

CR77 Vertebrobasilar insufficiency due to subclavian-vertebral artery steal

Marina Nađ^a, Mladen Pospišil^b, Eva Pleško^b

^a School of Medicine, University of Zagreb, Zagreb, Croatia

^b Krapina-Zagorje County Community Health Center, Gornja Stubica, Croatia

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 Marina Nađ 0000-0003-1356-7551, Mladen Pospišil 0000-0002-9462-2593, Eva Pleško 0000-0003-2925-359

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INTRODUCTION/OBJECTIVES: Subclavian-vertebral artery steal is an occurrence of a retrograde blood flow in the ipsilateral vertebral artery when an occlusion or hemodynamically significant stenosis of the subclavian artery proximal to the origination of the vertebral artery impair normal blood flow to the arm and the brainstem.

CASE PRESENTATION: We report a 68-year-old male patient who was admitted to the neurology emergency room with the transient vertigo, vomiting, ataxia, dysarthria and diplopia that worsen during manual labor. Patient's history revealed stroke risk factors like hypertension, hyperlipidemia and smoking. The initial CTA of the vertebrobasilar system showed no signs of occlusion or stenosis but a Doppler ultrasound displayed a retrograde flow in the right vertebral artery therefore CT angiography of the branches of the aortic arch was carried out. It confirmed right subclavian artery occlusion proximal to the origin of the vertebral artery. Contraindications for the carotid-subclavian bypass surgery were excluded with preoperative preparations and the operation was conducted under general anesthesia. The occlusion of the subclavian artery was bypassed with a straight collagen coated 7-mm in diameter vascular graft. The surgery proceeded without complications and on the third postoperative day the patient was discharged in a good general condition without neurological symptoms. Take-home recommendations included smoking cessation, hypertension and hyperlipidemia control and physical activity.

CONCLUSION: Subclavian-vertebral artery steal is predominantly asymptomatic and does not warrant invasive evaluation or treatment but in some rare cases when quality of life is being impaired a carotid-subclavian bypass surgery is the treatment of choice.

CR78 Virchow's node as the first manifestation of disseminated prostatic cancer

Tina Stanković^a, Maja Alaber^a, Maša Sorić^a

^a Emergency Department, University Hospital Dubrava, Zagreb, Croatia

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 Tina Stanković 0009-0004-5549-3292, Maja Alaber 0009-0000-2090-1306, Maša Sorić 0000-0002-5002-9800

KEYWORDS: Lymphadenopathy; Neoplasm Metastasis; Prostate cancer

INTRODUCTION/OBJECTIVES: Prostate cancer is the second most common malignant tumour in men. It usually presents with lower urinary tract symptoms and spreads to the regional lymph nodes. Metastasis to Virchow's node (left supraclavicular lymphadenopathy) is rare and often associated with other types of cancer, such as gastric, lung and breast cancer. We present the case of a patient with enlarged left supraclavicular nodes as the first manifestation of disseminated adenocarcinoma of the prostate.

CASE PRESENTATION: An 80-year-old male patient presented to the emergency department because of a painless swelling on the left side of his neck. Physical examination showed firm, painless lump in the left supraclavicular region. An emergency ultrasound of the neck and a fine needle aspiration cytology of the node verified the diagnosis of metastasis of a poorly differentiated carcinoma. Furthermore, the MSCT of the thorax and abdomen displayed enlarged lymph nodes in the mediastinum, left axillary area, left supraclavicular region, retroperitoneally, paraorticly, and bilaterally next to large blood vessels. The MSCT also showed enlarged prostate and grade 3/4 hydronephrosis on the left side. Patient was further referred to a urologist. The PSA levels were significantly elevated, which indicated a prostate biopsy. The histopathological finding revealed acinar adenocarcinoma of the prostate, grade 4 (Gleason 4+4). The chosen method of treatment included surgical castration followed by androgen suppression therapy.

CONCLUSION: This case report demonstrates the importance of considering prostate cancer as a rare but possible differential diagnosis of men presenting with enlarged Virchow's node.