CR11 Congenital intrathoracic hiatal herniation of left-sided abdominal organs in an adult woman

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DOI: https://doi.org/10.26800/LV-145-supl2-CR11

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KEYWORDS: colonoscopy; CT colonography; hematochezia; hernia

INTRODUCTION/OBJECTIVES: Bochdalek hernia represents a rare condition accounting for 0,17-6% of all diaphragmatic hernias due to failure of pleuroperitoneal membrane closure in utero causing incompetence of posterolateral foramina to fuse properly. Clinical manifestations often arise in children, especially on the left side. Infrequently, it can go undiagnosed until its symptomatic presentation in adulthood or even being asymptomatic incidental multi-sliced computed tomography (MSCT) finding.
CASE PRESENTATION: A 27-year-old female patient has been referred for occasional pain in the left shoulder, left hypochondrium, and umbilicus that was initially described in 2014 during college admission but recently has become more frequent with higher intensity. The pain was accompanied by occasional right mandibular stiffness and could have been resolved with non-steroidal anti-inflammatory drugs. Hematochezia and post-defecation pain were also reported and attributed to a doubtful anal fissure. In previous years, she underwent an extensive, but inconclusive medical evaluation including orthopedic, psychiatric, allergological, and partial GI. During the actual GI assessment, a colonoscopy was attempted but could not be completed because of the severe abdominal and shoulder pain. Subsequent CT colonography revealed elongated descending and part of the transverse colon with spleen and left kidney situated almost adjacent to the left pulmonary apex. Finally, she underwent a surgical procedure consisting of a left posterolateral thoracotomy with diaphragmatic hernioplasty.
CONCLUSION: Even though Bochdalek hernia is a rare entity, it should be kept in mind when we evaluate patients with non-specific symptoms of longer duration. Despite an incomplete colonoscopy, evaluation of pain and GI hemorrhage should be finalized by radiological examination.

CR12 A Case of Severe Epstein-Barr Virus Encephalitis in a Child

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DOI: https://doi.org/10.26800/LV-145-supl2-CR12

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KEYWORDS: barbiturate coma; encephalitis; Epstein-Barr virus; status epilepticus

INTRODUCTION/OBJECTIVES: Epstein-Barr virus usually causes mild and self-limiting infections in children and adolescents. Infectious mononucleosis is the most common clinical manifestation but neurologic complications, such as encephalitis, occur in up to 8% of patients.
CASE PRESENTATION: A 10-year-old girl was admitted with fever persisting for 6 days, GAS negative acute tonsillopharyngitis and decreased level of consciousness. Shortly after admission, she suffered a tonic seizure that progressed to refractory status epilepticus. To control the seizure, she was treated with levetiracetam and had to be placed in a barbiturate coma. Laboratory results suggested acute mononucleosis and serology confirmed a primary EBV infection with positiveIgM VCA (viral capsid antigen) and EA (early antigen) antibodies. Cerebrospinal fluid analysis revealed mild lymphocyte pleocytosis (25 cells/µl) but negative EBV antibodies. EBV DNA was detected in the blood using PCR (56 000 EBV copies/ml). Her EEG was abnormal with diffuse slowing and irregular wave patterns, while brain MRI showed cortical oedema and subcortical hyperintensities in the T2 sequence characteristic of acute encephalitis. Other common bacterial and viral causes of encephalitis were excluded. Shewas treated with intravenous acyclovir for EBV infection, received intravenous immunoglobulins, and started on methylprednisolone. Her neurologic status, motor, and cognitive functions improved, and she was discharged with only discrete neurocognitive impairments.
CONCLUSION: EBV can cause a variety of neurologiccomplications. Our patient had a rare form of severe encephalitis during primary EBV infection presenting with refractory status epilepticus. These neurologic complications may also be immunologically mediated or occur during reactivations of the virus.