously diagnosed Kaposi sarcoma. The coexistence of these two vascular malignancies in a single patient is exceptionally uncommon. Our findings emphasize the need of thorough immunohistochemical evaluation and maintaining a high level of suspicion for additional primary tumours when Kaposi sarcoma shows an unusually aggressive course.

Keywords: CD31, CD34, HIV-negative, Kaposi sarcoma

A DIFFICULT AND RARE DIAGNOSIS IN A 70-YEAR-OLD MALE: EXTRASKELETAL MYXOID CHONDROSARCOMA

Patrik-Marian Szekely[1], Denis Suciaghi[1], Eduard-Teodor Todea[1], Andreea Cătălina Tinca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Extraskeletal myxoid chondrosarcoma is a rare soft-tissue malignant tumor that mainly occurs in male patients in the 50–60-year age range. It accounts for a small subset of soft-tissue sarcomas and is commonly found in the lower body, where it can cause pain due to its infiltration between the surrounding tissues.

Objective: To present the key clinicopathological features of extraskeletal myxoid chondrosarcoma, emphasizing its diagnostic challenges in tru-cut biopsies and characteristic morphological patterns.

Material and methods: A 70-year-old male patient presented to the Surgery Department complaining of pain in his left thigh. A CT scan revealed a 10-centimeter mass located within the muscle. Due to its location, imagistic characteristics, and infiltrative pattern, the surgeon decided that the risk of complete excision exceeded the benefit. Two tru-cut biopsies were performed at different time intervals, both showing fibrous tissue with a chronic inflammatory infiltrate mainly represented by lymphocytes and foreign-body-type giant multinucleated cells. The third biopsy was performed by a classic incision, which provided a larger sample. where a tumor proliferation with abundant myxoid pale stroma was identified. The malignant cells were arranged in small nests and formed intersecting cords and trabeculae. The immunohistochemical staining was positive for CD117 and S100, with a Ki-67 index of 15%.

Results: Microscopic appearance combined with immunohistochemical profile suggested a malignant myxoid mesenchymal neoplasm, most likely an extraskeletal myxoid chondrosarcoma

Conclusions: In conclusion, this case highlights the subtle histological profile of extraskeletal myxoid chondrosarcoma and the limitations of targeted sampling, as the diagnosis in this case was established on incisional biopsy, with both tru-cut biopsies missing the neoplastic component. It further underscores the importance of close communication with the clinician, ensuring that the biopsy is repeated as often as necessary, otherwise the diagnosis in these rare cases may be missed.

Keywords: CD117, extraskeletal myxoid chondrosarcoma, Ki67, malignant myxoid mesenchymal neoplasm, tru-cut biopsy

SEVERE COMPLICATIONS IN A CASE OF END-STAGE RENAL FAILURE ASSOCIATED WITH CHRONIC ALCOHOLISM

Emanuel Gagea-Horga[1], Daria-Simona Budurlean[1], Radu Motoc[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Chronic kidney disease (CKD) stage IV is a chronic condition, which leads to irreversible loss of renal parenchymal function. Inadequately controlled and associated with factors such as alcohol, nutritional deficiency and hydroelectrolytic disorders causes serious neurological, hematological, metabolic and cardiovascular manifestations. We mention that the patient is a chronic alcohol user, known for generalized tonic-clonic seizures, without treatment.

Objective: Correlation of chronic alcoholism with the severity of renal failure and the risk of epileptic seizures.

Material and methods: We present the case of a 45-year-old male with a history of stage IV CKD, complicated by stage III acute kidney injury at the time of presentation, essential hypertension grade II with high cardiovascular risk, ischemic cardiomyopathy, alcohol-related epilepsy, hypoanabolic syndrome, chronic alcoholism and smoking. He presented to the emergency department after two successive generalized tonic-clonic epileptic seizures, stopped with Diazepam, in an altered general condition, showing psychomotor agitation, partial spatiotemporal disorientation and poor cooperation.

Results: Laboratory tests indicated hypokalemia, hyponatremia and metabolic alkalosis, explained by the emetic syndrome, mixed anemia, very low glomerular filtration rate (GFR) (6.46 ml/min/1.73 m2), increased creatinine (8.85 mg/dL), uric acid and urea, while transaminases and total bilirubin were within normal limits. Creatine kinase levels were increased, but not sufficient to indicate rhabdomyolysis. The patient

obtained a Glasgow Coma Scale of 15 points, the neurological examination revealing mixed encephalopathy, positive bilateral Babinski sign, globally reduced segmental muscle strength, ethanol withdrawal syndrome, manifested by postural and resting tremor in all limbs, while the CT scan showed cortical atrophy. Ultrasound confirms grade I caliceal stasis in the right kidney and 2-3 bilateral parapyelic transonic images (with a maximum diameter of 1.2 cm in the right kidney and 0.9 cm in the left kidney). A urinary catheter is inserted, diuresis being at the lower limit of normal. Following hydroelectrolytic and acid-base rebalancing, GFR increases (19.28 ml/min/1.73 m2), creatinine decreases (3.58 mg/dL) and potassium levels normalize.

Conclusions: In the early phase, considering the nitrogen retention, initiating hemodialysis was considered, but after rehydration the evolution was favorable. Chronic anticonvulsant treatment, stopping ethanol consumption and avoiding neurotoxic, neuroexcitatory and nephrotoxic substances are recommended. The present case highlights the challenges of the medical act in the context of chronic alcoholism alongside serious comorbidities, such as heart and kidney failure, when patient compliance and multidisciplinary cooperation make the difference.

Keywords: chronic renal failure, epileptic seizures, chronic alcoholism

TOTAL CORRECTION OF CORONARY SINUS TYPE TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION IN A NEONATE USING INTRACARDIAC TUNNEL WITH HETEROLOGOUS PERICARDIAL PATCH

Emanuela-Patricia Vântu[1], Liliana Gozar[1,2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Emergency Institute for Cardiovascular Diseases and Transplantation of Târgu Mureș

Background: Total anomalous pulmonary venous connection (TAPVC) is a rare complex congenital cardiac malformation with a prevalence of 7–9 per 100,000 live births. The cardiac type of TAPVC, in which the pulmonary veins drain into the coronary sinus or directly into the right atrium, accounts for approximately 25% of all cases. However, the surgical correction is the definitive treatment, aiming to restore the anatomic continuity between the pulmonary veins and the left atrium.

Objective: The objective of this report is to present a case of coronary sinus type TAPVC in a neonate, highlighting the diagnostic challenges, surgical approach, and postoperative management leading to recovery.

Material and methods: We report the case of a 2-week-old male neonate, born at term by cesarean section with an APGAR score: 8/1 and 8/5, who developed clinical deterioration 8 hours after birth, with oxygen desaturations to 87%. Clinical and imaging assessment revealed a non-obstructive coronary sinus type TAPVC, associated with secundum atrial septal defect (ASD) with bidirectional shunt, patent ductus arteriosus (PDA) with bidirectional shunt, and moderate pulmonary hypertension. The patient underwent primary total surgical correction via open sternotomy, including enlargement of the ASD, redirection of the anomalous pulmonary veins into the left atrium through an intracardiac tunnel using a heterologous pericardial patch, and ligation of the PDA.

Results: Postoperatively, the patient developed cardiac tamponade and severe biventricular systolic dysfunction, requiring delayed sternal closure for 48 hours and multiple inotropic and vasoactive supports. Additionally, the patient experienced severe pulmonary hypertension, focal atrial tachycardia, and atrial fibrillation, all managed medically. Following cardiorespiratory and metabolic stabilization, the patient was transferred to the pediatric cardiology ward, where he showed gradual clinical improvement and was discharged in good general condition.

Conclusions: The coronary sinus type of TAPVC may be challenging to diagnose early, especially in the absence of severe obstruction. Surgical correction in the neonatal period remains the treatment of choice. Although it carries a significant risk, timely diagnosis, appropriate management, and intensive postoperative care can significantly improve prognosis and ensure a favorable recovery.

Keywords: cardiac total anomalous pulmonary venous connection, neonate, cardiac surgery, congenital heart defect

BIPOLAR-AFFECTIVE DISORDER IN ADOLESCENTS: AN ATYPICAL START AND THE LONG ROAD TO CORRECT DIAGNOSIS

Alexander Karl Merker[1], Britney Maria Helene Weiss[1], Marvin F. A. Thul[1], Papawarin Panrattanamongkol[1], Igor Nabiev[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Primorsky Kray Regional Clinical Child Psychiatry Hospital

Background: The endogenic psychiatric conditions in teenagers are often characterised by polymorphism, close connection to their forming personality traits and uneven, relapsing type of progression. That makes finding the right diagnosis an often untrivial task.Bipolar disorder has classically been characterised by the periods of changed - either decreased or abnormally elevated mood, energy levels and activity, lasting from days to weeks. It includes periods with changed mood, developing slowly and being intersticed with periods of relatively normal activity. There is a connection with seasons; sleep schedule and appetite are often altered.

Objective: This report presents an 18 year old female, with a family history of bipolar disorder and organic depression. She was often irritable, rude and unprovokedly aggressive.

Material and methods: Her past medical history included several psychiatric hospitalisations over a 4-year period. From 2018 onwards she received psychotherapy. Successively in order, she was hospitalised thrice throughout 2019, once in 2023 and 2025. The previous presentation and treatment approaches were characterised by the following:

Results: Her parents were prompted to search psychiatric help due to a physical confrontation with her teachers. She was treated for a proposed schizoaffective disorder. Before her second inpatient stay, she suffered a cold with a fever that exacerbated her psychiatric symptoms. A possible organic cause was then proposed, but could not be verified. She was treated with antipsychotics, antidepressants and lithium. Her third stay was prompted by a hallucinogenic episode after a period of highly elevated mood on a family trip. The current opinion is that this hallucination was drug induced. Her last stay before the current hospitalisation was characterised by an intensification of her symptoms. Her treatment with antipsychotics and antidepressants was not effective. Her diagnosis was adjusted to bipolar disorder. The justification being the lack of worsening of her personality changes or progression of thought disorders. The behaviour changes did not fit the definition of a simple personality disorder and shifted to more classic bipolar-like episodes later on. The treatment includes continued psychotherapy, valproates and cariprazine.

Conclusions: This disorder manifested itself with quite noticeable behavioural changes that did not fit into the framework of normal child psychiatry. Only due to the prolonged history of treatment was it possible to distinguish between a schizoaffective cause and a bipolar disorder diagnosis. Physicians should be conscious of this differential diagnosis, especially in cases where the symptoms of bipolar disorder vary from the typical presentation.

Keywords: Bipolar disorder, schizoaffective disorder, psychiatry, child and adolescent psychiatry

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DEEP VEIN THROMBOSIS AND PULMONARY EMBOLISM LEADING TO THE SUSPICION OF GASTRIC NEOPLASIA – A CASE REPORT

Alexia Balos[1], Sabrina-Nicoleta Munteanu[1], Anca Negovan[1], Monica-Cristina Pantea[1], Zsuzsánna Ágnes Szász[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Thromboembolism, including deep vein thrombosis (DVT) and acute pulmonary embolism (PE), can be the initial clinical manifestation of a hidden malignancy. Although gastric neoplasia typically presents with nonspecific gastrointestinal symptoms, it can induce a hypercoagulable state that precedes the cancer diagnosis by months.

Objective: To present a case in which acute DVT and PE served as initial clinical indicators prompting a malignancy workup and raising a high suspicion for underlying gastric neoplasia in a patient with concomitant thrombophilia mutations and recent minor trauma, re

Material and methods: The patient was evaluated at the Emergency County Clinical Hospital Târgu Mureș (November 2025). Diagnostic steps followed institutional protocols for DVT, PE assessment and malignancy screening.

Results: A 47-year-old male presented to the emergency department with acute right lower limb swelling, pain, and erythema, along with significant unintentional weight loss (10 kg over 3 months). His medical history was notable for recent minor trauma (a small sutured laceration of the right lower limb prior to admission). Initial laboratory findings revealed leukocytosis (11,400/μL), elevated CRP (106 mg/L), and a markedly elevated D-dimer level (5,000 ng/mL). Venous Doppler ultrasound demonstrated acute deep vein thrombosis extending through the right femoral–popliteal–tibial venous axis, as well as chronic saphenous vein thrombosis. Electrocardiography suggested pulmonary embolism, which was confirmed by CT pulmonary angiography showing acute bilateral arterial emboli and left lower lobe pneumonia. The patient was admitted to Internal Medicine Clinic No. 1 for further evaluation and management. Tumor marker analysis showed elevated CA19-9 (80.50 U/L) and CEA (12.10 ng/mL). Thrombophilia screening identified a heterozygous Factor V Leiden mutation and heterozygous MTHFR mutations. Contrast-enhanced CT revealed an extensive ulcerative gastric lesion, indicating the need for an upper endoscopy, which confirmed erythematous pangastritis, identified a gastric polyp (which was resected), a duodenal pseudopolyp, and raised suspicion for linitis plastica (not confirmed by histopathological examination). Given these findings, a thorough diagnostic workup and endoscopic ultrasound (EUS) with biopsy sampling are still needed to complete the diagnostic assessment. The patient received therapeutic low-molecular-weight heparin (continued even after discharge) and a proton pump inhibitor.

Conclusions: This case emphasizes that extensive DVT and acute PE in a relatively young individual should raise consideration of an underlying malignancy, even in the absence of dyspeptic symptoms, especially in the presence of additional risk factors. Early recognition of neoplasia-associated thrombosis can significantly influence the therapeutic decisions and patient outcomes.

Keywords: gastric neoplasia suspicion, thrombosis

AUTO-BREWERY SYNDROME: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE IN A YOUNG PATIENT WITH HEPATIC STEATOSIS - A CASE REPORT

Răzvan Adrian Ciocan[1], Carla Denisa Porcuțan-Spitzer[1], Tudor Mihai Rădeanu[1], Mark Buzle[1], João Francisco Pereira[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Hospital LUZ

Background: This clinical case follows a young female patient presenting with chronic gastrointestinal symptoms (abdominal pain, distension, constipation/diarrhea alternans). The patient was diagnosed in France in 2022 with Auto-Brewery Syndrome (ABS), a rare condition involving the fermentation of carbohydrates in the intestine and the production of endogenous ethanol.

Objective: The aim of the medical follow-up was to investigate and manage the etiology of the abdominal discomfort, to objectively confirm the presence of ABS through testing (blood alcohol, SIBO, microbiome), and to establish a therapeutic plan including dietary modifications and medication.

Material and methods: A 38-years-old-patient was evaluated through a series of clinical consultations in general medicine and gastroenterology, along with imaging investigations including ultrasound, CT, and MRI. Laboratory testing included a SIBO assessment, which returned positive, as well as blood ethanol measurement that showed a morning value of 1.19 g per liter despite no alcohol intake. The patient additionally used a breathalyzer for selfmonitoring and recorded alcohol levels after each meal while following a strict dietary regimen.

Results: Imaging revealed mild hepatomegaly with a cranio-caudal liver axis of approximately eighteen centimeters and diffuse grade one hepatic steatosis, findings that were consistent with elevated triglycerides of 528 milligrams per deciliter and a past history of alcohol consumption. Alcohol measurements demonstrated a clear rise in blood alcohol levels after food intake even under controlled dietary conditions, with values ranging from slightly above one gram per liter to peaks above two grams per liter depending on the meal. Long-term lifestyle improvements, including cessation of smoking and alcohol, regular physical activity, and dietary adjustments, led to a gradual decline in blood alcohol levels, eventually reaching about 0.7 g per liter or zero in the morning

Conclusions: The diagnosis of ABS was confirmed by positive blood alcohol tests in the absence of alcohol intake, accompanied by a positive SIBO test. Hepatic complications (steatosis) and gastrointestinal symptoms necessitate a multidisciplinary management approach, including total alcoholic abstinence and a strict diet (e.g., FODMAP type) to control intestinal fermentation and reduce ethanol levels. The treatment plan appears effective, leading to subjective improvement and a

decrease in BAC over time.

Keywords: endogenous ethanol, fungi, intestinal dysbiosis, hepatomegaly, Low-FODMAP diet

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WHEN THE BIOLOGICAL CLOCK CAN'T KEEP UP WITH THE SCHEDULE: SOCIAL JETLAG IN MEDICAL STUDENTS

Andra Iacob[1], Constantin Nistor[1], Andreea-Oana Pop-Bandrabulă[1], Maria Nistor[1], Maria Dorina Pașca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Social jetlag (SJL) is defined as a chronic discrepancy between the body's natural circadian rhythm and the imposed social schedule, causing most people to wake up earlier than would be natural or to delay sleep on weekends to compensate for accumulated deficit. This form of circadian misalignment has been associated with sleep deprivation and suboptimal functioning of the organism. Objective: The objective of this study was to determine the prevalence of SJL among medical students and the different chronotype distributions, alongside investigating the relationship between chronotype and SJL severity.

Material and Methods: A cross-sectional study was conducted between October and December 2025, on a sample of 161 students in medical fields (mean age 23.4 ± 1.9 years, 72.0% female). Data was collected voluntarily and anonymously using a self-designed online questionnaire with 5-point Likert scale items. Both chronotype and SJL severity were assessed by calculating the mean score of their respective items. For chronotype, evening-oriented items were reverse-coded before averaging. SJL scores were classified as: absent/mild (<2.5), moderate (2.5–3.49), and severe (≥3.5).

Results: The distribution of chronotypes revealed that 39.1% (n=63) are morning types, 20.5% (n=33) are intermediate, and 40.4% (n=65) are evening types. Data analysis highlighted a very high prevalence of SJL, with 89.4% of students registering moderate (26.7%) or severe (62.7%) levels. This was evidenced by significantly later wake-up times on weekends and extended catch-up sleep. The analysis confirmed a statistically significant relationship between chronotype and SJL severity ($p < 0.001$): 78.5% of evening-type students reported severe SJL, compared to 46.0% of morning types.

Conclusions: The alarming prevalence of SJL among medical students, particularly evening types, highlights the urgent need to raise awareness regarding the consequences of circadian misalignment. Sleep hygiene education and personalized scheduling strategies could help students find a better balance between their biological rhythms and academic demands.

Keywords: Social Jetlag, Chronotype, Biological Rhythm, Misalignment, Students

A COMPLEX CASE OF MULTISYSTEM SARCOIDOSIS WITH SEVERE POLYPHARMACY ALLERGIES AND CHRONIC RESPIRATORY FAILURE

Beatrice Helen Wenzel[1], Sara Marie Vintila[1], Monica Copotoiu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Sarcoidosis is an inflammatory disease that afects multiple systems and can present with variable clinical manifestations. It can often be complicated by pulmonary involvement, chronic respiratory failure, and significant functional impairment. Management in itself can already present specific challenges, which can be worsened by coexisting pathologies such as spinal pathologies, chronic pain syndrome, severe ventilatory dysfunction, and multiple drug allergies. This case illustrates the diagnostic and therapeutic challenges in a patient with advanced pulmonary sarcoidosis, multilevel disc disease, and extensive drug allergies and intolerances.

Objective: To present the evaluation, multidisciplinary management, and clinical progression of a patient with stage 2 pulmonary sarcoidosis, chronic respiratory failure, and complex comorbidities.

Material and methods: A 49-year-old female patient with a history of C4-C5 disc herniation surgery, trauma-related spinal injuries, bronchial asthma, severe mixed ventilatory dysfunctions, pulmonary hypertension, and drug allergies (including corticosteroids, cyclophosphamide, paracetamol, algocalmin, and several antibiotics). She was readmitted due to worsening systemic symptoms. CT scans of the cervical spine, brain, thorax, and abdomen were performed. Ophthalmological evaluation, ECG, and detailed neurological and musculoskeletal examinations were conducted. Treatment included IVIG (intravenous immunoglobulin), symptomatic management, bronchodilators, cardiovascular medications, local analgesics, and physical therapy.

Results: The patient presented with generalized malaise, dyspnea, polyarthralgia, spinal pain with radiculopathy, photophobic headaches, and worsening symptoms upon exertion. Physical exam revealed difuse spinal tenderness, decreased muscle strength, positive radiculopathy tests, reduced reflexes, and signs consistent with chronic ventilatory impairment. Imaging confirmed post-surgical cervical fusion changes, degenerative lumbar disc disease, large mediastinal adenopathies, and stable pulmonary sarcoidosis lesions. Neurological imaging showed no acute intracranial pathology. During hospitalization, the patient received IVIG cycles and symptomatic treatment, with partial relief of pain and respiratory symptoms. Allergic reactions limited several analgesic and vitamin therapies. The clinical picture remained consistent with chronic stage II pulmonary sarcoidosis, chronic respiratory failure, and complex chronic pain syndrome.

Conclusions: The presented case highlights the challenges of managing sarcoidosis complicated by severe ventilatory dysfunction, extensive spinal pathology, and multiple medication allergies, which restrict the first-line treatment. IVIG, oxygen therapy, patient-specific pharmacological management, and physical rehabilitation were the main focus of the treatment. A multidisciplinary follow-up is mandatory to ensure treatment safety and monitor disease progression.

Keywords: Sarcoidosis, chronic respiratory failure, IVIG, multi-morbidity.

CORRELATION BETWEEN SEVERE HEREDITARY AXONAL NEUROPATHY (CMT2) AND MULTIPLE LIPOMATOSIS: CLINICAL AND GENETIC IMPLICATIONS — A CASE REPORT

Răzvan Adrian Ciocan[1], Florin Tripon[1], Carla Denisa Porcuțan-Spitzer[1], Ingrid Bernadett Gogucz[1], Adina Stoian[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: A 57-year-old patient with a history of type 2 diabetes and subcutaneous lipomatosis for over 20 years was evaluated for a progressively worsening motor and sensory deficit in the lower limbs over the past six years. Previous tests showed a severe axonal polyneuropathy, and the hospitalization aimed to conduct further investigations through genetic testing and to establish a differential diagnosis in this complex clinical situation.

Objective: The main objective of the investigations was to establish a definitive diagnosis for the patient's progressive polyneuropathy. This involved genetic confirmation via WES, which identified the likely pathogenic MME c.1317+2T>C variant, leading to the diagn

Material and methods: Genomic testing by WES identified the MME c.1317+2T>C variant, which is considered likely pathogenic and associated with Charcot-Marie-Tooth disease type 2T, a hereditary axonal polyneuropathy. The HOXA13 c.25C>A variant was also detected but deemed irrelevant in this case. Electroneurography and electromyography confirmed severe sensorimotor axonal polyneuropathy in the lower limbs with motor inexcitability, signs of both acute and chronic denervation, and early axonal damage in the upper limbs. Neurological examination revealed a steppage gait, inability to walk on tips and heels, bilateral paresis of the common popliteal nerves, muscle atrophy, pes cavus, and absent deep tendon reflexes in the lower limbs.

Results: The diagnosis was severe hereditary sensorimotor axonal neuropathy CMT2, supported by clinical, electrophysiological, and genetic data. The patient's phenotype is characterized by progressive distal involvement, foot deformities, muscle atrophy, and marked axonal loss in the lower limbs. Comorbidities include extensive lipomatosis, type 2 diabetes, and renal cysts. Etiological differentiation of lipomatosis included Madelung disease, considered unlikely due to its atypical distribution; familial multiple lipomatosis without anamnestic support; lipomatosis secondary to metabolic causes as a plausible variant; and lipomatosis associated with peripheral neuropathies, rarely documented and without a demonstrated link to CMT2T. For polyneuropathy, the most likely diagnosis is CMT2T, while diabetic neuropathy, toxic, and mitochondrial neuropathies were considered less likely.

Conclusions: The case highlights a severe hereditary axonal polyneuropathy called CMT2T in a patient with lipomatosis of mixed etiology. There is no shown link between the MME mutation and lipomatosis. Combining genetic, electrophysiological, clinical, and metabolic investigations is crucial for making the correct diagnosis and understanding the interaction between hereditary neuromuscular diseases and metabolic comorbidities.

Keywords: CMT2T, Multiple Lipomatosis, MME, Axonal Polyneuropathy, Genetic Testing

CASEOUS CALCIFICATION OF THE MITRAL ANNULUS: A RARE MITRAL VALVE LESION MANAGED WITHOUT SURGERY.

Nicola Paula Andras[1], Alexia Balos[1], Tudor Radeanu[1], Antonio Azoitei[1], Ramona Costantin[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Spitalul Sf. Constantin Brașov

Background: Caseous calcification of the mitral annulus (CCMA) is a rare degenerative condition that represents a significant variant of mitral annular calcification, characterized by a central caseous core surrounded by peripheral calcification. Its heterogeneous imaging characteristics frequently mimic more severe pathologies and can be erroneously interpreted as an abscess, primary cardiac tumor, or infective endocarditis. Recognizing CCMA is crucial, as the condition is generally benign, and conservative management is sufficient, thereby avoiding unnecessary surgical interventions. Optimal management remains individualized, taking into account the degree of valve dysfunction, comorbidities, and surgical risk.

Objective: This report highlights a rare case of severe mitral regurgitation resulting from caseous calcification of the mitral annulus, where accurate imaging studies enabled a diagnosis that made it possible to implement guideline directed medical treatment alone,

Material and methods: We present the case of a 68-year-old female patient who presented to the cardiology department with progressive dyspnea on minimal exertion. Her medical history showed severe arterial hypertension, type II diabetes, dyslipidemia, chronic venous insufficiency, and obesity, presenting a high-risk comorbidity profile. A thorough clinical assessment, biomarker analysis, electrocardiograms, and various imaging techniques (TTE, TEE, cardiac MRI) were utilized to evaluate mitral valve dysfunction associated with CCMA

Results: The electrocardiogram showed fragmented QRS complexes in aVF, indicating a potential structural heart condition. The initial transthoracic echocardiography revealed significant eccentric mitral regurgitation due to severely diminished mobility of the posterior mitral leaflet, along with a hyperechoic mass that was attached to the posterior mitral annulus. Additional multimodal imaging, consisting of transesophageal echocardiography and cardiac MRI, further defined the lesion as caseous calcification of the mitral annulus (CCMA) extending from P3 to P2. The utilization of pharmacological therapy resulted in fast clinical improvement, as shown by enhanced exercise capacity relief from dyspnea, and a decrease in congestion, allowing the patient to progress from NYHA II to I. A follow-up transthoracic echocardiography verified the lack of structural deterioration, revealing persistent but compensated mitral regurgitation with no further annular enlargement.

Conclusions: Correct identification of CCMA is essential to prevent misdiagnosis and the potential for unnecessary surgical procedures. In this case, enhanced medical treatment resulted in considerable clinical improvement, illustrating that for high-risk patients, improved medical management led to significant clinical progress. This highlights the necessity for a personalized approach to valvular disease in patients facing intricate comorbidities.

Keywords: caseous mitral annulus calcification, mitral regurgitation, and cardiac MRI

LARGE INTRACEREBRAL HEMATOMA CAUSED BY A RUPTURED BRAIN AVM: DIAGNOSTIC AND THERAPEUTIC CONSIDERATIONS

Diana-Maria Major[1], Cosmina Nicolae[1], Andrei Manea[2], Andrei Cora[2], Ioana Hălmaciu[1,2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Cerebral Arteriovenous Malformation (AVM) is a neurovascular injury characterized by a tangle of blood vessels created between an abnormal arterial-venous connection that lacks capillarity involvement. Although, they are not neoplastic lesions, they have a tendency to increase in size over time. These malformations are frequently detected in acute clinical settings due to their heterogeneous presentation: approximately 66% of patients present with intracranial hemorrhage at onset, about 20% develop seizures, while roughly 15% remain asymptomatic.

Objective: This case highlights the imaging and therapeutic features of a fronto-temporo-parietal AVM complicated by a large intraparenchymal hematoma, emphasizing the critical role of rapid diagnostic imaging. CT for immediate detection of hemorrhage and mass effec

Material and methods: A 63-year-old male presents to the Emergency Department with a sudden, extremely intense headache, followed by impaired consciousness. On arrival, his GCS is 10, with somnolence, confused verbal responses, and slowed but appropriate motor responses. The patient shows mild right-sided motor asymmetry and specific clinical signs of intracranial hypertension such as: vomiting and photophobia. The emergency CT scan showed an acute right hemispheric intraparenchymal hematoma in the fronto-parietal region,

producing significant mass effect with a 6 mm leftward midline shift and compression of the ipsilateral ventricular system. Afterwards, the patient is transferred to interventional radiology, where two angiographies revealed a large right fronto-temporal AVM for which the embolization procedure was performed. Furthermore, he is taken to neurosurgery for a decompressive craniectomy with hematoma evacuation, aimed at reducing intracranial pressure and correcting the midline shift.

Results: Postoperative evolution was favorable, with a residual intraparenchymal hematoma and right hemisphere edema causing moderate mass effect, midline shift is minimal, without severe compression. Ongoing clinical and imaging follow-up is required for complete resolution.

Conclusions: Cerebral AVMs are diverse vascular lesions that need a tailored, multidisciplinary therapeutic strategy. Careful evaluation of treatment and related risks is essential to optimize patient outcomes. Imaging, guided the diagnostic pathway and therapeutic decisions throughout the case, offering precise characterization of the AVM and associated hematoma, ensuring coherent postoperative evaluation that supported a good prognosis.

Keywords: AVM, hematoma, angiography, embolization procedure

A DIAGNOSTIC CHALLENGE: METASTATIC ADENOCARCINOMA PRESENTING AS A CERVICAL LESION

Britney Maria Helene Weiss[1], Alexander Karl Merker[1], Marvin F. A. Thul[1], Saina Valia[1], Sabin Gligore Turdean[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Metastatic involvement of the uterine cervix from extragenital primary tumors is extremely rare, representing less than 1% of all cervical malignancies. Among these, metastases from the gastrointestinal tract are exceptionally uncommon and pose significant diagnostic challenges due to overlapping morphological features with primary cervical adenocarcinomas. Accurate diagnosis requires detailed histopathological and immunohistochemical evaluation to distinguish primary from secondary tumors and guide clinical management.

Objective: To present a rare case of cervical involvement by a metastatic gastrointestinal adenocarcinoma, emphasizing the role of combined histopathology, immunohistochemistry, and subsequent imaging studies in identifying the true primary tumor site.

Material and methods: A cervical biopsy was obtained from an 83-year-old woman admitted with clinical suspicion of cervical dysplasia. The biopsy specimen underwent gross and microscopic pathological examination. Immunohistochemical analysis included CK20, CDX2, AE1/AE3, CK7, CEA, p16, ER, PR, PAX8, vimentin, Ki-67, and p53. Following the pathological diagnosis, additional investigations (including imaging studies and colonoscopy) were performed to identify the primary tumor source.

Results: Gross examination revealed a 30 × 20 × 3 mm whitish, friable, cauliflower-like tissue fragment. Microscopically, the biopsy showed irregular glandular and villous proliferation lined by columnar epithelial cells with marked cytonuclear atypia, abundant pale cytoplasm, and pleomorphic hyperchromatic nuclei. Immunohistochemistry demonstrated strong diffuse positivity for CK20, CDX2, and AE1/AE3, with focal expression of CK7, CEA, and p16. The proliferation index (Ki-67) was approximately 65%, and p53 showed weak focal positivity. ER, PR, PAX8, and vimentin were negative. The immunoprofile supported the diagnosis of adenocarcinoma most likely originating from the gastrointestinal tract and secondarily involving the cervix. Subsequent colonoscopy and imaging confirmed the presence of an ulcerative-vegetative tumor in the recto-sigmoid region, consistent with the identified primary site.

Conclusions: This case demonstrates the critical importance of integrating histomorphological features with immunohistochemical findings when evaluating cervical biopsies with atypical glandular morphology. Recognizing the possibility of metastatic lesions is essential for accurate diagnosis. A multidisciplinary approach—including imaging and gastrointestinal evaluation—is crucial for identifying the primary tumor and optimizing patient management.

Keywords: Cervical Metastasis, Gastrointestinal adenocarcinoma, Immunohistochemistry

PYODERMA GANGRENOSUM: AN UNUSUAL COMPLICATION POST-CAESAREAN SECTION

Ioana Cristina Tat[1], Rebeka Larisa Szabo[1], Mihai Emil Capilna[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Pyoderma gangrenosum(PG) is an extremely rare neutrophilic dermatosis, characterized by ulcerative skin lesions with violaceous edges that can appear after minor trauma.

Objective:This case report highlights the importance of timely diagnosis and appropriate therapeuthic management of PG following C-section.

Material and methods:A 29-year-old woman, gesta secunda, para secunda, 34 weeks of gestational age has presented at the Emergency Department of Brașov with painful uterine contractions.Blood tests showed leucocitosis(20.200 10^9/L), neutrophilia, elevated C-reactive protein(CRP-96mg/L) and according to the ultrasound, fetus was in cephalic presentation.Antibiotics(Ceftriaxone,Azitromycin) and tocolytic therapy were initiated;microbiological results(urine,cervix) were negative.Due to the appearance of sistematic uterine contractions and cer-

vix modifications, a C-section was performed to deliver the fetus. Inflammatory markers were still increasing, despite changing antibiotics with Meropenem, so an MRI was required(abdominal walls showed inflammatory modifications).An abdominal surgery was performed and purulent secretion was extracted from the aponeurotic region (Staphilococcus Aureus-positive). The patient's condition was improving after debridement and drainage. After 3 days, inflammatory markers have increased again and an exploratory laparotomy was necessary;it showed uterine abscess, endometritis and purulent fluid on muscular and aponeurotic plans-the culture from cervix showed Mycoplasma hominis and Ureaplasma spp. Considering all complications, a hysterectomy with preservation of the adnexa, peritoneal cavity drainage and cuteneous aspiratory drainage were performed. A different combined cure of antibiotics was administred and the prognosis seemed to be favorable. After another 5 days,CRP was 326mg/L, so one more exploratory laparotomy took place:purulent deposits and tissue necrosis areas were observed in muscular and aponeurotic plans.The wound was debrided and two abdominal drainage tubes were placed. Meanwhile, the cardiac function was collapsing (myocarditis, ejection fraction-25%, severe mitral and tricuspid regurgitations) so the patient was transferred to SCJU Târgu Mureș.Our patient was admitted to the ICU and after stabilization, a tissue biopsy was realized: neutrophilic dermatosis characterized by the presence of dermal microabscesses and granulocytic inflammatory infiltrate while the macroscopic examination showed necrotic ulcers with violaceous edges in both iliac fossae and pelvic field. Adding the poor response to all antibiotics regimens, the diagnosis of PG was confirmed.

Results:NPWT(negative-pressure wound therapy) was applied to improve the wound healing process. A rheumatology consultation was recommended (circulating immune complexes-119UF) so Prednisone 25mg/day was initiated. The Plastic Surgery Department was involved to close the affected areas using skin graft from the thighs.

Conclusions:PG is estimated to 3-10 cases/million people/year. In our patient's case early identification,prompt intervetion and multidisciplinary collaboration were the keys in treating PG.

Keywords:pyoderma gangrenosum, post-caesarean, NPWT

EMOTION-RECOGNITION DEFICITS AND APATHY IN A 22-YEAR-OLD: UNMASKING BILATERAL THALAMIC CAVITATIONS

Awad Rhossoon[1], Martina Alonzi[1], Araki Mohammed Ali[1], Amrou Khawatmi[1], Raphael Bentegeac[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Faculty of medecine of Lille, France

Background: Apathy, anhedonia, and amotivation are common in major depressive disorder, but atypical features such as profound alexithymia, absent core affective symptoms, or social-emotional processing deficits should prompt investigation for an organic etiology. Although rare, bilateral thalamic lesions can primarily manifest with motivational and affective-processing impairments.

Objective: To describe a case of chronic apathy in a 22-year-old man initially treated as depression, in whom neuroimaging revealed bilateral thalamic lesions that guided management.

Material and methods: We report the clinical assessment, standardized neuropsychological testing (including facial emotion-recognition tasks), and brain MRI (T1, T2, FLAIR, DWI, and SWI sequences) performed in a 22-year-old patient admitted for progressive apathy and self-neglect.

Results: The patient exhibited severe apathy, anhedonia, and marked functional decline. He denied sadness, reported his internal states only as "motivated" vs. "unmotivated," and demonstrated autism-spectrum traits including impaired emotion recognition. Neuropsychological testing revealed isolated deficits in facial emotion recognition with otherwise preserved cognition and executive functioning. After failing an SSRI trial (fluoxetine), MRI performed because of these atypical features unexpectedly demonstrated extensive chronic bilateral thalamic cavitations with gliotic scarring, interpreted as remote/perinatal injury. Following multidisciplinary review, treatment was switched to low-dose aripiprazole, with significant improvement in self-care and return to studies over four months.

Conclusions: Atypical or SSRI-resistant psychiatric presentations should prompt early neuroimaging, as structural abnormalities, such as bilateral thalamic lesions, may underlie motivational and affective-processing deficits. Close collaboration between psychiatry and neurology is crucial for accurate diagnosis and management

Keywords: Thalamic lesions, apathy, alexithymia, emotion recognition, organic psychiatry, neuroimaging, aripiprazole, perinatal brain injury

COMPLEX MOSAIC ANEUPLOIDY IN A CHILD WITH GLOBAL DEVELOPMENTAL DELAY: A CASE REPORT

Ruxandra Cristea[1], Alexandra Roman[2], Alina Boglis[3]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
1. Emergency County Hospital Bacau
3. County Emergency Clinical Hospital of Târgu Mureș

Background: The challenge of genetic diagnosis of pediatric patients with non-specific symptoms such as global developmental delay with/without congenital anomalies often requires a sequential genetic testing strategy. Complex mosaic aneuploidies, interesting both sex chromosomes and autosomes, are uncommon and often go undiagnosed due to low-level mosaicism and tissue variability. The phenotype is heterogeneous and depends on the proportion of affected cell lines, which is mainly correlated with autosomal aneuploidy.

Objective: We report a case of a complex chromosomal aneuploidy in a pediatric patient who presented for medical genetics evaluation with a non-specific clinical phenotype.

Material and methods: The patient, a 7-year-old boy who presented with global developmental delay, microcephaly, ventriculomegaly, growth retardation, congenital hypothyroidism, microorchidism and facial dysmorphism. The phenotype was not attributed to a specific genetic syndrome. He was initially tested for the most common microdeletion syndromes using the MLPA (Multiplex Ligation-dependent Probe Amplification) technique, and subsequent conventional cytogenetic analysis was recommended.

Results: The MLPA analysis showed an abnormal result for the X chromosome (Xp and Xq), raising the suspicion of a sex-chromosome abnormality. After performing a karyotype on peripheral blood, it revealed mosaicism, including a sex-chromosome aneuploidy and an additional low-level autosomal cell line with trisomy.

Conclusions: The complex clinical manifestations in this patient were the result of a rare double aneuploidy, illustrating diagnostic challenges, such as limitations of molecular analysis in identifying low levels of mosaicism and the complex phenotype overlap between two distinct genetic conditions. Our findings underline the importance of combined genetic investigations for diagnosing and characterizing rare cases with complex chromosomal abnormalities.

Keywords: global developmental delay, mosaicism, aneuploidy, MLPA, karyotype

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THE CHALLENGING DIAGNOSIS OF MALIGNANT PERIPHERAL NERVE SHEATH TUMOR: A CASE PRESENTATION

Luiza Ana Răzăilă[1], Bianca Maria Pașca[1], Mona Mihaela Alexandru[1], Ovidiu Cotoi[1,2], Andreea Cătălina Tinca[1,2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Clinical Hospital of Târgu Mureș

Background: Malignant Peripheral Nerve Sheath Tumor (MPNST) is a rare and very aggressive cancer with origins in the neural crests, arising from the protective covering of peripheral nerves. These tumors usually appear sporadically or in association with the leading risk factor, Neurofibromatosis Type 1 (NF1). Diagnosing MPNST is challenging because of cellular dedifferentiation, which leads to loss of specific neural tissue markers.

Objective: The primary purpose of this case report is to highlight the histopathological and immunohistochemical diagnosis of high-grade MPNST in an elderly patient with an atypical presentation.

Material and methods: We present the case of a 70-year-old female patient who presented to the Plastic Surgery Department with a soft tissue tumor located on the left forearm. The lesion was surgically excised and submitted for examination.

Results: Gross examination revealed two excision specimens with a multinodular, solid, and cystic architecture, displaying alternating whitish and yellow-brown areas alongside zones of rupture. On the usual Hematoxylin-eosin stain, the lesion showed a cystic component characterized by abundant intercellular myxoid stroma and solid regions with intersecting fascicles of tumor cells exhibiting a storiform pattern. Significant nuclear pleomorphism, a high mitotic rate, and extensive areas of necrosis and hemorrhage were observed. Notably, the tumor infiltrated the deep resection margin. The immunohistochemical profile demonstrated focal S100 positivity and a Ki-67 proliferation index of approximately 80%. Genetic testing for NF1 was recommended.

Conclusions: Microscopic findings, corroborated by the immunohistochemical profile, are suggestive of a high-grade malignant neural crest tumor, MPNST. This case underscores the aggressive nature of the lesion, its unique histology, and the need for genetic testing to achieve a complete diagnosis.

Keywords: MPNST, immunohistochemistry, soft tissue sarcoma, S100, NF1.

A METABOLIC EMERGENCY BEHIND A FAMILIAR SYMPTOM: SEVERE DKA MIMICKING PANCREATITIS

Andreea-Oana Pop-Bandrabula[1], Adrienn Nemeth[1], Emilia Turucz[1], Andra Iacob[1], Constantin Nistor[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Diabetic ketoacidosis (DKA) is a severe metabolic emergency, yet its initial presentation can be unexpectedly misleading. When intense abdominal pain and vomiting dominate the clinical picture, particularly in diabetic patients with a history of pancreatic disease, clinicians risk premature diagnostic anchoring on gastrointestinal causes. Such presentations pose a significant challenge as early recognition of metabolic imbalance is essential in the emergency setting. Objective: To illustrate a critical diagnostic overlap where a presentation highly suggestive of recurrent pancreatitis concealed severe DKA, and to emphasize the necessity of prompt metabolic screening in diabetic patients presenting with acute gastrointestinal symptoms.

Material and methods: We present the case of a 30-year-old man with known Type 1 Diabetes (T1D) and a history of ethanol-induced acute pancreatitis. He presented to the emergency department with severe, band-like epigastric pain and repeated vomiting. Given his history and the “pancreatic” character of the pain, he was initially managed in the Emergency department with pantoprazole, fentanyl and ondansetron and evaluated by the gastroenterology team, who raised the suspicion of recurrent alcohol-related pancreatitis. A major diagnostic shift occurred upon extended evaluation. Arterial Blood Gas (ABG) showed profound metabolic acidosis (pH 6.84), alongside hyperglycemia (400 mg/dL). The abdominal computed tomography was normal. These findings were inconsistent with isolated pancreatitis. Severe DKA was immediately suspected and confirmed by elevated ketones and prerenal acute kidney injury. Agressive treatment with intravenous fluids, continuous insulin infusion, and close acid-base monitoring was initiated, leading to progressive metabolic improvement.

Results: This case powerfully illustrates the diagnostic challenge posed by severe DKA, which can act as a striking masquerader of acute abdominal pathology. The symptomatic overlap is especially dangerous in patients with a dual history of Type 1 Diabetes (T1D) and prior ethanol-induced pancreatitis The central takeaway is the need for a low threshold for metabolic suspicion: DKA must be immediately considered in any diabetic patient presenting with abdominal pain, regardless of their pancreatic history. Conclusion: The convincing mimicry of abdominal disease by severe DKA risks critical treatment delays. Routine early metabolic screening (capillary glucose, ketones, and ABG) is essential in all diabetic patients presenting with acute abdominal complaints. Recognizing this «pancreatitis-like» profile is key to overcoming the diagnostic overlap and improving patient outcomes.

Keywords: DKA, pancreatitis, metabolic acidosis

RECOGNIZING BIETT’S SIGN: A KEY DERMATOLOGIC MARKER OF SECONDARY SYPHILIS

Alexandra-Maria Miclăuș[1], Ștefana-Zamfira Roatiș-Chețan[1], Sara-Regina Cojan[1], Ali Imran Özatak, Ayşe Akman[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
1. Akdeniz University Turkey

Background: The infection with Treponema Pallidum, also known as syphilis, comes in four different stages: primary, secondary, latent, and tertiary. Untreated, the disease progresses through these stages. Secondary syphilis often displays a broad range of skin manifestations, which can make diagnosis challenging when a characteristic history is lacking.

Objective: This report highlights the clinical features observed at different stages of the disease to support more accurate recognition.

Material and methods: We present the case of a 52 year old male, who was admitted to our clinic due to lesions on his palms, later described as at first being copper-red to reddish brown papules, but now as lesions with peripheral scaling that lift slightly at the edges (known as “the collarette”), that form a ring around a central papule, small, symmetrical on his palmar regions, with well defined edges and painless. The description matches specifically the Biett’s sign, a classic indicator in secondary syphilis. Following the clinical examination, a mucous plaque was also noted on the tonsils, detailed as a slightly raised, smooth, and gray-white affected area. After a thorough medical history was taken, the patient related that he had an unprotected sexual activity 3 months ago, then a genital ulceration which resolved itself, specific to primary syphilis, and within a few weeks, the lesions aforementioned appeared. All of the historical and clinical information gathered leads to suspecting a sexually transmitted infection, namely syphilis.

Results: For paraclinical confirmation, blood samples were tested for specific antibodies to Treponema pallidum using the Treponema Pallidum Hemagglutination Assay (TPHA). The results came back as TPHA > 2560, indicating an active or recent infection. The tests were redone using new samples, for proper confirmation, and the results validated a definitive diagnosis of secondary syphilis.

Conclusions: Early treatment of syphilis leads to favourable outcomes and can prevent serious long-term complications. If clinical signs are correctly interpreted and a thorough medical history is obtained, the disease can be accurately diagnosed and treated, before it reaches advanced stages, where irreversible consequences such as neurological damage or vision problems may occur.

Keywords: secondary syphilis, Biett’s sign, medical history

RECURRENT UPPER GASTROINTESTINAL BLEEDING IN A PATIENT WITH METABOLIC DYSFUNCTION–ASSOCIATED STEATOTIC LIVER DISEASE: EXHAUSTED PROPHYLACTIC VARICEAL BANDING — A CASE REPORT

Maria Liliana Moldovan[1], Robert Antonio Man[1], Ioana Mihaela Cârtiță[1], Alexandra Elena Mitrache[1], Monica Pantea[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Metabolic dysfunction–associated steatotic liver disease (MASLD) is among the leading causes of chronic liver disease worldwide. Patients with type 2 diabetes mellitus, insulin resistance, and hypertension are at increased risk of progression to portal hypertension and esophageal varices.

Objective: To report the case of a 62-year-old woman with MASLD complicated with right portal vein thrombosis, non-smoker and non-alcohol user, presenting with multiple episodes of upper gastrointestinal bleeding (UGIB) manifesting as melena.

Material and methods: On admission, nasogastric lavage revealed fresh blood. Laboratory work demonstrated normocytic normochromic anemia (Hb 9.3 g/dL), moderate thrombocytopenia (90,000/μL), and hyperglycemia (385 mg/dL). Upper gastrointestinal endoscopy identified two grade II/III esophageal varices with post-ligation scars and portal hypertensive gastroduodenopathy. She had previously undergone three endoscopic variceal bandings (one prophylactic, two therapeutic). MRI excluded hepatocellular carcinoma. Repeated endoscopy during hospitalization resulted in placement of two additional ligations at high-risk stigmata and two prophylactic ligatures.

Results: Hemodynamic stabilization was achieved with improvement in hemoglobin levels and complete cessation of bleeding. No further episodes of UGIB occurred during hospitalization.

Conclusions: This case illustrates that despite prior prophylactic variceal banding, MASLD-related portal hypertension can progress to clinically significant variceal bleeding. A comprehensive approach resulted in a favorable clinical outcome . Close monitoring and early re-intervention are essential in patients with exhausted prophylactic banding strategies.

Keywords: upper gastrointestinal bleeding (UGIB); metabolic dysfunction–associated steatotic liver disease (MASLD); prophylactic variceal bandings

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IMPORTED MELIOIDOSIS MIMICKING TUBERCULOSIS:DIAGNOSTIC CHALLENGES IN A NON-ENDEMIC SETTING – A CASE REPORT

Oana-Maria Lazăr[1], Toçka Renato[1], Victor Tărîță[1], Octavian Dinescu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Melioidosis (Burkholderia pseudomallei) is endemic to Southeast Asia but remains a rare, imported pathology in Europe. Often termed “the great mimicker”, it frequently presents as severe pneumonia or sepsis, closely resembling tuberculosis. Due to intrinsic resistance to many standard antibiotics, delay in specific diagnosis carries a high mortality risk.

Objective: To report a case of severe imported melioidosis presenting as cavitary pneumonia, highlighting the critical role of travel history and advanced microbiological identification (MALDI-TOF) in ensuring patient survival.

Material and methods: We analyzed the clinical and microbiological data of a patient admitted with severe community-acquired pneumonia after international travel. The diagnostic workflow included blood cultures, chest imaging, and MALDI-TOF mass spectrometry for rapid pathogen identification.

Results: A 47-year-old male presented with high-grade fever (39.2°C), productive cough, and pleuritic pain five days after returning from Thailand. Anamnesis revealed a transient leg ulcer following exposure to flooded rice fields. Initial workup showed leukocytosis (17,455/μL), elevated CRP (236 mg/L), and mild hepatic dysfunction. Chest imaging displayed nodular opacities with cavitation, initially raising suspicion of pulmonary tuberculosis or septic emboli. The patient was started on empirical Piperacillin-Tazobactam, but showed no clinical improvement. Diagnosis was clinched when blood cultures grew Burkholderia pseudomallei, confirmed by MALDI-TOF MS. Therapy was immediately switched to intravenous Ceftazidime (induction phase, 2g every 8h). Fever resolved within 96 hours. The patient was discharged on oral Trimethoprim-Sulfamethoxazole for a 12-week eradication phase, with complete clinical and radiological recovery at follow-up.

Conclusions: Melioidosis should be included in the differential diagnosis for travelers returning from endemic regions with pneumonia unresponsive to standard therapy. The presence of cavitary lesions can easily be mistaken for tuberculosis. Clinicians in non-endemic areas must prioritize travel history, as early switch to Ceftazidime or Carbapenems is the only effective intervention to prevent fatal outcomes.

Keywords: Melioidosis, Burkholderia pseudomallei, imported infection, cavitary pneumonia

MANAGEMENT OF A PACIENT WITH LACUNAR STROKES AND SEVERE BILATERAL CAROTID STENOSIS – A CASE REPORT

Antonia-Maria Şomfalean[1], Ioana Moldovan[2], Andreea Petraşcu[2], Adina Stoian[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureş
2. County Clinical Hospital of Târgu Mureş

Background: Carotid artery stenosis is a major cause of ischemic stroke, particularly in elderly patients with advanced systemic vascular disease. Ongoing cerebral hypoperfusion can cause not only recurrent lacunar events but also major neurological incidents and worsening neurocognitive decline. Quickly identifying and treating critical stenosis is crucial to prevent these outcomes.

Objective: The following paper presents the clinical course, imaging findings, and therapeutic interventions in a case of lacunar ischemic stroke associated with severe carotid stenosis and highlights the importance of timely diagnosis and surgical treatment in prev

Material and methods: A 78-year-old patient with a history of hypertension, ischemic heart disease, and gouty arthritis presented with speech disturbances and right-sided motor weakness, beginning approximately four weeks before admission. The neurocognitive assessment revealed significant impairment, with a Mini-Mental State Examination (MMSE) score of 18 points, consistent with moderate cognitive deterioration. Paraclinical examinations were performed, revealing mild hyperglycemia, dyslipidemia, and a brain CT scan showing moderate cortico-subcortical atrophy, multiple lacunar lesions, and sinusitis. CT angiography and ultrasound also demonstrated severe bilateral stenosis of the internal carotid arteries and the left subclavian steal syndrome, indicating a high risk of neurological complications due to hypoperfusion. A left carotid endarterectomy was performed, followed by tailored antihypertensive therapy, antiplatelet treatment, and high-dose statin therapy.

Results: At discharge, the patient had a stable neurological status, with recommendations for vascular reassessment and planned contralateral carotid intervention.

Conclusions: Severe bilateral carotid stenosis with prolonged cerebral hypoperfusion can lead to neurocognitive impairment through cumulative lacunar injury, white matter ischemia, and disruption of frontal-subcortical circuits. Early recognition of cognitive symptoms, along with prompt vascular imaging and surgical intervention, is crucial to prevent progression to major stroke and irreversible cognitive decline.

Keywords: carotid artery stenosis, lacunar stroke, endarterectomy

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OPERATIVE OUTCOMES OF UNILATERAL ADRENALECTOMY FOR PRIMARY ALDOSTERONISM: A CASE SERIES

Hunor Ilonczai[1], Zsuzsánna Réti[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureş

Background: Primary aldosteronism (PA) is characterized by the renin-independent secretion of aldosterone, the suprarenal gland's hormone, a key regulator of blood pressure. It is a largely underdiagnosed condition with a significant, modifiable impact on cardiovascular morbidity and mortality.

Objective: We aimed to study the operative outcomes of patients who underwent unilateral adrenalectomy for primary aldosteronism.

Material and methods: 11 patients were included in the present retrospective study, conducted between 2020 and 2025, all of whom had a confirmed diagnosis of PA, based on plasma renin concentration / activity and plasma aldosterone concentration, according to the 2016 European Endocrine Society Primary Aldosteronism Guidelines. Patient and laboratory information were obtained from medical archives, organized and statistically analysed using GraphPad Prism software.

Results: The mean age of our patient group was 56.5, out of which 7 were women, 4 men. Hypertension, being the hallmark feature of PA was present in all cases, with a mean systolic blood pressure of 185.5 +/- 20.67 mmHg. The majority of patients (n=8) were treated with more than three antihypertensive drugs, almost all of them (n=9) presenting resistant hypertension. PA diagnosis was based on positive renin and aldosterone testing. Although it is not a mandatory feature of the disease, at the time of diagnosis, hypokalaemia was present in the majority of cases (n=9) with a mean value of 2.79 +/- 1.51 mEq/L. Adenomas were detected via abdominal CT scan imaging. Apart from one case, only unilateral adenomas were referred to surgery. 2 of them were right sided and 9 left sided. Average adenoma diameter was 19.85 +/- 17.67 mm. Unilateral adrenalectomies were carried out minimally invasively, to minimze complications and shorten post operative care time. The maximal systolic blood presisure decrease from the aforementioned preoperative values (185.5 +/- 20.67 mmHg) to 138.3 +/- 16 mmHg was statistically significant (p=0.0002), at 138.3 +/- 16 mmHg.

Conclusions: Early diagnosis and treatment of PA is crucial in the management of resistant hypertension. The disease's rarity is overestimated, systematic screening of the hypertensive population is advised, as it is suggested by the paradigm shift presented in the newly published 2025 Endocrine Society Primary Aldosteronism Guidelines.

Keywords: primary aldosteronism, adenoma, hypertension, adrenalectomy.

CRITICAL LIMB ISCHEMIA IN A PATIENT WITH COMPLEX MULTIMORBIDITY: A CASE-BASED ANALYSIS

Andra Viviana Băban[1], Mark Radu Buzle[1], Teodora Estera Ionică[1], Luiza Paula Andrieș[1], Krisztina Borbala Szalman[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Clinical Hospital of Târgu Mureș

Background: Peripheral arterial disease (PAD) associated with chronic venous insufficiency and multiple metabolic disorders poses substantial therapeutic challenges. In advanced stages, when critical limb ischemia (CLI) overlaps with chronic venous disease, the optimization of medical therapy becomes difficult, revascularization options are limited, and the risk of limb loss increases significantly. Managing such patients requires highly individualized strategies and coordinated multidisciplinary care.

Objective: This case aims to illustrate the complexity of therapeutic decision-making in a patient with advanced PAD, chronic venous insufficiency (C6), recently diagnosed diabetes, and long-standing cardiovascular risk factors. The objective was to highlight the difficulties in choosing optimal treatment in the context of severe arterial lesions, impaired distal flow, and substantial comorbidity burden.

Material and methods: We evaluated a 55-year-old male hospitalized for bilateral claudication worsening, a right-leg mixed ulcer, and a walking limitation of approximately 100 meters. Diagnostic workup included clinical examination, ankle–brachial index (ABI), arterial Doppler ultrasound, CT angiography, ECG, and laboratory testing. Therapeutic decisions considered the coexistence of severe arterial stenoses and occlusions, chronic venous disease, diabetes mellitus, obesity, hepatic steatosis, renal lithiasis, hypertension, smoking, and a history of right-leg fracture with osteosynthesis.

Results: Imaging demonstrated extensive calcified atherosclerotic lesions with multiple stenoses and occlusions of the iliac, femoral, and popliteal segments of the right lower limb, with distal revascularization only through collateral circulation. ABI confirmed moderate-to-severe ischemia (0.48–0.81). The coexistence of a chronic venous ulcer and C6 venous disease further complicated local management and healing potential.Therapeutic complexity was driven by: limited revascularization options due to calcifications and poor distal arterial bed, high risk of poor wound healing from venous insufficiency and newly diagnosed diabetes, polypharmacy challenges arising from multimorbidity and reduced functional reserve and lifestyle factors, including chronic smoking and obesity. The patient received optimized medical therapy including Alprostadil, Aspirin, Vessel Due, Pentoxifylline, statins, antihypertensives, and antidiabetics. Despite the difficult clinical context, the patient stabilized hemodynamically and symptomatically.

Conclusions: This case underscores the substantial therapeutic challenges in managing patients with simultaneously advanced PAD and chronic venous insufficiency. Decision-making is hindered by limited revascularization feasibility, impaired wound healing, and the cumulative effect of multiple comorbidities. Successful outcomes require multidisciplinary coordination, strict risk-factor control, and individualized pharmacologic strategies to delay disease progression and reduce limb-loss risk.

Keywords: Peripheral arterial disease; Critical limb ischemia; Multimorbidity; Therapeutic challenges; Chronic venous insufficiency

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NEUROPATHOLOGY OF LONG COVID: WHAT DO WE KNOW SO FAR?

Sara Lungu[1], Adriana-Teodora Malanca[1], Alexandra Maria Chiriac[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Clinical Hospital of Târgu Mureș

Background: Long COVID has emerged as a persistent clinical syndrome characterized by cognitive impairment, fatigue, headaches, and neuropsychiatric symptoms that can last months after acute infection. Although the clinical picture is well described, the underlying neuropathological changes remain incompletely understood. Recent studies, including autopsy series and experimental models, have begun to clarify potential mechanisms involving neuroinflammation, vascular injury, and delayed immune responses.

Objective: This review aims to summarize current neuropathological findings associated with Long COVID, based on recent publications indexed in PubMed, and to highlight patterns that may explain the neurological symptoms reported by patients.

Material and methods: A narrative review was conducted using peer-reviewed articles published in the last four years. Autopsy studies, neuropathological case series, experimental animal models, and translational research focusing on CNS involvement in COVID-19 and post-acute sequelae were included.

Results: Across multiple autopsy cohorts, the most consistent finding is the absence of widespread viral encephalitis. Instead, diffuse hypoxic-ischemic injury has been reported in a substantial proportion of cases. Several studies describe prominent microglial activation, particularly in the brainstem, cerebellum, and white matter, accompanied by perivascular macrophage infiltration. Mild lymphocytic inflammation has been described, though generally not in a pattern typical for viral meningoencephalitis. Vascular abnormalities, including microhemorrhages, endothelial disruption, and fibrin deposition, have been reported in both human autopsies and non-human primate models. These changes may reflect systemic inflammation and coagulopathy rather than direct viral invasion. Detection of SARS-CoV-2 RNA or protein in the CNS is inconsistent: some studies report low-level viral material by PCR or immunohistochemistry, while others find none, suggesting that persistent neurological symptoms are likely not driven primarily by ongoing viral replication. Together, these observations support a model in which Long COVID-related neurological symptoms may arise from sustained neuroinflammatory responses and microvascular dysfunction rather than direct cytopathic effects.

Conclusions: Current evidence indicates that Long COVID is associated with subtle but reproducible neuropathological alterations, most notably microglial activation and vascular injury. While direct viral presence in the CNS appears limited, the persistent immune activation and hypoxic-ischemic damage observed in multiple studies provide plausible mechanisms for the chronic neurological symptoms reported by patients. Further prospective studies with standardized tissue analysis are needed to clarify the spectrum and clinical relevance of these findings.

Keywords: Neuropathology, Vascular Injury, SARS-CoV-2

AIR POLLUTION AND ITS UNEVEN HEALTH BURDEN: A COMPARATIVE ECOLOGICAL ASSESSMENT OF CARDIOVASCULAR AND RESPIRATORY MORBIDITY IN TÂRGU MUREȘ AND SIBIU

Cătălina Berghea[1], Ștefan-Sorin Deaconescu[1], Iozsef-Loránd Ferencz[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Airborne particulate matter is widely recognized as a key environmental determinant of cardiovascular and respiratory disease. In Romania, recent national monitoring reports have highlighted striking differences in air quality between two neighbouring urban areas. Târgu Mureș consistently records some of the highest PM10 values nationally (21–30.3 μg/m³), whereas Sibiu ranks among the least polluted, with annual averages as low as 7–9.7 μg/m³. These contrasting profiles create a valuable setting to explore whether long-term exposure to particulate pollution may contribute to divergent patterns of population health.

Objective: This study evaluates whether the pronounced gap in ambient air quality between Târgu Mureș (high-pollution area) and Sibiu (low-pollution area) is reflected in differential levels of cardiovascular and respiratory morbidity at the population level.

Material and methods: A comparative ecological approach was employed. Air pollution indicators (PM10, PM2.5) were obtained from the National Air Quality Monitoring Network and official reports published by the Romanian National Institute of Public Health (INSP). Morbidity and healthcare utilization indicators for 2023—such as incidence of cardiovascular diseases, recorded pneumonia cases, and day-hospital activity—were extracted from the annual public reports issued by the Public Health Directorates of Mureș and Sibiu, supplemented by data from the Regional Health Services Masterplan and specialized clinical institutions.

Results: The analysis confirmed a persistent pollution gradient between the two counties: Târgu Mureș showed annual PM10 values between 21–30.3 μg/m³, while Sibiu remained within a significantly lower range (7–9.7 μg/m³). In 2023, Sibiu County (population 467,693) reported a circulatory disease incidence of 14.88‰ (6,923 new cases) and 6,733 pneumonia cases. Meanwhile, Mureș County exhibited the highest day-hospitalization rate in the Center Region (33,015 per 100,000 inhabitants) and recorded 5,971 cardiovascular patients discharged from the Institute of Cardiovascular Diseases, indicating a substantial clinical burden.

Conclusions: The marked difference in PM exposure between the two urban environments appears to align with notable disparities in cardiovascular and respiratory morbidity. Sustained high particulate pollution in Târgu Mureș may act as an aggravating factor contributing to greater chronic disease burden and increased healthcare utilization. These findings underline the need for targeted local public health policies addressing urban air quality and its long-term health implications.

Keywords: Air pollution; Particulate matter; Cardiovascular disease; Respiratory morbidity; Environmental health

CAN BEDSIDE DIAPHRAGM ULTRASOUND IN ASSISSTED MECHANICALLY VENTILATED ADULTS BE USED IN DAILY PRACTICE? A PROSPECTIVE METHOD DESCRIPTION

Britney Maria Helene Weiss[1], Mara Tănase[1], Martina Angiolini[1], Alexandru-Ioan Branea[2], Oana-Elena Branea[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Diaphragm dysfunction is common in critically ill adults receiving mechanical ventilation and may contribute to prolonged weaning. Ultrasound provides a non-invasive, bedside method to assess diaphragm activity, but routine clinical use requires a standardized and reproducible protocol.

Objective: To describe a structured, bedside ultrasound protocol for evaluating diaphragm function in mechanically ventilated adults, identify the conditions necessary for obtaining meaningful measurements, and assess the reproducibility of the protocol when performed by both a senior physician and a trained medical student.

Material and methods: Consecutive ventilated adults admitted to the intensive care unit were investigated if they had a consistent assisted ventilation pattern or if they breathed spontaneously, and had no obstructed acoustic windows. Patients with significant subcutaneous emphysema, bulky dressings, or chest tubes immediately over the probe sites were excluded. A high-frequency linear probe was utilised to determine thickness at the point of apposition between the anterior and mid-axillary lines. A low-frequency curvilinear probe was utilised to measure diaphragmatic excursion in the subcostal view. Measurements were taken at the end of expiration and peak inspiratory effort, with the probe pressure kept to a minimum. Diaphragm thickness, thickening fraction, and excursion amplitude were measured over three con-

secutive breaths and averaged. Observers, including a senior physician and a trained medical student, followed a defined protocol and carried out the exam independently to ensure reproducibility.

Results: The protocol can be performed for the most critically ill patients. Exams were unreliable during frequent coughing,or asynchronous breathing because image stability was poor. The medical student obtained interpretable images in a large majority of cases, with measurement variability comparable to that of the physician.

Conclusions: This method description demonstrates that a structured diaphragm ultrasound protocol can be integrated into daily bedside assessments in mechanically ventilated adults. With targeted training, the examination can be performed reliably by clinicians with different levels of experience and may support monitoring of diaphragm activity during mechanical ventilation.

Keywords: critically ill patient, diaphragm ultrasound, assisted mechanical Ventilation

PULSE PRESSURE IN SEPTIC SHOCK: WHAT CURRENT EVIDENCE TELLS US – A NARRATIVE REVIEW

Daria-Ștefania Catană[1], Orlando Sorin Ardelean[1], Andreea Ștefaroi[2], Teodora-Diana Matei[1], Oana Elena Branea[1,3]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Iuliu Hațieganu University of Medicine and Pharmacy of Cluj-Napoca
3. County Emergency Clinical Hospital of Târgu Mureș

Background: Septic shock is a severe circulatory disorder characterized by blood vessel dilation, impaired heart function, and inadequate tissue perfusion. Rapid hemodynamic assessment is essential for guiding fluid resuscitation and vasopressor therapy. Pulse pressure (PP) and pulse pressure variation (PPV) offer accessible, non-invasive or minimally invasive methods to assess fluid responsiveness and identify patients at risk for poor outcomes.

Objective: This review explores the use of pulse pressure and related measures for hemodynamic assessment, prediction of fluid responsiveness, and outcome forecasting in septic shock.

Material and methods: We conducted a narrative review using PubMed and Google Scholar with the keywords: “pulse pressure,” “fluid responsiveness,” and “septic shock.” Studies published from 2010 to 2025 were included to reflect current practices. Of the 35 articles initially identified, 10 peer-reviewed studies were selected for detailed analysis, focusing on those that conducted PPV measurements under all standard conditions: controlled mechanical ventilation with tidal volumes ≥ 8 mL/kg predicted body weight, sinus rhythm, absence of spontaneous breathing efforts, normal intra-abdominal pressure, and patients fully sedated and curarized.

Results: Evidence indicates that PP and PPV are valuable for hemodynamic assessment in septic shock. PPV reliably predicts fluid responsiveness in mechanically ventilated patients with normal heart rhythm and adequate tidal volumes, performing comparably to stroke volume variation. Static pulse pressure also has prognostic significance. Values below 40–45 mmHg[1] are consistent across multiple studies and recommended as a threshold by expert medical societies for evaluating the hemodunamics in critically ill patients. Changes in pulse pressure during treatment are informative: increases suggest improved stability, while persistently low PP indicates ongoing high risk. In older patients, sustained low pulse pressure correlates with higher 28-day mortality, serving as an early warning sign. Although advanced tools such as PiCCO offer more detailed data, PP-based measures remain practical, widely available, and useful in both ICU and prehospital settings.

Conclusions: Pulse pressure and PPV are accessible and clinically valuable measures in septic shock. PPV effectively predicts fluid responsiveness, while both static and dynamic PP readings provide important prognostic information. Using these measures together supports rapid bedside assessment and may help identify patients who require more aggressive or targeted treatment.

Keywords: pulse pressure, septic shock, hemodynamic assessment

MULTIMODAL PREANAESTHETIC EVALUATION OF DIFFICULT INTUBATION IN ADULTS: A PROSPECTIVE OBSERVATIONAL METHOD STUDY

Saina Valia[1], Mara Tănase[1], Martina Angiolini[1], Alexandru-Ioan Branea[2], Oana-Elena Branea[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Anticipating a difficult airway is essential in preanaesthetic evaluation to reduce perioperative risk. Traditional bedside assessments offer valuable information but have limitations, particularly in borderline or ambiguous cases. Ultrasound has emerged as a potential adjunct, yet its role in routine clinical practice remains variable. This study explores a structured, multimodal approach integrating both clinical and ultrasonographic parameters during standard preoperative consultations.

Objective: To describe a consistent, practical series of bedside clinical assessments and ultrasound measurements for identifying adults at risk of difficult intubation and illustrate their application in everyday practice.

Material and methods: This prospective, observational study included adults scheduled for elective surgery under general anaesthesia. During the preoperative consultation, each participant underwent combined clinical and ultrasound-based airway assessment prior to any airway in-

tervention. Clinical evaluation included oral aperture, thyromental distance, mandibular protrusion, cervical mobility, dental condition, presence of facial hair, obesity pattern, and features associated with obstructive sleep apnoea. Mallampati classification was performed with the patient seated, head in a neutral position, and without phonation. Cervical flexion and extension were assessed visually and based on patient-reported discomfort or restrictions. Ultrasound evaluation was performed with a high-frequency linear probe in the submandibular and anterior cervical regions. Measurements included tongue thickness, hyomental distance in neutral and extended positions, and epiglottis visibility. These ultrasound parameters were selected for their feasibility in routine practice and were used to supplement—rather than replace—clinical assessment. Each patient was categorised overall as “not difficult airway management” or “difficult airway management.“

Results: The study outlines the practical implementation of a multimodal airway evaluation strategy combining standard clinical criteria with focused ultrasound. Clinical assessment addressed anatomical and functional parameters traditionally linked to difficult intubation. Ultrasound provided quantifiable measurements—tongue thickness, hyomental distances, and epiglottis visibility—that complemented clinical impressions, particularly in cases where bedside findings were inconclusive. The integration of these methods yielded a structured, reproducible process for assigning patients to either a normal or potentially difficult airway category.

Conclusions: This study demonstrates the feasibility of integrating focused ultrasonography into routine preanaesthetic airway assessment alongside traditional clinical methods. The combined approach may support future investigations aimed at refining predictive thresholds and determining how multimodal assessment influences airway management strategies.

Keywords: preanesthetic evaluation, airway assesment, difficult intubation, ultrasound

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A THREE-WAY BATTLE: THROMBOSIS, INFECTION, AND VENOUS INSUFFICIENCY IN A PATIENT WITH AN ONCOLOGIC HISTORY

Daria-Simona Budurlean[1], Emanuel Gagea-Horga[1], Radu Motoc[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Pulmonary thromboembolism (PTE) and deep vein thrombosis (DVT) are major clinical entities of venous thromboembolic disease, potentially life-threatening, and frequently associated with elderly patients with multiple comorbidities. In the context of oncological history, thrombotic susceptibility is heightened by venous stasis, chronic inflammation, and previous therapies.

Objective: Illustration of a complex case involving an elderly female patient with an oncological history, diagnosed with chronic venous disease (CEAP 6), low-risk pulmonary embolism (PESI score class V), extensive bilateral deep vein thrombosis, and infected varicose ulcer, aiming to emphasize the importance of a multidisciplinary approach in managing associated conditions.

Material and methods: A 76-year-old female patient presented with significant edema of the left lower limb, dyspnea, and fatigue with minimal exertion. Her medical history included grade II arterial hypertension, gout, and breast neoplasia (operated, radiated, and chemotreated in 1995). Imaging investigations revealed a low-risk right lower lobe pulmonary embolism, initially a left- sided DVT, later extending bilaterally (tibio- popliteal and saphenous), while laboratory tests showed elevated D-dimer levels of 5000 ng/ml. Doppler ultrasound was initially performed by SMURD on one leg, and subsequently in our facility bilateral thrombosis was identified in both deep and superficial systems, along with an infected left varicose ulcer. Bacteriological examination of the ulcer wound secretion on the calf revealed Staphylococcus aureus MSSA and Streptococcus agalactiae, sensitive to beta- lactams but resistant to clindamycin and erythromycin.

Therapeutic management consisted of anticoagulants (low molecular weight heparin), targeted antibiotic therapy (beta-lactam/Cefort) adjusted according to the antibiogram, alongside chronic treatment for comorbidities (Milurit, diuretics, antihypertensives, statins) and nutritional/gastroprotective support. The evolution was closely monitored clinically and paraclinically, including repeated cardiological and bacteriological evaluations.

Results: Clinical improvement was remarkable, with efficient resolution of dyspneic symptoms and a significant reduction in limb edema. There was notable regression of the local varicose lesion, correlated with a marked decrease in microbial load, as shown by successive bacteriological tests. Stability of vital functions, particularly hemodynamic and respiratory, was maintained throughout hospitalization.

Conclusions: This case illustrates the complexity in managing elderly patients with oncological history and chronic venous disease, in whom thrombotic and infectious complications coexist. Favorable results underline the importance of early diagnosis, prompt anticoagulant treatment, and antibiotic therapy adjusted to the antibiogram, within an integrated and interdisciplinary approach.

Keywords: Pulmonary thromboembolism, Deep vein thrombosis

POPULATION BEHAVIOR IN SEARCHING AND USING MEDICAL INFORMATION

Alina-Elena Gargarea (Banu)[1], Maria Dorina Pasca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: The digitalization of society, which accelerated after the 2000s, continues to influence the way people seek and use medical information, transforming the traditional patient into a "digitally informed patient." Easy access to online medical information provides rapid access to knowledge but also poses challenges regarding the accuracy and reliability of available data.

Objective: To evaluate the behavior of the adult population in searching for and using medical information, identifying preferred and recommended sources by participants, ways of applying the information, and health-related beliefs in the context of digitalization.

Material and methods: This descriptive observational study included a sample of 305 adult participants from Romania, all over 18 years of age and with internet access. A structured online questionnaire was used, consisting of several sections assessing socio-demographic data (age, gender, environment of origin), preferred medical information sources, reasons for searching, ways of using information, and perceptions of public health. Data analysis was performed using descriptive statistics and association tests between variables.

Results: Preferred medical information sources were the family doctor (38%), the internet and specialized articles (32%), followed by medical specialists (19%) and family/friends (11%).

After obtaining information, 47% of respondents reported verifying the data through multiple sources before applying it, while 21% used it directly without additional medical consultation.

The most trusted sources were the family doctor (54%) and medical specialists (28%), but only 36% would recommend these sources to others — reflecting a critical attitude toward the quality of medical information.

Regarding health beliefs, 72% considered child vaccination an essential public health measure, whereas 18% believed that vaccination during the pandemic was ineffective, indicating the persistence of controversial opinions and the influence of online misinformation.

Conclusions: The behavior of the population in searching for and using medical information is complex and influenced by multiple factors. Most respondents show caution, verifying medical information through various sources. However, the persistence of inaccurate beliefs about vaccination and public health measures remains concerning, highlighting the need for actions promoting health digital literacy and combating medical misinformation.

Keywords: information, search, sources, misinformation, vaccination

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THERAPEUTIC SUPPORT ALTERNATIVES IN SCHIZOPHRENIA – ONE SIZE FITS ALL?

Orlando-Sorin Ardelean[1], Andreea Pricopie[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Schizophrenia is a chronic and debilitating psychiatric disorder affecting approximately 1% of the global population. It is characterized by positive, negative, and cognitive symptoms. Cognitive dysfunction significantly impacts clinical outcomes and treatment adherence, and is closely associated with alterations in lipid metabolism and systemic inflammation. Several studies have reported decreased serum levels of omega-3 fatty acids (EPA and DHA) in patients with schizophrenia, which may contribute to neuronal degradation and inflammatory comorbidities.

Objective: This abstract aims to evaluate the role of omega-3 fatty acids and their polyunsaturated derivatives (PUFAs) in modulating negative symptoms and cognitive dysfunction in schizophrenia. A secondary objective was to compare their effects in chronic versus prodromal patients.

Material and methods: A literature review was conducted on articles published between 2015 and 2025 in major electronic databases, using keywords such as "omega-3 fatty acids," "schizophrenia," "cognitive dysfunction," and "lipid metabolism." Relevant clinical studies were selected based on methodological quality, stated objectives, and possible limitations.

Results: Current antipsychotic treatments mainly target positive and negative symptoms, showing limited efficacy in improving cognitive deficits. Recent studies indicate an association between cognitive impairment, systemic inflammation (elevated IL-6, cortisol, and CRP), and lipid metabolism abnormalities not attributable to antipsychotic side effects. Energetic metabolism impairment in schizophrenia patients, accompanied by compensatory lipolysis and beta-oxidation of fatty acids, correlates with reduced serum omega-3 PUFA levels and altered omega-6/omega-3 ratio.

A specific deficit in EPA and DHA has been observed in prodromal patients, prior to the onset of psychotic symptoms. In this subgroup, omega-3 supplementation may delay symptom progression and the transition to active psychosis. Although, supplementation appears ineffective in chronic patients under antipsychotic therapy, due to irreversible neurobiological alterations.

Conclusions: Despite the demonstrated neuroprotective potential of omega-3 fatty acids, their administration seems beneficial in reducing the onset of cognitive decline only in early or prodromal stages of schizophrenia. In chronic patients, supplementation may help decrease systemic

inflammation through normalization of the omega-6/omega-3 ratio, but does not significantly improve cognitive dysfunction. Further studies are needed to establish individualized therapeutic strategies.

Keywords: schizophrenia, omega-3, cognitive dysfunction, PUFA, inflammation

COGNITIVE DEFICIT AND CARDIOVASCULAR RISK FACTORS IN THE ELDERLY PATIENT

George-Alexandru Țupu[1], Ancuța-Elena Țupu[2], Maria Guțiu-Țîrcă[1], Maria Dorina Pașca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Faculty of Medicine Galati

Background: Mild cognitive impairment is a condition defined by the objective evidence of cognitive decline, greater than expected for the age and education level acquired, while preserving functional independence. This can be exemplified by a decrease in the ability to: remember, concentrate and pay attention. In certain situations, an existing condition can contribute to cognitive complaints with the symptoms specific to mild cognitive impairment, such as: depression, stress, anxiety, sleep disorders and various conditions that affect blood flow to the brain.

Objective: Monitoring the clinical evolution of two elderly patients affected and treated with nicergoline; justifying the choice of treatment based on the multimodal mechanism of action and demonstrated tolerability.

Material and methods: The study focused on two clinical cases of elderly patients with cognitive decline. The evaluation included: anamnesis, clinical examination, MMSE score(Mini-Mental State Examination), history of previous treatments and somatic comorbidities (arterial hypertension, dyslipidemia, heart failure, B12 deficiency). Drug therapy consisted of nicergoline 30-60 mg/day, initiated and periodically monitored by the specialist.

Results: Patients showed improvements in: attention, alertness, ability to concentrate, involvement in daily activities and communication with others. The 73-year-old patient regained the ability to initiate daily activities and a gradual improvement in health was noted. In the 69-year-old patient, a decrease in the number of disorientation episodes and an improvement in the performance of daily tasks could be observed. The treatment was well tolerated and no adverse reactions were present, thus indicating the safety profile of nicergoline.

Conclusions: The use of nicergoline for mild to moderate cognitive impairment in elderly patients can be an effective and safe option, with benefits on cognitive, behavioral and emotional functions. Early initiation of treatment, together with careful monitoring of cardiovascular comorbidities, may contribute to slowing cognitive decline and improving the patient's quality of life.

Keywords: deficit, cognition, elderly, cardiovascular, risk

MANAGEMENT OF DEPRESSION ASSOCIATED WITH INSOMNIA IN THE ADULT PATIENT

George-Alexandru Țupu[1], Ancuța-Elena Țupu[2], Maria Guțiu-Țîrcă[1], Maria Dorina Pașca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Faculty of Medicine Galati

Background: Depression is a common pathology, affecting various categories of patients. In the professionally active adult patient, depression has a negative impact on work capacity and is frequently associated with sexual dysfunction, which can be a symptom of the disease or an adverse effect of SSRI medication, decreasing compliance with treatment.

Objective: Establishing an effective and well-tolerated therapeutic approach for a 52-year-old patient with mild depressive episode, associated with severe insomnia and somatic comorbidities, in the context of previous intolerance to the medication offered.

Material and methods: This report concerns a 52-year-old female patient with higher education, professionally active, with a history of mild-moderate depression and severe insomnia. The patient had previously discontinued treatment with a selective serotonin reuptake inhibitor (sertraline) due to worsening insomnia and anxiety. The symptomatology at presentation included: difficulty falling asleep, repeated nocturnal awakenings, fatigue, headache, palpitations, irritability and concentration disorders. The clinical evaluation included a detailed history, assessment of affective and somatic symptoms, examination of comorbidities and analysis of previously used treatments. Following the delay in initiating treatment with benzodiazepines and considering the increased risk of addiction, trazodone was chosen, introduced at a low dose and titrated gradually in accordance with clinical guidelines to an effective therapeutic dose adapted to the patient's needs.

Results: Trazodone provided simultaneous benefits on depressive symptoms and insomnia, due to its anxiolytic and sleep architecture-restoring effects. The patient reported improved sleep quality, concentration, and reduced anxiety and associated somatic symptoms. No significant adverse reactions were reported.

Conclusions: This case illustrates the clinical relevance of an integrated therapeutic approach when managing depression. The choice of trazodone was justified by the lack of risk of addiction, the favorable safety profile and the demonstrated efficacy in mild depression accompanied by insomnia.

Keywords: depression, insomnia, anxiety, somatic comorbidities

BODY MASS INDEX OF FUTURE DOCTORS – ARE THEY A HEALTH MODEL?

Maria-Magdalena Smadici[1], Stefania-Theodora Tudor[1], Remus-Sebastian Sipos[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Medical students are often seen as role models for healthy habits, but academic pressure, lack of time, and unhealthy lifestyle choices can affect body weight. Looking at their weight status gives a realistic view of how they manage their own health while studying.

Objective: This study aimed to evaluate the distribution of BMI among medical students and to examine how weight status varies within this group.

Material and methods: Anthropometric data were collected during a volunteer project at the university medical dispensary. A total of 414 second-year medical students were included, with measurements of weight, height, and sex. BMI (kg/m^2) was calculated and classified according to WHO criteria: underweight (<18.5).

Results. The data collected showed that 63.72% of students are of normal weight, 18.14% are overweight, 0.68% are obese (grade 1), and 6.58% are underweight. There were no cases of grade II or III obesity. Females have a lower prevalence of overweight (12.30%) than males (33.33%).

Conclusions. Students are more aware of the risks associated with a high BMI than the general population, and females are more responsible than males when it comes to controlling their body weight.

Keywords: body mass index, medical students, academic stress, nutrition, lifestyle

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OPTIMIZING TREATMENT ADHERENCE IN PATIENTS WITH DIABETES

Stefania-Theodora Tudor[1], Dan Tudose[1], Maria-Magdalena Smadici[1], Remus-Sebastian Sipos[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Adherence to prescribed therapy in diabetes is fundamental to achieving glycaemic control, reducing complications, and decreasing healthcare costs. Systematic reviews reveal wide variations in adherence to antidiabetic medications, typically ranging from 38.5% to 93%, with only a minority of patients achieving ≥ 80% adherence. Emerging research points to modifiable determinants such as depression, medication cost, limited disease awareness, and deficient healthcare provider support.

Objective: This review aims to synthesise current evidence on the prevalence, determinants, and intervention strategies for improving treatment adherence among patients with diabetes, and to propose an integrated framework geared toward clinical implementation.

Material and methods: The results were obtained using a structured search strategy that targeted systematic reviews, meta-analyses, and qualitative studies on treatment adherence in diabetes. Searches were conducted in major scientific databases (PubMed, Scopus, Web of Science) using predefined keywords and Boolean operators, including ‘diabetes’, ‘treatment adherence’, ‘medication adherence’, ‘oral antidiabetics’, ‘insulin’, ‘intervention’, and ‘determinants’. Studies were screened for relevance based on title, abstract, and full-text evaluation. To ensure methodological transparency and the inclusion of contemporary evidence, the review considered literature published between 2015 and 2024. Key sources include a 2015 review of 27 studies, a 2023 meta-analysis of over 10 million patients, and a 2024 qualitative review of adherence among adults with comorbidities.”

Results: Multifaceted interventions—comprising patient education, simplification of treatment regimens, pharmacy-led counselling, and digital health tools—demonstrated modest but consistent improvements in adherence and, in some cases, glycaemic outcomes. Further, higher adherence was associated with reduced all-cause mortality in adults with type 2 diabetes. Determinants most amenable to change include medication cost, psychological factors (e.g., depression), patient knowledge, and routine establishment.

Conclusions: Optimising adherence in diabetes care requires an integrated, patient-centred approach combining education, affordability strategies, digital support, pharmacy and nurse involvement, and routine system-level monitoring. Such a model holds the potential to improve therapeutic outcomes, patient quality of life, and health-system sustainability.

Keywords: treatment adherence, oral antidiabetics, digital health, pharmacy intervention, glycaemic control

OPTIMIZING TREATMENT ADHERENCE IN PATIENTS WITH DIABETES

Stefania-Theodora Tudor[1], Dan Tudose[1], Maria-Magdalena Smadici[1], Remus-Sebastian Sipos[1]

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ARE YOU READY TO CHOOSE YOUR MEDICAL SPECIALTY?

Constantin Nistor[1], Maria Nistor[1], Andreea Oana Pop-Bandrabulă[1], Andra Iacob[1], Maria Dorina Pașca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Selecting a medical specialty marks an important stage in a future doctor's career path, involving the combination of personality traits, personal values, learned skills, and external factors. Understanding how these elements interact offers valuable insight into students' motivation and level of preparedness as they face this important career choice.

Objective: The study examines what factors shape medical students' specialty selection and explores their degree of preparedness, focusing on differences between medical and surgical specialty preferences through psychological and experiential dimensions.

Material and methods: We surveyed 83 medical students from "George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures." (66% female; mean age 23 years; 52% sixth-year students; 77% urban origin). I designed a structured questionnaire containing sixteen Likert-scale items to assess clinical experiences, family influence, professional mentors, manual dexterity, pressure tolerance, and preferences for patient interaction. We applied descriptive and comparative analyses to interpret the data.

Results: Three-quarters of respondents favored medical specialties over surgical ones (75% vs. 25%), with pronounced gender differences: 87% of females chose medical specialties compared to 68% of males. Clinical rotations and internships emerged as the overwhelmingly dominant influence (>80% reporting frequent impact), while family expectations exerted surprisingly minimal effect (only 25% frequent influence). Professional mentors showed moderate influence (65%).

Two clear professional profiles emerged. Surgical-inclined students demonstrated exceptional comfort with manual tasks (85% high scores), superior tolerance for high-pressure rapid decision-making (78%), strong motivation by immediate visible results (82%), and pronounced preference for practical action (74%). Medical specialty-oriented students prioritized building long-term patient relationships (79% high importance), engagement with complex diagnostic reasoning (73%), sustained interest in longitudinal patient follow-up (68%), and enthusiasm for comprehensive prevention strategies (71%)—reflecting preference for intellectual and holistic care dimensions.

Decision clarity progressed systematically with clinical exposure: sixth-year students exhibited substantially more consistent responses than first-years, confirming that accumulated patient care experience facilitates professional identity formation. Personal health experiences showed highly variable impact (45% substantial influence), appearing more salient among medical specialty choosers.

Conclusions: Specialty readiness reflects self-awareness and personal alignment with field-specific values, achieved primarily through direct clinical immersion. Two dominant profiles emerge: the action-oriented, pragmatic type associated with surgical paths; and the analytical, pa-

tient-centered type linked to medical specialties. These findings underscore the need for educational strategies fostering structured reflection, accessible mentorship, and equitable clinical exposure, helping students build coherent professional identities and make well-informed career choices.

Keywords: Specialty, Experience, Identity, Decision, Mentorship

FROM PIXELS TO MUTATIONS: THE ROLE OF AI IN MOLECULAR PREDICTION IN PATHOLOGY

Sara Lungu[1], Adriana-Teodora Malanca[1], Alexandra Maria Chiriac[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Clinical Hospital of Târgu Mureș

Background: Pathology has entered a transformative era through the integration of artificial intelligence (AI) into digital histopathology. Deep learning models can capture subtle morphological patterns imperceptible to the human eye and correlate them with underlying molecular or genetic alterations. This approach, known as morphological molecular prediction, enables the identification of mutational status or microsatellite instability directly from hematoxylin–eosin slides, potentially reducing the need for costly molecular assays.

Objective: This review aims to summarize the recent advances in AI-based molecular prediction from histopathological images, focusing on its applications in detecting genetic mutations, molecular subtypes, and predictive biomarkers across major cancer types.

Material and methods: A literature search was performed using the PubMed database for studies published between 2020 and 2025 addressing AI applications in molecular prediction from digital pathology. Ten peer-reviewed studies from high-impact oncology and pathology journals were included, covering lung, colorectal, prostate, and breast carcinomas. The models analyzed employed convolutional neural networks (CNNs), multimodal learning systems, and graph attention networks trained on whole-slide images linked with genomic annotations validated through molecular testing.

Results: AI models achieved accuracies between 70% and 95% in identifying somatic mutations (e.g. EGFR, KRAS, TP53) or predicting microsatellite instability directly from routine histopathology. For instance, Coudray et al. demonstrated the prediction of EGFR mutation status in non–small cell lung cancer using H&E images alone, while Kather et al. reported comparable performance for MSI prediction in gastrointestinal tumors. Recent studies by He et al. (2023) and Lu et al. (2024) introduced “foundation models” capable of generalizing across multiple tumor entities, expanding the scope of AI-driven molecular inference. These findings underscore the potential of AI to guide precision oncology while reducing diagnostic time and costs.

Conclusions: Artificial intelligence is reshaping pathology from a descriptive to a predictive and integrative discipline. Morphological molecular prediction represents a key step toward precision diagnostics, enabling genomic insights directly from histological morphology. Despite current challenges such as data standardization, clinical validation, and ethical integration, AI stands not as a replacement but as an augmentation of the pathologist’s expertise, turning the microscope into an intelligent molecular analysis tool.

Keywords: Artificial Intelligence, Digital Pathology, Molecular Prediction, Deep Learning, Precision Oncology

UNILATERAL NEPHROCALCINOSIS LEADING TO A SURPRISING DIAGNOSIS

Awad Rhossoon[1], Martina Alonzi[1], Araki Mohammed Ali[1], Amrou Khawatmi[1], Raphael Bentegeac[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Faculty of medicine of Lille

Background: Nephrocalcinosis is typically bilateral when caused by metabolic disorders. Unilateral presentation suggests alternative etiologies, including structural renal anomalies or localized genetic conditions. Mosaic genetic syndromes represent an underrecognized cause of lateralized or segmental clinical manifestations.

Objective: To report an atypical presentation of Beckwith-Wiedemann syndrome (BWS) diagnosed in adulthood through investigation of unilateral nephrocalcinosis and hemibody overgrowth.

Material and methods: We describe the clinical, radiological, and genetic findings in a 39-year-old man presenting with chronic low back pain. Clinical examination, CT imaging, and genetic testing for overgrowth syndromes were performed.

Results: Imaging revealed nephrocalcinosis and medullary sponge kidney isolated to the right kidney. Physical examination demonstrated right-sided hemibody overgrowth. The patient lacked classical BWS features (macroglossia, abdominal wall defects, childhood tumors). Genetic testing confirmed mosaic Beckwith-Wiedemann syndrome, with approximately 22% of cells carrying the genetic defect. The hemibody overgrowth was the critical diagnostic clue redirecting evaluation from sporadic renal pathology to a genetic overgrowth syndrome with renal manifestations

Conclusions: This case illustrates a fundamental principle in clinical genetics: mosaic forms of genetic syndromes may deviate substantially from their classic phenotypic descriptions. Clinicians should maintain awareness that mosaicism exists and avoid prematurely excluding a

diagnosis due to incomplete phenotypic concordance. When ipsilateral overgrowth is observed in conjunction with localized structural anomalies, genetic investigation for mosaic conditions is warranted, even in the absence of cardinal syndromic features

Keywords: Nephrocalcinosis, Beckwith-Wiedemann syndrome, mosaicism, medullary sponge kidney, hemihyperplasia, overgrowth syndrome

RHEUMATOID ARTHRITIS COMPLICATED BY COPD, SEVERE ASTHMA, AND INTERSTITIAL LUNG DISEASE: A CLINICAL CASE REPORT

Sara Marie Vintila[1], Beatrice Helen Wenzel[1], Monica Chis[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Seropositive rheumatoid arthritis is a systemic autoimmune disease causing chronic inflammation of synovial joints and potential multiorgan involvement. Management is especially challenging in patients with chronic respiratory comorbidities, such as severe asthma, chronic obstructive pulmonary disease, and interstitial lung disease, due to increased risk of treatment-related adverse effects and compromised pulmonary function. Careful therapy selection and close monitoring are essential in this population.

Objective: This report describes the clinical presentation, diagnostic evaluation, and therapeutic management of a patient with seropositive rheumatoid arthritis complicated by severe pulmonary disease, highlighting the challenges of individualized treatment in mult

Material and methods: A 63-year-old man presented to the Rheumatology Clinic with polyarthritis affecting the metacarpophalangeal, proximal interphalangeal ,metatarsophalangeal joints, and knees bilaterally. He reported morning stiffness under 30 minutes and exertional dyspnea. His medical history included seropositive rheumatoid arthritis diagnosed in October 2022, COPD (GOLD IV, risk class E), severe asthma (step 5), and progressive interstitial lung disease treated with Nintedanib. Other comorbidities included hypertension, hypercholesterolemia, and a prior episode of enterocolitis.

Prior rheumatoid arthritis therapy included Leflunomide 20 mg/day for two months in 2022, Methotrexate 15–20 mg (Dec 2022 – Jun 2023, stopped due to hypersensitivity), Baricitinib (late 2023 – Feb 2024, no improvement), Benepali 50 mg/week (Mar 2024, discontinued due to respiratory exacerbation), and Rituximab 1000 mg (Jun 2024 – Mar 2025, stopped due to worsening dyspnea). A switch to Upadacitinib was planned. Current therapy included Nintedanib 150 mg twice daily, inhaled COPD/asthma treatment (Trimbow MDI and Astha), and supplemental oxygen 2–3 L/min as needed.

On examination, tenderness was present in affected joints with preserved range of motion. Reflexes and sensory function were intact. Laboratory tests showed mild inflammation consistent with active rheumatoid arthritis.

Results: The patient was scheduled to continue Rituximab 1000 mg every six months and maintain Nintedanib therapy. Multimodal analgesia was recommended for symptomatic flares. Monthly follow-ups were planned to monitor rheumatoid arthritis activity and lung function. The patient remained hemodynamically and respiratory stable, with preserved functional mobility and controlled symptoms.

Conclusions: Management of seropositive rheumatoid arthritis in patients with severe pulmonary comorbidities requires careful balancing of immunosuppressive therapy and respiratory safety. Early recognition of flares, individualized treatment adjustments, and close monitoring of both joint and lung function are essential for optimal outcomes in multimorbid patients.

Keywords: Seropositive rheumatoid arthritis – Chronic respiratory disease – Interstitial lung disease – COPD

NAVIGATING COMPLEXITY: A CASE OF PREMATURE NEONATE WITH NOONAN SYNDROME, NECROTIZING ENTEROCOLITIS, AND INTRAVENTRICULAR HEMORRHAGE

Alexandra Ripea[1], Robert-Mihail Chivu[2], Emanuel Gagea-Horga[1], Irina-Gabriela Puiu[1], Cristina Paula Zamfiroiu[3]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Carol Davila University of Medicine and Pharmacy of Bucharest
3. Centru de recuperare neuromotorie Gura Ocniței

Background: Prematurity increases the risk of major complications, and the association of pathologies such as Noonan syndrome, necrotizing enterocolitis, and grade 1 intraventricular hemorrhage leads to a complex clinical course.

Objective: The objective of this case report is to analyze the clinical, imaging, and biological evolution of a premature newborn with Noonan syndrome, necrotizing enterocolitis, and grade 1 intraventricular hemorrhage. The secondary objective is to correlate paraclinical data including hematological abnormalities, elevated procalcitonin, increased bilirubin, and key imaging findings, to assess the response to multidisciplinary treatment.

Material and methods: The case refers to a newborn delivered by cesarean section in breech presentation, Apgar score 4/6/7, female, admitted to the Neonatal Intensive Care Unit. Upon admission, the general condition was serious, with cyanosis and generalized edema, requiring oxygen therapy under a head tent (FiO_2 40%), then free-flow oxygen, parenteral and enteral nutrition, intravenous antibiotic treatment, and hemodynamic support.

Procalcitonin values were between 0.5 and 10 ng/ml, reflecting the inflammatory response. Total bilirubin was 11.02 mg/dL, correlating with clinical jaundice.

Results: The newborn presented multisystemic manifestations correlated with the main diagnoses. In the context of Noonan syndrome, cardiac ultrasound revealed large right chambers and a 1.3 mm ventricular septal defect, and the complete blood count showed anemia with 72–75 erythroblasts per 100 leukocytes and marked erythrocyte anisocytosis, reflecting the hematological vulnerability.

Necrotizing enterocolitis was correlated with radiologically visualized intestinal distension, disseminated micronodular opacities in the pulmonary areas, and acolic stools with blood streaks.

Grade 1 intraventricular hemorrhage was documented by transfontanellar ultrasound, which revealed choroid plexuses with non-homogeneous echogenicity and old hemorrhage, as well as a left periventricular transonic area.

The clinical course was initially complicated by episodes of desaturation and bradycardia, but the general condition slowly improved.

Conclusions: The case demonstrates the correlation between Noonan syndrome, necrotizing enterocolitis, and grade 1 intraventricular hemorrhage in a premature infant, highlighting the imaging and biological characteristics of each diagnosis.

Keywords: Prematurity, Noonan syndrome, Anemia

CASE REPORT OF A RARE PRIMARY PAEDIATRIC BRAIN TUMOUR

Sergiu Popovici[1], Adrian Bălașa[1], Attila Kovecsi[1], Raluca Drăgan[1], Diana Burlacu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Considered a relatively rare cerebral tumour, germinoma belongs to the category of intracranial germ cell tumours (iGCTs). The main occurrence is in male patients, most frequently affecting the adolescents and young adults. The most commonly affected areas are the pineal gland, followed by the sellar and thalamic regions.

Objective: Our aim was to present the case of a paediatric germinoma, highlighting the importance of early diagnosis and a multidisciplinary approach in the management of such patients.

Material and methods: We hereby report the case of a 11-year-old male patient who was admitted to the Neurosurgery Department of Emergency County Hospital Târgu-Mures. He accused nonspecific hydrocephalus, benign intracranial hypertension and sciatic nerve palsy. Computed cerebral tomography indicated the presence of a mesencephalic infiltrative formation. Partial ablation of the tumour was performed and multiple bioptical fragments were sent to the Pathology Department.

Results: Microscopically, an infiltrative tumoral proliferation was described. With a pleomorphic architecture, the tumoral cells were arranged in lobules, trabeculae and nests. Large areas of necrosis were identified. The tumour cells were described as large, with nuclear pleomorphism, prominent nucleoli and abundant clear cytoplasm. Immunohistochemistry reactions were performed. Tumour cells were positive for Plap and Podoplanin immunolabeling and negative for Keratin Pan/AE1-AE3. The infiltrative tumoral growth pattern was highlighted with Neurofilament immunostaining. The diagnosis of a germinoma was established.

Conclusions: Early diagnosis is essential to enable timely adjuvant therapy, aiming to reduce tumour size and alleviating clinical symptoms. Despite their malignancy, germinomas generally respond favourable to neoadjuvant therapy.

Keywords: Germinoma, intracranial tumour, young adults, chemotherapy.

INTRACRANIAL MATURE TERATOMA: A CASE REPORT

Raluca Drăgan[1], Adrian Bălașa[1], Attila Kovecsi[1], Sergiu Popovici[1], Diana Burlacu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Mature teratoma is defined as a germ cell tumour, more often reported at the level of the ovary or testicle and less common in the brain parenchyma. On cut-section, different types of tissues, such as hair, teeth, keratin, muscle or bone tissue are described. The tumor cells have identical microscopic aspect as to the normal tissues encountered, which gives the benign character of this tumour.

Objective: The aim of this paper is to report a rare case of intracranial mature teratoma with a main focus on histopathological features.

Material and methods: We hereby report the case of a 57-year-old female pacient who was admitted to the Neurosurgery Department of the County Emergency Clinical Hospital of Târgu-Mureș on a scheduled basis. Her major clinical symptoms were dizziness and vertigo, along with essential hypertension. Imagistic investigations revealed a cystic lesion located in supratentorial area and surgical intervention was decided. Craniotomy was performed and the tumour specimen was sent to the Pathology Department for definitive diagnosis.

Results: Histopathological examination of the surgical specimen revealed fragments of a cystical lesion which were partially covered by stratified squamous keratinised epithelium, underlying sebaceous gland, connective tissue and mature adipocytes. Nervous tissue and skeletal muscle fibres were noted as they were detached from the fragments. All of the tissues described microscopically were benign.

Conclusions: Intracranial mature teratomas are still considered rare tumours (<1%) and the best treatment option is surgery. It is important to microscopically examine all the described tissues, especially the nervous tissue and report its mature character. Otherwise, the benign nature of this tumor can no longer be established.

Keywords: Germ cells, adult, teratoma, brain

ENDOMETRIAL TUBERCULOSIS: A RARE CAUSE OF EARLY MISCARRIAGE

Magda-Melisa Micu[1], Daria Medea Bândilă[1], Rodrigo Villalobos[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
1. Hospital Santo Tomás, Panama City

Background: Endometrial tuberculosis (ETB) is a rare form of genital tuberculosis that can remain silent for years. Even after apparent successful pulmonary tuberculosis treatment, Mycobacterium tuberculosis may persist in latency and reactivate in the endometrium, causing reproductive complications such as early pregnancy loss.

Objective: To present a rare case of ETB causing spontaneous abortion at 8 weeks of gestation in a 39-year-old woman with a history of pulmonary tuberculosis treated successfully 6 years earlier, highlighting the need for early diagnosis in women with prior TB and u

Material and methods: A 39-year-old woman presented after spontaneous abortion at 8 weeks, reporting pelvic pain and abnormal uterine bleeding. She had pulmonary tuberculosis 6 years earlier, treated with documented clinical resolution. Transvaginal ultrasound revealed a thickened, irregular, heterogeneous endometrium with a collapsed gestational sac. The embryonic tissue was fragmented and nonviable, consistent with early pregnancy loss. Serum β-hCG, CA-125, and inflammatory markers were measured. Suction curettage was performed, and endometrial tissue and embryonic remnants were submitted for histopathology, Ziehl–Neelsen staining, mycobacterial culture, and Polymerase Chain Reaction (PCR) for M. tuberculosis.

Results: Curettage revealed a friable, pale, granular endometrial lining with areas of necrosis. Histopathology showed granulomatous endometritis with epithelioid cells and Langhans giant cells. Fetal tissue exhibited degenerative changes, consistent with early pregnancy loss, without structural anomalies. Rare acid-fast bacilli were seen on Ziehl–Neelsen staining, and PCR confirmed M. tuberculosis complex. Inflammatory markers were mildly elevated, CA-125 moderately increased. Standard antituberculous therapy (isoniazid, rifampicin, pyrazinamide, ethambutol) was initiated, leading to symptom improvement. The patient received counseling on fertility and long-term reproductive follow-up.

Conclusions: Latent tuberculosis can reactivate years after apparent pulmonary cure, presenting as early pregnancy loss due to endometrial involvement. ETB should be suspected in women with prior TB and unexplained miscarriage. Early histopathologic and molecular diagnosis and prompt antituberculous therapy are crucial to reduce reproductive morbidity.

Keywords: Endometrial tuberculosis, early pregnancy loss, pulmonary tuberculosis history, granulomatous endometritis, Mycobacterium tuberculosis, spontaneous abortion

TURNER IXQ: WHEN CHROMOSOMAL ARCHITECTURE SHAPES STATURE

Ingrid Evelin Vajda[1], Ionela Pascanu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Turner syndrome is a chromosomal disorder characterized by short stature, gonadal dysgenesis, and variable phenotypic expression. Patients often present with comorbidities requiring multidisciplinary evaluation. Structural abnormalities such as long-arm X isochromosomes may contribute to the clinical severity. Vitamin D deficiency is frequently observed in this population and may influence growth and bone health. Drug allergies can further complicate management.

Objective: To describe the clinical presentation, diagnostic workup, and short-term management of a female patient with Turner syndrome, severe statural hypotrophy, vitamin D deficiency under correction, and confirmed ibuprofen allergy.

Material and methods: A descriptive case report of a pediatric patient evaluated in an endocrinology clinic for growth impairment. Clinical examination, biochemical investigations, and genetic testing were performed. Imaging studies and endocrine assessments were used to evaluate associated comorbidities. Vitamin D supplementation was initiated, and drug-allergy history was reviewed for treatment safety.

Results: The patient exhibited short stature and dysmorphic features suggestive of gonadal dysgenesis. Genetic analysis indicated a likely long-arm X isochromosome (i(Xq)), consistent with Turner syndrome. Laboratory tests confirmed significant vitamin D deficiency, which improved following supplementation. The patient had a documented ibuprofen allergy without observed cross-reactivity to other NSAIDs. Multidisciplinary evaluation supported the diagnosis and guided further management, including growth monitoring and cardiovascular and endocrine screening.

Conclusions: This case emphasizes the importance of early recognition of Turner syndrome in patients with severe growth impairment and highlights the role of comprehensive evaluation, including genetic testing and metabolic screening. Management of associated conditions, such as vitamin D deficiency and drug allergies, is essential to optimize clinical outcomes and ensure safe therapy.

Keywords: Turner syndrome, isochromosome Xq, short stature, vitamin D deficiency, pediatric endocrinology, drug allergy, ibuprofen allergy

PROLONGED FEBRILE SYNDROME IN A PEDIATRIC PATIENT WITH CONSEQUENT LIVER DYSFUNCTION

Mohamad Majdi Hasan[1], Jawad Hasan[1], Hussein Miskine[1], Hasan Miskine[1], Claudia Raluca Mariean[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Fever in children is a widespread phenomenon that is usually associated with a specific cause. Persistent fever without an identifiable cause requires further investigation, a deep understanding of the underlying pathophysiological processes, and prompt management.

Objective: The purpose of this paper is to highlight the case of a pediatric patient presenting with a prolonged febrile episode of unknown etiology.

Material and methods: We present a 2-year-old female patient with persistent fever of unknown cause, with a history of a recent urinary tract infection, treated with antibiotics. Despite symptomatic and antibiotic therapy, the fever persisted; therefore, she was referred to the Pediatric Department at the Emergency Clinical County Hospital in Târgu Mureș. A comprehensive diagnostic algorithm was followed to ensure the proper diagnosis and management of this case, which included clinical and paraclinical examinations, as well as multidisciplinary consultations with specialists from ENT, Ophthalmology, Infectious Diseases, Pediatric Cardiology, and Radiology. Additional imaging studies, such as repeated abdominal ultrasounds and abdominal MRI, were necessary for a proper evaluation of the case.

Results: The initial physical examination was unremarkable, except for the increased body temperature (38.5°C). Further testing revealed an associated Rotavirus infection, which was also successfully treated. Despite medical efforts, the fever persisted for more than 20 days; therefore, a complex diagnostic algorithm was required. ENT, Ophthalmology, Infectious diseases, and Pediatric cardiology consults were normal, as were numerous paraclinical tests that excluded autoimmune or leukemic causes. Imaging tests revealed thickened gallbladder walls with pericolecystic fluid, despite the previously normal appearance of these structures. Abdominal MRI identified findings suggestive of acute hepatopathy. At the same time, lab tests revealed an associated acute inflammatory syndrome characterized by leukocytosis, high ferritin levels, low C4 levels, and liver dysfunction. A complex therapeutic regimen comprising antibiotics and glucocorticoids was proposed. After receiving IV corticosteroids, the patient's general condition improved, and she was discharged after one month of hospitalization.

Conclusions: This case highlights a prolonged febrile syndrome in a pediatric patient evolving into acute hepatopathy without a specific identifiable cause. Such cases highlight the importance of considering inflammatory mechanisms when conventional diagnostic pathways are unsuccessful. Here, we observed clinical improvement following corticosteroid therapy, further confirming an immune-mediated etiology of inflammation. Even with modern diagnostic techniques, up to 3% of pediatric patients develop a fever of unknown origin, requiring a multidisciplinary approach.

Keywords: Prolonged fever; Pediatric patient; Unkown etiology; Inflammation;

DIFFERENCES BETWEEN THE WATER QUALITY IN TÂRGU MUREȘ AND THE WATER QUALITY IN GALAȚI

Ștefan-Sorin Deaconescu[1], Cătălina Berghea[1], Lorand Ferencz[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Drinking water quality is a key public health determinant. Chemical parameters like water hardness and heavy metals (e.g., Arsenic, Cadmium) are linked to cutaneous affections (atopic dermatitis, skin cancer) and inhibited wound healing. In Romania, comparative data on water chemical profiles and their theoretical clinical implications are limited, despite their potential influence on population background risk.

Objective: This study's objective was a comparative analysis of drinking water quality in Târgu Mureș and Galați, focusing on clinically relevant parameters (Total Hardness, Arsenic, Lead, Cadmium, Nitrates). Secondary objectives were to evaluate compliance with current legislation (G.O. 7/2023) and discuss the theoretical implications of chemical profile differences on dermatological health and wound management.

Material and methods: A comparative, retrospective ecological study was conducted using 2023-2024 public data. Analysis bulletins from operators (Aquaserv SA Târgu Mureș; Apă Canal SA Galați) and compliance reports from Public Health Directorates (DSP) of Mureș and Galați were analyzed. Selected chemical parameters (Hardness, As, Pb, Cd) were extracted and compared with Maximum Admissible Concentrations (MAC) per G.O. 7/2023.

Results: Both municipalities supply legally compliant drinking water, but their chemical profiles differ. Târgu Mureș (source: Mureș River) has soft water (average: 5.6 °G) and undetectable Arsenic (< 1 µg/L) and Cadmium (< 1 µg/L). Galați (source: mixed Danube/groundwater) reports 0 non-conformities (e.g., As < 10 µg/L, Cd < 5.0 µg/L), but DSP reports only publish compliance status, not specific average values. Galați's groundwater source is known for naturally occurring Arsenic.

Conclusions: Although both sources are safe, Târgu Mureș's profile (soft water, no detectable As/Cd) is theoretically superior for cutaneous health, posing a lower environmental risk for atopic dermatitis and being optimal for wound irrigation. Galați's water, while compliant, necessitates contextual clinical evaluation, especially in chronic wound management, where the presence (even if sub-MAC) of healing inhibitors (As, Cd) cannot be excluded.

Keywords: Water Quality, Heavy Metals, Dermatological Health, Arsenic, Cadmium

OCCUPATIONAL THIURAM AND LATEX ALLERGY IN A SURGEON: UNMASKING AN UNEXPECTED TRIGGER – A CASE REPORT

Dan Tudose[1], Stefania-Theodora Tudor[1], Adriana-Mihaela Tudose[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2 . Spitalul Universitar De Urgență Militar Central "Dr. Carol Davila"

Background: Thiuram derivatives, widely used as accelerators during the vulcanization of natural rubber latex, are well-known sensitizers capable of inducing allergic contact dermatitis. The first case was reported in 1920 in a rubber industry worker. Latex exposure may produce a wide range of adverse reactions, including irritant and allergic contact dermatitis as well as systemic reactions such as anaphylaxis, mediated either by delayed-type (type IV) hypersensitivity or immediate, IgE-mediated (type I) hypersensitivity. Over 60 latex proteins have been identified as potential allergens involved in latex-induced hypersensitivity.

Objective: The main objective is to identify the responsible allergen in the patient's chronic occupational hand dermatitis, in order to optimize therapeutic management, guide appropriate avoidance strategies, and establish long-term prophylaxis against further allergen exposure.

Material and methods: A 33-year-old male gynecologist, with no relevant medical history, presented with chronic hand eczema of approximately three years' duration, with marked worsening during the past year associated with increased surgical activity. Symptoms were partially responsive to intermittent topical corticosteroid therapy, with improvement noted during periods away from work. Epicutaneous patch testing was performed using standardized IQ Ultra™ Patch Test Units, Chemotechnique Diagnostics allergen panels, and the surgical gloves routinely used by the clinician.

Results: Patch testing revealed a positive delayed-type hypersensitivity reaction to thiuram mix, as well as to both latex-free and thiuram-free gloves, suggesting sensitization to thiuram-related residues. A negative reaction was observed to one glove type containing an internal silicone layer, indicating suitability as an alternative.

Conclusions: Definitive identification of the sensitizing allergen in occupational contact dermatitis is essential for guiding effective avoidance strategies and optimizing workplace safety for healthcare professionals.

Keywords: contact dermatitis, latex, thiuram

A RARE CASE OF SUBACUTE INFECTIOUS ENDOCARDITIS DUE TO GEMELLA MORBILLORUM

Magda-Melisa Micu[1], Daria Medea Bândilă[1], Ata Nevzat Yalçın[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Akdeniz University Hospital, Clinical Microbiology and Infectious Diseases

Background: Infectious endocarditis is a serious infection of the endocardial surface of the heart, associated with significant morbidity and mortality. Gemella morbillorum is a rare, facultatively anaerobic, Gram-positive coccus that is part of the normal flora of the oropharyngeal and gastrointestinal tracts. Although usually commensal, it can become pathogenic under specific conditions, causing infections such as abscesses, bacteremia, and, in rare cases, infectious endocarditis.

Objective: To present a rare case of infectious endocarditis caused by Gemella morbillorum in an elderly patient with structural heart disease and to emphasize the importance of early diagnosis and appropriate antibiotic therapy in improving clinical outcomes.

Material and methods: A 66-year-old male with a history of hypertension and severe mitral valve regurgitation presented with persistent fever (38–39°C) and night sweats lasting approximately six months. Blood cultures were obtained and yielded Gemella morbillorum. Antibiotic susceptibility testing was conducted, and the patient underwent transthoracic echocardiography, laboratory analyses, ophthalmologic evaluation, and myocardial positron emission tomography imaging for diagnostic confirmation.

Results: The Gemella morbillorum isolate was susceptible to penicillin, ceftriaxone, vancomycin, and levofloxacin. Transthoracic echocardiography revealed a small echogenic structure on the mitral valve consistent with possible vegetation or calcification. Intravenous ceftriaxone therapy (2 grams once daily) was initiated, resulting in resolution of fever and improvement in general condition. Laboratory testing showed an elevated rheumatoid factor, while ophthalmologic evaluation found no Roth spots. Myocardial positron emission tomography demonstrated no increased metabolic activity consistent with infectious endocarditis. The patient remains hospitalized under intravenous antibiotic therapy, with transesophageal echocardiography planned for further assessment.

Conclusions: Gemella morbillorum is an uncommon but clinically significant pathogen that can cause subacute infectious endocarditis, particularly in patients with pre-existing valvular disease. Maintaining a high index of suspicion, performing timely microbiological identification, and initiating early, targeted antimicrobial treatment are essential to reduce mortality and prevent complications such as valvular destruction or systemic embolization.

Keywords: Infectious endocarditis, Gemella morbillorum, subacute infection, structural heart disease, antibiotic therapy

INCIDENTALLY DETECTED ADRENAL HYDATID CYST ON CT: A RARE IMAGING CASE

Sebastian-Eduard Brezoczki[1], Andrei Manea[1], Andrei Cora[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
1. County Emergency Clinical Hospital of Târgu Mureș

Background: Introduction: Hydatid disease, caused by Echinococcus granulosus, usually affects the liver and lungs. Involvement of the adrenal gland is extremely uncommon (<1%). Cross-sectional imaging, especially CT, is essential for distinguishing adrenal hydatid cysts from other adrenal lesions.

Objective: -

Material and methods: Case Report: An asymptomatic adult underwent abdominal CT for unrelated reasons. The scan revealed a well-defined cystic lesion in the right adrenal gland, with thin walls and peripheral calcifications, without contrast enhancement. These findings suggested a hydatid cyst. CT also showed two very small (<7 mm) simple liver cysts in segments V–VI, and a small splenic simple cyst (~4 mm). There was no biliary dilatation, lymph node enlargement, peritoneal fluid, or other abnormalities. The patient had no symptoms, and no urgent treatment was required at this moment.

Results: Discussion: Adrenal hydatid cysts are very rare and often have no symptoms. Typical imaging features include a defined cystic structure, daughter cysts, internal membranes, and calcified walls. In this case, a non-enhancing adrenal cyst with peripheral calcifications in a patient from an endemic area strongly suggested hydatid disease. Differential diagnoses include simple adrenal cyst, pseudocyst, cystic adenoma, pheochromocytoma, and metastatic disease.

Conclusions: Conclusion: Although rare, adrenal hydatid cysts should be considered when evaluating adrenal cystic lesions, especially in endemic regions. CT imaging is crucial for early detection and differentiation from other adrenal masses.

Keywords: adrenal hydatid cyst, hydatid disease, Echinococcus granulosus, incidental CT finding

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CARDIAC AND HEPATIC HYDATID CYSTS: MRI AND CT FINDINGS IN A RARE DUAL-ORGAN CASE

Sebastian-Eduard Brezoczki[1], Andrei Manea[2], Andrei-Vasile Jovrea[1], Andrei Cora[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Introduction: Hydatid disease from Echinococcus granulosus most commonly affects the liver and lungs. Cardiac involvement is extremely rare (~0.5–2% of cases). Diagnosis relies on MRI/CT imaging, serology, and clinical context. Surgery is the main treatment, followed by antiparasitic therapy.

Material and methods: Case Report: We present a 37-year-old woman with persistent hydatid disease previously treated with Albendazole, which was stopped due to liver toxicity. Cardiac MRI revealed an intramyocardial cystic lesion in the posterolateral wall of the left ventricle, with a partially calcified wall (~3.4 mm), measuring ~55×37×54 mm — consistent with a hydatid cyst. A second cystic lesion was identified in liver segments IVA–IVB (~49×34 mm), showing multilocular appearance. She underwent surgical removal of the left-ventricular cyst with good recovery. The liver cyst was managed by laparoscopic cystopericystectomy with cavity drainage. Postoperative CT confirmed a residual calcified cardiac cavity and postoperative hepatic cavity, along with several small liver cysts. Infectious disease specialists recommended Albendazole 200 mg twice daily for 4 weeks. The patient recovered well and was discharged stable.

Results: Discussion: This case highlights a very rare cardiac hydatid cyst associated with liver involvement. Early diagnosis is essential to prevent severe complications. MRI helped confirm cardiac extension, while CT was important for postoperative evaluation. Successful management required combined surgery and antiparasitic treatment.

Conclusions: Conclusion: Even though cardiac hydatid cysts are rare, they should be considered in patients with known echinococcosis. Imaging plays a key role in diagnosis and follow-up. Early surgery and antiparasitic treatment provide the best outcomes. Multidisciplinary management is crucial in complex cases.

Keywords: hydatid cyst, Echinococcus granulosus, cardiac hydatid cyst, liver hydatid cyst.

UNDER THE SURFACE: LEWY BODY DEMENTIA BEHIND DELIRIUM TREMENS SYMPTOMS

Rebeca-Isabela Molnar[1], Emily Nadja Pop[1], Adriana Mihai[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Division of medicine into sub-specialities has decreased interdisciplinary approach, as few conditions now co-exist in guidelines. However, emergency symptoms sometimes mimic different pathologies, therefore differential diagnosis and 24-hours re-evaluation of the patient are of the upmost importance. Hallucinations illustrate this challenge. Both delirium tremens and Lewy body dementia (LBD) present with hallucinations and fluctuating cognition, complicating distinction.

Objective: To highlight diagnostic overlap through a clinical case.

Material and methods: Single-patient case review including history, physical and psychiatric examination, cognitive testing, laboratory work and imaging.

Results: A 52-year-old male initially diagnosed with delirium tremens showed incomplete symptom resolution with standard treatment protocol. Subsequent cognitive decline, fluctuating attention and imaging supported LBD. Treatment shifted to cholinesterase inhibitors with careful antipsychotic use.

Conclusions: Differential diagnosis and critical thinking can sometimes make a difference between quality of life for patients. When cognitive decline presents, clinicians have to take into account numerous pathologies and rely on test, as the patient cannot provide accurate information. Misdiagnosis increases the risk of treatment complications which may lead to poorer outcomes.

Keywords: delirium tremens, Lewy body dementia, differential diagnosis, case report

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MANAGING THE RUSH: ROMANIA VERSUS EUROPE IN AMPHETAMINE CARE

Rebeca-Isabela Molnar[1], Emily Nadja Pop[1], Adriana Mihai[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Amphetamine intoxication can cause both hyperadrenergic and psychiatric manifestations. Early recognition allows prompt intervention, which is essential due to the severity of symptoms and potential decline of vital functions. Amphetamine addiction rates vary across Europe and remain relatively low in Romania; however, standardized treatment protocols exist and are generally comparable to those used in other countries.

Objective: This paper aims to compare Romanian and European treatment guidelines and to illustrate acute intoxication management options through a clinical case presentation.

Material and methods: A comparative review of national and European data and existing literature was performed. Additionally, a case of a 28-year-old male presenting to Psychiatric Clinic I with acute amphetamine intoxication is described to highlight treatment approaches in a Romanian teaching hospital.

Results: Treatment guidelines for amphetamine intoxication rely on supportive measures such as light sedation, external cooling, intravenous fluids and cardiac monitoring. Romania broadly adheres to European standards but shows variability in access to rapid cooling access, cardiac monitoring and overall follow up treatment adherence.

Conclusions: Amphetamine intoxication is a manageable psychiatric emergency when symptoms are identified early and treatment protocols are consistently applied.

Keywords: amphetamine intoxication, protocol, Romania, case report

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MULTISYSTEM INVOLVEMENT IN TUBEROUS SCLEROSIS COMPLEX: FOCAL EPILEPSY AND CARDIAC RHABDOMYOMAS — A PEDIATRIC CASE REPORT

Alexandra Ripea[1], Emanuel Gagea-Horga[1], Robert-Mihail Chivu[2] , Irina-Gabriela Puiu[1], Cristina Paula Zamfiroiu[3]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2 . Carol Davila University of Medicine and Pharmacy of Bucharest
3 . Centrul de recuperare neuromotorie Gura Ocniței

Background: Tuberous sclerosis complex (TSC) is a multisystemic genetic disorder which is characterized by hamartomatous lesions in the brain, heart, skin, and kidneys. Neurological involvement—particularly early-onset epilepsy—is a major cause of morbidity and developmental impairment.

Objective: To present the clinicopathologic evolution of a pediatric patient with TSC, highlighting the neuro-cardiac correlation, the values of serial EEG monitoring, and the therapeutic response to vigabatrin.

Material and methods: We present the case of a 2-year-old girl diagnosed with tuberous sclerosis, with a history of 3 epileptic seizures and manifestations suggestive of status epilepticus, cardiac rhabdomyomas, and developmental delay for her age, and moderate autism spectrum disorder. She presented multiple episodes of head nodding, limb tremor, and crying lasting approximately one minute, with spontaneous recovery (≈3/day) and no developmental regression.

Repeated EEGs revealed no hypsarrhythmia, therefore corticosteroid therapy was deferred and vigabatrin was initiated, gradually titrated to 1000 mg/day.

The mother, aged 26, has a clinical diagnosis of tuberous sclerosis (facial angiofibromas and hypomelanotic macules) and a history of epilepsy previously treated with carbamazepine, currently seizure-free.

Results: Long-term video EEG monitoring during wakefulness and sleep demonstrated multifocal epileptiform discharges, predominantly in the right fronto-temporal region, with occasional PLEDS-like patterns and bilateral spread during sleep. Brain MRI with contrast identified multiple cortical and subcortical tubers, subependymal nodules, and radial migration lines, which are characteristic findings of tuberous sclerosis complex.

Transthoracic echocardiography revealed multiple cardiac rhabdomyomas in both ventricles, with preserved biventricular function (LVEF 70%). Following two days of vigabatrin therapy, epileptic spasms resolved; however, global developmental delay persisted.

Conclusions: This case highlights the multisystem involvement characteristic of TSC and underscores the need for an integrated neuro-cardiac management strategy. The presence of non-obstructive cardiac rhabdomyomas further supports the diagnosis of TSC and highlights the critical need for sustained multidisciplinary follow-up.

Keywords: tuberous sclerosis , epilepsy, vigabatrin.

PEDIATRIC PSEUDOHYPOPARATHYROIDISM TYPE 1A: BEYOND HYPOCALCEMIA

Raisa Marcela Bijec[1], Zsuzsanna Reti[2], Robert Tiucă[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Clinical Hospital of Târgu Mureș

Background: Pseudohypoparathyroidism (PHP) is a rare genetic disorder caused by maternal GNAS mutations, leading to parathyroid hormone (PTH) resistance, hypocalcemia, hyperphosphatemia and often multi-hormonal resistance.

Objective: The aim of this case presentation is to emphasize the clinical and biochemical profile of a child with PHP, emphasizing multi-hormonal resistance and management strategies.

Material and methods: A 6-year-old boy was admitted to the endocrinology clinic for subclinical hypothyroidism, low morning cortisol levels, hypocalcemia and hyperphosphatemia identified during a pediatric evaluation, initially suggestive of autoimmune pluriglandular syndrome type 1. A comprehensive assessment was performed, including clinical examination, auxology, laboratory tests (PTH, calcium, phosphate, vitamin D, thyroid function, adrenal function, growth hormone axis), imaging studies (thyroid ultrasound, hand radiographs), and bioimpedance analysis.

Results: The patient had short stature (-2.29 SDS) and obesity (+4.53 SDS BMI), with facial characteristics including a round face, almond-shaped eyes, downward-looking mouth corners, brachydactyly, and a high-arched palate. A behavioral assessment suggested a language delay, hyperkinetic behavior, and mild difficulties with emotional regulation. Laboratory tests showed that he had elevated PTH, hypocalcemia, hyperphosphatemia, with low vitamin D levels, which were consistent with PTH resistance. Thyroid function tests confirmed the subclinical hypothyroidism with negative anti-thyroid antibodies, suggesting partial thyroid hormone resistance. His basal cortisol was low with a mildly elevated ACTH, and he had a suboptimal cortisol stimulation test response, which may indicate a possible adrenal axis resistance. The evaluation of growth hormone axis revealed a low-normal IGF-1 and low basal GH. Hand radiographs revealed a slightly delayed bone age with skeletal features suggestive of PHP. Overall, the phenotypic findings, biochemical status and radiographic findings were consistent with a diagnosis of suspected PHP type 1A (PHP1A) with Albright osteodystrophy. Treatment was started with calcium supplementation and active vitamin D metabolite.

Conclusions: This case highlights the importance of an integrated clinical, biochemical, and imaging assessment in the diagnosis PHP1A, enabling prompt hormonal management and guiding genetic testing.

Keywords: pseudohypoparathyroidism, hypocalcemia, hyperphosphatemia, multi-hormonal resistance, Albright osteodystrophy, GNAS gene

REVISION TOTAL KNEE ARTHROPLASTY FOR A PERIPROSTHETIC TIBIAL PLATEAU FRACTURE WITH ASEPTIC TIBIAL COMPONENT LOOSENING: A CASE REPORT

Andreea Denisa Șușca[1], Iustina Teacu[1], Eric Florin Tofan[1], Serena Trifan[1], Arpad Solyom[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Periprosthetic fractures of the tibial plateau following total knee arthroplasty (TKA) constitute a severe complication, often associated with implant loosening, mechanical instability and rapid functional decline.

Objective: The objective of this case report is to present the diagnostic assessment, surgical strategy and postoperative management of an elderly patient with a periprosthetic tibial plateau fracture and aseptic loosening of the tibial component.

Material and methods: The patient, a 76-year-old woman with a history of bilateral TKA and significant comorbidities presented with progressive left knee pain, valgus deformity, and impaired mobility. Clinical examination and radiographic assessment confirmed a periprosthetic fracture of the tibial plateau with loosening of the tibial component.

A revision total knee arthroplasty (RTKA) was performed under general anesthesia. Surgical access was obtained through a standard medial parapatellar arthrotomy. Intraoperative assessment confirmed complete aseptic loosening with extensive fibrous tissue and osteolytic debris. The unstable tibial component was removed, followed by synovectomy and debridement of all fibrous and inflammatory tissue.

The tibial canal was reamed and the metaphyseal region prepared to accommodate a revision construct with secure axial alignment. A Total Stability System with diaphyseal-engaging stems and metaphyseal augmentation was selected to restore mechanical stability and address the compromised bone stock.

This construct includes long diaphyseal stems and metaphyseal augment. Trial components were used to verify alignment, gap balance, and patellar tracking; once satisfactory kinematics were achieved, the definitive implants were inserted.

Hemostasis was obtained, a closed-suction drain was placed, and the joint was closed in layers. Postoperatively, the limb was immobilized in an ATG-F-G functional brace to protect the revision construct and control varus–valgus and rotational stresses during early rehabilitation.

Results: The postoperative evolution was favorable, with stable hemodynamic parameters and no respiratory, cardiovascular, or neurological abnormalities. The surgical wound remained clean, and limb neurovascular status was consistently intact.

Radiographs confirmed appropriate alignment and stable positioning of the revision components. The patient advanced appropriately through the rehabilitation protocol, achieving controlled knee flexion and early assisted ambulation with gradual weight-bearing.

Conclusions: This case highlights the complexity of managing tibial periprosthetic fractures in elderly patients with prior TKA and multiple comorbidities. Revision TKA using a stemmed, constrained implant system proved effective in restoring joint stability and enabling functional recovery.

Keywords: TKA; comorbidities

EXTENSIVE REVISION OF ANEURYSMAL BRACHIOCEPHALIC ARTERIOVENOUS FISTULA: A STEP-BY-STEP SURGICAL TECHNIQUE

Arina Gulpak[1], Constantin Claudiu Ciucanu[1], Eliza Russu[1], Paula Bândea[1], Emil-Marian Arbănași[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Autologous arteriovenous fistula (AVF) represents the optimal vascular access (VA) for hemodialysis (HD) in patients with end-stage kidney disease (ESKD). However, brachio-cephalic AVF (BC-AVF) has a higher risk of aneurysmal degeneration in the long term, due to high arterial flow or central vein stenosis.

Objective: The primary objective of this study is to present a comprehensive, step-by-step surgical methodology for the extensive revision of aneurysmal BC-AVF.

Material and methods: We present the case of a 72-year-old male patient with ESKD, who was admitted to the vascular surgery department with a diagnosis of BC-AVF aneurysm requiring extensive revision. During pre-operative ultrasound mapping, a multilocular aneurysmal BC-AVF exhibiting a juxta-anastomotic severe stenosis was identified. A supraclavicular regional plexus anesthesia was administered; subsequent exploration of the AVF anastomosis was performed for control purposes, followed by an elliptical incision at the level of the aneurysmal segment. A meticulous dissection was carried out to prepare the two aneurysmal segments.

Results: Following systemic heparinization, the AVF anastomosis was clamped, accompanied by elevation of the upper limb to facilitate AVF emptying, and the distal segment of the cephalic vein was also clamped. An extensive revision was carried out, involving the removal of the main aneurysmal segment and the reshaping of the second aneurysmal segment with an end-to-end re-anastomosis and reconstruction of the AVF. Upon declamping, flow in the revised AVF was confirmed, along with a palpable thrill. The skin was closed in two layers.

Conclusions: A comprehensive revision of an aneurysmal AVF is a safe procedure that can prolong the AVF's long-term viability. Furthermore, routine long-term evaluation of the AVF can help prevent aneurysm formation.

Keywords: arteriovenous fistula,brachiocephalic AVF, aneurysmal degeneration

DOUBLE STA–MCA BYPASS IN MOYAMOYA SYNDROME: A CASE REPORT

Adriana-Madalina Ghimpu[1], Rahmi Oguz Seker[2], Hakan Çakin[2], Emilia-Maria David[1], Roxana Pantea[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Neurosurgey Department of Akdeniz University Hospital

Background: Moyamoya syndrome is a rare, progressive cerebrovascular disorder characterized by stenosis or occlusion of the terminal internal carotid arteries, with development of fragile collateral networks. Patients typically present with ischemic symptoms: headaches, transient deficits, or strokes.

Objective: To present the case of a 34-year-old female who had bilateral Moyamoya syndrome and had undergone double STA-MCA bypass surgery, and to show how revascularization can be used to improve cerebral blood flow and clinical outcomes.

Material and methods: The patient was placed in the supine position under general anesthesia. The head was turned slightly to the left and secured. Prior to surgery, the course of the right STA's frontal and parietal branches was identified using handheld Doppler ultrasound. Subsequently, a modified pterional incision and craniotomy were performed. The STA was harvested in three pieces: the temporal branch in two pieces and the frontal branch in one piece, from within the skin flap. Then a 4x4 cm bone flap was removed in one piece using a modified pterional craniotomy. The sphenoid wing was drilled, and the dura was opened facing the pterion. The Sylvian fissure was dissected, exposing the right MCA M1 and M2 segments. Then, one temporary clip was placed on each of the M2 and M3 proximal segments, and two end-to-side anastomoses were performed using 10/0 sutures between the STA parietal branch and M2 and between the STA frontal branch and M3 to create a bypass. The flow distal to both anastomoses was confirmed using a handheld Doppler. The bone flap was replaced with cranioplasty, preserving the parent artery.The procedure was completed by closing the subcutaneous tissue and skin according to standard technique.

Results: The patient recovered without any complications. She was extubated after 24 hours, mobilized on the 3rd day, and discharged on the 10th day. Headache symptoms disappeared on the 3rd day. Three months and six months follow-up CT angiography confirmed patent bypasses with better perfusion of the anterior circulation, without ischemic or hemorrhagic complications.

Conclusions: The double STA-MCA bypass was found to be a safe and effective operation for cerebral revascularization in Moyamoya syndrome. The timely surgical intervention and diagnosis in the early stages of the disease may contribute significantly to cerebral perfusion and lessen the risk of repeat ischemic incidents.

Keywords: Moyamoya syndrome, STA-MCA bypass, cerebral revascularization, DSA, microsurgery

PENILE RECONSTRUCTION AFTER POSTTRAUMATIC PARTIAL AMPUTATION

Cosmina Nicolae[1], Anamaria Cozlov[1], Diana-Maria Major[1], Dorin Constantin Dorobanțu[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Urethral strictures are defined by the stenosis of the various parts of the urethra which can contribute to multiple urinary complications and symptoms. For urethral meatus reconstruction, buccal mucosal grafts are frequently employed to restore proper functionality of the affected segment.

Objective: The surgical purpose of the presented case was restoration of both urinary function and to improve the aesthetic aspect and length of a male reproductive organ.

Material and methods: Therefore, we present the case of an 18-year male patient who presented to the Plastic Surgery Ambulatory Care Center with a partial traumatic amputation of the penis due to a horse bite sustained 10 years ago, with significant loss of length and post operative cicatricial stenosis of the urethral meatus. To restore function and visual aspect a surgical approach was considered. It consisted in removing the meatus scar tissue and performing a meatoplasty using a jugal mucosa graft. The penian base length was slightly improved by sectioning the Suspensory Ligament of Penis and using multiple local skin flaps, in our case a bipedicle flap and an advancement "V-Y" flap. To maintain the former urinary function during healing a Foley catheter was applied for 2 weeks.

Results: Favorable postoperative evolution, with clean wounds and a viable mucosal graft showing approximately 70% integration, well vascularized skin flaps without sign of necrosis, no occlusion of the urinary flow after removing the Foley catheter and without inflammatory signs through the healing process.

Conclusions: In conclusion, penile reconstruction after traumatic injury can be successfully achieved, even though significant lengthening may not be attainable, by performing a meatoplasty with a jugal mucosal graft and local skin flaps to restore satisfactory function and cosmetic outcomes.

Keywords: Urethral Strictures, Buccal Mucosal Graft, VY Flap, Bipedicle Flap

TWO-STAGE BRACHIO-BASILIC ARTERIOVENOUS FISTULA: LONG-TERM RESULTS AND CLINICAL PERFORMANCE

Rebeka Larisa Szabo[1], Reka Bartus[1], Eliza Russu[1], Paula Bândea[2], Emil-Marian Arbănași[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: The Radio-Cephalic Arteriovenous Fistula (RC-AVF) and the Brachio-Cephalic AVF (BC-AVF) are recommended as primary options according to the European Society of Vascular Surgery guidelines for Vascular Access. Furthermore, in cases where superficial upper limb veins are unavailable or unsuitable for AVF creation, the basilic vein serves as the subsequent alternative. However, due to its subfascial positioning, superficialization or transposition of the vein is necessary to facilitate easier puncture.

Objective: The primary objective of this study is to present the long-term performance of the two-stage BB-AVF.

Material and methods: In the present study, we enrolled 40 patients admitted to the Vascular Surgery Department for the creation of brachio-basilic arteriovenous fistula (BB-AVF). Data were collected from the hospital's electronic database, including demographic information, comorbidities, risk factors, pre-operative vascular mapping, and laboratory results. Additionally, long-term BB-AVF failure was documented through contact with chronic dialysis centers. This work was supported by the George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș, Romania, with research grant number 170/3/09.01.2024.

Results: The patients enrolled in the current study had a mean age of 63.23±16.26 years, of whom 30 (75%) were male. The most common comorbidities were arterial hypertension in 80% of patients, ischemic heart disease in 47.5% of patients, and diabetes mellitus in 32.5% of patients. Preoperative vascular mapping showed a mean diameter of the brachial artery of 3.36±1.12 mm and a mean diameter of the basilic vein of 3.63±1.52 mm. The patients were followed up for a mean period of 2.28±1.35 years. 22.5% of patients experienced long-term AVF failure.

Conclusions: In our cohort study, the long-term performance of the BB-AVF is highly favorable, with nearly 80% of patients maintaining functional VA patency for up to four years. In our professional assessment, when the RC-AVF and BC-AVF are deemed unsuitable, the BB-AVF constitutes a feasible alternative.

Keywords: Brachio-basilic arteriovenous fistula, comorbidities, risk factors

FLORID VASCULAR PROLIFERATION OF THE RIGHT COLON: A RARE MIMICKER OF NEOPLASTIC DISEASE

Bianca-Maria Pasca[1], Ovidiu Simion Cotoi[1], Iulia Pelin[2] , Luiza Ana Razaila[1], Mihaela Cornelia Marginean[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Bistrita County Clinical Hospital

Background: Vascular lesions of the gastrointestinal tract are relatively rare and often difficult to diagnose. Florid vascular proliferation (FVP) is a benign, reactive vascular process that typically occurs secondary to localized insults such as ischemia, intestinal obstruction, or intussusception. Despite its benign nature, FVP may mimic malignant or other proliferative lesions on imaging and endoscopy due to its ulcerated and mass-forming appearance. Correct differentiation from neoplastic disease is essential to avoid overtreatment, and complete surgical excision is considered curative, with no reported recurrences.

Objective: To present a rare case of florid vascular proliferation of the right colon mimicking a neoplastic lesion and to emphasize the importance of accurate histopathological diagnosis in differentiating benign reactive processes from malignancy.

Material and methods: An 84-year-old female patient was admitted with symptoms of intestinal obstruction, including abdominal pain, constipation, and absence of gas passage, abdominal distension, reduced bowel sounds, and fever. CT imaging identified a soft tissue mass in the right colon, raising suspicion of malignant obstruction. The patient underwent right hemicolectomy for both diagnostic clarification and therapeutic management. Macroscopic, microscopic, and immunohistochemical analyses were performed on the resected specimen.

Results: Gross examination revealed an ulcerated polypoid lesion located in the cecum. Microscopically, the lesion showed a florid proliferation of irregular, variably sized, and occasionally anastomosing vascular channels lined by plump endothelial cells, without significant atypia or features of malignancy. Immunohistochemistry demonstrated strong CD31 and CD34 positivity, absence of HHV8 expression, and a Ki67 index below 2%. These features confirmed the benign, reactive nature of the vascular proliferation, secondary to luminal obstruction.

Conclusions: Florid vascular proliferation is a rare but benign reactive vascular lesion that can closely mimic a gastrointestinal neoplasm. Awareness that FVP arises as a result of obstruction—rather than being its cause—is crucial for accurate diagnosis. Proper distinction from true malignant tumors is essential to prevent overdiagnosis and unnecessary aggressive treatments.

Keywords: intestinal obstruction, reactive vascular lesion, right colon mass, gastrointestinal pathology

MINIMALLY INVASIVE SOLUTIONS FOR CHOLEDOCHAL CYSTS: ADVANCING SAFETY, EFFICACY, AND POSTOPERATIVE RECOVERY

Patrik Buzgău[1], Antonio Taddei[2], Ilenia Bartolini[2], Nicola Nocchi[2], Gianluca Grazi[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. University of Florence - Faculty of Medicine

Background: Choledochal cysts are congenital bile duct dilatations requiring complete cyst excision and biliary reconstruction to prevent complications such as cholangitis, pancreatitis, and malignancy. Minimally invasive approaches, particularly robotic-assisted surgery, have emerged as advanced alternatives to open and laparoscopic techniques, offering enhanced precision and improved postoperative outcomes

Objective: To report the results in a succesful series of robotic-assisted complete excisions of a choledochal cyst with Roux-en-Y hepaticojejunostomy, emphasizing the safety, efficacy, and technical advantages of the Da Vinci robotic system in complex biliary recon

Material and methods: A series of middle aged patients diagnosed with type IV choledochal cysts underwent robotic-assisted laparoscopic choledochocystectomy using a three-arm Da Vinci surgical system. The procedure involved careful dissection of the cyst, preservation of the hepatic duct openings, and intracorporeal Roux-en-Y hepaticojejunostomy. Operative time, intraoperative blood loss, and perioperative complications were recorded to assess surgical feasibility and safety.

Results: The robotic-assisted choledochal cyst excision with Roux-en-Y hepaticojejunostomy demonstrated excellent perioperative outcomes, including significantly less intraoperative blood loss, reduced postoperative drainage duration, shorter fasting time, and reduced length of hospital stay compared to laparoscopic surgery. No conversions to open surgery were necessary. Postoperative complications such as bile leakage and anastomotic strictures were minimal or absent, with no long-term complications reported during follow-up periods extending up to 20 months. Operative times tended to be longer than laparoscopy but were balanced by faster postoperative recovery and less tissue trauma.

Conclusions: Robotic surgery offers a safe and effective minimally invasive option for choledochal cyst management, showing clear advantages in surgical precision, postoperative recovery speed, and complication rates. With increasing surgical experience and wider availability of robotic platforms, robotic-assisted cyst excision with biliary reconstruction may become the new gold standard, potentially surpassing conventional laparoscopy in both pediatric and adult populations. Its use should be encouraged where expertise and resources allow to optimize patient outcomes.

These results and conclusions highlight the benefits and feasibility of robotic techniques in choledochal cyst surgery, aligning with emerging evidence in recent literature.

Keywords: Robotic Surgery, Hepatobiliary Surgery, Choledocal Cyst

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MECHANICAL COMPLICATION AFTER OSTEOSYNTHESIS WITH FRACTURE OF THE HUMERAL CONDYLE IN A PATIENT WITH GRADE 3 OBESITY

Luana Tabara[1], Cristina Szabo[1], Adrian Ivanescu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Patient with grade 3 obesity who suffered a humeral blade fracture following a fall. Initial osteosynthesis with plate and screws was performed. Initial favorable postoperative evolution but following the functional recovery program, approximately 2 months later, during a physiotherapy session, the patient presented with screw breakage with loss of assembly stability. Reintervention was performed, obtaining correct stabilization of the fracture.

Objective: Removal of the screws and fractured plate, refixation with two plates.

Material and methods: Osteosynthesis with plate and screws, refixation with multiple plates.

Results:Obtaining optimal stability and continuing recovery in an adapted and progressive regimen.

Conclusions: Recovery must be adapted to the patient, especially in severe obesity. Periodic monitoring is essential for early detection of osteosynthesis material demand. Refixation may be an effective solution in case of mechanical complications after osteosynthesis.

Keywords:Humeral scapula fracture, osteosynthesis, obesity, mechanical complications, reintervention.

ABDOMINAL WALL RECONSTRUCTION WITH SUBSTITUTION MESH AND ADJUNCTIVE NEGATIVE PRESSURE THERAPY IN A PATIENT WITH ASCENDING COLON NEOPLASM AND GIANT POSTOPERATIVE EVENTRATION

Ioana Amelia Horga[1], Alexia Bodea[1], Nicola Mia Bucur[1], Erika Morariu[1], Mircea Gabriel Muresan[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Abdominal wall repair in postoperative defects has shown significant progress regarding recurrence rates with the introduction of synthetic meshes. The main contraindication for the use of polypropylene meshes is the intraoperative septic field; however, with the emergence of negative pressure wound therapy (NPWT), this contraindication has become relative.

Objective: To assess the effectiveness of polypropylene mesh repair in a contaminated surgical field and the contribution of NPWT to successful postoperative wound healing.

Material and methods: Patient C.S., a 57-year-old male with a medical history significant for toxic hepatic cirrhosis, ascending colon neoplasm, secondary anemia, hypoproteinemia, and a large midline incisional hernia following surgery for a perforated duodenal ulcer, was admitted to the Second Surgery Clinic for specialized treatment. After a brief period of preoperative optimization, the patient underwent surgical intervention consisting of a right hemicolectomy, ileocolic anastomosis, and abdominal wall reconstruction using a substitution mesh.

Results: The postoperative course was complicated by the onset of a supra-aponeurotic suppuration, that required repeated applications of negative pressure wound therapy (NPWT). Following three NPWT sessions, the patient's evolution was favorable, culminating in the secondary closure of the midline wound.

Conclusions: Despite the intraoperative septic environment, hypoproteinemia caused by hepatopathy, and postoperative suppuration, the polypropylene mesh was successfully integrated due to the use of negative pressure wound therapy.

Keywords: negative pressure wound therapy, polypropylene mesh, postoperative suppuration

FREE ALT FLAP USED FOR LOWER LIMB RECONSTRUCTION: CASE REPORT

Alexia Maria Bodea[1], Mia-Nicola Bucur[1], Ioana Horga[1], Diana-Maria Major[1], Anamaria Bumbu[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Bistrița County Emergency Clinical Hospital

Background: Lower limb reconstruction after severe trauma poses unique challenges involving restoration of both functionality and aesthetics. Advanced techniques are often required to achieve optimal outcomes in extensive soft-tissue defects.

Objective: To present the reconstruction of the lower limb in a young patient after a massive crush injury using a free anterolateral thigh (ALT) flap.

Material and methods: A 36-year-old male sustained a crush injury to his left forefoot with a second metatarsal fracture that was reduced and fixated by the orthopedic team. Extensive soft tissue loss required reconstruction. A 15-cm free ALT flap based on two perforators was harvested from the ipsilateral thigh and transferred to the defect. Postoperative monitoring showed excellent flap perfusion without ischemia. The patient was discharged on postoperative day 7.

Results: The flap healed successfully with complete integration and viability. No complications such as flap failure or infection occurred. Functional outcome was satisfactory, achieving stable coverage and limb preservation.

Conclusions: The free ALT flap is a reliable and effective option for complex lower limb soft tissue reconstruction in severe trauma cases. Choice of reconstructive technique should consider surgeon expertise and patient-specific factors to maximize functional and aesthetic outcomes.

Keywords: ALT flap, free flap, crush injury, lower limb reconstruction, soft tissue reconstruction

A RARE PRESENTATION OF EXTERNAL ILIAC VEIN LEIOMYOMA: SURGICAL STRATEGY AND OUTCOME

Cătălina Berghea[1], Adrian Vasile Mureșan[2], Constantin Claudiu Ciucanu[1], Eliza Russu[1], Emil-Marian Arbanași[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Leiomyomas from vascular structures are rare benign tumors, with those from the external iliac vein (EIV) being extremely uncommon. Their vague symptoms and proximity to major vessels make diagnosis and treatment difficult. They can mimic other vascular or retroperitoneal issues, so prompt recognition and surgical planning are crucial to avoid complications like venous blocage, thromboembolism, or growing mass effects.

Objective: The primary objective of this presentation is to delineate a comprehensive surgical technique for the re-excision of an external iliac vein leiomyoma.

Material and methods: We present the case of a 66-year-old male patient with previous surgical interventions for EIV leiomyoma three years ago, who was admitted to the vascular surgery department with a diagnosis of EIV occlusion due to local recurrence of leiomyoma. Pre-operatively, a computed tomography angiography (CTA) was performed, revealing a tumor formation at the EIV level that occluded the venous lumen and compressed the external iliac artery (EIA). Additionally, an eventration at the periumbilical level was observed. The decision was made to surgically remove the tumor along with the occluded EIV segment en bloc, without reconstructing the EIV.

Results: The approach was transperitoneal via a median laparotomy performed on the old incision, accompanied by meticulous dissection. The retroperitoneum was accessed through the left iliac fossa, with careful dissection of the common iliac artery and vein. Subsequently, dissection continued with the isolation of the tumor formation, separation of the ureter from the tumor, and careful dissection of the tumor from the external iliac artery. After elevating the tumor, a decision was made to perform en bloc resection without reconstruction of the external iliac vein. Postoperatively, the patient mobilized after 24 hours, exhibited no complaints, and showed no signs of edema in the lower limb.

Conclusions: Leiomyoma of the EIV is very rare but may be linked to deep vein thrombosis and peripheral neurological symptoms caused by femoral nerve compression. Complete surgical removal is generally safe and offers favorable long-term outcomes. Additionally, when a leiomyoma causes venous occlusion without producing clinical symptoms in the limb, venous reconstruction can often be avoided.

Keywords: External Iliac Vein (EIV), Leiomyoma, Surgical Strategy, Venous Occlusion

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SEVERE POSTPARTUM INTRA-ABDOMINAL COMPLICATION PRESENTING AS SECONDARY PERITONITIS AND SUSPECTED INTESTINAL OBSTRUCTION: A CASE REPORT

Patricia-Elena Oprisan[1], Georgiana-Maria Zbuchea[1], Ruxandra Cristea[1], Mircea Muresan[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Postpartum complications, although rare, may progress rapidly and endanger maternal health. Secondary peritonitis occurring after uterine procedures is uncommon but can mimic intestinal obstruction and other severe abdominal conditions. Early diagnosis and coordinated multidisciplinary management are crucial for reducing morbidity.

Objective: To present the case of a 35-year-old postpartum patient who developed a severe intra-abdominal complication following uterine curettage, emphasizing diagnostic challenges and therapeutic strategies.

Material and methods: A retrospective analysis of the patient's clinical evolution was performed, including obstetric history, physical findings, laboratory tests, imaging, and surgical exploration. Diagnostic tools included gynecological examination, inflammatory markers, abdominal ultrasound, and contrast-enhanced CT. Management comprised antibiotic therapy, supportive measures, and exploratory laparotomy after transfer from Obstetrics-Gynecology Clinic I to General Surgery Clinic II.

Results: A 35-year-old woman presented 26 days after spontaneous birth (16.10.2025) with abdominal pain and fever. Gynecological evaluation indicated retained intrauterine material, and uterine curettage was performed. Her symptoms worsened, with persistent abdominal pain, altered general condition, and leukocytosis. A CT scan revealed significant intraperitoneal fluid and multiple fluid–air levels, raising suspicion of intestinal obstruction or secondary peritonitis.

Due to unfavorable progression, she was transferred on 13.11.2025 to the General Surgery Department. Intraoperative findings confirmed diffuse intra-abdominal infection with inflammatory exudate and adhesions consistent with secondary peritonitis. Surgical treatment consisting of lavage and drainage was performed.

Postoperative evolution was favorable: intestinal transit resumed progressively, pain and inflammation improved, and laboratory parameters normalized. The patient recovered steadily and was discharged on the 10th postoperative day in good general condition.

Conclusions: This case highlights the need to consider serious intra-abdominal complications in postpartum patients with persistent abdominal pain and systemic signs of infection. Imaging is essential for early diagnosis, and timely surgical intervention significantly improves outcomes. Close collaboration between obstetric and surgical teams is crucial for ensuring complete recovery.

Keywords: postpartum complications; secondary peritonitis; intestinal obstruction; uterine curettage

SUBHEPATIC–RETROCECAL APPENDICITIS PRESENTING AS RIGHT UPPER QUADRANT PAIN: SAFE APPENDECTOMY AFTER RIGHT COLON MOBILIZATION

Teodor-David Cristurean[1], Cătălin-Dumitru Cosma[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Atypical appendiceal positions are a major cause of delayed or incorrect diagnosis in acute abdomen. Subhepatic–retrocecal appendicitis is exceptionally uncommon, with a reported incidence of less than 1% of all appendiceal locations. Its clinical presentation often mimics acute cholecystitis, and standard ultrasonography may be noncontributory, making computed tomography (CT) essential for accurate localization and operative planning.

Objective: To present a rare case of subhepatic–retrocecal appendicitis requiring right colon mobilization for safe laparoscopic appendectomy and to emphasize the diagnostic and technical implications of this anatomic variant.

Material and methods: A 23-year-old male presented with signs of acute abdomen and predominant right upper quadrant tenderness. Laboratory evaluation showed mild leukocytosis and elevated CRP. Abdominal ultrasonography was inconclusive, whereas contrast-enhanced CT identified cecal wall thickening and a retrocecal inflammatory mass extending into the subhepatic space. Laparoscopic exploration confirmed a subhepatic, retrocecal appendix with dense inflammatory adhesions. Adequate exposure was obtained through mobilization of the cecum and ascending colon along the white line of Toldt, allowing safe dissection and stapled appendiceal resection. Operative time was 70 minutes, with minimal blood loss.

Results: Postoperative recovery was uneventful. The patient resumed oral intake on postoperative day two and was discharged on postoperative day three in good condition. Histopathologic examination confirmed acute suppurative appendicitis.

Conclusions: Subhepatic–retrocecal appendicitis represents both a diagnostic and technical challenge due to its atypical location and misleading clinical presentation. Preoperative CT evaluation and intraoperative awareness of positional variants are essential for safe management. When exposure is limited, right colon mobilization is a reliable and effective maneuver that facilitates complete appendectomy and minimizes the risk of iatrogenic injury.

Keywords: Subhepatic appendicitis, Retrocecal appendix, Right colon mobilization, Laparoscopic appendectomy, Anatomic variant

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HISTOPATHOLOGICAL INSIGHTS AND MARGIN ASSESSMENT IN MIXED BASAL CELL CARCINOMA OF THE LOWER LIP: A CASE REPORT

Ruxandra Cristea[1], Patricia-Elena Oprisan[1], Alina Bianca Iacob[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Basal cell carcinoma (BCC) is the most frequent cutaneous malignancy, predominantly affecting the head and neck region. Localization in the lip is rare compared to other facial areas, yet lesions in this region may display pronounced local invasiveness and recurrence . This report presents a remarkable clinical case due to its histological and therapeutic peculiarities.

Objective: This case highlights the importance of achieving complete surgical excision and underscore the essential close collaboration between the oral and maxillofacial surgeon and the pathologist for an appropriate management.

Material and methods: A 96-year-old female patient presented with a tumor located on the cutaneous portion of the lip, showing an unpredictable clinical evolution. Dermatoscopic examination revealed the diagnosis of basal cell carcinoma. The mixed form, with its infiltrative component, is associated with increased local aggressiveness. The lesion was surgically removed and submitted for histopathological examination

Results: Histopathological examination revealed a mixed, nodular and infiltrative basal cell carcinoma located less than 1 mm from the deep surgical excision margin. A narrow surgical resection margin (<2 mm) implies a significant risk of local recurrence , requiring careful postoperative monitoring and potential re-excision

Conclusions: Although relatively rare, perioral basal cell carcinomas should be considered in the differential diagnosis of persistent lesions in the lip region. For a favorable prognosis and the prevention of recurrence, histopathological examination and evaluation of resection margins are essential

Keywords: basal cell carcinoma, lip, surgical margins, skin cancer, oral and maxillofacial surgery

ACUTE GANGRENOUS–EMPHYSEMATOUS CHOLECYSTITIS WITH EXTREME STONE BURDEN AFTER A 47-YEAR HISTORY OF CHOLELITHIASIS

Teodor-David Cristurean[1], Elena-Georgiana Dinu[1], Cătălin-Dumitru Cosma[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Gangrenous and emphysematous cholecystitis represent the most fulminant phenotypes of acute calculous cholecystitis, typically affecting elderly patients with significant cardiovascular and metabolic comorbidities. Massive stone burden exceeding several hundred calculi is exceptionally rare, particularly after decades of minimally symptomatic disease. Such cases pose major technical challenges during laparoscopic dissection and substantially increase perioperative risk.

Objective: To present a rare, high-risk case of acute gangrenous–emphysematous cholecystitis associated with an extreme lithiasis load (~500 stones) in a frail 85-year-old female, emphasizing diagnostic features, operative strategy, and perioperative management.

Material and methods: An 85-year-old female with severe cardiac dysfunction (LVEF <30%), type II diabetes mellitus, and chronic renal insufficiency presented with fever and vomiting. She was hemodynamically stable upon admission. Laboratory tests revealed marked systemic inflammation (WBC 18,000/μL; CRP 600 mg/L). Contrast-enhanced CT demonstrated a gangrenous and emphysematous gallbladder with pericholecystic inflammation and massive cholelithiasis. Emergency laparoscopic cholecystectomy was performed. Intraoperatively, the gallbladder was completely gangrenous with areas of wall necrosis and gas infiltration. Approximately 500 gallstones were found within the lumen, consistent with 47 years of known cholelithiasis. Despite severe local inflammation, the procedure was successfully completed laparoscopically, with meticulous dissection and safe identification of biliary structures. Numerous microcalculi were evacuated, and the necrotic gallbladder was removed en bloc. A drain was placed.

Results: Laparoscopic source control was fully achieved despite significant operative difficulty related to emphysematous changes, necrotic planes, and extensive lithiasis. The immediate postoperative evolution was influenced primarily by the patient's major cardiometabolic comorbidities.

Conclusions: This case highlights an exceptionally uncommon association between extreme gallstone burden and advanced emphysematous–gangrenous cholecystitis in a profoundly comorbid elderly patient. Even in the presence of massive lithiasis and extensive necrosis, a carefully executed laparoscopic approach can provide safe biliary control. Nevertheless, overall prognosis is largely determined by systemic fragility rather than operative technique. Long-standing untreated cholelithiasis underscores the potential need for earlier prophylactic surgical intervention in selected high-risk individuals.

Keywords: Emphysematous cholecystitis, Gangrenous cholecystitis, Massive cholelithiasis, Laparoscopic cholecystectomy, High-risk surgery

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BREAK A LEG — WE WISH FOR LUCK, YOU BRING POLYTRAUMA

Iustina Teacu[1], Raluca-Valentina Tomolea[1], Eric-Florin Tofan[1], Andreea-Denisa Șușca[1], Arpad Solyom[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: High-energy motor vehicle collisions can cause highly complex multiregional skeletal injuries, especially when multiple unstable fractures coexist in both lower limbs. Such patterns challenge conventional sequencing in damage-control orthopedics and require carefully staged interventions to restore alignment, protect soft tissues, and prevent long-term functional impairment.

Objective: This paper presents a rare and severe case of bilateral lower-limb polytrauma and highlights the rationale behind staged orthopedic reconstruction in a patient with simultaneous femoral, midfoot, ankle, and tibial pilon injuries.

Material and methods: A 38-year-old male presented after he sustained a high-velocity frontal collision resulting in extensive polytrauma, including a bifocal left femoral shaft fracture, right acetabular fracture, complex left Lisfranc fracture–dislocation, right Weber C bimalleolar fracture with pilon involvement, in addition to rib and facial soft-tissue injuries.

Because of the complexity and competing priorities of these injuries, treatment proceeded in planned stages. Initial management focused on physiologic stabilization through intramedullary fixation of the femoral shaft. Once stable, attention shifted to the midfoot, where the Lisfranc allignment was restored and temporarily secured through Kirschner wires arthrosyntesis. The final stage addressed the right ankle and pilon fractures through a hybrid approach combining selective open reduction with percutaneous fixation to rebuild the articular surface while avoiding excessive soft-tissue disruption. The anterolateral (Chaput) fragment was reduced via an anterolateral exposure, while the posterior pilon component was reduced percutaneously and stabilized with an anatomic plate.

Results: Postoperative evolution was stable, with preserved neurovascular status and no wound complications. Follow-up imaging confirmed appropriate reconstruction across all operated sites. Under a proper rehabilitation protocol with early mobilization, the patient gradually regained knee flexion, midfoot stability, and controlled ankle motion withing the initial rehabilitation period.

Conclusions: This case underscores the importance of strategic staging and precise anatomic reconstruction in managing extensive orthopedic polytrauma. Prioritizing long-bone stabilization, restoring midfoot architecture, and applying soft-tissue-respecting methods in pilon fractures enabled a stable early recovery in a limb-threatening scenario.

Keywords: polytrauma, Lisfranc injury, tibial pilon fracture

A PATHLOGY RARELY COMES ALONE – A CASE REPORT OF COLON CANCER

Beatrice Helen Wenzel[1], Sara Marie Vintila[1], Oliviu-Cristian Borz[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Colon cancer represents the location of the neoplastic process along the colic frame, from the ileocecal valve to the rectosigmoid junction. The etiology is still unknown. The tumor can present with a variety of symptoms. Quietly and secretly, this tumor penetrates and even perforates its neighboring organs, making its clinical and surgical management complex.

Objective: To present the evaluation, clinical progression, and treatment of a patient with cancer of the transverse colon that ulcerated and penetrated into the greater gastric curvature, and a tumor of the cecum.

Material and methods: A 44-year-old patient without significant personal history presents to the emergency department with diffuse abdominal pain described as very high intensity, as well as abdominal distention. The CT's findings show a partially distended abdomen, parietal thickening at the level of the stomach's greater curvature over a distance of approximately 8 cm, associated with marked edematous infiltration of the adjacent adipose tissue with fluid streaks and millimetre air occlusions adjacent— suspected perforated gastric ulcer. The appendix appears subcecal in trajectory, swollen with thickened walls, transverse axial diameter of 9 mm, and marked edematous infiltration of the pericecal adipose tissue with local regional lymph nodes up to 10 mm.

Results: The patient underwent, after paraclinical and clinical examinations, an emergency surgery because of his clinical presentation and his acute abdomen, under general anesthesia with orotracheal intubation. The exploratory laparotomy, extended right hemicolectomy with partial resection of the greater gastric curvature, terminal ileostomy, Douglas pouch drainage, retro-gastric and subhepatic drainage were performed for the intraoperative diagnosis of: tumor of the transverse colon, ulcerated, penetrating into the greater curvature of the stomach, and tumor of the cecum. The patient was discharged in a good general condition.

Conclusions: The presented case highlights the importance of multidisciplinary teams and the final surgical outcome of this patient. A multidisciplinary follow-up is mandatory to ensure the patient's health and pathology progression.

Keywords: Colon Cancer, acute abdomen, ulcer, penetration, perforation.

SMALL BOWEL OBSTRUCTION CAUSED BY MESH-RELATED GRANULOMA FOLLOWING INCISIONAL HERNIA REPAIR: A CASE REPORT

Sara Marie Vintila[1], Beatrice Helen Wenzel[1], Oliviu-Cristian Borz[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Postoperative adhesions are a common complication following multiple abdominal surgeries, particularly after mesh implantation. While small bowel obstruction is a known consequence, mesh-related granulomas are rare but clinically significant, as they may cause mechanical obstruction. Patients with prior IPOM repairs are at increased risk due to adhesions and local inflammatory reactions.

Objective: This report aims to describe the clinical presentation, diagnosis, and surgical management of small bowel obstruction caused by adhesions and mesh granuloma, emphasizing the importance of timely intervention for optimal outcomes.

Material and methods: A 63-year-old woman was admitted to the Surgery II department with diffuse abdominal pain, vomiting, and absence of bowel movements for three days. Her medical history included arterial hypertension, obesity, dyslipidemia, and hiatal hernia. Surgical history included cholecystectomy, rectal cancer resection with adjuvant chemo- and radiotherapy in 2017, right-sided Spiegel hernia repair, and incisional hernia repair with IPOM. She also underwent surgery for subocclusive syndrome in July 2025.

On examination, her abdomen was distended and tender. Laboratory tests and imaging confirmed small bowel obstruction. After preoperative stabilization, she underwent surgery under general anesthesia. Procedures included explorative laparotomy, extensive adhesiolysis, segmental small bowel resection with manual side-to-side entero-enteral anastomosis, and drainage of the Douglas pouch and subcutaneous tissue. Intraoperative findings revealed a granulomatous inflammatory reaction surrounding the IPOM mesh and extensive adhesions causing mechanical obstruction.

Results: The postoperative course was free of complications. Bowel function returned, oral intake was tolerated, and micturition was normal. The patient remained afebrile, hemodynamically and respiratorily stable, and her surgical wounds healed appropriately. She was discharged in good general condition with follow-up instructions.

Conclusions: Mesh-related granulomas, though rare, can lead to small bowel obstruction in patients with prior abdominal mesh repairs. Early recognition and timely surgical intervention, including adhesiolysis and resection when necessary, are essential for successful outcomes. Surgeons should consider mesh-related complications in patients presenting with obstruction after multiple abdominal procedures.

Keywords: Adhesive small bowel obstruction – Mesh granuloma – IPOM – Adhesiolysis – Incisional hernia repair

DEBRANCHING FIRST TECHNIQUE IN FROZEN ELEPHANT TRUNCK FOR TOTAL AORTIC ARCH REPLACEMENT IN ZONE 1:CASE REPORT

Maria Liliana Moldovan[1], Robert Antonio Man[1], Laura Inga Tavara[2], Ignacio Munoz Cavajal[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. University of Cordoba-University Hospital Reina Sofia Cordoba,Spain

Background: A 72-year-old male ex-smoker, with a medical history of arterial hypertension and dyslipidemia under pharmacological control presented to the emergency department with symptoms compatible with acute aortic syndrome. Transthoracic echocardiography demonstrated mild left ventricular diastolic dysfunction and a circumferential pericardial effusion less than 10 mm. CT scan revealed a aneurysmal dilation of the aortic arch and descending thoracic aorta(max 95 mm) complicated with a 30 mm intramural hematoma, pericardial hematoma and left pleural effusion. After stabilizing the patient´s hemodynamics, the aortic surgery is performed.

Objective: The objective of this intervention was the total replacement of the aortic aneurysm with a hybrid prosthesis in zone 1 using the debranching first in FET technique.

Material and methods: Through median sternotomy and cardiopulmonary bypass, a hybrid procedure was performed: supra-aortic trunks debranching first technique followed by FET deployment over a stiff-guidewire via the left common femoral artery,after removal of the pathological aorta and myocardial protection with cold crystalloid cardioplegia. Selective antegrade cerebral perfusion was achieved via the right common carotid artery, with moderate hypothermic circulatory arrest at 27 °C. Visceral perfusion was maintained through the right common femoral arterial line.

Results: The postoperative was accompanied by neurological affectation of the left lower limb weakness with mild dysarthria, confirmed by a brain CT scan with a right hemispheric ischemic stroke, likely attributable to selective cerebral perfusion during the procedure that resolved 5 days after the intervention without requiring additional measures.

Follow-up aortic CT scan confirmed complete exclusion of the aortic arch aneurysm with no evidence of endoleak. The patient was discharge at day 10 of surgery with total recovery of dysarthria and slight assistance in walking, with plans for a second-stage endovascular intervention to complete the sealing of the endoprosthesis al the level of the celiac trunk.

Conclusions: This case highlights the feasibility and clinical applicability of a hybrid surgical strategy in the management of acute aortic syndrome. Despite the occurrence of significant postoperative complications, intensive multidisciplinary care resulted in favorable recovery.

Keywords: Keywords: Frozen Elephant Trunk (FET), debranching technique,hematoma,aneurysm, arch replacement

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UNEXPECTED AXILLARY SKIN METASTASIS EXPOSING LATE RECURRENCE OF PROSTATE ADENOCARCINOMA

Vlad Teodor Ciobanu[1], Paul-Tiberiu Sarmasan[1], Adrian-Emil Gavrilut[2], Bianca-Isabel Ghetler[3], İlter Tüfek[4]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Grigorie T. Popa University of Medicine and Pharmacy of Iași
3. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca
4. Acıbadem Mehmet Ali Aydınlar University, Istanbul

Background: Prostate adenocarcinoma is the most common solid malignancy in men and a major cause of cancer-related morbidity. Metastases usually affect regional lymph nodes and the axial skeleton. Cutaneous spread is extremely rare (<1%). Axillary involvement is particularly uncommon and may mimic benign dermatologic or infectious conditions, delaying diagnosis. Recognizing these atypical patterns is essential, as late recurrences can occur years after apparently curative treatment, affecting prognosis and management.

Objective: To describe a rare case of delayed axillary metastasis occurring four years after radical prostatectomy for localized prostate adenocarcinoma, emphasizing the diagnostic challenges and the importance of considering unusual metastatic presentations during long-term follow-up

Materialis and methods: We report the case of a 64-year-old male with no significant comorbidities, initially diagnosed with localized prostate adenocarcinoma in 2021. His PSA at presentation was 2.7 ng/mL. Transperineal mpMRI/TRUS fusion biopsies revealed adenocarcinoma Gleason 7 (4+3), positive in 10/15 cores. Imaging confirmed organ-confined disease, and the patient underwent robotic Retzius-sparing radical prostatectomy with bilateral pelvic lymph node dissection. The immediate postoperative course was uneventful. Histopathological diagnosis revealed pT3a, Gleason 7 (4+3), N0, prostate adeno-cancer with negative surgical margins.

Four years later, the patient presented with a small, asymptomatic axillary mass, clinically suspected to represent a sebaceous cyst or folliculitis. On 23.10.2025, his PSA was Nadir – PSA < 0.001ng/mL. A 3.5 × 2.2 × 1 cm subcutaneous lesion was excised. Gross examination revealed yellow-white tissue situated beneath the skin. Histopathology demonstrated poorly differentiated adenocarcinoma adjacent to the surgical margins. Immunohistochemistry showed AE1/AE3 positivity, NKX3.1 positivity, and PSA negativity, with negative melan-A and CDX2. On 30.10.2025, PSMA PET and FDG PET were performed and the results revealed no reccurence or metastasis. Still, correlation with the patient's prior oncologic history supported the diagnosis of metastatic prostate adenocarcinoma.

Results: The axillary lesion was confirmed as a cutaneous metastatic focus of prostate cancer, representing an exceptionally rare site of recurrence. No postoperative complications occurred following excision. Further oncologic evaluation and systemic management were planned according to multidisciplinary recommendations.

Conclusion: This case highlights the need to maintain a wide differential diagnosis when evaluating new peripheral skin or subcutaneous lesions in patients with a history of prostate cancer—even years after definitive treatment. Atypical metastatic routes, may indicate disease recurrence and require prompt recognition to ensure appropriate staging and management.

Keywords: prostate adenocarcinoma, late recurrence, atypical metastatic spread, axillary metastasis, cutaneous metastasis

UNUSUAL PERFORATOR-DRIVEN VARICOSITIES IN A YOUNG PATIENT: A COMBINED RFA AND PHLEBECTOMY APPROACH. A CASE REPORT.

Orlando-Sorin Ardelean[1], Daria-Ștefania Catană[1], Vlad-Teodor Ciobanu[1], Raysa-Ariana Mesani[1], Mircea Cătălin Coșarcă[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Varicose veins (chronic venous disease) often result from superficial venous reflux, most commonly involving the great (internal) saphenous vein (GSV). However, perforator vein reflux also plays a significant role: studies have shown that up to 70% of patients with advanced chronic venous disease have perforator incompetence, contributing to high venous pressures and worsening severity. Anatomically, the lower limb contains roughly 150 perforator veins that connect superficial and deep systems.

Objective: To present a case of severe, truncal varicosity in a very young patient, driven by massive internal saphenous vein reflux and unusual tributary anatomy supplied by a perforator, and to discuss the complex surgical management combining radiofrequency ablation and staged excisions.

Material and methods: We present the case of an overweight 28 years old male patient (BMI: 29.9), diagnosed with right lower limb varicose disease, characterized by severe truncal and segmental varicosities (CEAP C3 stage). Clinical evaluation was complemented by duplex Doppler ultrasonography, which revealed massive reflux in the GSV and unusual tributary varicose branches, with a significant feeding from a perforating vein. A combined surgical approach was undertaken: radiofrequency ablation (RFA) of the trunk (GSV) and staged excision (phlebectomies) of the tributaries.

Results: Duplex imaging confirmed massive GSV reflux as well as an atypical varicose tributary, unusually fed from a perforator vein. The patient's young age made this presentation particularly striking. The surgical intervention - radiofrequency ablation of the trunk combined with graduated excisions - was successfully performed without major complications. Clinical follow-up demonstrated resolution of symptoms (edema, leg discomfort) and improvement in venous clinical severity.

Conclusions: This case underscores that even in very young patients, severe truncal varicosities with unusual tributaries can be driven by perforator-mediated reflux. Recognizing such anatomy via high-resolution duplex imaging is critical, as it may alter surgical planning. A combined approach - RFA plus tailored phlebectomies - can be effective and safe for such complex presentations.

Keywords: varicose veins, perforator reflux, great saphenous vein, radiofrequency ablation

ELDERLY PATIENT WITH SEVERE HYDRONEPHROSIS DUE TO DUAL UPJ OBSTRUCTION: SURGICAL MANAGEMENT AND OUTCOMES

Maria Costin[1], Orsolya Martha[1], Ciprian Todea Moga[1], Rares Vascul[1], Veronica Ghirca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Ureteropelvic junction (UPJ) obstruction represents one of the most common causes of hydronephrosis, typically resulting from a single congenital or acquired mechanism. In certain cases, two congenital mechanisms may coexist.

Objective: To highlight the surgical management of a dual-mechanism UPJ obstruction with severe hydronephrosis, minimal symptoms and preserved renal function in an elderly patient.

Material and methods: We describe the case of a 73-year-old patient presenting with left lumbar pain. His medical history included benign prostatic hyperplasia (BPH) controlled with treatment, hypertension, ischemic stroke (2015), and Parkinson's disease under therapy. Imaging studies revealed advanced grade IV left hydronephrosis (renal pelvis 79×50 mm) with preserved renal function (normal creatinine, mildly elevated urea, normal eGFR) and a 2 mm radiopaque lower calyceal stone. The obstruction resulted from a ureteropelvic junction stenosis due to an abnormally inserted ureter and a congenital inferior polar artery crossing the UPJ. Laparoscopic Anderson-Hynes pyeloplasty was performed using three trocars, with placement of an autostatic double-J stent and a lombar drain.

Results: The surgical procedure was completed without intraoperative complications. The lombar drain was removed on the second postoperative day, and the patient was discharged on the fourth postoperative day in stable condition. He was scheduled for follow-up after four weeks for removal of the double-J stent. Postoperative recovery was uneventful, with no acute deterioration of renal function.

Conclusions: Dual-mechanism UPJ obstruction resulting from abnormal ureteral insertion and a crossing inferior polar vessel can be effectively managed with minimally invasive laparoscopic Anderson–Hynes pyeloplasty, even in elderly patients.

Keywords: Ureteropelvic junction stenosis, grade IV hydronephrosis, laparoscopic Anderson- Hynes pyeloplasty, polar vessel, double-J stent

RARE MEDICATION ABORTION FAILURE AFTER TWO STANDARD ADMINISTRATIONS: A CASE REPORT

Tudor-Gheorghe Lazar[1], Theodor Stan[1], Robert-Gabriel Traicu[1], Florin Rozsnyai[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Medication abortion has become the first option treatment of early pregnancies being widely recognized as a safe, effective, non-invasive alternative to surgical methods during the first trimester of pregnancy.Medication abortion in the combination of mifepristone and misoprostol during the first trimester is highly effective with a success rate around 96%. Despite its reliability, patients can experience: heavy bleeding, failure to end the pregnacy, infections and allergic reactions.

Objective: The primary goal of this study is to highlight the management and treatment of the risks that can appear in the rare situation of medication abortion failure.

Material and methods: We present a case of a 38-year-old pregnant female patient who is admitted in our clinic after a tentative of 2 unsuccessful medication abortion one after another, with heavy metrorrhagia and scarred uterus after three previous C-sections.

Results: The failed medication abortion was treated under general anesthesia IV-LMA, in aseptic and antiseptic conditions, the procedure was perfomed consisting of an evacuatory and hemostatic uterine curettage.Favourable evolution allows for patient discharge in good general condition, afebrile, hemodinamically and respiratory stable.

Conclusions: Despite studies showing a very high success rate, our case stands out as it falls within the 0.4% of cases in which the abortion does not occur, demostrating that medication abortion was ineffective even after two unsuccessful administrations, the second administration being followed by a significant metrorrhagia.

Keywords: Medication abortion, metrorrhagia, failed abortion

COMPLEX ROBOTIC PARTIAL NEPHRECTOMY IN A SOLITARY KIDNEY OF AN ELDERLY PATIENT WITH MULTIPLE COMORBIDITIES

Anastasia Darii[1], Mircea-Cristian Girbovan[1], Mihnea-Bogdan Borz[1], Maria Costin[1], Vlad-Horia Schitcu[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Urology Department, The Oncology Institute “Prof. Dr. Ion Chiricuță” of Cluj-Napoca

Background: Partial nephrectomy in elderly individuals with only one functional kidney is technically demanding due to limited renal reserve and elevated perioperative risk. Robotic-assisted surgery provides enhanced precision, improved hemostasis, and easier postoperative recovery. This report describes a case of robot-assisted partial nephrectomy performed in an 80-year-old female patient with multiple comorbidities and a solitary right kidney containing a cT1b renal mass.

Objective: The aim of this case report is to present an innovative robotic approach to managing a cT1b renal tumor in a solitary kidney of an elderly patient with significant comorbidities.

Material and methods: The patient’s medical history was significant for left open nephrectomy (2020), bicameral VDD pacemaker implantation (2004), grade III arterial hypertension, mild mitral and tricuspid regurgitation, left bundle branch block, right carotid artery aneurysm, and bilateral chronic venous insufficiency. The previous surgical interventions included a hysterectomy, open cholecystectomy, and repair of a median eventration, resulting in a heavily scarred abdomen. Serial CT imaging performed in 2025 revealed the progressive enlargement of a right renal lesion measuring 4.2 cm (anteromedial, cT1bN0M0). A robot-assisted right partial nephrectomy was performed using the Da Vinci platform, exclusively employing only bipolar instruments to prevent electromagnetic interference with the patients pacemaker device.

Results: The procedure was completed successfully without intraoperative complications. Estimated blood loss was 250 mL, with no transfusion requirement. No pacing disturbances or arrhythmias occurred intraoperatively. The patient mobilized early and had an uneventful recovery. Serum creatinine at 14 days postoperatively was 1.06 mg/dL, with normal urea, sodium, and potassium levels.

Conclusions: Robot-assisted partial nephrectomy is a feasible and safe option for elderly patients with solitary kidneys and complex comorbidities. The approach allows precise tumor excision, preservation of renal function, and minimal perioperative morbidity, even in patients with implantable cardiac devices and extensive surgical history.

Keywords: robot-assisted partial nephrectomy; Da Vinci surgery; minimally invasive urology; solitary kidney; elderly patient; comorbidities; cardiac pacemaker;

AN INTRA-ABDOMINAL MASS CAUSED BY AN ACTINOMYCETES INFECTION: A CASE REPORT

Ştefania Todea[1], Adriana Mădălina Ghimpu[1], Emilia Maria David[1], İsmail Cem Eray, Gökberk Sevük[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureş
2. Çukurova University Adana , Balcali Hospital Adana

Background: Actinomyces bacteria is the source of the uncommon chronic infection known as human actinomycosis. The pathogen may penetrate the mucosal barrier and cause infection if there is a mucosa-penetrating disease, such as trauma or a history of surgical intervention.

Objective: All the Actinomyces species are gram-positive, filamentous, non-acid-fast, anaerobic, or microaerophilic bacteria that cause the uncommon, subacute ilness, actinomycosis. Because isolating the causative organism requires extended anaerobic culture conditions the diagnostic process is frequently difficult.

Material and methods: This case is about a 55-year-old male patient who complained of abdominal distension and a 15 kg weight loss during the previous two months. The patient had none comorbidities or history of prior abdominal surgery. A palpable mass lesion was found in the belly upon physical examination. The patient was referred to the general surgery department for additional assessment because of the bulk and substantial weight loss. A biopsy from this region showed active chronic erosive inflammation with regenerative alterations, and a colonoscopy identified a suspicious area of potential invasion in the left colon. Following a second colonoscopy, a biopsy revealed characteristics of complete active colitis along with an elevation of eosinophils.

Results: The patient had elective surgery. A granulomatous mass that invaded the colonic loops, distal small intestine, duodenum, ureters, and retroperitoneum was discovered inside the abdominal cavity during laparotomy. As part of a debulking procedure, the colon and most of the mass were removed. The distal end of the small intestine was exteriorized as a jejunostomy, but the rectum remained in place as a stump. The duodenum was injured during mass excision as a result of the mass invading it. A feeding jejunostomy was inserted after the duodenum was fixed. The patient, whose overall status remained stable, was moved to the surgical ward after postoperative follow-up was started in the intensive care. Actinomycosis can be difficult to diagnose.

Conclusions: Actinomycosis is a condition that can develop in the presence of risk factors such as trauma, invasive or surgical operations, or diabetes mellitus. Depending on the affected area of the body, actinomycosis can show with a variety of clinical signs. It's crucial to understand that actinomycosis can also occur in the absence of any discernible risk factors, as this case example illustrates.

Keywords: actinomycosis, granulomatous mass, laparotomy; abdominal distension

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POST-SURGICAL SEPTIC SHOCK IN A PRETERM INFANT WITH GASTROSCHISIS: A CASE STUDY

Raysa Ariana Mesani[1], Rares-Bogdan Feidi[2], Vlad-Teodor Ciobanu[1], Orlando-Sorin Ardelean[1], Jose Fernando Sotillo Lindo[3]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureş
2. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca
3. Ciudad de la Salud Panama

Background: Gastroschisis is a congenital anomaly characterized by a paraumbilical defect in the abdominal wall, leading to the herniation of the intestine. It is anatomically distinct from omphalocele due to the absence of a protective peritoneal membrane covering the viscera. Because the exposed bowel is vulnerable to injury and environmental exposure, immediate neonatal intervention is critical to prevent morbidity.

Objective: The purpose of this report is to document the clinical progression, surgical intervention, and severe postoperative complications in a late-preterm female infant born with an antenatally diagnosed abdominal wall defect.

Material and methods: We reviewed the clinical course of a female neonate delivered via cesarean section at 36 weeks gestation. The maternal history was significant for pregnancy-induced hypertension. Following prenatal sonographic confirmation of the defect, a multidisciplinary approach was followed. Postnatal management involved immediate airway stabilization, genetic counseling, and urgent surgical closure via exploratory laparotomy to return the eviscerated organs to the abdominal cavity.

Results: The defect measured 2 cm, and intraoperative assessment confirmed the bowel was well-perfused with no signs of ischemia or rotational anomalies. Genetic screening yielded no chromosomal abnormalities. Despite a successful surgical reduction, the postoperative period was complicated by severe physiological deterioration. The infant required mechanical ventilation and manifested acute hemodynamic instability, presenting with tachycardia and hypotension. Arterial blood gas analysis revealed persistent metabolic acidosis (pH 7.23–7.32; HCO3– 20–23 mmol/L). Although electroencephalography indicated preserved cerebral function, the patient developed refractory septic shock despite aggressive management with broad-spectrum antibiotics and seizure prophylaxis.

Conclusions: This case illustrates the precarious nature of managing gastroschisis in preterm infants, where successful surgical closure does not guarantee a favorable outcome. The development of severe sepsis and metabolic acidosis can rapidly lead to a critical prognosis. Consequently, rigid infection control protocols and vigilant multidisciplinary intensive care are as vital as the surgical repair itself in improving survival rates for these high-risk patients.

Keywords: Gastroschisis; Preterm infant; Septic shock; Metabolic acidosis; Postoperative complications

TERMINAL ILEUM ADENOCARCINOMA IN A YOUNG ADULT: A CASE REPORT

Ștefania Todea[1], Adriana Mădălina Ghimpu[1], Emilia Maria David[1], İsmail Cem Eray, Gökberk Sevük[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Çukurova University Adana , Balcali Hospital Adana

Background: The small intestine is the longest portion of the gastrointestinal tract, accounting for roughly 75% of its length and 90% of its absorptive surface. Despite its size, malignant tumors of the small intestine are rare. The most common types are small bowel adenocarcinomas (SBA) and neuroendocrine tumors, whereas gastrointestinal stromal tumors, lymphomas, sarcomas, and other malignancies are infrequent. SBA is an uncommon cancer, and optimal treatment protocols remain poorly defined due to its low incidence, which limits the feasibility of large, well-structured clinical trials.

Objective: Individuals with inflammatory bowel disease or hereditary syndromes leading to gastrointestinal polyps have an increased risk of developing SBA. Early symptoms are often vague, causing delays in diagnosis. Surgical resection remains the only curative option. Current treatment approaches are largely extrapolated from colorectal and pancreatobiliary cancer management, although SBA may have distinct biological characteristics.

Material and methods: A 33-year-old male presented with fatigue, unexplained weight loss, constipation, and progressive abdominal distension over three months. Physical examination revealed a palpable mass in the suprapubic midline region. The patient had no prior surgeries or significant comorbidities. Laboratory tests were largely unremarkable. Although small bowel cancers typically affect older individuals, in this case the patient's tumor was staged as 2B and graded as poorly differentiated (Grade 3), with no evidence of lymph node metastases. The nonspecific nature of symptoms such as abdominal discomfort often leads to delayed presentation.

Results: Contrast-enhanced abdominal CT revealed a large mass in the ileal loops. Percutaneous Tru-Cut biopsy confirmed adenocarcinoma originating from the terminal ileum. During surgery, a mass was identified at 15 cm distal to the ileocecal valve. The patient underwent a bloc small bowel resection with primary anastomosis. Histopathological examination confirmed a poorly differentiated adenocarcinoma, with all 18 excised lymph nodes showing reactive changes but no metastasis.

Conclusions: Adenocarcinomas of the small intestine are rare and may occur even in young adults. Diagnosis is challenging due to nonspecific symptoms. Persistent abdominal pain, unexplained weight loss, or constipation should prompt evaluation for small bowel malignancy.

Keywords: Small bowel adenocarcinoma ;Terminal ileum; Constipation; Surgical resection

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ATYPICAL DAY-29 POSTPARTUM PERITONITIS FROM BILATERAL SALPINGITIS: A RARE CASE OF PUERPERAL SEPSIS WITH SIGNIFICANT DIFFERENTIAL DIAGNOSTIC CHALLENGES

Antonio Azoitei[1], Nicola Paula Andras[1], Dana Chiriloiu[1], Calin-Vasile Tirean[1], Cristian Ioan Cîmpian[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Puerperal sepsis is a severe systemic infection that occurs within 42 days after childbirth and represents one of the leading preventable causes of maternal morbidity worldwide. The majority of cases develop within the first 7–10 days after delivery, which coincides with the period of maximal uterine involution and highest susceptibility to bacterial invasion.

While the majority of puerperal infections originate from endometritis, urinary tract infections, or surgical wounds, tubal infections such as salpingitis are uncommon in the postpartum period.

Objective: This report aims to present a rare late postpartum case of salpingitis that resulted in fibrinopurulent peritonitis, highlighting the importance of maintaining clinical suspicion even weeks after childbirth.

Material and methods: A 35-year-old woman, 29 days postpartum, presented to the emergency room with acute abdominal pain, high fever, and marked deterioration of her general condition. Blood tests showed SIRS with CRP at 157 mg/L, leukocytes at 29,000/μL, and ESR of 96 mm/h, indicating severe systemic inflammation. Abdominal and pelvic CT revealed free intraperitoneal fluid, along with segmental thickening of the small bowel and colonic loops, with wall thickness measuring up to 8.5 mm. Given the clinical context and the suspicion of generalized peritonitis, an emergency exploratory laparotomy was performed. During the procedure, a generalized peritonitis with a fibrinopurulent appearance was identified, along with a significant amount of purulent fluid in the peritoneal cavity, extensive fibrin deposits over the peritoneal surfaces, bowel loops, and pelvic organs. The fallopian tubes were found to be severely inflamed, congested, and covered in fibrin, indicating acute salpingitis. Although the appendix was not showing signs of acute inflammation, it was removed as part of the definitive surgical control of the source.

Results: Following the surgery and subsequent antimicrobial treatment, the patient showed significant clinical improvement. Levels of CRP and leukocytes gradually decreased, abdominal pain subsided, gastrointestinal transit returned to normal, and there were no postoperative complications. She was discharged on the 7th day, in good general condition with full resolution of the sepsis.

Conclusions: Late-onset postpartum peritonitis secondary to bilateral salpingitis is a rare and diagnostically complex condition. Given the patient's late postpartum status and clinical presentation, the differential diagnosis initially included a wide range of abdominal emergencies, such as acute appendicitis, enterocolitis, tubo-ovarian abscess, and urinary tract infection. Recognizing unusual symptoms during the late postpartum period is crucial, as prompt surgical treatment and a collaborative approach to care are vital for ensuring positive maternal outcomes.

Keywords: puerperal sepsis, salpingitis, generalized peritonitis

MINIMALLY INVASIVE SURGICAL MANAGEMENT OF SEVERE MITRAL STENOSIS WITH CONCOMITANT MITRAL AND TRICUSPID REGURGITATION IN AN ELDERLY PATIENT – A CASE REPORT

Tudor Mihai Radeanu[1], Alexia Balos[1], Razvan Ciocan[1], Nicola-Paula Andras[1], Sorin Balos[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Spitalul Sf. Constantin Brasov

Background: Mitral stenosis is defined as a pathological narrowing of the mitral valve orifice, leading to obstruction of left ventricular inflow and progressive increase in left atrial pressure. When present, its etiology is most frequently rheumatic, leading to progressive leaflet thickening, commissural fusion, and impaired valvular opening. In patients of advanced age, mixed valvular pathology is common, particularly the association of mitral regurgitation and secondary tricuspid regurgitation, typically manifesting through signs and symptoms of congestive heart failure. Over the past decade, minimally invasive cardiac surgery has emerged as a viable and clinically relevant alternative to conventional sternotomy, offering reduced trauma, faster recovery, and lower postoperative morbidity. We present the case of an older patient with severe mitral stenosis and associated valvular dysfunction, treated successfully via a minimally invasive approach.

Objective: To highlight the feasibility, technical aspects, and clinical benefits of a minimally invasive right mini-thoracotomy approach in an elderly patient with severe mitral stenosis and concomitant mitral and tricuspid regurgitation.

Material and methods: We report the case of an 80-year-old patient admitted for progressive dyspnea, reduced exercise tolerance, and signs of right-sided heart failure. Diagnostic investigation included transthoracic and transesophageal echocardiography, electrocardiogram, laboratory testing, and preoperative chest CT. Given the patient's advanced age, a minimally invasive surgical approach was selected. The procedure was performed through a 7 cm right mini-thoracotomy in the second intercostal space. Cardiopulmonary bypass was established followed by cardioplegic arrest. Mitral valve replacement was performed, along with tricuspid valve annuloplasty.

Results: Preoperative evaluation confirmed severe rheumatic mitral stenosis with significant mitral regurgitation and functional tricuspid regurgitation. The surgical procedure was completed without intraoperative or postoperative complication. The patient recovered well, with early extubation within hours and hospital discharge on postoperative day three. Postoperative echocardiography revealed optimal valve function and improvement of right-sided congestion.

Conclusions: This case emphasises that minimally invasive cardiac surgery is a safe and effective alternative to conventional sternotomy for older patients with complex valvular disease. The approach provides excellent outcomes, lower morbidity, and faster recovery. Minimally

Keywords: Mitral stenosis,minimally invasive cardiac surgery,Cardiopulmonary bypass

FAMILIAL HEMIPLEGIC MIGRAINE

Paul-Tiberiu Sarmasan[1], Vlad Teodor Ciobanu[1], Orlando Sorin Ardelean[1], Emanuela Sarmasan[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: Familial Hemiplegic Migraine (FHM) is a rare, autosomal-dominant form of migraine with aura, classified as a channelopathy. It is characterized by recurrent attacks featuring unilateral, fully reversible motor deficit, accompanied by headache and other aura symptoms (visual, sensory, speech, brainstem, or retinal). According to ICHD-3, FHM represents 1-3% of all migraines with aura. It is genetically heterogeneous, primarily linked to mutations in the CACNA1A gene (Type 1, calcium channels), the ATP1A2 gene (Type 2, Na+/K+-ATPase), and the SCN1A gene (Type 3, sodium channels), with other loci also identified (e.g., PRRT2, SLC4A4). The estimated prevalence is around 0.01%.

Objective: This paper aims to provide a comprehensive review of the current understanding of FHM, summarizing its genetic basis, clinical manifestations, differential diagnosis, and available treatment options.

Material and methods: A narrative literature review was conducted, focusing on established diagnostic criteria (ICHD-3) and evidence derived from clinical studies and case reports regarding the pathogenesis, clinical features, and management of FHM.

Results: The hallmark clinical feature is the motor aura, which often begins in the hand and may persist for over 60 minutes, occasionally lasting up to four weeks. Diagnosis requires recurrent hemiplegic migraine attacks and a confirmed history of HM in at least one first or second-degree relative. An extensive differential diagnosis is mandatory to exclude secondary causes such as stroke, tumors, and other genetic syndromes (e.g., MELAS, CADASIL), necessitating neuroimaging. Current management protocols, lacking randomized controlled trials, are based on clinical experience. Acetazolamide is recommended as a first-line therapy for acute and prophylactic management. Other options include Verapamil, Flunarizine, Topiramate, and Amitriptyline. Emerging data suggests efficacy for anti-Calcitonin Gene-Related Peptide (CGRP) monoclonal antibodies. Caution is advised with triptans, ergotamine derivatives, and beta-blockers due to reported associations with ischemic complications or symptom prolongation.

Conclusions: Given its characteristic clinical presentation and recurrent nature, FHM significantly impacts patients' quality of life. Due to its genetic determination and the current absence of gene therapy, FHM remains an intriguing subject and a continuous challenge in research.

Keywords: Familial Hemiplegic Migraine, Channelopathy, CACNA1A, ATP1A2, Treatment

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LOWER BODY LIFT USING DEEPITHELIALIZED DERMAL FLAPS

Araki Mohammed Ali[1], Martina Alonzi[1], Awad Rhossoon[1], Alhajkadro Raghad[1], Ahamd Kassas[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. The University of Oxford

Background: Increasing requests for lower-body contouring follow major weight loss or multiple pregnancies, but conventional circumferential lower body lifts carry notable risks—seromas, poor wound healing, stretched scars, and recurrent gluteal ptosis. Surgeons seek techniques that improve durability while reducing complications.

Objective: To compare efficacy and safety of a modified lower body lift using deepithelialized dermal flaps for lift and fixation versus the conventional technique.

Material and methods: Seventy-six female patients (mean age 40) who underwent lower body lift from January 2018 to December 2024 were reviewed. Patients were allocated to Traditional (n=30) or Modified (deepithelialized-flap) (n=46) groups. Collected data included demographics, acute complications (seroma, hematoma, delayed wound healing), long-term complications (scar deformity, soft-tissue volume loss, recurrent gluteal ptosis), and patient-reported outcomes using the BODY-Q (0–100 scale) for appearance satisfaction and quality of life.

Results: The Modified Group experienced a markedly lower overall complication rate (17%) versus the Traditional Group (50%). Acute complications were reduced with the modified technique (seromas: 3 vs 9; delayed wound healing: 3 vs 8). Long-term issues were also less frequent (recurrent gluteal ptosis: 2 vs 6; soft-tissue volume loss: 1 vs 8). No recurrences occurred among patients who underwent a modified revision. BODY-Q scores favored the Modified Group across domains: overall body-contour satisfaction 95.5 vs 85.3 and buttocks satisfaction 92.7 vs 85.7, with parallel improvements in psychological well-being.

Conclusions: Incorporating deepithelialized dermal flaps anchored to the lumbar fascia offers a safe and effective modification to the lower body lift. The technique provides a durable scaffold against gravitational descent, significantly reduces both acute and chronic complications—especially recurrent gluteal ptosis—and delivers higher patient satisfaction. These results support adopting the modification as a valuable option in body-contouring practice.

Keywords: Lower Body Lift, wound-healing issues, aesthetic, body contouring, plastic surgery

KINEMATIC VS MECHANICAL ALIGNMENT IN TOTAL KNEE ARTHROPLASTY

Vlad Teodor Ciobanu[1], Orlando-Sorin Ardelean[1], Dan-Matei Picioreanu[2], Robert-Teodor Horga[2], Gheorghe Marian Prode[3]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Grigorie T. Popa University of Medicine and Pharmacy of Iași
3. County Emergency Clinical Hospital of Târgu Mureș

Background: Total knee arthroplasty (TKA) is one of the most commonly performed orthopedic surgeries worldwide, and its frequency continues to rise with ageing populations. Although mechanical alignment (MA) has been the traditional standard, a significant number of patients remain dissatisfied after surgery. This has led to growing interest in kinematic alignment (KA), which aims to restore the patient's natural joint anatomy. Understanding whether KA improves outcomes is essential given the high volume and clinical impact of TKA.

Objective: The review provides a comparative assessment of pain outcomes, functional performance, radiographic alignment characteristics, soft-tissue balancing needs, complication profiles, and implant survivorship associated with kinematic versus mechanical alignme in total knee arthroplasty.

Material and methods: A literature search was performed using PubMed and Google Scholar with the following keywords: kinematic alignment, mechanical alignment, total knee arthroplasty, restricted kinematic alignment, and robotic TKA. The search covered publications from 2010 to 2025. A total of 42 articles were identified. After excluding studies that lacked clinical outcomes, were not comparative, or did not meet methodological criteria, 10 articles were selected and reviewed in detail.

Results: Early postoperative pain was slightly lower in the MA group, but by 1 year pain levels were similar between techniques. Mental and physical health scores and knee range of motion also showed no major differences. Functional outcomes, however, generally favored KA: patients reported better scores on KOOS-JR, Knee Society Scores, and Forgotten Joint Scores, especially during the first 2 years after surgery.

KA required less bone removal and fewer soft-tissue releases while still achieving similar overall limb alignment to MA. Although KA tended to place the femoral component in slightly more valgus and the tibial component in slight varus, these differences did not negatively affect the final alignment or the number of patients within ±3° of neutral.

Implant survivorship was high in both groups. KA showed a survivorship of 97.4% at around 3 years, with complication and revision rates comparable to MA. Subgroup data suggested that patients with varus knee types benefited most from KA, showing better joint awareness and satisfaction.

Conclusions: Compared with mechanical alignment, kinematic alignment offers similar safety and alignment accuracy while providing better early functional outcomes and requiring fewer soft-tissue interventions. KA appears to be a promising alternative, particularly in patients with varus knee morphology.

Keywords: Kinematic alignment; Mechanical alignment; Total knee arthroplasty; Pain outcomes; Functional scores

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MANAGEMENT OF BILATERAL CAROTID BODY PARAGANGLIOMA: CLINICAL AND THERAPEUTIC PERSPECTIVES IN A COMPLEX CASE

Luiza Paula Andrieș[1], Andra Băban[1], Mark Buzle[1], Antonia Șomfălean[1], Mircea Cătălin Coșarcă[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Clinical Hospital of Târgu Mureș

Background: Carotid body paragangliomas (glomus tumors) are rare, highly vascularized formations located at the carotid bifurcation. Due to their close relationship with major vascular and neural structures, surgical management is challenging and associated with significant neurological and vascular risks. Early diagnosis through angiographic or modern imaging techniques is essential in determining appropriate treatment.

Objective: This report aims to highlight the diagnostic and therapeutic particularities of bilateral carotid body tumors—a particularly rare entity—and to emphasize the importance of interdisciplinary evaluation and meticulous preoperative preparation in optimizing surgical outcomes.

Material and methods: A 68-year-old male with multiple cardiovascular comorbidities was found, in March 2024 imaging, to have bilateral carotid body tumors measuring 22 × 18 × 15 mm on the right and 19 × 15 × 12 mm on the left, both compressing the carotid arteries. Bilaterality is an uncommon feature that substantially increases operative risk. Given the patient's comorbidities and symptoms (dizziness, balance disturbances), thorough preoperative assessment was performed by a multidisciplinary team. On 03 October 2024, right carotid bifurcation exploration and complete tumor excision were performed with placement of a contact drain and intradermal closure. The surgery was uneventful, and postoperative recovery was favorable, with no neurological or local complications. The drain was removed on postoperative day two, and the patient was discharged on 05 October 2024 in good condition.

Results: The procedure allowed complete removal of the tumor and decompression of the carotid structures, restoring arterial flow without neurological impairment, with a stable postoperative clinical course.

Conclusions: The combination of symptomatic bilateral carotid body tumors with significant cardiovascular comorbidities and high operative risk defines the uniqueness of this case. Rigorous preoperative preparation and a multidisciplinary approach enabled safe surgical management and rapid recovery, underscoring the importance of comprehensive evaluation and interdisciplinary collaboration in treating bilateral carotid paragangliomas.

Keywords: Paraganglioma, Carotid, Tumor, Bilateral, Excision, Angiography

EPSTEIN–BARR VIRUS–ASSOCIATED HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS

Nicolae-Florian Păvăloaie[1], Roxana Pantea[1], Rares-Andrei Teodorescu[1], Emilia-Maria David[1], Lorena-Elena Meliț[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Hemophagocytic lymphohistiocytosis (HLH) is a rare, life-threatening hyperinflammatory condition characterized by uncontrolled activation of lymphocytes and macrophages, leading to excessive cytokine release and multi-organ dysfunction. HLH may be primary (familial or associated with immune defects) or secondary, most commonly triggered by infections. Among infectious causes, Epstein–Barr virus (EBV) represents the most frequent trigger in children. Early detection is crucial, as delayed recognition significantly increases morbidity and mortality.

Objective: We present the case of Epstein–Barr virus–associated hemophagocytic lymphohistiocytosis (EBV-HLH) in a 4-year-old child, emphasizing early diagnostic recognition and the importance of prompt therapeutic intervention.

Material and methods: We describe the clinical evolution, laboratory findings, imaging studies, bone marrow analysis, and therapeutic interventions in a 4-year-old patient, known with Kawasaki Disease at the age of 2, which started showing simptoms of upper respiratory tract infection 2 weeks prior to admission.

Results: The patient presented with high persistent fever, rhinorrhea, nasal obstruction and abdominal pain. Clinical exam perfomed upon admission also showed influenced general status, hyperemic pharynx and bilateral laterocervical lymphadenopathy. Laboratory tests revealed leukocytosis, thrombocytopenia, low fibrinogen levels, elevated transaminases, and positive EBV serology (VCA IgM+, EA IgG+) and an abdominal ultrasound was performed which showed hepatosplenomegaly. Given this findings, clinical suspicion of HLH was raised and a bone marrow aspirate was performed, which revealed macrophages with hemophagocytosis, confirming the diagnosis. Corticotherapy was initiated, according to protocol, which resulted in significant clinical improvement. During a 6-month follow-up, the patient remained clinically stable, without relapses or complications.

Conclusions: EBV-associated HLH represents a severe hyperinflammatory condition requiring rapid recognition and early initiation of therapy. Bone marrow examination and ferritin-based investigations are essential for diagnosis. Prompt treatment significantly improves outcomes, as demonstrated by the favorable evolution in this case.

Keywords: : Hemophagocytic lymphohistiocytosis, Epstein–Barr virus ,Pediatric HLH, hemophagocytosis, hyperinflammatory syndrome

SEVERE PHENOTYPE OF ORNITHINE TRANSCARBAMYLASE DEFICIENCY IN A FEMALE PATIENT: A CASE REPORT

Raysa Ariana Mesani[1], Adrian-Emil Gavrilut[2], Paul-Tiberiu Sarmasan[1], Rares-Bogdan Feidi[3], Jose Fernando Sotillo Lindo[4]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Grigorie T. Popa University of Medicine and Pharmacy of Iași
3. Iuliu Hațieganu University of Medicine and Pharmacy of Cluj-Napoca
4. Ciudad de la Salud Panama

Background: Ornithine transcarbamylase (OTC) deficiency is an X-linked urea cycle disorder caused by a partial or total lack of the enzyme encoded by the OTC gene. While the disease traditionally manifests with seizures and hepatic failure in hemizygous males, female carriers can also exhibit a wide range of clinical outcomes, including severe phenotypes.

Objective: We report a female patient with ornithine-transcarbamilase deficiency with a severe clinical presentation and discuss the clinical outcomes and molecular findings.

Material and methods: A retrospective medical record review was conducted for a female patient diagnosed with OTC deficiency.

Results: The patient initially presented at 6 months with seizures, altered liver function, coagulopathy, and subsequent developmental delay. At 11 months, she was admitted with somnolence, hypotonia, and recurrent seizures. Laboratory analysis revealed elevated liver enzymes, metabolic alkalosis, and hyperammonemia, raising suspicion of a metabolic disorder. Brain MRI demonstrated cortical hyperintensities involving the gray matter of both hemispheres—sparing the white matter—and volume loss in the corpus callosum. A liver biopsy showed hepatocellular inflammation with nuclear inclusions. Next-generation sequencing identified a likely pathogenic, heterozygous frameshift variant in the OTC gene: c.207del, resulting in the protein change p.(Gly71Glufs*12).

Conclusions: This case highlights the variable expressivity of OTC deficiency. Molecular characterization is essential when this condition is suspected, as female carriers can present with severe, life-threatening phenotypes requiring urgent diagnosis and management.

Keywords: Ornithine transcarbamylase deficiency; Urea cycle disorder; Hyperammonemia; Frameshift mutation; Female carrier phenotype

THE IMPORTANCE OF RAPID SURGICAL INTERVENTION IN RUPTURED JUXTARENAL ABDOMINAL AORTIC ANEURYSM (AAA), EVEN IN THE CONTEXT OF AN EXTREMELY POOR PROGNOSIS

Mark Radu Buzle[1], Andra Viviana Baban[1], Răzvan Adrian Ciocan[1], Luiza Paula Andries[1], Catalin Cosarca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Rupture of an abdominal aortic aneurysm (AAA) represents one of the most lethal vascular emergencies, with extremely high perioperative mortality, especially in elderly patients with significant comorbidities. Juxtarenal localization and the presence of multiple arterial occlusions further complicate surgical management and worsen prognosis.

Objective: To present a case of ruptured juxtarenal AAA complicated by left renal artery occlusion and bilateral occlusion of the common and external iliac arteries, treated through emergency surgery, highlighting the critical role of rapid decision-making and operative intervention in the context of a highly unfavorable prognosis.

Material and methods: We analyzed the case of a 78-year-old male with extensive vascular pathology and multiple comorbidities, including COPD, hypertension, atrial fibrillation, coronary artery disease, and prior above-knee amputation. The patient presented in profound hemorrhagic shock with severe metabolic acidosis and signs of acute abdomen. Diagnosis was established through urgent clinical and paraclinical evaluation. Emergency xipho-pubic laparotomy with retroperitoneal exploration was performed, followed by suprarenal clamping and aneurysm repair using a Dacron graft, associated with an aorto-femoral bypass to the right side. Advanced resuscitation measures, mechanical ventilation, and vasopressor support were required throughout.

Results: Intraoperatively, a massive rupture of the juxtarenal AAA was confirmed, along with complete thrombosis of the bilateral iliac arteries and total occlusion of the left renal artery. Surgical repair was technically successful, restoring perfusion to the right femoral artery. Postoperatively, the patient was admitted to the ICU requiring full organ support, including mechanical ventilation, vasopressors, electrolyte and acid–base correction, and broad-spectrum antibiotics. Despite timely surgical intervention, the patient remained in critical condition and developed extreme bradycardia followed by refractory asystole. Death occurred approximately 23 hours after admission.

Conclusions: This case highlights the complexity and severity of ruptured juxtarenal AAA in the setting of extensive arterial occlusions and major comorbidities. Although rapid surgical intervention is essential and represents the only potential life-saving treatment, prognosis remains extremely poor in elderly hemodynamically unstable patients with multiorgan ischemia and severe acidosis. Rapid, coordinated, multidisciplinary management remains crucial, even in cases with profoundly limited survival potential.

Keywords: ruptured abdominal aortic aneurysm; suprarenal clamping; arterial occlusion; emergency vascular surgery; hemorrhagic shock.

DIAGNOSTIC CHALLENGES IN PITYRIASIS RUBRA PILARIS: A DETAILED CASE ANALYSIS

Razvan Gligor[1], Dragos Fuioaga[1], Eduard Todea[1], Ecem Etli[2], Ayşe Akman[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Akdeniz University Turkey

Background: Pityriasis rubra pilaris is a rare chronic papulosquamous dermatosis characterized by hyperkeratotic follicular papules forming orange-red scaly plaques, which may involve localized areas or progress to erythroderma. Clinically, patches of normal skin may be seen between lesions.

Objective: The objective of this case report is to illustrate the clinical and therapeutic approach in pityriasis rubra pilaris, including diagnostic differentiation from psoriasis and management in the context of contraindications to standard systemic treatment.

Material and methods: We present the case of a 64-year-old female patient with a history of erythematous-squamous plaques initially on the shoulders and subsequently on the trunk and thighs.

Results: Initially, the pathological changes were diagnosed as psoriasis. Treatment was started with 8 doses of methotrexate, which showed no improvement, and two cycles of ciclosporine (300 mg in the past and 200 mg at present) were administered. The lack of response to methotrexate prompted a reevaluation of the initial clinical diagnosis, and three skin biopsies were performed. Histopathological examination revealed orthohyperkeratosis, spongiosis, acanthosis, exocytosis, perivascular mononuclear inflammatory infiltrate, and slight dermal mucin increase; immunohistochemistry showed a mixed lymphocytic infiltrate with CD7 <10% and a CD4/CD8 ratio of 1/3. Despite inconclusive histologic features between psoriasis and PRP, clinical evaluation—including the red-orange color of the plaques, areas of normal skin between lesions, and hyperkeratotic follicular papules—allowed for the diagnosis of PRP. Systemic treatment with acitretin was considered, but the patient's severe hyperlipidemia prevented the use of the standard dose; therefore, Psoretin was administered at a reduced dose of 10 mg every two weeks as palliative therapy. Ciclosporine therapy was maintained systemically, while symptomatic local management consisted of oatmeal baths for hydration and pruritus relief, immediately followed by the application of topical corticosteroid (Dermovate) as a closing therapy, covered with a wet dressing to maximize penetration and anti-inflammatory effect, after which the skin was allowed to dry.At present, the patient shows marked improvement of erythematous plaques and pruritus, with good overall skin condition and symptomatic relief.

Conclusions: In conclusion, pityriasis rubra pilaris is a rare disorder typically associated with intense pruritus and pain , leading to significant impairment of quality of life. Unlike psoriasis, PRP can progress rapidly to erythroderma, a potentially life-threatening complication, highlighting the importance of careful clinical evaluation and timely management, especially when histopathology is inconclusive.

Keywords: islands, erythematous, ciclosporine, oatmeal

FROM AIRBORNE ALLERGENS TO FOOD TRIGGERS: A CASE OF PR-10/LTP-MEDIATED POLLEN-FOOD ALLERGY SYNDROME

Denisa-Andreea Ivașko[1], Alina-Maria Ivașko[2], Teodora Nicola-Varo[1], Ingrid Gogucz[1], Corina Ureche[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: A common symptom of IgE-mediated cross-reactivity between homologous proteins present in pollens and foods produced from plants is pollen-food allergy syndrome (PFAS). A broad range of symptoms, from mild oral allergy syndrome to generalized urticaria or systemic reactions, may be caused by sensitization to PR-10 proteins or LTPs, especially in polysensitized patients. By clearly distinguishing between fundamental food allergies and cross-reactivity, molecular allergy diagnostics improve tailored care and direct treatment approaches, such as allergen immunotherapy.

Objective: The aim is to emphasize the importance of distinguishing IgE-mediated cross-reactivity from primary food allergy, as this differentiation is essential for accurate patient counseling, risk assessment, and formulation of appropriate dietary and therapeutic

Material and methods: We report the case of a male patient with ankylosing spondylitis treated with Adalimumab, known with intermittent allergic rhinitis and sensitization to mites, molds, and pollens. Over the past year, he developed oral pruritus and generalized urticaria following the consumption of raw fruits (apple, pear, peach), while tolerating them when cooked. He also reported a previous episode of facial angioedema after seafood ingestion, followed by retrosternal burning and dysphagia on subsequent exposures.

Clinical evaluation was complemented by extended IgE molecular testing using the ALEX^2 Madx test.

Results: Broad aeroallergen reactivity was confirmed by ALEX Madx testing, which showed significant IgE to tree pollens and moderate sensitization to weeds, grasses, mites, and animal epithelia. The patient's clinical history was associated with low to moderate IgE levels to nuts and shellfish.

PFAS symptoms and systemic reactions to raw fruits were clearly explained by component-resolved profiling, which revealed considerable PR-10 sensitization (apple, peanut, soybean, celery, strawberry, hazelnut) and LTPs reactivity (kiwi, grape, apple, tomato, wheat).

Based on these results, the patient was prescribed antihistamine medication while experiencing symptoms, strict avoidance of nuts and seafood, and consumption of PR-10 and LTPs- containing meals only when cooked. Immunotherapy targeting the betulaceae family was suggested to alleviate rhinitis and lower PR-10 and LTPs -mediated cross-reactivity

Conclusions: In addition to highlighting the critical necessity of molecular testing in differentiating primary food allergy from IgE cross-reactivity, this case illustrates the complex presentation of pollen-food allergy syndrome in a polysensitized patient. Targeted allergen immunotherapy was initiated and precise dietary recommendations were made possible by the detection of PR-10 and LTPs sensitizations

Keywords: cross-reactivity,pollen-food allergy syndrome, PR-10,LTPs

NEONATAL-ONSET KCNQ2 ENCEPHALOPATHY: A CASE REPORT

Roxana Pântea[1], Nicolae-Florian Păvăloaie[1], Emilia-Maria David[1], Adriana-Mădălina Ghimpu[1], Lorena-Elena Meliț[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Infantile epileptic encephalopathies include several forms of epilepsy that start very early in life, even in the neonatal period, potentially leading to severe impairment of the child's development. In KCNQ2-related encephalopathy, alterations in the KCNQ2 gene have been found to disrupt a potassium channel that maintains neuronal stability.

Objective: To describe the natural clinical progression of an infant with KCNQ2-related encephalopathy and to show how the genetic diagnosis played a crucial role in therapy choice and improvement of outcomes.

Material and methods: We present the case of a male infant born at term through an emergency C-section because of fetal distress. We reviewed the medical history, neurological exams, EEGs and the WES results to get a clearer picture of the patient's situation.

Results: The patient started having seizures within the first month of life, with two tonic seizures at the beginning. At four months, he began to have repeated tonic seizures that merged into continuous seizure activity. By eight months of age, he had 17 seizures, including one during fever. A cranial CT scan was done and it showed diffuse cortical atrophy, and the EEG revealed bilateral frontal epileptiform activity. On clinical examination, we found craniofacial dysmorphism, axial hypotonia, delayed motor development, hypospadias, atrial septal defect and laryn-

gomalacia, which were suggestive of a more complex condition. The initial treatment with levetiracetam and valproic acid did not manage to control the seizures, and valproic acid actually worsened them. After changing the therapy to phenobarbital and carbamazepine, the seizures stopped and the child showed improvement in neuro-motor development. During the first year of life, he also had several respiratory and gastrointestinal infections with a slow but favorable response to treatment, which may point to a multisystem vulnerability possibly connected to the genetic background. WES found a heterozygous KCNQ2:c.1394G>C change, inherited from his mother, who shows no symptoms. A possible Xp11.23 deletion was mentioned but was not confirmed.

Conclusions: This case illustrates how a complicated clinical picture at an early age can become clearer with the help of genetic testing. Identifying the KCNQ2 variant helped explain several clinical aspects and allowed the treatment to be adjusted in a more effective way, leading to seizure control. Early genetic diagnosis and personalized treatment can play an important role in the development of children with this condition.

Keywords: KCNQ2, neonatal onset, seizures, genetics, therapy

ADAPTIVE FUNCTIONING AND ACADEMIC CHALLENGES IN LATE ADOLESCENCE: A CASE STUDY OF ADHD

Razvan Gligor[1], Dragos Fuioaga[1], Eduard Todea[1], Mihail Gurzau[1], Hicran Doğru[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureş
2. Akdeniz University Turkey

Background: Combined type ADHD is characterized by both inattention and hyperactivity-impulsivity. In transition-age youth (TAY ADHD, 16–25 years), this presentation is the most vulnerable and high-risk, reflecting a convergence of neurological, psychological, and social factors that amplify ADHD's adverse consequences.

Objective: This paper aims to highlight how hormonal changes and social transitions during adolescence can exacerbate ADHD symptoms, focusing on the interaction between incomplete neurobiological maturation, heightened impulsivity, increased reward sensitivity, and

Material and methods: We present a 17-year-old patient who came to the clinic with his father, exhibiting impulsivity, verbal and physical aggression, risky behaviors, attention and emotional regulation difficulties, and social and familial conflicts. Notably, the patient has been involved in multiple motorcycle accidents resulting in severe fractures. In addition, he exhibits a recurrent pattern of physical risk-taking and dangerous behaviors. In both the school and family environments, he demonstrates significant attentional difficulties, poor academic performance, lack of motivation for learning, and aggressive behaviors, including hitting and destroying objects, as well as the use of vulgar language and inappropriate conduct in traffic. The patient also has a history of tobacco and ecstasy use , presents marked impulsivity, emotional dysregulation, and relational instability, maintaining only one close friend and experiencing frequent conflicts with family members. Furthermore, the parents have reported a significant increase in concern since the patient entered adolescence, expressing fears regarding his physical integrity and safety.

Results: Following clinical discussions and evaluation with the physician, five symptoms of inattention and five symptoms of hyperactivity/impulsivity were identified, with onset before the age of 12, present in at least two distinct settings — home and school — and causing significant functional impairment. Based on these findings and in accordance with the criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), combined ADHD was established. It should be emphasized that the patient's father has exhibited similar behavioral manifestations throughout his life and is currently under pharmacological treatment, highlighting a significant genetic component of this disorder. Given the absence of a significant internalizing pattern, treatment with methylphenidate was initiated. The plan is to titrate the dosage according to clinical response to achieve functional improvement.

Conclusions: In conclusion, early ADHD diagnosis is essential to enhance treatment efficacy, as management is complex and involves multiple interconnected biological, psychological, and social factors.

Keywords: methylphenidate, combined, disorders

FROM HIGH RISK TO HEALTHY TWINS: THE MANAGEMENT OF A HYPERTENSIVE, PACEMAKER-DEPENDENT PREGNANCY WITH A GOOD ENDING

Theodor Stan[1], Tudor-Gheorghe Lazar[1], Robert-Gabriel Traicu[1], Florin Rozsnyai[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureş

Background: Twin pregnancy is associated with increased maternal and fetal risk, especially when it is combined with marked cardiovascular disease and maternal anemia. High grade AV block requiring pacemaker implantation during pregnancy is rare and it is done under precise medical supervision. All of the above coexist with gestational hypertension, varicose disease and nutritional deficiencies in this patient.

Objective: To highlight the management and favourable outcome of a high-risk diamniotic-dichorionic twin pregnancy in a woman with Mobitz II AV block, with pacemaker implantation, gestational hypertension and severe iron-deficiency anemia.

Material and methods: We are presenting the clinical case of a 32-year old pregnant woman with a 34-35 week diamniotic-dichorionic twin pregnancy, admitted to the clinic with severe hypertension (201/81 mmHg) and severe bradycardia (36 bpm) due to second-degree Mobitz II AV block. Risk factors also include iron-deficiency anemia, varicose veins with thrombophlebitis, gestational hypertension without significant proteinuria, and nutritional imbalance with hydro-electrolyte disturbances. Management required pacemaker implantation, combined with antihypertensive therapy (methyldopa and nifedipine), parenteral iron therapy (Ferinject), thromboprophylaxis and dietary counselling. Maternal status was supervised by non-stress tests and repeated bloodwork.

Results: Initial hemoglobin values of 7.7-8.2 g/dL improved to 9.0-9.5 g/dL after parenteral iron supplementation, with resolution of symptoms of anemia. Blood pressure was controlled and heart rate was normalized under pacemaker support and oral antihypertensives. Fetal growth, amniotic fluid and Doppler studies remained within normal limits. At 37-38 weeks, the patient delivered vaginally two live newborns: a 2.8 kg female (Apgar 7/1, 8/5) and a 2.36 kg male (Apgar 9/1, 9/5), both clinically stable. The postpartum course was uncomplicated, with normal lochia, effective uterine involution and no cardiac, thromboembolic or hemorragic events.

Conclusions: Despite the numerous maternal risk factors (Mobitz II AV block requiring pacemaker, severe iron-deficiency anemia, gestational hypertension and venous disease) a favourable outcome was achieved. This case reinstates that in twin pregnancies, control of the iron and hemoglobin levels and strict pharmacologic control of blood pressure is fundamental for our desired outcome. Intensive multidisciplinary monitoring and actions can compensate for a very high-risk profile and still allow safe term vaginal deliveries for twin pregnancies.

Keywords: Anemia, Pacemaker, Hypertension, Twin Pregnancy

INTRACEREBRAL HEMATOMA ASSOCIATED WITH AN ARTERIOVENOUS MALFORMATION

Paul-Tiberiu Sarmasan[1], Irina-Gabriela Puiu[1], Adrian-Emil Gavrilut[2] , Dan-Matei Picioreanu[2] , Zoltan Bajko[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Grigorie T. Popa University of Medicine and Pharmacy of Iași

Background: Cerebral arteriovenous malformations (AVMs) are rare congenital vascular abnormalities characterized by direct arteriovenous shunting without a capillary bed. They may remain asymptomatic or manifest with intracranial hemorrhage, seizures, or focal neurological deficits. Rupture is a significant cause of non-traumatic intracerebral hemorrhage in young adults.

Objective: To report the diagnostic approach, management, and outcome of a patient presenting with acute intracerebral hemorrhage caused by a previously undiagnosed cerebral AVM.

Material and methods: A 38-year-old previously healthy woman presented with sudden severe headache, nausea, and vomiting. Clinical assessment showed stable vital signs and no meningeal signs. Neurologically, she demonstrated right homonymous hemianopia without motor or sensory deficits. Laboratory work, including coagulation tests and infectious markers, was unremarkable except for positive SARS-CoV-2 PCR.

Non-contrast cranial CT revealed a left parietal intraparenchymal hematoma measuring 40 × 30 mm with minimal surrounding edema. CT angiography suggested a vascular malformation. Digital subtraction angiography confirmed a left subcortical AVM supplied by the angular artery and a P4 branch of the posterior cerebral artery, with venous drainage into the superior sagittal sinus. The lesion was graded Spetzler-Martin II and Supplementary Grade 4, and the patient was referred for surgical treatment.

Results: The patient underwent left parasagittal parietal craniotomy with hematoma evacuation and complete microsurgical removal of the AVM. Postoperatively, she remained neurologically stable (GCS 15). Control CT showed minimal residual hematoma, and follow-up angiography demonstrated no residual arteriovenous shunting. At discharge, the only remaining deficit was right homonymous hemianopia, with no motor impairment, sensory changes, or wound complications. She was instructed to avoid strenuous activity, maintain proper wound care, and return for follow-up neurosurgical evaluation at six weeks and angiographic control after three months.

Conclusions: This case emphasizes the importance of thorough vascular imaging in young patients with spontaneous intracerebral hemorrhage. Although CT angiography was partially limited by the hematoma, digital subtraction angiography facilitated definitive diagnosis. Early neurosurgical intervention enabled complete AVM removal and favorable evolution. Multidisciplinary evaluation and prompt treatment remain crucial in AVM-related hemorrhage.

Keywords: Arteriovenous malformation, intracerebral hemorrhage, digital subtraction angiography, neurosurgery, case report

PSYCHOTIC SYMPTOMS AND FUNCTIONAL DECLINE IN A 12-YEAR-OLD: CLINICAL CHALLENGES IN EARLY-ONSET PSYCHOSIS

Denisa-Maria Borla[1], Alexandra Ioana Harca[1], Robert Gherasie[1], Ennur Sena[2], Tuba Mutluer[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Akdeniz University Turkey

Background: Psychotic disorders are associated with impaired emotional, cognitive, and social functioning, potentially leading to long-term disability. There is also an increased risk of suicide and harm to others, particularly during acute episodes. In addition, these disorders are highly stigmatized in most cultures, making it difficult to treat and integrate the person into the community.

Objective: The aim of this paper is to present the case of a 12-year-and-7-month-old boy monitored at Akdeniz Hospital in Turkey for a psychotic disorder, a condition rarely encountered in children.

Material and methods: The boy presented to the pediatric psychiatry department with behavioral changes that began 7 months ago, including social isolation and transient auditory hallucinations for which hospitalization was recommended but refused by the family. His parents state that he used to be a sociable child, but suddenly became withdrawn, with a monotonous voice and difficulties in personal care. The child mentions hypnagogic hallucinations that he does not remember, and sometimes asks his father if he hears certain words that only he understands and describes as "failures." He presents bizarre, delusional ideas such as "if we stab someone, we take their power," strange behaviors such as tearing off his gray clothes, but also school difficulties that he did not have before.

Results: The behavioral changes were relatively acute in a previously healthy child, showing progressive functional decline and raising suspicion of a first-episode psychosis and possible schizophrenia. The family history was negative for psychiatric illness. Pediatric neurology requested EEG, MRI, and blood tests, which ruled out an organic cause such as epilepsy or Hashimoto's encephalopathy—the patient's mother having Hashimoto's thyroiditis. The boy was started on antipsychotic treatment with valproic acid for mood stabilization and calming effects, as well as olanzapine and risperidone, one of the most studied antipsychotics in pediatrics, for behavioral disorders and impulsivity.

Conclusions: Normal neurological, imaging, and immunological investigations, together with the exclusion of Hashimoto's encephalopathy, support a primary psychiatric etiology rather than an organic disorder. The favorable response to combined antipsychotic treatment led to symptomatic improvement and behavioral stabilization. Early, specialized intervention is essential, with the best outcomes achieved through timely referral to psychiatric services, continuous monitoring of cognitive development, and strong family involvement—all crucial factors for the long-term prognosis of early-onset psychosis.

Keywords: child psychiatry, hallucinations, psychosis

FROM CHRONIC ULCER TO DIAGNOSIS: A CASE OF RECURRENT PYODERMA GANGRENOSUM

Denisa-Maria Borla[1], Elif Nur Ateș[2], Alexandra Ioana Harca[1], Robert Gherasie[1], Ayșe Akman[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Akdeniz Üniversitesi

Background: Pyoderma gangrenosum is an extremely rare condition, a neutrophilic dermatosis with autoinflammatory mechanisms. The condition is characterized by an inadequate response of both innate and adaptive immunity. Excessive neutrophil activation causes rapid destruction of the skin, leading to painful ulcers with necrotic centers and irregular erythematous-violaceous borders. High levels of pro-inflammatory cytokines, including IL-1 and TNF-α, play a key role in tissue damage. Clinically, the disease progresses rapidly and can mimic infections, vascular disorders, or autoimmune diseases, making early diagnosis challenging.

Objective: The aim of this paper is to present the case of a 61-year-old patient diagnosed with pyoderma gangrenosum, highlighting the clinical features, diagnostic difficulties, and treatment options for this rare condition.

Material and methods: One year and six months ago, the patient presented with a prolonged ulcer on his right foot, with irregular, erythematous, purplish edges, a necrotic center, and extreme pain. Treatment was started with 32 mg of prednisolone, with the dose reduced to 16 mg following the favorable evolution of the disease, and a few months after the start of treatment, it was decided to introduce 80 mg of Adalimumab to control TNF-a-mediated inflammation and maintain remission without adverse effects. The patient presented to the emergency department with a long-standing ulcer with a white center and erythematous edges on the lateral side of the left foot, with bullous residues at the periphery, erythema, and increased local temperature. The cardiovascular surgery consultation found no circulatory affectation at the ulcer site, and plastic surgery was not involved, as there were no clinical signs of tissue necrosis.

Results: Histopathological examination revealed subepidermal dehiscence with a mononuclear inflammatory infiltrate and perivascular cellular infiltration in the dermis. No basement membrane thickening was observed, ruling out an immune-deposit vasculitic component. Alcian Blue staining showed a slight increase in dermal mucin, supporting the chronic inflammatory process. Findings are suggestive, though nonspecific, of a neutrophilic dermatosis consistent with pyoderma gangrenosum. Direct immunofluorescence did not demonstrate specific immune deposits, supporting the absence of autoimmune bullous disease and reinforcing the diagnosis of exclusion.

Conclusions: Given the patient's clinical course, the appearance of a new ulcer despite treatment with prednisolone and adalimumab reflects the recurrent and progressive nature of pyoderma gangrenosum. The case highlights the importance of continuous monitoring, personalized immunosuppressive and biological therapy, and a multidisciplinary approach to control inflammation, prevent complications, and avoid unnecessary surgery.

Keywords: pyoderma gangrenosum, prednisolone, necrosis

PERFORATED GASTRIC ULCER WITH UNEXPECTED PULMONARY EMBOLISM: ANAESTHETIC AND THERAPEUTIC CHALLENGES

Mara Andreea Tanase[1], Alexandru-Ioan Branea[1], Oana-Elena Branea[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: This case describes an 80-year-old woman who presented at the emergency department with severe epigastric pain, persistent nausea, and episodes of vomiting. Clinical evaluation and imaging confirmed the diagnosis of a perforated gastric ulcer requiring urgent surgical treatment. During initial stabilization, the patient showed fluctuating oxygen saturation (SpO2 85-92%) and mild tachypnea (RR 25-28 rpm), causing concerns about acute respiratory failure. Respiratory monitoring included continuous pulse oximetry and serial arterial blood gases, which revealed a new oxygenation deficit not explained by the abdominal condition alone. Cardiovascular evaluation showed sinus tachycardia (AV 110-115 bpm) and borderline blood pressure (BP 90/55). Laboratory testing found elevated D-dimer (>5000 ng/ml) and NT-proBNP (536.4 pg/ml). Troponin HS I (16.1 ng/L) and CK-MB (1.2 ng/ml) were within normal limits, yet the overall picture prompted a specialist cardiology consult to exclude acute coronary disease and to assess the cardiovascular perioperative risk.

Objective: The objective is to examine how high-risk pulmonary embolism complicates management and anaesthesia in elderly patients undergoing emergency abdominal surgery.

Material and methods: Because the respiratory impairment progressed despite supportive measures, an angio CT scan was performed. The findings revealed an acute embolus in the right pulmonary artery with segmental extension. The patient had no prior symptoms suggesting venous thromboembolism, therefore the finding was unexpected. Given the unstable abdominal condition, the diagnosis of pulmonary embolism created a difficult therapeutic balance. Thrombolysis was absolutely contraindicated due to the perforated ulcer and the need for immediate surgery. There was no indication for surgical or catheter thrombectomy because the embolus did not meet criteria for these interventions and the patient had no signs of right ventricular collapse. Anticoagulation had to be carefully delayed and titrated upon the operative plan.

Results: The decision to proceed with emergency laparotomy required close coordination between the surgical, anaesthesia, and cardiology teams. The anaesthetic strategy focused on maintaining stable hemodynamics, avoiding hypoxia and hypercapnia, and preventing acute right ventricular dysfunction. Neurological monitoring was added because of the patient's age, comorbidities, and the risk of perioperative hypoperfusion. Postoperative orientation was essential, as even subtle changes could indicate evolving complications.

Conclusions: This case highlights how an incidental diagnosis of pulmonary embolism can alter the management of an acute surgical abdomen in an elderly patient. It also shows the importance of systematic monitoring across respiratory, cardiovascular, and neurological domains when unexpected findings arise during emergency care.

Keywords: pulmonary embolism, general anesthesia, emergency laparotomy

ENDOLIFT FOR LOWER FACE LAXITY

Martina Alonzi[1], Araki Mohammed Ali[1], Awad Rhossoon[1], Tifour Abdul Rahman[1], Ahmad Kassas[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. The University of Oxford

Background: Soft-tissue atrophy, skin laxity, and bone resorption all contribute to the loss of jawline definition and contour as a person ages. Even though traditional facelifts are still the most effective option for rejuvenation, many patients now prefer less invasive procedures that require less recovery time. Endolift is a micro-invasive laser procedure that uses the Eufoton LASEmaR 1500 system to deliver 1470 nm energy through subcutaneous micro-optical fibers to induce lipolysis, tighten tissue, and promote collagen remodeling. For patients with mild to moderate lower-face laxity, it provides a possible "middle-ground" solution.

Objective: This prospective study evaluated the safety and effectiveness of Endolift as a minimally invasive lower-face rejuvenation technique. Aesthetic outcomes were assessed using clinician-rated scales and validated patient-reported measures.

Material and Methods: Twenty-six patients with mild to moderate lower-face laxity were included. Exclusion criteria were severe laxity, prior procedures in the treatment area, or combined treatments. All underwent a single Endolift session using the LASEmaR 1500 system under local anesthesia. FACE-Q questionnaires were completed pre-treatment and at 3 and 6 months. Standardized photographs at baseline and 6 months were evaluated using the 5-point Global Aesthetic Improvement Scale.

Results: Patient-reported satisfaction increased progressively (47 at baseline, 54 at 3 months, 62 at 6 months), indicating continued improvement over time. On physician evaluation, most patients demonstrated visible aesthetic enhancement; 61.4–74.2% were rated as

“improved” and 6.4–12.9% as “much improved.” One patient’s 3D imaging confirmed measurable jowl-volume reduction. Side effects were mild and transient, typically resolving within five to seven days (pain, swelling, bruising). Two cases of temporary unilateral marginal mandibular neuropraxia were managed with botulinum toxin for symmetry; both resolved fully by week ten.

Conclusion: Endolift appears to be a safe, minimally invasive option for patients with mild to moderate lower-face laxity, providing noticeable aesthetic improvement with minimal downtime and a low complication rate. While findings are promising, larger cohorts and long-term studies are needed to further define durability and optimize treatment protocols.

Keywords: Endolift, Jowl, Jawline, Lower face laxity, Laser

HIGH ALTITUDE, HIGHER RISK: VARICOSE VEINS AND THROMBOSIS AFTER TRAVEL

Daria-Ștefania Catană[1], Diana Maria Major[1], Andreea Ștefaroi[2], Teodora Diana Matei[1], Ahmet Ümit Güllü[3]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca
3. Acıbadem Mehmet Ali Aydınlar University Istanbul

Background: Varicose veins affect about one in three adults, but their impact is often underestimated. In addition to persistent discomfort, about 10% of patients develop superficial thrombophlebitis, which may result in more serious venous complications. These risks make varicose veins a significant health concern.

Objective: This case highlights how hypobaric conditions and prolonged immobility can worsen varicose veins and increase the risk of venous thrombosis, even in healthy individuals. It underscores the potential for thrombophlebitis and more severe venous complication

Material and methods: We report a case involving a 70-year-old woman with hypertension and a family history of varicose veins. She had two children and a 25-year history of varicose veins. Following air travel, she developed acute leg pain, swelling and the affected veins were erythematous and warm. Ultrasound showed the right great saphenous vein (GSV) dilated to 8 mm at the saphenofemoral junction (SFJ) with grade 3–4 reflux, thrombus within the GSV and varicose veins extending to approximately 0.5 cm distal to the SFJ, and perivascular inflammatory changes with soft tissue edema on the medial leg. Due to the thrombus location near the SFJ, extensive vein involvement, and acute inflammation, surgical intervention was deemed optimal.To prevent clot migration, we ligated the great saphenous vein and its accessory branches at the saphenofemoral junction. Subsequently, we excised the varicosis veins and removed the thrombotic segments within the varicose veins throughout the leg. Postoperatively, the patient had reduced pain and swelling, with no evidence of clot extension or surgical complications.

Results: The patient has been under our follow-up for one month and is in very good general condition. Oral anticoagulation therapy with rivaroxaban has been planned for a total duration of three months.

Conclusions: This case highlights the need for preventive measures, such as frequent mobilization during flights and the use of graduated compression stockings, to reduce the risk of thrombosis in patients at risk for blood clots. In this patient, prolonged air travel combined with pre-existing venous disease likely triggered acute thrombophlebitis, necessitating prompt surgical intervention to prevent more serious complications.

Keywords: Saphenofemoral junction, Superficial thrombophlebitis, GSV ligation, Hypobaric conditions

WHEN TWO ABDOMINAL EMERGENCIES COLLIDE: OPERATIVE STRATEGY FOR PERFORATED DUODENAL ULCER AND MESENTERIC ISCHEMIA

Elena-Georgiana Dinu[1], Teodor-David Cristurean[1], Cătălin-Dumitru Cosma[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Perforated gastric ulcer (PGU) and acute mesenteric ischemia (AMI) are individually among the most severe abdominal emergencies, each associated with fulminant peritonitis, systemic sepsis, and high mortality. Their synchronous occurrence is exceptionally rare and creates major diagnostic and intraoperative challenges, often overwhelming physiological reserve in elderly and comorbid patients.

Objective: To present a rare case of concomitant PGU and segmental mesenteric ischemia, emphasizing operative priorities, damage-control principles, and perioperative considerations in this high-risk dual pathology.

Material and methods: An 83-year-old female with a history of cardiac dysfunction and hypertension presented in septic shock with acute epigastric pain. Laboratory studies showed profound systemic inflammation (WBC 25,000/μL; CRP 300 mg/L). Contrast-enhanced CT revealed perigastric pneumoperitoneum and subtle ischemic changes in the ileum. Emergency midline laparotomy identified a 2-cm anterior antral perforated ulcer, which was repaired with the Graham–Omental (Opel) patch technique. A segment of infarcted ileum was resected, with preservation of all remaining viable bowel. The procedure achieved rapid and complete source control. Postoperatively, the patient required intensive care for hemodynamic stabilization. Despite the absence of abdominal complications, she developed refractory cardiac failure and died on postoperative day four.

Results: Operative management allowed effective control of both pathological processes: secure closure of the perforated ulcer and complete resection of necrotic ileum. No additional ischemic segments were identified intraoperatively. However, the patient's postoperative course was dominated by severe cardiac decompensation, ultimately determining the fatal outcome despite appropriate surgical intervention and critical care support.

Conclusions: The coexistence of PGU and AMI represents an exceptionally rare and severe surgical emergency. Successful management depends on rapid recognition, immediate laparotomy, and a prioritized operative sequence: fast and secure ulcer closure—such as the Opel patch—followed by targeted resection of ischemic bowel according to damage-control principles. Even with optimal surgical source control, prognosis remains poor in elderly patients with significant cardiovascular comorbidities.

Keywords: Perforated duodenal ulcer, Mesenteric ischemia, Opel patch, Emergency laparotomy, Damage-control surgery

SCROTAL AND PERIANAL METASTASES FIVE YEARS AFTER EMERGENCY HARTMANN PROCEDURE FOR AGGRESSIVE SIGMOID ADENOCARCINOMA — AN EXCEPTIONALLY RARE METASTATIC PHENOTYPE

Elena-Georgiana Dinu[1], Teodor-David Cristurean[1], Cătălin-Dumitru Cosma[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Cutaneous and scrotal metastases from colorectal adenocarcinoma are extraordinarily rare, representing <0.1% of metastatic sites. Scrotal involvement is described only in isolated case reports and typically reflects highly aggressive tumor biology. Perianal metastatic deposits are similarly uncommon and may arise from atypical lymphovascular spread or postoperative anatomical pathway modifications. These presentations pose substantial diagnostic and therapeutic challenges.

Objective: To report a highly unusual case of delayed scrotal and perianal metastases occurring five years after emergency Hartmann I surgery for aggressive sigmoid adenocarcinoma, underscoring the rarity of this metastatic phenotype and the need for surveillance in high-risk colorectal cancer patients.

Material and methods: A 72-year-old male who previously underwent emergency Hartmann I procedure for high-grade sigmoid adenocarcinoma with lymphovascular invasion presented five years later with a painless, progressively enlarging scrotal mass and newly appeared perianal nodules. Examination revealed firm scrotal thickening and multiple perianal subcutaneous lesions, without signs of infection. Contrast-enhanced CT showed an infiltrative lesion of the scrotal wall and discrete perianal subcutaneous deposits, with no visceral metastases. Excisional biopsy confirmed metastatic adenocarcinoma displaying an immunoprofile consistent with colorectal origin (CK20+, CDX2+, CK7–). The patient underwent complete local excision of both scrotal and perianal lesions. Postoperative treatment included systemic chemotherapy for metastatic colorectal cancer and perianal-directed radiotherapy. Despite adequate local control, the disease course remained consistent with the aggressive phenotype of the primary tumor, and the patient continued oncologic management with palliative intent.

Results: This case illustrates an exceptionally rare pattern of delayed scrotal and perianal metastases from sigmoid adenocarcinoma, occurring despite the absence of visceral spread. The unusual metastatic distribution suggests complex dissemination pathways possibly influenced by prior surgical anatomy. Long-term vigilance is essential in patients with aggressive primary tumors, as late and atypical metastatic presentations may occur even years after initial treatment.

Conclusions: Surgical excision achieved complete macroscopic removal of scrotal and perianal metastases. Histopathology confirmed metastatic colorectal adenocarcinoma across all specimens. No visceral dissemination was detected radiologically at the time of diagnosis of cutaneous metastases. Locoregional control was further supported through adjuvant radiotherapy, while systemic therapy was initiated according to metastatic colorectal cancer guidelines.

Keywords: Colorectal adenocarcinoma metastasis, Scrotal metastasis, Perianal metastasis

SURGICAL CONTROL OF ACUTE BLEEDING FROM A RUPTURED ILIAC SACCULAR ANEURYSM

Alexandra-Maria Coste[1], Sever-Călin Moldovan[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Bistrița County Emergency Clinical Hospital

Background: The pseudoaneurysm is an arterial condition that, unlike an aneurysm, results from damage to the arterial wall with extravasation of blood into neighboring structures, which may occur secondary to trauma, infection, or disintegration of a vascular anastomosis.

Objective: Surgical treatment aimed to stabilize the patient who had presented in hemorrhagic shock.

Material and methods: We present the case of an 86-year-old patient, known to have diabetes, mitral insufficiency, with a liver abscess drained percutaneously twice in the last 14 days, who presents to the emergency department with intense abdominal pain, hemorrhagic shock. CT TAP reveals the presence of hemoretroperitoneum with air inclusions, with an aneurysmal sac adjacent to the right common iliac artery, in-

tensely atherosclerotic, which is loaded with contrast during arterial, adjacent dissecting hematoma of approximately 15/15 cm retroperitoneal and muscular. Emergency surgery is performed, and when the hematoma is debrided, intense arterial bleeding occurs. Under local compression, the abdominal aorta is dissected and clamped, allowing the completion of the debridement, during which the aforementioned aneurysm was detached, and the aneurysmal neck was spotted, allowing its arteriorrhaphy on the posterior aspect of the right common iliac. When the aorta is unclamped, hemostasis is obtained, without disturbing the distal flow.

Results: The postoperative evolution was favorable from a surgical point of view, without resumption of bleeding, but with the persistence of septic phenomena and the appearance of multiple organ failure that gradually led to death on the 4th postoperative day.

Conclusions: The importance of clamping the upstream arterial flow in the treatment of hemorrhages originating in ruptured aneurysmal structures, a measure that prevents the patient from exsanguinating intraoperatively.

Keywords: Hemoretroperitoneum, aneurysmal rupture, surgical emergency

RECURRENT MULTINODULAR COMPRESSIVE GOITER INVADING THE INTRATHORACIC SPACE AFTER SUBTOTAL THYROIDECTOMY

Alexandra-Maria Coste[1], Sever-Călin Moldovan[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Bistrița County Emergency Clinical Hospital

Background: Multinodular goiter is a common pathology characterized by an increase in the volume of the thyroid gland, in the mass of which nodules develop that, through their growth, can cause compression of the adjacent structures, affecting the quality of life of patients, especially in cases with retrosternal mediastinal extension.

Total thyroidectomy has broadened its indications mainly in relation to the difficulties and risks of operations for pathologies developed in thyroid remnants after subtotal thyroidectomy, the dominant intervention in previous periods.

Objective: Surgical treatment aims to remove the pathological structure and inherently decompress the esophagus, trachea, and cervical veins.

Material and methods: We present the case of a 65-year-old patient, known to have DM, HTN, CIC, dyslipidemia, morbid obesity, operated on in 2008 (subtotal thyroidectomy), referred by the endocrinologist for recurrent hyperthyroid multinodular goiter, plunging compressive. CT examination reveals massively enlarged thyroid remnants, plunging in the upper mediastinum with multiple nodules and major compression with lateral deviation at the level of the trachea and esophagus. Surgical intervention is performed by iterative “tie” cervicotomy. Difficult access to the thyroid bed due to the pre-existing scar. Two massive multinodular tumors originating from thyroid remnants are identified; the left one is involved in the retrosternal space. These tumors are dissected and mobilized individually, with difficulties in preserving the vascularized parathyroids and recurrent nerves. Cervical ascension of the retrosternal mass was achieved, the vascular branches being treated at the juxtacapsular level. The Berry ligament section was performed following the bilateral recurrent nerves, allowing the ablation of the pieces sent to the pathology laboratory after the marking.

Results: The postoperative improvement was spectacular, with the preservation of phonation, complete resolution of the phenomena of discomfort during swallowing, and the disappearance of the pre-existing dyspnea caused by raising the arms.

Conclusions: The procedure, in addition to removing nodular masses that can be malignant or evolve into hypersecretory autonomous nodules, allowed for the resolution of compression and hyperthyroidism phenomena, substantially improving the quality of life. The difficulties inherent in iterative thyroid surgery could be overcome by juxtacapsular dissection.

Keywords: Cervicotomy, juxtacapsular dissection, pneumatic and digestive compression

PUTTING THE PIECES TOGETHER IN THE AMYLOID PUZZLE: A CASE OF WILD-TYPE TRANSTHYRETIN CARDIOMYOPATHY

Alissa-Anamaria Ion[1], Ovidiu Marcu[1], Silvia-Elisabeta Lupu[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Emergency Institute for Cardiovascular Diseases and Transplantation of Târgu Mureș

Background: Amyloidosis is a multisystemic disease caused by the deposition of misfolded proteins in the form of amyloid fibrils in the extracellular space of various organs, disrupting the structural and functional integrity of the affected tissue. Transthyretin amyloidosis (ATTR) results from the destabilization of the transthyretin tetramer, which, in the wild-type form, is driven by an age-related failure of cellular homeostatic mechanisms leading to the deposition of non-mutant fibrils. Exhibiting a strong tropism for cardiac tissue, this process induces an infiltrative amyloid cardiomyopathy characterized by biventricular pseudohypertrophy and increased myocardial stiffness, resulting in a distinct restrictive phenotype.

Objective: The aim of this case is to emphasize the pivotal role of recognizing and integrating multiple associated conditions as red flags to initiate an early diagnostic algorithm for transthyretin amyloidosis.

Material and methods: We present the case of an 81-year-old male admitted for worsening dyspnea and fatigue on moderate exertion. The medical history included bilateral carpal tunnel syndrome, bilateral biceps tendon rupture, orthostatic hypotension and intolerance to angiotensin-converting enzyme inhibitors. The 12-lead ECG revealed atrial fibrillation, low QRS voltage and poor R-wave progression in the precordial leads. Laboratory analysis yielded elevated NT-proBNP and mild renal impairment. Transthoracic echocardiography revealed a hypertrophic left ventricle with preserved ejection fraction (59%), reduced global longitudinal strain (GLS -12.7%) with an apical sparing pattern, and a severe low-flow state (cardiac index 1.2 L/min/m^2). Given the signs and symptoms of heart failure and suspicion of an infiltrative cardiomyopathy, restoration of sinus rhythm was prioritized. Transesophageal echocardiography excluded intracavitary thrombosis, allowing for successful pharmacological cardioversion with amiodarone, which resulted in a marked improvement in cardiac output and symptomatic relief. Following the diagnostic algorithm for cardiac amyloidosis, serum and urine light chain immunofixation yielded negative results with a normal kappa/lambda ratio, excluding AL amyloidosis. Subsequent bone scintigraphy using 99mTc-HMDP revealed major cardiac uptake, consistent with Perugini grade 3, confirming the diagnosis of ATTR cardiomyopathy.

Results: Further genetic testing demonstrated the absence of pathogenic mutations in the TTR gene, establishing the final diagnosis of Wild-Type ATTR cardiomyopathy. Specific disease-modifying therapy with tafamidis was initiated. Direct oral anticoagulation and amiodarone were continued, while the previously prescribed beta-blocker was withheld, as it is associated with deleterious effects in amyloidosis patients.

Conclusions: Recognizing multisystemic red flags and applying the appropriate algorithm is crucial for diagnosing amyloid cardiomyopathy. Early recognition of the disease helps initiate disease-specific treatment and adjust heart failure therapy to the particular phenotype.

Keywords: amyloidosis, atrial fibrillation, cardiomyopathy, heart failure

FROM CHRONIC URETERAL STENTING TO CATASTROPHE: URETERO-ARTERIAL FISTULA IN A POST-RADIOTHERAPY CERVICAL CANCER PATIENT

Denisa-Maria Donici[1], Ovidiu Felix Mălău[2], Daniel Porav-Hodade[1,2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Clinical Hospital of Târgu Mureș

Background: Uretero-arterial fistula is a rare but potentially life-threatening condition, typically associated with prior pelvic oncologic treatments and chronic ureteral stenting. Radiation-induced tissue fragility, combined with prolonged mechanical irritation from indwelling stents, predisposes to decubitus-type uretero-vascular injuries that may silently evolve into fistulas. Such lesions often manifest abruptly through massive hematuria, necessitating prompt recognition and coordinated multidisciplinary intervention.

Objective: This case report underscores the diagnostic and surgical challenges associated with uretero-arterial fistula in the setting of a complex oncologic background and multiple comorbidities, highlighting a rapidly deteriorating clinical status.

Material and methods: We present the case of a 68-year-old female with cervical cancer treated by radical surgery and radiotherapy in 2017, bilateral ureteral stenosis with hydronephrosis, chronic kidney disease, and bilateral ureteral stenting in place since 2019, with routine replacements—the latest on October 1st, 2025. The patient was admitted urgently on October 19th, 2025, for gross hematuria and severe anemia (hemoglobin 7.6 mg/dL). Prior episodes of macroscopic hematuria were presumed secondary to a renal papillary lesion following the recent stent exchange. CT imaging revealed clots at the right renal pelvis suggestive of a hemorrhagic lesion likely related to the ureteral stent.

On October 23rd, a new episode of massive hematuria triggered emergency surgical intervention, resulting in right nephrectomy with stent extraction. However, the patient experienced recurrent hematuria and hemorrhagic shock 12 hours postoperatively. Cystoscopy identified active bleeding from the right ureteral orifice. A second surgical exploration revealed a uretero-arterial fistula at the level of the right common iliac artery, superior to the iliac artery bifurcation. Surgical management included ureterectomy, arteriorrhaphy, and placement of bilateral drains.

Results: Seven days postoperatively, the patient developed diffuse abdominal pain and fecaloid drainage from the surgical site. Intraoperative findings confirmed generalized peritonitis due to ileal perforation, compounded by ischemic changes of the cecum and ascending colon. A right hemicolectomy with terminal ileostomy was performed. Despite full intensive care support—including mechanical ventilation, renal replacement therapy, and vasoactive agents—the patient experienced extreme bradycardia followed by asystole on November 8th, 2025, and was declared deceased.

Conclusions: This case highlights the devastating potential of uretero-arterial fistula in post-radiotherapy patients with chronic ureteral stenting. Early recognition and aggressive multidisciplinary management are crucial but may prove insufficient in the setting of fragile tissues and complex comorbidities.

Keywords: uretero-arterial fistula; hematuria; cervical cancer; surgical complication; hemorrhagic shock.

MANAGEMENT OF A SEVERE TIBIAL PILON FRACTURE USING EXTERNAL FIXATION

Cristina Szabo[1], Luana Maria Tabara[1], Adrian Ivanescu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Pilon fractures are high-energy injuries involving the distal tibial plafond, frequently associated with severe comminution, articular disruption, and extensive soft-tissue damage. Management is challenging due to the high risk of complications such as infection, malunion, non-union, and joint stiffness. External fixation is often used as a primary or staged treatment method to stabilize the fracture while allowing soft-tissue recovery.

Objective: To present the management and postoperative evolution of a severely comminuted pilon tibial fracture treated with external fixation and percutaneous K-wire stabilization.

Material and methods: A 32-year-old male sustained a high-energy injury after falling from approximately 8 meters. Radiographs and CT 3D reconstruction revealed a markedly comminuted intra-articular pilon fracture of the distal tibia with significant displacement and involvement of the tibiotalar joint.

Emergency surgical stabilization was performed using a tibio-calcaneal external fixator. Two K-wires were inserted percutaneously to maintain alignment of key fragments and to assist with provisional articular reconstruction. The external fixator was maintained for 12 weeks, during which the patient followed a protocol including limb elevation, local wound care, thromboprophylaxis, and non-weight-bearing mobilization. Clinical and radiological follow-up was carried out at regular intervals.

Results: The patient showed a favorable postoperative evolution. Soft tissue healing progressed without infection, and radiographic evaluation demonstrated gradual callus formation and satisfactory alignment. After removal of the external fixator at 12 weeks, the patient began progressive partial weight-bearing. Pain decreased steadily, and ankle mobility improved with physiotherapy. No complications such as malunion, non-union, or hardware failure were observed during the follow-up period. Functional recovery was considered good for the severity of the injury.

Conclusions: External fixation combined with percutaneous K-wire stabilization represents an effective treatment option for severely comminuted pilon fractures resulting from high-energy trauma. This approach provides adequate stability while protecting compromised soft tissues, allowing satisfactory healing and functional outcomes. Careful monitoring and staged rehabilitation are essential for optimal recovery

Keywords: pilon fracture, external fixation, high-energy trauma, K-wire stabilization.

MASSIVE POSTOPERATIVE LYMPHEDEMA FOLLOWING ANTERIOR SUPRALEVATOR PELVIC EXENTERATION: A RARE SURGICAL COMPLICATION

Mara Bucur[1], Delia-Denisa Pop[1], Petruța Nemeș[1], Mihai Emil Căpîlna[1], Mihai Stanca[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Anterior supralevator pelvic exenteration is a major surgical procedure involving the en bloc (single unit) removal of organs and tissues in the front portion of the pelvis, performed above the levator ani muscle plane. This extensive surgery disrupts normal lymphatic drainage patterns in the pelvis, lymphedema being a significant potential complication due to the extensive lymphatic disruption that occurs during this procedure. Lymphedema is the abnormal accumulation of protein-rich fluid in tissues due to impaired lymphatic drainage, resulting in progressive swelling, tissue fibrosis, and functional impairment.

Objective: Our objective is to present the case of a 68-year-old woman who developed a rare complication: massive inguinal lymphedema, following pelvic exenteration performed for uterine cancer.

Material and methods: This case report was based on data obtained from the Obstetrics and Gynecology Department of the County Emergency Clinical Hospital Târgu Mureș. The patient underwent anterior supralevator pelvic exenteration in August 2025 and presented in October 2025 with massive inguinal lymphedema, a rare postoperative complication. Clinical information was collected retrospectively from the medical record, including physical examination findings, laboratory results and details of the surgical procedures (pelvic exenteration and subsequent lymphedema drainage). Relevant literature was reviewed using PubMed, Google Scholar, and Elicit to contextualize the case.

Results: Although mild lymphedema can occur after pelvic exenteration, massive inguinal lymphedema is rarely encountered. The patient returned two months after surgery with extensive swelling of the lower limb and groin, requiring lymphatic drainage and further clinical evaluation.

Conclusions: This case highlights the need for clinicians to remain aware of severe postoperative lymphedema as a potential complication of pelvic exenteration and to ensure prompt evaluation and treatment.

Keywords: inguinal lymphedema, anterior supralevator pelvic exenteration, massive postoperative lymphedema, lymphatic drainage

COMMON ILIAC ARTERY-URETERAL FISTULA: CASE REPORT

Alina-Raluca Turciac[1], Andrei Stângaciu[1], Mona-Mihaela Alexandru[1], Mircea Stoian[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: An arterio-ureteral fistula is a severe medical condition characterized by an abnormal connection between an artery and the ureter. It often results from a chronic inflammatory process that leads to the deterioration of the microcirculation and periureteral tissue. The main clinical manifestation is macroscopic hematuria wich can can rapidly progress to hemorrhagic shock if not managed promptly.

Objective: Our objective is to emphasize the importance of an early diagnosis of arterio-ureteral fistula and to raise clinical awareness for this rare but pontentially lethal complication.

Material and methods: We present the case of a 68-year-old female patient with a significant oncological and surgical history, including cervical cancer treated with radiochemotherapy followed by surgery, as well as long-term ureteral stents changed periodically. The patient presented to the emergency department and was hospitalized for macroscopic hematuria. Laboratory tests showed a hemoglobin level of 7.6 g/dL and conservative treatment was initiated to correct the anemia.

The patient was diagnosed with severe anemia. Cystoscopy revealed bladder tamponade and significant renal hemorrhage. A cystotomy and right nephrectomy were performed. On the day of surgery, the patient developed recurrent bladder tamponade and hemorrhagic shock. Endoscopic evaluation revealed active bleeding from the right ureteral orifice. Emergency exploratory laparotomy identified an arterio-ureteral fistula involving the right common iliac artery. Partial ureterotomy and arteriorrhaphy were subsequently performed.

Results: The patient's condition deteriorated rapidly and she was transferred to the intensive care unit. On Day 4, hemodiafiltration was initiated due to oligoanuria. On Day 7 of intensive care, fecal content was observed in the intraperitoneal drain. Surgical consultation prompted the patient's transfer to the operation room for emergency laparotomy, where further complications were identified, includin generalized peritonitis secondary to ileum perforation, ischemia of the cecum and ascending colon, and adhesive syndrome.

Conclusions: The presence of permanent ureteral stents, a history of radiotherapy, and prior pelvic surgical interventions were the main predisposing factors leading to the development of an arterio-ureteral fistula.

Keywords: Radiotherapy, complication, fistula

CEREBELLAR HEMANGIOBLASTOMA: A CASE REPORT

Andrei-Vasile Jovrea[1], Attila Kövecsi[2], Adrian Bălașa[2], Sebastian-Eduard Brezoczki[1], Diana Burlacu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. County Emergency Clinical Hospital of Târgu Mureș

Background: With a total incidence of less than 2% of all central nervous system tumors, hemangioblastoma is a benign, vascular tumor. Sporadic cases typically arise in adults, whereas VHL-associated hemangioblastomas are more often discovered at a younger age. Cerebellum is the most common affected organ, although sporadic or multiple lesions can occur in the brainstem, spinal cord, cerebral hemispheres and retina.

Objective: The aim of this paper is to report a rare case of cerebellar hemangioblastoma.

Material and methods: We hereby report the case of a 79 year old female patient admitted to the Neurosurgery Department of the County Emergency Clinical Hospital of Târgu-Mureș on scheduled basis. She presented with dizziness, vertigo and headache. Cerebellar angiography revealed a hypervascular lesion, adjacent to the fourth ventricle with a 23 mm diameter. Surgery was performed and bioptical tumoral fragments were sent to the Pathology Department for definitive diagnosis.

Results: Multiple grey-colored fragments of irregular form, with hemorrhagic zones were macroscopically described. Regarding the microscopic description, the tumor was represented by two main components: densely arranged stromal cells with clear cytoplasm and the second component represented by vascular proliferation of medium- and small-sized vessels that are lined by simple endothelium. The immunohistochemistry revealed Inhibin and S100 positive stromal cells, in contrast to Vimentin and Keratin PAN AE1/AE3 that were interpreted as negative. The endothelium lining the vascular component was highlighted with CD 34. A low Ki-67 proliferation cell index indicated the benign character of the tumor.

Conclusions: Despite their rarity, hemangioblastomas require confirmation by pathology, with definitive identification relying on immunohistochemical analysis.

Keywords: cerebellum, hemangioblastoma, immunohistochemistry, patholog

CASE REPORT: CONGENITAL FACIAL NERVE PARESIS. MINOR VMA PROLAPS. MINOR MITRAL REGURGITATION

Bogdan-Ioan Hotea[1], Miruna Ștefania Ciulei[1], Alexandra Neguțescu[1], Timea Madaras[1], Cristian Trâmbițaș[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: A rare neuromuscular condition known as congenital facial nerve paresis results in partial or whole loss of facial movement from birth. Significant facial asymmetry, trouble articulating speaking, eating, and expressing emotions, as well as serious psychosocial repercussions, can result. Improving both function and appearance requires early diagnosis and appropriate surgical management. A number of surgical techniques have been reported, and the transfer of the temporalis tendon reinforced by fascia lata has been shown to be a successful dynamic reconstructive method.

Objective: The aim of this case report is to present the surgical management and early outcomes of a young patient with congenital facial nerve paresis who underwent dynamic facial reanimation through temporalis tendon transfer reinforced with autologous fascia lata emphasizing the anatomical principles, operative strategy, and functional benefits of this technique.

Material and methods: A 20-year-old woman diagnosed with congenital facial nerve paresis was admitted to the Plastic and Reconstructive Surgery Department of the Emergency Clinical County Hospital Târgu Mureș. Under general anesthesia, an incision along the left nasogenian sulcus allowed precise dissection and exposure of the temporalis tendon insertion. The coronoid process was osteotomized to mobilize the tendon, which was then connected to an autologous fascia lata graft harvested from the right thigh. The graft was shaped and anchored to the upper lip, oral commissure, and lower lip in a manner that recreated natural vectors of facial movement. Both donor and recipient sites were closed after careful hemostasis, and the patient received postoperative care including soft diet, local wound management, and initiation of guided facial reeducation approximately 10–12 days after surgery.

Results: Postoperative recovery was favorable, with clean and healing wounds, minimal inflammation, and no infectious complications. The transferred tendon–fascia lata complex provided balanced dynamic traction, leading to noticeable improvements in facial symmetry and early restoration of expressive mobility. By the time of discharge on the third postoperative day, the patient demonstrated stable functional progress and increasing control of perioral movement, with expected further enhancement through continued rehabilitation.

Conclusions: This case illustrates that the transfer of the temporalis tendon with fascia lata interposition provides a secure, efficient, and visually pleasing solution for facial reanimation in cases of congenital facial nerve paresis. The integration of meticulous surgical methods and organized postoperative physiotherapy is essential in achieving facial symmetry, enhancing emotional expressiveness, and improving the overall quality of life for the patient.

Keywords: congenital facial nerve paresis, temporalis tendon transfer, fascia lata graft, facial reanimation, reconstructive surgery

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LIMB AVULSION INJURY COVERAGE WITH A DISTALLY BASED ELEVATED SKIN FLAP

Miruna Ștefania Ciulei[1], Bogdan-Ioan Hotea[1], Alexandra Neguțescu[1], Timea Madaras[1], Cristian Trâmbițaș[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Lower leg soft-tissue defects resulting from crush–avulsion injuries are particularly challenging to manage due to extensive tissue loss and compromised vascularity. Local, regional, or free flaps may not be feasible when recipient vessels are damaged, and flap survival becomes uncertain, especially when the soft tissue has been inadequately elevated from the fascial plane. In such cases, perforator vessels are disrupted, leaving the flap dependent solely on a distal pedicle. The resulting thickness often exceeds functioning under compromised perfusion, requiring additional preparation to ensure viability.

Objective: To present an unusual but practical reconstructive approach using a distally based degloved flap, processed into a split-thickness graft (Krasovitov technique) for early wound coverage in a crush–avulsion injury of the proximal leg.

Material and methods: A 46-year-old woman presented with a large crush–avulsion injury of the proximal third of the left leg. After initial assessment and stabilization, surgical management began with careful preparation of the avulsed flap, by thorough washing and debridement of the wound edges and non-viable tissues, followed by defatting, tangentially thinning the flap until only the dermis remained, effectively converting it into a split-thickness graft. Multiple fenestrations were then created to facilitate drainage and prevent hematoma formation, which would otherwise elevate the graft from the fascial bed and impair neovascularization. The residual skin defect was reduced with absorbable sutures to minimize tension on the wound edges, and the flap was subsequently positioned and secured with interrupted stitches. A compressive dressing was then applied, and the limb was immobilized to ensure optimal graft adherence and healing.

Results: The graft demonstrated satisfactory adherence with no hematoma, infection, or peripheral necrosis. Fenestration maintained effective drainage, promoting early neovascularization and stable integration. Follow-up examinations showed favorable healing, adequate contour, and functional preservation, without requiring secondary flap coverage.

Conclusions: Choosing to process the degloved tissue into a split-thickness skin graft effectively increases its likelihood of survival even in the event of minor vascular compromise. Fenestration prevents hematoma formation, ensuring optimal graft adherence and neovascularization.

This technique can be part of a comprehensive treatment plan for degloving injuries, which aims to provide a viable, time-efficient skin cover, and is distinct from other methods like primary suturing or skin grafting.

Keywords: crush–avulsion injury, distally based flap, split-thickness skin graft, lower-leg reconstruction, fenestrated graft

JUST A LITTLE BONE: A CASE OF DIGESTIVE PERFORATION- CAUSED BY INGESTED BONE

Cosmin-Gabriel Stan[1], Dragoș-Gabriel Popescu[1], Ștefan-Dragoș Ignat[1], Octavian-Alexandru Elisei[1], Roxana-Elena Rusu[1]

1. Grigorie T. Popa University of Medicine and Pharmacy of Iași

Background: Fish bones are among the most frequently ingested accidental foreign bodies. While they typically pass through the gastrointestinal tract without symptoms, perforation occurs in approximately 1% of cases and may necessitate surgical intervention.

Objective: The aim of this presentation is to highlight the potential complications that may arise from fish bone ingestion and to emphasize the need for prompt identification.

Material and methods: We present the case of a 45-year-old patient presented with diffuse abdominal pain, most pronounced in the left iliac fossa and left flank, accompanied by nausea and vomiting. Contrast-enhanced abdominopelvic CT revealed a well-defined collection with enhancing walls and septations, containing parafluid material and a thin linear hyperdense structure measuring 26 × 2 mm, located in the left iliac fossa. The foreign body was in close contact with a loop of small bowel and the sigmoid colon, which showed inflammatory wall thickening. The imaging findings were consistent with a left iliac fossa abscess, likely secondary to perforation of an ileal loop or the sigmoid colon caused by an ingested fish bone.

Results: The patient was admitted to the General Surgery Department, where antibiotic and supportive therapy were initiated, followed by surgical intervention for foreign body removal. The postoperative course was favorable, with recovery of intestinal transit for stool and gas. Postoperative imaging demonstrated progressive resolution of the intra-abdominal collection, with surgical wounds healing without complications.

Conclusions: Fish bone ingestion can lead to severe complications, including gastrointestinal perforation and abscess formation, highlighting the importance of early imaging assessment and prompt management to prevent significant morbidity.

Keywords: Fish bone ingestion, Gastrointestinal perforation, Intra-abdominal abscess

PREVENTING INSULIN-INDUCED HYPOGLYCEMIA: TWO NEXT-GEN THERAPIES FOR TYPE 1 DIABETES

Octavian-Alexandru Elisei[1], Teodora-Antonina Chitoroga[1], Cosmin-Gabriel Stan[1], Bianca Codrina Morărașu[1]

1. Grigorie T. Popa University of Medicine and Pharmacy of Iași

Background: Hypoglycemia is a complication associated with intensive glycemic control via exogenous insulin administration in patients with Type 1 Diabetes Mellitus (T1DM). Clinical manifestations of hypoglycemia can range in severity, from tremors and diaphoresis to coma. This complication accounts for 6%-13% of deaths in T1DM patients, who typically experience one episode of severe hypoglycemia requiring hospital admission each year.

Objective: Due to the severity and high incidence of this complication, new T1DM treatments will be investigated. This review highlights new T1DM therapies such as ”smart” insulin (NNC2215) and β-cell transplantation (donislecel).

Material and methods: A 2024 study described an insulin molecule conjugated to a macrocycle and a glucoside (NNC2215), functioning as a molecular hinge. The hypothesis is that high glucose concentrations lead to the binding of glucose to the macrocycle. This will keep the hinge open, while low glucose levels allow the glucoside to bind the macrocycle, closing the hinge. This will cover the binding sites for the human Insulin Receptor (hIR), preventing insulin’s action. Two clinical studies have been conducted investigating donislecel, employing thirty adults with T1DM and hypoglycemia who received up to three infusions of pancreatic β-cells via the portal vein under immunosuppressive therapy. Outcome measures included glucose control (HbA1c) and hypoglycemia incidence, alongside monitoring of procedure and immunosuppression-related adverse events.

Results: The increase in hIR affinity for NNC2215 is 12.5-fold from 0 to 20 mM glucose and 3.2-fold from 3 to 20 mM glucose. One in vivo study demonstrates a glucose-dependent activity of NNC2215, showing attenuation of both hyperglycemia and hypoglycemia in tests subjects. Following donislecel infusions, 24 of the 30 subjects (80%) achieved insulin independence at some point during follow-up, with 21 patients for at least 1 year after the last infusion. 10 subjects reported insulin independence 5 years after the last infusion. 90% experienced serious adverse events, immunosuppression or procedure-related.

Conclusions: NNC2215 and Donislecel show promising results in T1DM management and glycemic control in a glucose-dose-dependent fashion, decreasing the incidence of hypoglycemia. Further clinical trials are mandatory to assess long-term safety and dose protocols.

Keywords: T1DM, hypoglycemia, NNC2215, donislecel

SAFETY, SATISFACTION AND SURVIVAL: THE EVOLVING ROLE OF NIPPLE SPARRING MASTECTOMY IN BRCA MUTATION CARRIERS

Teodora-Antonina Chitoroga[1], Octavian-Alexandru Elisei[1], Francesca Ramașcanu[1], Robert Aradei[1], Radu Iulian[1]

1. Grigorie T. Popa University of Medicine and Pharmacy of Iași

Background: Carrying a BRCA1 or BRCA2 mutation confers up to an 80% lifetime risk of breast cancer, driving many women to consider preventive surgery. Prophylactic Nipple-Sparring Mastectomy (NSM) offers up to 95% risk reduction while preserving the nipple-areola complex, combining strong oncologic protection with superior aesthetic and psychological outcomes.

Objective: This study aims to evaluate the risk-reduction rates and health-related quality of life associated with NSM, supporting its consideration as a potential gold-standard option for prophylactic surgery in BRCA mutation carriers.

Material and methods: A focused review was conducted to evaluate the risk-reduction efficacy and health-related quality of life (HRQoL) outcomes associated with prophylactic NSM in BRCA1/2 mutation carriers. Relevant studies published between 2017 and 2025 were identified through PubMed, Elsevier and SpringerLink databases. Eligible articles included original clinical research reporting postoperative breast cancer incidence, aesthetic satisfaction and HRQoL outcomes following prophylactic NSM. Case reports, therapeutic NSM and publications lacking BRCA-specific data were excluded. In the end, nine studies met inclusion criteria. Data were synthesized narratively due to heterogeneity in study design and outcome measures.

Results: Prophylactic NSM in BRCA1/2 mutation carriers demonstrated near-complete risk reduction, with breast cancer occurrence after surgery reported at 0-1% during follow-up periods of up to five years. Patient-reported outcomes consistently indicated improvement in quality of life, with psychosocial well-being scores averaging 80-85% and sexual well-being around 75-80% following NSM with immediate reconstruction. Complication rates ranged between 8-15%, predominantly minor events such as partial flap necrosis or wound-healing issues, while nipple-loss occurred in less than 2% of cases. Overall, prophylactic NSM achieved excellent oncologic protection, low morbidity and measurable improvements in HRQoL among BRCA mutation carriers.

Conclusions: NSM has demonstrated oncologic safety in BRCA1/2 mutation carriers, with low rates of complications and high levels of patient satisfaction. Its effectiveness in reducing breast-cancer risk, combined with favourable aesthetic outcomes, supports its consideration as a preferred preventive strategy. Given the accumulating evidence, NSM is increasingly recognized as a potential new gold standard for BRCA1/2 mutation carriers, though long-term follow-up and standardized protocols are needed to optimize patient selection.

Keywords: BRCA1/2 mutation, Prophylactic nipple-sparing mastectomy (NSM), Risk reduction, Breast cancer prevention

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WHEN CHEMOTHERAPY ISN'T ENOUGH: LAPAROSCOPIC 3D REMOVAL OF A PERSISTENT RETROPERITONEAL MASS IN NSGCT

Emma Dragomirescu[1], Alin-Ionel Oprea[1], Andra-Maria Haiduc[1], Tudor Eminovici[1], Vlad-Cristian Munteanu[1]

1. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca

Background: Non-seminomatous germ cell tumors (NSGCT) frequently present with retroperitoneal nodal disease, and despite high chemosensitivity, residual masses may persist after systemic therapy. These lesions can contain necrosis, teratoma, or viable tumor, and their accurate characterization requires surgical excision. The traditional surgical approach is via laparotomy.The rise of minimally invasive techniques, including 3D laparoscopy, has advanced the management of post-chemotherapy retroperitoneal masses while maintaining oncologic standards.

Objective: To illustrate the clinical reasoning for surgically removing a persistent retroperitoneal residual mass after systemic therapy and to demonstrate how minimally invasive oncologic surgery can clarify post-treatment disease status while minimizing postoperative complications and preserving quality of life.

Material and methods: A 22-year-old male with left NSGCT (pT2L0V1Pn0R0, cN3M1aS2, intermediate-risk) underwent orchiectomy followed by four cycles of BEP chemotherapy. Tumor markers initially elevated (AFP 2483 IU/mL, β-hCG 452 mIU/mL, LDH 518 U/L) progressively normalized by the completion of systemic therapy. Follow-up CT demonstrated a significant reduction in initial bulky retroperitoneal adenopathy but a persistent 7–8 cm infrarenal mass with ureteral compression, requiring ureteral stenting. PET-CT confirmed metabolic activity restricted to the periphery of the mass (SUV 2.4–2.7), without other active disease sites. In alignment with guideline-based indications for post-chemotherapy resection, the patient was scheduled for laparoscopic 3D transperitoneal excision.

Results: We performed a 3D laparoscopic transperitoneal RPLND. During surgery, dense post-chemotherapy fibrosis and adhesions were encountered, with the mass attached to the jejunal loops, unusual for this type of pathology. Complete excision was achieved using careful dissection and adhesiolysis. One jejunal loop was mildly injured without opening of its content and was sutured. Postoperatively, the patient recovered promptly, with early gastrointestinal function, stable renal function, and no infectious or cardiopulmonary events. He was discharged hemodynamically stable and asymptomatic in the 7th day. Histopathology revealed total tumor necrosis without viable neoplastic tissue, confirming complete response to chemotherapy. At postoperative follow-up, tumor markers remained within normal limits, and no signs of residual or recurrent disease were identified on imaging.

Conclusions: This case demonstrates that persistent post-chemotherapy retroperitoneal masses in NSGCT require surgical evaluation, even when tumor markers normalize.. The combination of systemic therapy and minimally invasive surgery offered this patient both curative intent and excellent functional recovery. This case is particularly remarkable given the patient's very young age and the biologically complex, initially bulky metastatic disease, illustrating how coordinated multimodal management can still achieve an excellent curative outcome.

Keywords: non-seminomatous germ cell tumor, retroperitoneal mass,BEP chemotherapy

ROBOTIC SURGICAL MANAGEMENT OF SEVERE RECTAL DEEP INFILTRATING ENDOMETRIOSIS WITH MULTI-COMPARTMENT INVOLVEMENT

Alexandru-Radu Giurgiu[1], Marta-Adriana Gavra[1], Alexandra-Beatrice Ghile[1], Horace Coman[1]

1. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca

Background: Deep infiltrating endometriosis (DIE) with rectal involvement represents one of the most complex forms of the disease, especially when combined with ovarian endometriomas, uterosacral infiltration, and extrapelvic implants. Robotic-assisted surgery provides enhanced visualization and precision, facilitating safe excision of multifocal lesions and nerve-sparing dissection in anatomically challenging cases.

Objective: To present a case illustrating the feasibility and safety of robotic-assisted multi-organ surgery for advanced rectal DIE with multi-compartment involvement in a young patient.

Material and methods: A 36-year-old patient with minimal digestive symptoms but significant dysmenorrhea, urinary frequency with nocturia, and catamenial bloating was evaluated for advanced endometriosis. MRI showed bilateral ovarian endometriomas (3-4 cm) and long-segment rectal infiltration. Intraoperatively, the uterus appeared adenomyotic and fixed posteriorly by a retroperitoneal nodule infiltrating the rectovaginal space, both uterosacral ligaments, and the superior and mid-rectum over >5 cm, causing stenosis. Additional lesions involved the appendix, right diaphragm, broad ligaments, and anterior cul-de-sac. ENZIAN: P3 O2/2 A1 B2B2 C3 FA FI FO; AFSr score: 78, stage 4.

A robotic multi-organ procedure was performed: complete ureterolysis, hypogastric nerve identification and preservation, excision of deep pelvic lesions including bilateral uterosacral and rectovaginal involvement, bilateral ovarian cystectomy without thermal injury, excision of a 2 cm^2 vaginal segment, appendectomy, and resection of diaphragmatic implants. Extensive rectal infiltration required a 9 cm segmental colorectal resection with transvaginal NOSE specimen extraction and stapled latero-terminal colorectal anastomosis (EEA 32 mm). Operative time: 2 h 45 min.

Results: Robotic-assisted surgery allowed full excision of all pelvic and extrapelvic lesions with preservation of ureters and hypogastric nerves. The procedure was completed without conversion to open surgery and enabled precise colorectal reconstruction and adnexal preservation. Blood loss was controlled, and multi-organ disease clearance was achieved while maintaining anatomical integrity. The approach ensured safe management of severe rectal stenosis and extensive posterior compartment disease.

Conclusions: This case demonstrates that robotic-assisted surgery enables safe, comprehensive, and nerve-sparing management of advanced rectal DIE with multi-compartment involvement. The robotic platform supports accurate colorectal resection, adnexal surgery, and thorough excision of deep lesions, making it a valuable technique for complex disease requiring multidisciplinary, high-precision intervention.

Keywords: deep infiltrating endometriosis, robotic surgery, colorectal resection, endometrioma, rectovaginal disease, ENZIAN classification, pelvic nerve-sparing surgery

DOUBLE TROUBLE: UNCOMMON BILATERAL VARICOSE ULCER AND VARICO-PHLEBITIS

Alin-Ionel Oprea[1], Emma Dragomirescu[1], Tudor Eminovici[1], Andreea Cristina Frăţilă[1], Oana Alina Hoteiuc[1]

1. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca

Background: Varicose veins are a medical condition characterized by the enlargement and twisting of veins. Complications that may occur include varicose ulcers or varico-phlebitis. Both pathologies are generally caused by ostial insufficiency and can lead to severe complications. Simultaneous bilateral complications such as these are exceptionally uncommon, with incidence rates in the general population typically ranging between 1% and 3%.

Objective: The case of this 37-year-old female demonstrates the critical importance of early intervention in varicose vein complications to prevent severe progression, such as the rare simultaneous appearance of a varicose ulcer and varico-phlebitis in both lower li

Material and methods: The pacient presented to the clinic with a 2-3 cm superinfected ulcerative lesion, without any epithelization tendency, which had appeared for about 3 weeks with acute pain. She had a history of two pregnancies and varicose disease for 15 years, triggered post-partum, without taking any medical treatment. At consultation, varicose veins were discovered in the left calf, dependent on GSV (Great Saphenous Vein), with a complication of an internal pre-malleolar varicose ulcer. At the level of the right thigh and calf, GSV-dependent varicose veins were also present, with a complication of varico-phlebitis in the posterior region of the thigh, the pain occurring after a long period of time spent in a sitting position. Venous Doppler echography confirms bilateral ostial insufficiency with varicose veins on the tributaries of

the GSV, with thrombi at the level of the vascular bundles in the right thigh and incontinent perforating veins situated in the left calf, near the ulcerative lesion. The complete diagnosis was superficial chronic venous insufficiency (CVI) of the lower limbs, bilateral, CEAP VI for the left limb, CEAP IV for the right limb, with right thigh varico-phlebitis and left calf varicose ulcer.

Results: For treatment, an antibiotic was prescribed based on a secretion probe from the ulcer. There were also prescribed anticoagulants, NSAIDs, and venotropics. A control in 3 weeks was recommended, with an appointment for classical intervention of the right lower limb and surgical debridement of the ulcer.

Conclusions: Varicose disease complicated by varico-phlebitis and/or varicose ulcer can often be caused by prolonged sitting. It represents a serious medical problem, and it should be treated as early as possible, as it often progresses to more severe late stages. Highlighting this case can aid vascular clinicians in recognizing the urgency of addressing similar conditions promptly.

Keywords: varicose disease, chronic venous insufficiency, varico-phlebitis, varicose ulcer

ROBOTIC SURGICAL MANAGEMENT OF ADVANCED DEEP INFILTRATING ENDOMETRIOSIS

Marta-Adriana Gavra[1], Alexandru-Radu Giurgiu[1], Alexandra-Beatrice Ghile[1], Ilinca Gavra[1], Horace Roman[2]

1. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca
2. IFEMEndo Endometriosis Center

Background: Deep infiltrating endometriosis (DIE) is the most aggressive form of endometriosis, frequently involving multiple pelvic compartments and occasionally the upper abdomen. Its management requires precise dissection, preservation of vital structures, and complete excision of infiltrative lesions to improve pain, fertility outcomes, and quality of life. Robotic-assisted surgery enhances visualization and dexterity, allowing safe multi-organ resections in anatomically complex cases.

Objective: We present a case illustrating the feasibility and effectiveness of robotic-assisted multi-organ surgery in the management of advanced DIE with extensive pelvic and extrapelvic involvement.

Material and methods: A 47-year-old patient presented with chronic pelvic pain, dyschezia, dyspareunia, and infertility. Preoperative imaging revealed advanced DIE with bilateral endometriomas, severe rectovaginal infiltration, involvement of both uterosacral ligaments, parametrial extension, numerous lesions on the external surface of the sigmoid colon without muscular invasion, and millimetric diaphragmatic lesions. Intraoperative exploration confirmed a polymyomatous enlarged uterus (FIGO 3-4) and extensive posterior compartment disease, including a retroperitoneal nodule infiltrating the rectovaginal space, bilateral uterosacral involvement, and a 4 cm area of infiltration of the upper rectum. Multiple <2 cm sigmoid lesions were identified, along with ovarian endometriomas (1 cm right, 3 cm left) and tubal pathology. Additional implants involved the broad ligaments, anterior cul-de-sac, and right hemidiaphragm.

A robotic multi-organ procedure was performed, including complete ureterolysis, identification and preservation of hypogastric nerves, sigmoid mobilization, excision of deep pelvic lesions (bilateral uterosacral and rectovaginal), bilateral ovarian cystectomy, left tubal adhesiolysis, right salpingectomy, shaving of serosal rectal nodules, and a 10 cm segmental colorectal resection using a transvaginal NOSE technique with stapled latero-terminal anastomosis (EEA 29 mm).

Results: Robotic-assisted surgery enabled complete excision of DIE lesions across multiple pelvic and extrapelvic compartments, with preservation of vital structures and reconstruction where appropriate. The procedure was performed safely with controlled blood loss and efficient operative time. Comprehensive removal of infiltrative disease was achieved, including colorectal resection and adnexal surgery.

Conclusions: This case demonstrates that robotic-assisted surgery enables safe and comprehensive management of highly complex DIE with multi-compartment involvement. Robotic technology facilitates nerve-sparing dissection, precise colorectal resection, adnexal reconstruction, and thorough excision of deep lesions, supporting its use in advanced disease requiring a multidisciplinary, high-precision approach.

Keywords: deep infiltrating endometriosis, robotic surgery, colorectal resection, endometrioma

FROM VAGUE ANEMIA TO DUAL PATHOLOGY: UNRAVELING COEXISTENT RIGHT-SIDED COLON CANCER AND A MASSIVE PANCREATO-SPLENIC CYST

Tudor Eminovici[1], Emma Dragomirescu[1], Bogdan-Nicolae Delcă[2], Alin-Ionel Oprea[1], Andrei-Vasile Pop[1]

1. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca
2. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Right-sided colon cancer often evolves silently, with vague and misleading clinical manifestations that can delay diagnosis until the disease reaches substantial local progression. In elderly patients, nonspecific gastrointestinal symptoms and mild anemia are frequently attributed to benign disorders, increasing the risk of underrecognition. Additionally, coexisting intra-abdominal lesions may obscure the clinical picture and complicate the diagnostic pathway.

Objective: This report highlights the diagnostic and therapeutic challenges posed by a right-sided colonic tumor discovered in association with a large intersplenic–pancreatic multilocular cystic mass, emphasizing the need for comprehensive evaluation in seemingly b

Material and methods: A 67-year-old woman presented with several months of lower abdominal discomfort, bloating, nausea, and unintentional weight loss. Initial evaluation revealed mild microcytic, hypochromic anemia with marked anisocytosis and a mixed deficiency profile, alongside elevated inflammatory markers. Abdominal CT demonstrated a 6–6.5 cm vegetating mass occupying the cecum–ascending colon and, notably, a 14 cm multilocular cystic lesion between the pancreas and spleen, raising differential considerations including chronic pseudocyst, mucinous neoplasm, and hydatid disease. Colonoscopy confirmed a semicircumferential ascending colon tumor, and biopsies were obtained. After multidisciplinary evaluation and preoperative optimization, the patient underwent right hemicolectomy with ileocolic anastomosis and adhesiolysis.

Results: Surgery confirmed a 6 cm cecal tumor without macroscopic invasion of adjacent structures. The concomitant pancreatic–splenic cystic lesion did not require intraoperative intervention but remained clinically relevant for staging and postoperative monitoring. The postoperative course included expected inflammatory kinetics and a superficial surgical site infection on day 5, requiring targeted local management. Gastrointestinal transit resumed early, and the patient recovered with steadily improving biochemical parameters. At discharge, the wound was healing without deep infection, oral intake was well tolerated, and mobility was regained. Histopathological examination was pending for final oncologic classification and multidisciplinary therapeutic planning.

Conclusions: This case underscores the deceptive nature of right-sided colon cancer, which may present primarily with nonspecific symptoms and subtle hematologic abnormalities. The coexistence of a large pancreatic–splenic cystic lesion introduced diagnostic ambiguity, reinforcing the essential role of integrated imaging and endoscopic assessment. Surgical management following a coordinated multidisciplinary approach allowed for an optimal postoperative outcome. This case highlights important diagnostic lessons relevant to the evaluation of elderly patients with vague yet persistent gastrointestinal complaints.

Keywords: Right-sided colon cancer, Pancreatic–splenic cystic mass, Diagnostic challenge, Nonspecific symptoms, Multidisciplinary approach

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P-ANCA-ASSOCIATED CRESCENTIC GLOMERULONEPHRITIS IN A PATIENT WITH RHEUMATOID ARTHRITIS: DIAGNOSTIC CHALLENGES AND THERAPEUTIC OUTCOME.

Bianca - Isabel Ghetler[1], Marta-Adriana Gavra[2], Narcisa-Ioana Lebădă[2], Adrian-Emil Gavrilut[1], Maria Țicală[1]

1. Iuliu Hațieganu University of Medicine and Pharmacy of Cluj-Napoca
2. Grigorie T. Popa University of Medicine and Pharmacy of Iași

Background: ANCA-associated vasculitis is a systemic autoimmune disease characterized by small-vessel inflammation that may cause rapidly progressive glomerulonephritis (RPGN). In elderly patients with pre-existing autoimmune disorders such as rheumatoid arthritis (RA), diagnostic interpretation is often challenging due to overlapping immunologic profiles. Timely recognition and targeted immunosuppression are essential to preserve renal function and prevent chronic kidney disease progression

Objective: The aim is to present the diagnostic process, clinical evolution, and therapeutic management of a patient with p-ANCA-associated crescentic glomerulonephritis and rheumatoid arthritis, highlighting the multidisciplinary approach and the exclusion of syste

Material and methods: We report the case of a 73-year-old female patient with a history of seropositive RA, type 2 diabetes mellitus, essential hypertension, and osteoporosis, admitted for evaluation of an acute nephritic syndrome with progressive renal impairment. Serial biochemical analyses, immunologic profiling, renal biopsy, and imaging investigations were performed. Laboratory monitoring revealed a gradual decline in renal function (creatinine rising to 2.27 mg/dL, eGFR decreasing to 21 mL/min/1.73 m^2), accompanied by anemia and active urinary sediment with hematuria and subnephrotic proteinuria (1.04 g/24 h).

Results: Immunologic testing showed positive p-ANCA (152 U/L), ANA positivity with fine speckled pattern, rheumatoid factor positivity, and normal complement levels. Anti-dsDNA, anti-GBM, anti-Ro, and antiphospholipid antibodies were negative, excluding SLE or secondary nephritis. Renal biopsy demonstrated crescentic glomerulonephritis compatible with p-ANCA, associated vasculitis (ARRS score = 6). The treatment regimen followed the CYCLOPS protocol: six monthly intravenous pulses of cyclophosphamide (500 mg) associated with corticosteroid pulse therapy and gradual tapering of oral prednisone, alongside nephroprotective agents (telmisartan, SGLT2 inhibitor) and infection prophylaxis. Under immunosuppressive therapy, renal function improved (creatinine 1.9 mg/dL, eGFR 24 mL/min/1.73 m^2), urinary sediment became inactive, without hematuria, and proteinuria decreased to approximately 0.2 g/24 h, and p-ANCA titers declined to 81 U/L. The patient experienced no severe infectious, metabolic, or hematologic adverse events throughout treatment.

Conclusions: This case illustrates the complex interplay between autoimmune diseases and renal involvement, highlighting the necessity of an integrated diagnostic approach. Cyclophosphamide-based immunosuppression achieved partial renal recovery and disease remission. Despite serologic overlap, SLE was excluded. Continuous monitoring and multidisciplinary management remain essential for maintaining renal stability and preventing relapse.

Keywords: p-ANCA vasculitis, rapidly progressive glomerulonephritis, rheumatoid arthritis, cyclophosphamide, autoimmune overlap

NOT YOUR TYPICAL BCC: LINEAR MORPHOLOGY AND UNUSUAL SITE

Emma Dragomirescu[1], Daniel-Andrei Boie[1], Alexia-Teodora Bârsan[1], George Atănăsoaie[1], Ioana-Maria Vlas[1]

1. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca

Background: Linear Basal Cell Carcinoma (LBCC) is an exceptionally rare morphological subtype of basal cell carcinoma, characterized by a linear or scar-like configuration that typically follows Langer's lines. Since its first description in 1985, only a small number of cases have been reported, making LBCC an underrecognized diagnostic entity. Its subtle, often hypopigmented or cicatricial appearance can lead to misdiagnosis, as it closely mimics various benign or inflammatory linear dermatoses. Moreover, most reported cases are confined to the periocular or cervicofacial regions. These factors, coupled with presentation at an atypical anatomical site, highlight the significant diagnostic challenge of this variant.

Objective: To present a case of Linear Basal Cell Carcinoma occurring at a rarely reported site—the shoulder—and to emphasize the need to consider malignancy in the differential diagnosis of linear, scar-like skin lesions regardless of location.

Material and methods: We describe a 75-year-old female patient (phototype II) with a history of essential hypertension and chronic xerosis who presented with an asymptomatic, persistent skin lesion. Clinically, it appeared as a linear, crusted, slightly eroded plaque approximately 2 cm in length, located on the right shoulder. The lesion exhibited pearly borders, a cicatricial center, and alignment with Langer's lines. A punch biopsy was performed for definitive diagnosis, followed by complete surgical excision with predefined margins.

Results: Histopathological analysis demonstrated classic basal cell carcinoma features, including nests of basaloid cells with prominent peripheral palisading and stromal retraction. Correlation of these findings with the distinct clinical morphology supported the final diagnosis of Linear Basal Cell Carcinoma. The lesion was fully excised, with tumor-free margins confirmed on postoperative pathology. This case highlights the ability of LBCC to mimic numerous linear dermatoses—such as lichen striatus, linear psoriasis, porokeratosis, or post-traumatic scars—making pre-biopsy differentiation particularly challenging.

Conclusions: LBCC is a rare and easily overlooked variant of basal cell carcinoma. Its resemblance to benign dermatoses necessitates maintaining a low threshold for biopsy when evaluating any persistent or atypical linear lesion. The occurrence of LBCC on the shoulder, outside the typical head and neck region, reinforces the importance of clinical vigilance and reliance on histopathology for accurate diagnosis of unusual linear skin changes.

Keywords: Linear Basal Cell Carcinoma, Rare Morphological Variant, Langer's Lines

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RADIOLOGIC DIAGNOSIS OF VENO-OCCLUSIVE MESENTERIC ISCHAEMIA: A CASE-BASED EDUCATIONAL OVERVIEW

Bianca-Isabel Ghetler[1], Narcisa-Ioana Lebădă[2], Vlad Teodor Ciobanu[3], Adrian-Emil Gavrilut[2], Marcela Lojiban[1]

1. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca
2. Grigorie T. Popa University of Medicine and Pharmacy of Iaşi
3. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureş

Background: Mesenteric ischaemia is a severe vascular emergency that often presents with nonspecific clinical symptoms, making early recognition difficult. Patients typically report acute abdominal pain disproportionate to examination findings, along with nausea, vomiting, or mild laboratory abnormalities. Due to this vague presentation, imaging techniques, especially contrast-enhanced computed tomography (CT), is essential, as it provides the earliest and most reliable signs of vascular compromise, bowel ischemia, and complications. Early imaging is therefore critical for diagnosis, prognosis, and treatment planning.

Objective: The objective of this educational poster is to illustrate the radiologic findings of a mesenteric ischaemia case diagnosed in the radiology department, focusing on identifying imaging hallmarks, differentiating arterial from venous causes, and highlightin

Material and methods: This paper is based on a real patient case evaluated through contrast-enhanced CT. Findings were reviewed and correlated with current radiologic literature on veno-occlusive mesenteric ischaemia. Key imaging signs, vascular abnormalities, and secondary features suggestive of disease severity were systematically analysed to construct an educational overview.

Results: The patient presented with an acute abdomen, manifesting as intense abdominal pain, nausea, vomiting and elevated inflammatory markers, without conclusive findings on physical examination. CT imaging proved decisive: it revealed segmental bowel wall hypoenhancement, mesenteric fat stranding, and a superior mesenteric vein filling defect, consistent with veno-occlusive mesenteric ischaemia. As in many cases, imaging was the key factor that established the diagnosis and guided immediate clinical management. Early-diagnosed patients are treated first with immediate anticoagulation using unfractionated or low-molecular-weight heparin. Clinical deterioration or peritonitis warrants explorative laparotomy with evaluation and resection of non-viable bowel. Patients who do not improve on anticoagulation, but remain without peritonitis, may be candidates for endovascular therapy. After stabilization, therapy can be switched to oral anticoagulants. In patients without a clear provoking factor, thrombophilia screening is advised.

Conclusions: Mesenteric ischaemia remains a diagnostic challenge due to its nonspecific clinical presentation and rapid progression. Radiology, particularly contrast-enhanced CT, is crucial for early diagnosis, severity assessment, and differentiation of underlying mechanisms. Recognising characteristic imaging patterns, especially venous thrombosis in suspected veno-occlusive forms, allows clinicians to initiate

prompt, targeted treatment.This case is noteworthy due to the rarity of mesenteric ischemia resulting from venous occlusion, a substantially less common mechanism compared to arterial causes. Educational radiologic cases are essential in improving diagnostic accuracy and clinical outcomes.

Keywords: Mesenteric Ischaemia, Contrast-enhanced CT Imaging, Venous Mesenteric Thrombosis, Veno-occlusive Mesenteric Ischaemia, Bowel Ischemia

HOW FAST CAN WE GO FROM ACUTE PYELONEPHRITIS TO MULTI-DRUG RESISTANT BACTERIA (MDR): A CASE REPORT

Alexandra-Beatrice Ghile[1], Alexandru-Radu Giurgiu[1], Lorin Giurgiu[1], Nicolae Crisan[1]

1. Iuliu Haţieganu University of Medicine and Pharmacy of Cluj-Napoca

Background: Acute obstructive pyelonephritis is an upper urinary tract infection that manifests mainly through fever, chills, lower back pain, nausea, and vomiting. This is usually caused by a ureteral stone that obstructs the normal flow of urine and creates a breeding ground for bacterial replication.

Objective: Multi-drug resistant (MDR) bacteria are organisms that develop resistance to many antibiotics. In this context, the objective of this paper is to illustrate how taking multiple antibiotic courses without eliminating the source of infection can lead to serious threats like MDR bacteria.

Material and methods: We present the case of a 68-year-old female patient who presented to the emergency room with acute left flank pain, nausea, and vomiting. Imaging confirmed two calculi, one in the lower calyx with a long axis of 26 mm and one in the renal pelvis measuring 20 mm by 12 mm with associated Grade 3/4 hydronephrosis. The diagnosis of acute obstructive pyelonephritis was confirmed and the team decided to insert a ureteral stent (double-J 6 Ch). The patient was readmitted in August 2025 for flexible ureteroscopy and lithotripsy of the calculi, but the procedure was incomplete due to prolonged intra-ureteral operative time and the large dimension of calculi. Although the ureteral stent was periodically exchanged, the source of calculous obstruction remained incompletely removed, leading to the persistence and recurrence of urinary tract infections (UTIs) over a six-month period. To address the recurrent infections, the patient received multiple courses of antibiotics from her primary care physician. During a routine follow-up appointment, a urine culture was performed that identified the presence of a multi-drug resistant (MDR) organism, specifically Klebsiella oxytoca.

Results: By the end of November, definitive stone clearance was achieved. A follow-up urine culture performed seven days following surgery showed a sterile result and the ureteral stent was removed 14 days after the operation.

Conclusions: This paper emphasizes that antimicrobial resistance acquisition is a significant threat nowadays, especially when there is an overuse of antibiotics, which can lead to very serious infections.

Keywords: Acute Obstructive Pyelonephritis, Ureteral Calculi, Multi-Drug Resistance (MDR)

CURRENT MANAGEMENT AND POTENTIAL INTERVENTIONAL OPTIONS FOR ATRIAL FIBRILLATION IN A CIRRHOTIC PATIENT

Dragos Adrian Dascal[1], Szidonia Irenke Zold[1], Alexandrina Rusu[2]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș
2. Emergency Institute for Cardiovascular Diseases and Transplantation of Târgu Mureș

Background: Alcohol consumption increased from 5.5 L/person in 2005 to 6.4 L in 2016 and is estimated to reach 7.6 L by 2030. The highest proportion of deaths due to liver cirrhosis is in Europe, accounting for 42% of patients.

Objective: To present a complex case of ethanol-induced cirrhosis with permanent atrial fibrillation (AF) and to discuss potential interventional options beyond medical therapy. Additionally, 79.9% of Romanian students report alcohol consumption, with a mean age of 21.1 ± 2.4 years, indicating that significant alcohol intake often begins at a young age.

Materials and Methods: A 69-year-old male patient, diagnosed in 2008 with ethanol-induced toxic liver cirrhosis, decompensated both vascularly and parenchymally. During follow-up, the patient developed permanent AF, grade 3 arterial hypertension, and mitral insufficiency, as well as pulmonary emphysema. He experienced recurrent episodes of ascites and acute pulmonary edema, esophageal varices, and periumbilical venous dilatations. Previous laboratory tests showed low serum albumin (24.9 g/L), elevated urea (61 mg/dL), and creatinine at the upper limit of normal (1.2 mg/dL), highlighting the patient's increased risk profile.Cardioversion was considered for AF control; however, the procedure could not be performed. A literature review identified two interventional procedures that could be relevant:Left atrial appendage occlusion (LAAO) – provides mechanical protection against cerebrovascular accidents in patients with AF and cirrhosis without the need for long-term anticoagulation, but increases the risk of hemorrhagic complications and readmissions.Catheter ablation for AF – feasible in cirrhotic patients and may restore sinus rhythm, but is associated with nearly double the risk of post-procedural complications, requiring careful patient selection and strict monitoring.

Results: The patient is currently stable on medical therapy: rifaximin and furosemide for liver disease, propranolol and apixaban for AF management. However, medical therapy alone does not restore sinus rhythm and carries an increased risk of bleeding due to cirrhosis and esophageal varices. Therefore, interventional strategies such as LAAO and catheter ablation are considered important alternatives. LAAO can provide stroke protection without long-term anticoagulation, while catheter ablation may restore sinus rhythm and improve cardiac function.

Conclusions: This case highlights the complexity of managing patients with decompensated cirrhosis and permanent AF in the presence of multiple comorbidities. Limitations of conventional treatment emphasize the need for a multidisciplinary approach and the development of safe interventional options, such as LAAO and catheter ablation.

Keywords: liver cirrhosis, atrial fibrillation, cardioversion, interventional cardiology

CATATONIC SYNDROME IN THE CONTEXT OF A MANIC EPISODE WITH PSYCHOTIC FEATURES

Szidónia-Irénke Zöld[1], Dragoș Adrian Dascăl[1], Lorena Mihaela Grebenișan[1], Delia Nechifor[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Catatonic syndrome can occur in the context of several psychiatric disorders, including affective disorders. Although it is usually associated with schizophrenia, recent studies indicate a high prevalence among affective episodes. The symptoms of catatonia can resemble severe medical emergencies, such as neuroleptic malignant syndrome, which requires rapid assessment and careful differential diagnosis.

Objective: The aim of this case report is to present a catatonic syndrome that developed in the context of a manic episode with psychotic features, as well as to describe investigations performed to exclude organic causes.

Material and Methods: A 28-year-old female patient, with a documented psychiatric history of approximately 5 years and no outpatient treatment for about 2 years, was admitted to the psychiatric clinic for: auditory hallucinations, grandiose ideas, flight of ideas, interpretative thinking, elevated mood, emotional lability, diffuse anxiety, psychomotor restlessness with episodes of agitation, bizarre and impulsive behavior, inefficient hyperactivity, and reduced need for sleep. During hospitalization, the patient developed a cutaneous hypersensitivity reaction, for which corticosteroids were administered. Approximately 12 hours after the intervention, a catatonic syndrome developed, manifested by: altered consciousness (stupor), passive maintenance of imposed postures, waxy flexibility, immobile facial expression, dysphagia, accompanied by vegetative symptoms such as tachycardia, elevated blood pressure, profuse sweating, and low-grade fever. In the context of catatonic syndrome, investigations were performed to exclude organic causes, including: brain CT, lumbar puncture, paraclinical tests (TSH, FT4, vitamin B12, TPLA, antinuclear antibodies, anti-AMPA1/2 receptor antibodies, anti-DNA antibodies, anticardiolipin antibodies, anti-NMDA receptor antibodies, anti-K channel antibodies, anti-GABA antibodies, D-dimers), and abdominal and pelvic ultrasound. All investigations were within normal limits, except elevated creatine kinase, transaminases, and leukocytes, supporting the diagnosis of catatonic syndrome.

Results: The differential diagnosis included neuroleptic malignant syndrome and catatonia secondary to autoimmune, metabolic, or infectious encephalitis, excluded by investigations. The onset of catatonia after corticosteroid administration—a substance known in the literature as a potential trigger—together with rapid improvement under benzodiazepine treatment, as well as the absence of persistent high fever and generalized muscle rigidity, supports the diagnosis of catatonic syndrome in the context of a manic episode with psychotic features.

Conclusions: Catatonic syndrome is a medical emergency that can endanger the patient's life, making early intervention essential. Investigations to exclude organic causes are mandatory for establishing an accurate diagnosis and initiating appropriate treatment.

Keywords: Catatonia, manic episode, medical emergency

IMPACT OF NUTRITIONAL STATUS ON ADVERSE EVENTS FOLLOWING OPEN REPAIL IN PATIENTS WITH ABDOMINAL AORTIC ANEURYSM

Antonia Șomfălean[1], Adrian Vasile Mureșan[1], Eliza Russu[1], Alex Muresan[1], Emil-Marian Arbănași[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Abdominal Aortic Aneurysm (AAA) is defined as a dilation of the normal aorta by at least 50%, necessitating prompt surgical or endovascular intervention if the maximum diameter exceeds 5.5 cm in male patients and 5 cm in female patients. Furthermore, without appropriate treatment, the condition may progress unfavorably, potentially resulting in AAA rupture and subsequent patient mortality. Nonetheless, even among patients undergoing elective AAA open repair, numerous risk factors are associated with adverse outcomes.

Objective: This study primarily aims to analyze how nutritional status affects adverse events in patients undergoing open AAA repair.

Material and methods: The current study includes a cohort of 125 patients admitted to the Vascular Surgery Department for elective or emergency open AAA repair procedures between January 2019 and December 2024. All demographic information, comorbidities, risk factors, and laboratory results were extracted from the hospital's electronic database. Additionally, the occurrence of AAA rupture, as well as postoperative risks such as acute kidney injury (AKI) and 30-day mortality, were documented. To evaluate nutritional status, the prognostic nutritional index

(PNI) was calculated as follows: 10 × serum albumin (g/dL) + 0.005 × peripheral lymphocyte count (/mm3). The biomarker was derived from preoperative laboratory data.

Results: The patients in this study had an average age of 72.6 ± 7.53 years, with 104 men (83.2%). At admission, 70 patients (56%) arrived via the emergency department with ruptured AAA (rAAA). Following surgery, 25 patients (20%) developed AKI, and 59 patients (47.2%) died within 30 days. Additionally, from the entire cohort, 17 patients experienced both AKI development and 30-day mortality. In the ROC-Curve analysis, a PNI value of 29.01 (72% Sensitivity and 82.6% Specificity) was identified as the optimal threshold for predicting the risk of AAA rupture (AUC: 0.822, p<0.001). Additionally, a PNI value of 27.11 (73% Sensitivity and 77.5% Specificity) was determined as the optimal cutoff for 30-day mortality risk (AUC: 0.777, p<0.001). No significant association was observed between the baseline PNI value and the risk of postoperative AKI. Univariate analysis revealed that a lower baseline PNI was significantly associated with rAAA (OR: 4.7, p<0.001) and 30-day mortality (OR: 3.11, p<0.001) following open repair.

Conclusions: Our study indicates that poor nutritional status is associated with adverse events after open repair in patients with AAA. Nevertheless, in elective patients with AAA, we suggest improving nutritional status before surgical intervention to improve postoperative outcomes

Keywords: Abdominal Aortic Aneurysm, nutritional status, comorbidities, risk factors

LATE PRESENTATION OF POPLITEAL ARTERY ANEURYSM-RELATED ACUTE LIMB ISCHEMIA: CLINICAL AND SURGICAL CONSIDERATIONS

Sorin Deaconescu[1], Adrian Vasile Mureșan[1], Emil-Marian Arbănași[1], Paula Bandea[1], Eliza Russu[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: Acute limb ischemia (ALI) is a surgical emergency that, without prompt treatment, can lead to major limb amputation, acute kidney injury, or even death.

Objective: The primary objective of this study is to provide a detailed, step-by-step approach to managing late-presenting ALI associated with a popliteal artery aneurysm.

Material and methods: We present the case of a 75-year-old male patient with a known aneurysmal popliteal artery (APA), chronic heart failure, a history of myocardial infarction, and ischemic heart disease. The patient arrived at the emergency department exhibiting a sudden onset of pain and coldness in the left lower limb for three days, with motility preserved but mildly impaired sensitivity in the same limb. Pre-operative computer tomography angiography (CTA) revealed the presence of an APA and occlusion of the anterior tibial (ATA and peroneal arteries (PerA). The patient was subsequently admitted to the Vascular Surgery Department for surgical intervention. This work was supported by the George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș, , Romania, with research grant number 170/2/09.01.2024.

Results: The surgical procedure involved exploring the trifurcation of the popliteal artery below the knee, with targeted retrograde embolectomy at the ATA and PerA levels, including the extraction of old thrombotic material. Postoperatively, systemic heparinization was initiated using an injection device. At twelve hours following the operation, ultrasound confirmed arterial flow at the sites of the ATA and posterior tibial artery (PTA), although cyanosis was observed at the forefoot. At twenty-four hours, cyanosis had diminished only at the digital level, and by 48 hours, it was limited to the hallux and toes 3-4. On the fifth postoperative day, the patient was discharged exhibiting minimal cyanosis at the apex of the hallux and toes 3-4, with recommendations for ongoing anticoagulant and antiplatelet therapy. At the two-week follow-up, the patient had normal coloration of the left lower limb, with no residual motility or sensory deficits.

Conclusions: Effective limb preservation often involves comprehensive management, including both surgical and conservative approaches. For embolic occlusion below the knee, a selective embolectomy is necessary to improve the likelihood of limb salvage.

Keywords: aneurysmal popliteal artery, ALI

MUSCULAR FLAPS IN COMPLEX VASCULAR REVISIONS: TECHNIQUES AND CLINICAL CONSIDERATIONS

Ionela Vodă[1], Claudiu Constantin Ciucanu[1], Eliza Russu[1],Paula Bandea[1], Emil-Marian Arbănași[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: In complex vascular revisions caused by graft infections or multiple surgical revascularizations in the inguinal area, muscular flaps are often required to cover the new graft. However, due to atherosclerotic disease and compromised arterial flow quality, it is imperative to select the most suitable flap to ensure favorable long-term outcomes.

Objective: This study's main goal is to offer a comprehensive, step-by-step guide to all the available muscular flaps for the inguinal area.

Material and methods: For covering the inguinal region after a complex vascular revision or in caseload patients, the ideal muscle flaps are the sartorius and gracilis. It is crucial to consider the blood supply of these two muscles, as rotating them locally may require sacrificing some

vascular branches. The gracilis muscle receives blood from branches of the obturator artery, medial circumflex artery, or deep femoral artery. Conversely, the sartorius muscle is supplied by branches from the superficial femoral artery or the lateral circumflex artery. This work was supported by the George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mures, Romania, with research grant number 170/2/09.01.2024.

Results: Regarding the gracilis muscle, to fully rotate the flap, it is essential to preserve the main arterial supply, which often arises from proximal branches within the muscle. Additionally, the gracilis muscle flap must be used in its entirety, and through complete posterior rotation, it will be sutured to the inguinal ligament. Therefore, it is crucial to tunnel the flap correctly and avoid twisting it, as this could compromise its viability. Concerning the sartorius muscle, two techniques are available. One involves sectioning the origin and internally rotating the flap to cover the inguinal region; alternatively, owing to segmental vascularization, a pedicled flap can be used through the permeability of the lateral circumflex artery. Conclusions: Muscle flaps can enhance local healing in complex vascular revision surgeries of the inguinal region. However, it is essential to assess the viability and blood supply of each available muscle to determine the best technique.

Keywords: muscular flaps, sartorius, gracilis, inguinal region

STRESS-RELATED PICA AND NEPHROTOXICITY COMPLICATING THE DIAGNOSIS OF PYELONEPHRITIS IN AN ADOLESCENT GIRL

Georgiana Maria Zbuchea[1], Patricia Elena Oprisan[1], Carmen Muntean[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background:Acute abdominal pain in adolescents represents a diagnostic challenge due to the overlap of gastrointestinal, gynecological, and urinary causes. Stress-related pica may further obscure the clinical picture, as ingestion of non-nutritive substances can produce or mimic gastrointestinal discomfort. Additionally, aminoglycosides such as gentamicin carry a well-known risk of nephrotoxicity, which may aggravate renal dysfunction in the setting of acute pyelonephritis (APN).

Objectives:To report the case ofadolescent girl with acute abdominal colic and stress-related pica, in whom gastrointestinal symptoms initially confounded the diagnostic approach. The case also illustrates the development of acute kidney injury (AKI) triggered by dehydration and gentamicin therapy for APN.

Material and Methods:A 17-year-old girl presented with diffuse abdominal pain, nausea, vomiting, fever, and impaired general condition. Physical examination showed dehydration and pallor, and a soft abdomen upon palpation. Laboratory evaluation included inflammatory markers, renal and liver function tests, electrolytes, and urinalysis. Abdominal and gynecologic ultrasound were performed. Consultations in pediatric surgery, nephrology, and gynecology supported a multidisciplinary assessment. During history taking, the patient disclosed recurrent ingestion of paper/labels during stressful periods, raising suspicion that pica-related gastrointestinal discomfort might be contributing to symptoms. Results:The history of pica complicated the differential diagnosis by initially suggesting a gastrointestinal etiology for the abdominal pain, prompting broad surgical and digestive evaluation. Targeted diagnostic workup identified significant leukocyturia, hematuria, and elevated inflammatory markers, while abdominal ultrasound excluded appendicitis, obstruction, or other surgical causes. These findings, combined with fever and systemic symptoms, supported the final diagnosis of upper urinary tract infection (pyelonephritis) associated with acute dehydration and reactive hepatocitolysis.Initial treatment with intravenous cefuroxime and gentamicin led to progressive renal impairment, with oliguria, hypertension, and creatinine rising above 5 mg/dL, consistent with AKI likely precipitated by dehydration and gentamicin-induced nephrotoxicity. Management with intravenous hydration, discontinuation of gentamicin and switch to ceftriaxone, along with loop diuretics and antispasmodics, resulted in rapid clinical and biochemical improvement. The patient also received counseling and referral for psychological evaluation to address stress-related pica.

Conclusions:This case underscores the diagnostic complexity of adolescent abdominal pain when behavioral factors such as pica mask or mimic underlying pathology. A systematic, multidisciplinary approach enabled differentiation between gastrointestinal causes and APN, while early recognition of gentamicin-associated nephrotoxicity ensured appropriate therapeutic adjustments. Psychological assessment remains essential in the holistic care of patients with stress-related pica.

Keywords: pica; stress-related behavior; pyelonephritis

ADVERSE FETAL OUTCOME FOLLOWING LATE PRESENTATION OFAN UNMONITORED PREGNANCY: A CASE REPORT

Ingrid Bernadett Gogucz[1], Denisa Andreea Ivasko[1], Razvan Adrian Ciocan[1], Florin Francisc Rozsnyai[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background: High perinatal mortality is associated with fetal hydrops, a severe obstetrical condition characterised by abnormal fluid accumulation in at least two fetal compartments. Its etiology is diverse, including chromosomal abnormalities, major structural malformations, and rapidly progressive fetal or maternal disorders. In the presence of a scarred uterus, management becomes more complex, requiring prompt evaluation and rapid decision-making. We present the case of a young patient admitted in the early third trimester with preterm labor in an unsupervised pregnancy, whose emergency assessment revealed severe fetal pathology.

Objective: The patient, an 18-year-old IIG IIP with a scarred uterus following a cesarean delivery performed three years earlier for breech presentation (newborn 2800 g), presented at 28–29 weeks of gestation with painful uterine contractions in the context of an unmonitored pregnancy without any prenatal evaluations. Clinical examination revealed preterm labor in evolution, with a contractile uterus and blood-tinged amniotic fluid noted only intraoperatively. Fetal monitoring was difficult, with episodes of severe bradycardia followed by the absence of detectable fetal heart activity. Considering the preterm labor, the scarred uterus, and the deterioration of fetal parameters, an emergency cesarean section was indicated.

Material and methods: To characterise both maternal status and fetal anomalies, the patient underwent comprehensive obstetrical evaluation, including clinical examination, intermittent fetal monitoring, and urgent ultrasound assessment. Maternal parameters were monitored through laboratory testing and hemodynamic evaluation. Intrapartum care followed regional guidelines for preterm labor in patients with a previous cesarean delivery. Surgical, clinical, and imaging findings were documented consecutively and integrated into the retrospective analysis of the case.

Results: Uterine incision resulted in the sudden evacuation of a large volume of opalescent amniotic fluid, confirming polyhydramnios. Neonatal examination demonstrated a complete presentation of fetal hydrops, including marked ascites, bilateral pleural effusions, generalized edema, and micrognathia. The newborn was delivered in asystole and showed no response to advanced neonatal resuscitation. Maternal postoperative evolution was favorable, with stable hemodynamics and no complications.

Conclusions: This case illustrates the challenges of managing an obstetrical emergency in a patient with a scarred uterus and unrecognised severe fetal pathology. The lack of prenatal surveillance hindered early identification of a potentially lethal condition and restricted antenatal intervention. Despite timely surgical management and favourable maternal recovery, the fetal outcome was ultimately unfavourable. The case emphasises the importance of consistent prenatal care and prompt interdisciplinary assessment to optimise maternal–fetal outcomes.

Keywords: Fetal hydrops, premature pregnancy, late detection, unmonitored pregnancy

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SEVERE CONGENITAL UROPATHY WITH RECURRENT HIGH-GRADE URINARY TRACT INFECTIONS AND ACUTE KIDNEY DYSFUNCTION IN AN INFANT: A CASE REPORT

Georgiana Maria Zbuchea[1], Patricia Elena Oprisan[1], Carmen Muntean[1]

1. George Emil Palade University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Background:Congenital urinary tract anomalies such as bilateral hydronephrosis and posterior urethral valves represent significant risk factors for recurrent upper urinary tract infections (UTIs) and renal function impairment in infants. These patients frequently present with repeated episodes of febrile UTI, bacterial colonization with multidrug-resistant organisms, and progressive deterioration of renal parenchyma despite surgical correction. Clinical evaluation is often complex, given the coexistence of urological malformations, recurrent pyelonephritis, anemia, and potential acute kidney injury.

Objectives:To present the case of an infant with congenital bilateral hydronephrosis and posterior urethral valves, complicated by recurrent high-grade UTIs, severe inflammatory response, and acute renal dysfunction requiring hospitalization and intravenous therapy.

Material and Methods:A 10-month-old male infant, antenatally diagnosed with bilateral hydronephrosis, previously evaluated with retrograde cystography confirming bilateral vesicoureteral reflux, and surgically treated for posterior urethral valve resection, was admitted with high fever, vomiting, and poor clinical response to outpatient antibiotics. Clinical, laboratory, and imaging evaluation was performed, including complete blood count, inflammatory markers, renal function tests, urine culture, and abdominal ultrasonography. The patient had a documented history of eight prior episodes of high-grade UTI caused by multiple bacterial species (E. coli, Klebsiella, Enterobacter, Enterococcus, Pseudomonas).

Results:At admission, physical examination showed pale skin, preserved general condition, and no acute abdominal findings. Laboratory tests revealed severe leukocytosis (21×10^9/L), marked neutrophilia, microcytic anemia, very high C-reactive protein (298 mg/L), mild elevation of creatinine (130 µmol/L), and significant pyuria. Urine culture isolated Pseudomonas aeruginosa sensitive to tested antibiotics. Renal ultrasound demonstrated bilateral grade IV hydronephrosis and dilated ureters. The patient was treated with intravenous Amikacin for 7 days and Ceftamil for 10 days, along with symptomatic therapy. Clinical evolution was slowly favorable, with fever resolution after 3 days and improved laboratory values, except persistent anemia (Hb 8.1 g/dL).A subsequent hospitalization (age 1 year) was required for acute renal insufficiency, bilateral bacterial pneumonia, and recurrent tubulo-interstitial nephritis despite previous interventions.

Conclusions:This case illustrates the complex clinical course of an infant with severe congenital uropathies, persistent vesicoureteral reflux, and recurrent high-grade UTIs leading to systemic inflammation and episodes of acute kidney injury. Despite surgical correction of posterior urethral valves, ongoing hydronephrosis and repeated infections significantly impact renal function. Early diagnosis, aggressive antimicrobial therapy, close nephro-urological monitoring, and long-term follow-up are essential for preventing irreversible renal damage in such high-risk patients.

Keywords: hydronephrosis; vesicoureteral reflux; posterior urethral valves; acute pyelonephritis.

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