



CR63**RECOGNIZING SPONDYLOARTHRITIS IN PRIMARY CARE**Marin Boban^a, Dragan Soldo^b^a University of Zagreb, School of Medicine^b Community health center Zagreb - CentreDOI: <https://doi.org/10.26800/LV-144-supl2-CR63> Marin Boban 0000-0002-5552-0295, Dragan Soldo 0000-0003-2186-3107

Keywords: Arthritis, Rheumatology, Spondylarthritis

INTRODUCTION/OBJECTIVES: The present study surveys the problems of diagnostics of early ankylosing spondylitis (AS) and axial spondylarthritis (SpA). Spondylarthritis represents approximately 5% of the total number of chronic low back pain (CLBP) cases and poses a differential diagnostics challenge for Physicians. Regarding most SpA are chronic and can cause severe incapability, early diagnosis is of great significance.

CASE PRESENTATION: A 32-year-old female patient comes to the general practitioners' office because of chronic lower back pain (CLBP) affecting the lumbar area of the spine. Since the CLBP persisted after weeks of analgetic administration, the patient was instructed to do a Magnetic Resonance (MR) of the affected part of the back. MR showed Disk protrusion, area L3-L4, and compression of dural sack, area L4- L5, with signs of the degenerative process in spinal joints. Afterward, the patient was instructed to do a neurology check-up to diagnose possible radiculopathy since she reported experiencing a sensation of itching and burning throughout the right leg and weakness in both fists. Also, the patient was instructed to start physical therapy. After a neurology check-up came up clean and there was no improvement regarding physical therapy, the patient was instructed to see rheumatologist because of the morning stiffness and night pain in the joints. At the rheumatology department, diagnosis of Spondyloarthritis was confirmed.

CONCLUSION: Because of the non-specific early symptoms such as CLBP, early-stage diagnosis of Spondyloarthritis presents a problem for physicians. It's important to look for specific signs of Spondyloarthritis so diagnosis could be made as early as possible.

CR64**Formation of pseudoaneurysm and arteriovenous fistula following percutaneous left atrial appendage occluder implantation**Jakov Emanuel Bogdanić^a, Jurica Putrić Posavec^a, Vedran Velagić^{a,b}, Ivan Prepolec^{a,b}^a School of Medicine University of Zagreb^b Department of Cardiology; University Hospital Centre ZagrebDOI: <https://doi.org/10.26800/LV-144-supl2-CR64> Jakov Emanuel Bogdanić 0000-0001-6656-8289, Jurica Putrić Posavec 0000-0003-1667-802X, Vedran Velagić 0000-0001-5425-5840, Ivan Prepolec 0000-0001-5870-202X

Keywords: arteriovenous fistula, atrial fibrillation, gastrointestinal bleeding, left atrial appendage occluder, pseudoaneurysm

INTRODUCTION/OBJECTIVES: Left atrial appendage harbours most of the blood clots responsible for cardioembolic events in patients with atrial fibrillation. In patients with adverse reactions to blood clotting medication, such as gastrointestinal bleeding, percutaneous occlusion of the appendage with a device is a minimally invasive procedure with results comparable to warfarin. A possible complication of percutaneous intervention is the formation of pseudoaneurysms and arteriovenous fistulae.

CASE PRESENTATION: A 75-year-old female patient on oral anticoagulation and antiaggregation therapy suffering from paroxysmal atrial fibrillation, ischaemic heart disease, arterial hypertension, diabetes, peripheral artery disease, and iron deficiency anaemia reports melena on oral anticoagulants. Investigation finds no source of the -GI bleeding, indicating blood clotting medication as the main cause. A percutaneous implantation of an Amplatzer Amulet device is performed followed by bleeding from the right groin which is stopped upon pressure and protamine administration. The next day a colour Doppler ultrasound reveals a small tract with detection of flow, with no signs of pseudoaneurysm or arteriovenous fistula. However, a month later an MSCT scan reveals a small pseudoaneurysm at the origin of the superficial femoral artery and an arteriovenous fistula communicating with the common femoral vein. Occlusion of the fistula and resection of the pseudoaneurysm are performed without complications, and the patient is transferred to intensive care for observation.

CONCLUSION: Left atrial appendage occluders are a suitable treatment for atrial fibrillation patients who can't take oral anticoagulants. Pseudoaneurysms and arteriovenous fistulae are possible complications of percutaneous procedures and can be successfully resolved surgically.