


CR13 AN UNCOMMON CLINICAL PRESENTATION OF DIROFILARIASIS IN A CHILD – A CASE REPORT

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KEYWORDS: Child; Dirofilariasis; Epididymitis

INTRODUCTION/OBJECTIVES: Dirofilariasis is a zoonotic infection caused by filarial nematodes of the genus *Dirofilaria*, with *D. repens* as the most common one. Definitive hosts are usually dogs and other carnivores, while humans are accidentally included into the epizootic chain. It usually manifests as subcutaneous or ocular localization and here we present an unusual case of scrotal dirofilariasis.

CASE PRESENTATION: A 9-year-old boy presented to the emergency department with sudden onset of right-sided testicular pain that radiated to the right abdomen. There was no fever, nausea or vomiting. Physical examination showed no scrotal redness or swelling. Palpation revealed a slightly painful upper part of the right testicle. Abdomen was soft, non-tender without distention. Laboratory tests of blood and urine were within normal limits. Upon ultrasound examination of the right testicle, sharply delineated heterogeneous mass with a size of 10mm and minimal vascularity was visualized. Ultrasound finding followed by anamnesis of relapses of epididymitis were indication for exploration and surgical removal of the mass. Histological microscopic examination of the lesion showed cross-sections of nematode belonging to *Dirofilaria* spp. The postoperative period was uneventful and no other localization of dirofilariasis was found.

CONCLUSION: This report shows a young patient without travel history to the endemic areas, therefore the pathway of infection remains unclear. Even though Dirofilariasis or any parasitic infection is an extremely rare cause of testicular mass, it is necessary to consider them in differential diagnosis, especially when it is often misdiagnosed as a malignancy.


CR14 An unusual case of anemia and intestinal obstruction caused by a benign duodenal tumor

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KEYWORDS: Anaemia; duodenal neoplasms; gastrointestinal hemorrhage; intestinal obstruction; pancreaticoduodenectomy

INTRODUCTION/OBJECTIVES: The duodenum is rarely affected by neoplasms with less than 5% of gastrointestinal tumors being found in the small intestine. Nevertheless, they can be of great clinical significance. Usual symptoms include abdominal pain, acid reflux, constipation, and melena. While upper gastrointestinal bleeding is relatively frequent and occurs in around 100 per 100,000 adults per year, duodenal tumors are one of its rarest causes. The most common benign duodenal tumors are adenomas, followed by lipomas, haemangiomas, and leiomyomas.

CASE PRESENTATION: A 60-year-old woman presented with severe symptomatic normocytic anemia (Hgb 58 g/L) and melena lasting three days. She received three doses of packed red cells to which she responded well, with Hgb rising to 90 g/L. An urgent esophagogastroduodenoscopy was performed and a large obstructive polypous mass was found in the distal segment of the duodenum. Pathohistological analysis of the mass was inconclusive, but a leiomyoma or inflammatory fibroblastic tumor was suspected. An expansive intraluminal mass, 5 cm in diameter, in the distal segment of the duodenum was verified via MSCT. Since it could not be removed endoscopically, a pancreatoduodenectomy, more commonly known as Whipple's procedure, was successfully performed.

CONCLUSION: Duodenal tumors are rare and not often considered when a patient presents with upper gastrointestinal bleeding. Other symptoms include abdominal pain, acid reflux, constipation, and weight loss. They can be diagnosed and treated endoscopically, but they may require surgical treatment if endoscopic removal is not possible.