


CR05 Brain tumor in the morbidly obese patient: Diagnostic and therapeutic challenges

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KEYWORDS: brain tumor; magnetic resonance imaging; obesity

INTRODUCTION/OBJECTIVES: Tumors of the sellar and the suprasellar region are complex tumors and high-quality imaging is fundamental for diagnosis, characterization, and guidance of treatment planning. While the gold standard for diagnostics is contrast-enhanced magnetic resonance imaging (MRI), it is a challenging procedure in morbidly obese patients. This report aims to present a case of a morbidly obese patient with a brain tumor and the diagnostic and therapeutic challenges of its treatment.

CASE PRESENTATION: A 51-year-old female patient with an expansive brain tumor of the sellar region was transferred from General Hospital Šibenik in December 2022. Because of the patient's weight of 215 kg, a BMI (body mass index) of 82,8 kg/m², and immobility for the last 2 years, the standard MRI was infeasible. An organization of further diagnostics procedures like computerized tomography (CT) was demanding and resulted in poor diagnostics. During hospitalization in our clinic, she lost 40 kilograms due to a reduced diet and treatment for diabetes mellitus. After four weeks of difficult nursing and caring for the patient an open MRI was arranged and confirmed a diagnosis of a suprasellar tumor formation. Two weeks later she was transferred to the department of Neurosurgery for transcranial surgery of a tumor mass. The patient is currently recovering in the intensive care unit (ICU).

CONCLUSION: Although sellar and suprasellar tumors are diagnosed with standard MRI, an open MRI is an alternative procedure for morbidly obese patients. Globally, the incidence of obesity is increasing so diagnostic and therapeutic procedures should be adjusted for these patients.


CR06 Brain-gut axis dysfunction in young athlete with unfulfilled dreams - irritable bowel syndrome

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KEYWORDS: brain-gut axis; irritable bowel syndrome; psychiatric treatment

INTRODUCTION/OBJECTIVES: Irritable bowel syndrome (IBS) is a disorder characterized by recurrent abdominal pain and bowel movement alterations in combination with psychological complaints. The exact etiology of IBS is not fully understood, however it seems that gut-brain dysfunction is the predominant cause.

CASE PRESENTATION: The patient is an 18-year-old student and athlete who presented with severe muscular and joint pain, abdominal cramps, constipation alternating with diarrhea, headache and concentration difficulties. Initially, he was referred to a rheumatologist who suspected arthropathy and inflammatory bowel disease, which was ruled out with complete blood count, C-reactive protein and fecal calprotectin being normal and negative tTG serology. A gastroenterologist ruled out IBD and, in accordance to Rome IV criteria confirmed IBS with fibromyalgia. Due to the symptoms being so intensive, the patient didn't believe in a diagnosis of IBS. He sought help from two other gastroenterologists and a neurologist who did extensive investigations (intestinal ultrasound, colonoscopy, MR enterography, neurological tests and brain MRI) to rule out chronic enteropathy and neurologic disease. The patient started with antispasmodic treatment and a six-week low FODMAP diet resulting in no improvement. On the contrary, fatigue and arthralgia were worse. The patient initially refused to see a psychiatrist, but eventually psychological evaluation found anxiety and depression due to an unfulfilled sports career. He was helped with prolonged tricyclic antidepressant (TCA) treatment and cognitive behavioural therapy (CBT). **CONCLUSION:** Psychological disturbance was the cause of severe IBS. Antispasmodic treatment and diet changes were unsuccessful without extensive psychiatric treatment. Diagnostics and treatment for IBS can be demanding.