Abstracts - Posters

An Unusual Case of Adrenal Mass Presenting as Ganglioneuroma

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Abstract

An adrenal mass can be found as a part of an evaluation for a specific complaint related to adrenal pathology or an incidental finding on imaging (incidentaloma). Most masses are either adenomas, malignantmetastasis, carcinoma or pheochromocytomas and hence warrant evaluation.

Our patient, a 29 year old male with nocomorbidities , presented with mild right hypochondrial pain for almost a year and acute gastroenteritis for 2 days.USG revealed a right suprarenal mass 12.7x 9 x12.2 cm.CECT Abdomen showed central necrosis and non visualization of the adrenal gland; features suggesting adrenal tumor ganglioneuroma/cortical carcinoma.Hormonal workup and 24 hour metanephrine test was normal.USG guided biopsy revealed ganglioneuroma. Patient was planned for adrenalectomy.

Adrenal ganglioneuromas are rare, hormonally silent tumors which can resemble malignancies.Careful evaluation by endocrine tests ,imaging and histological examination is essential for a definitive diagnosis.

Key words: Adrenal mass, Ganglioneuroma, Incidentaloma

A Case Report of Mixed Autoimmune Hemolytic Anaemia

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Abstract

Mixed autoimmune haemolytic anemia (AIHA) is defined by the presence of both warm and cold auto antibodies with incidence of approximately 0.2 per 100,000 in 11–20 years age group. We report a 15 year old girl who presented with easy fatiguability and breathlessness on exertion for 3 months. Clinically she had severe pallor, mild icterus and hepatosplenomegaly with direct coomb's test being positive for both IgG &IgM with complement C3d. Peripheral smear showed polychromasia and fragmented RBCs. Since all workup for secondary causes of mixed AIHA were found to be negative, she was diagnosed as idiopathic mixed AIHA. She responded well to short course of glucocorticoid therapy. We present this case for its rarity.

Key words: Mixed AIHA, Pediatric, Idiopathic

Rare Presentation of Melioidosis-Bilateral Pneumothorax with Pneumatoceles

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Abstract

Melioidosis is a life threatening infectious disease. This disease usually develops in immunocompromised host. Acute melioidosis with pulmonary complications usually presents as consolidation with nodules and abscesses. 48-year-old diabetic smoker and alcoholic , presented with fever ,breathlessness, swelling on the right side of neck for 5 days. Chest xray showed bilateral reticular shadows and he was intubated. Further xrays revealed multiple small pneumatoceles and subsequently developed bilateral pneumothorax. Blood and neck aspirate grew B. pseudomallei. Melioidosis is a very rare emerging disease in India. Acute pulmonary melioidosis, although a rare disease, should be kept in mind by clinicians. The development of pneumatoceles is a very rare entity in the manifestations of melioidosis with only a few case reports available.

Key words: Melioidosis, Pulmonary manifestation, Pneumothorax

Sucralfate Enema In Hemorrhagic Colitis For Abrus Precatorius Poisoining - A New Dimension In Treatment

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Abstract

Abrus precatorius poisoning is one of the common means of suicide in rural India. Consumption of crushed seeds is lethal. Hemorrhagic gastroenteritis with erosions, hemolysis, acute renal failure, hepatotoxicity are common manifestations.20 year female presented with alleged history of 20 crushed seeds of Abrus precatorius seeds and complaints of diffuse, colicky pain abdomen and complaints of passage of blood in stool. Patient was started on Sucralfate Enema and Hydrocortisone enema, and Supportive management with which she improved drastically. Sucralfate enema and Hydrocortisone enema can be utilized as newer life-saver in patients with hemorrhagic colitis of patients with Abrus precatorius poisoning.

Key words: Abrus precatorius, Hemorrhagic colitis, Sucralfate enema, Hydrocortisone enema

Osteonecrosis in Adolescent Acute Lymphoblastic Leukemia

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Abstract

Acute lymphoblastic leukemia (ALL) is characterized by malignant transformation of lymphoid progenitor cells and accounts for only 20 percent of acute leukemias in patients above 15yrs of age. Osteonecrosis is one of the most common therapy-related complications but it can also be seen in early stages of bone marrow infiltration. Here we report a 18 year old male who was diagnosed as a case of osteonecrosis as the initial presentation of ALL, based on bone marrow biopsy findings of undifferentiated blasts, erythroid hyperplasia, myelonecrosis with Grade 3 Reticulin stain and positive Maissons trichrome stain. IHC showed CD34, Tdt, CD10, CD20 positive markers. Osteonecrosis seems to be a predominant problem in children and adolescents diagnosed with acute lymphoblastic leukemia, where lymphoblasts are known to have bone-resorbing effects. Better understanding of non-therapy-related risk factors is needed to improve prediction, management, and, preferably, prevention of this sequelae.

Key words: Osteonecrosis, Acute lymphoblastic leukemia, ALL, adolescent

Hemolytic Disease of Fetus and Newborn Due to Anti-d Successfully Managed with Intra-uterine Transfusions: A Case Report

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Abstract

Anti-D is still the cause of most severe Hemolytic Disease of Fetus and Newborn (HDFN). A 23yr old female G4P3L2A0D1, presented at 28 weeks of gestation with severe fetal anemia. Her immunohematological work up showed blood group B Negative and revealed the causative antibody to be anti-D with a titre of 1:64. For fetal anemia, two episodes of IUT were performed successfully with fresh, leukocyte reduced and irradiated PRBC, 2 weeks apart. The cord sample taken at that time revealed the blood group as B Positive with Direct Coomb's test (DCT) giving 4+ reaction. In view of increasing anti-D titres at 36 weeks, pregnancy was terminated by caesarian section. The neonate was healthy and no features of HDFN were noted in the postnatal period. This case report highlights the fact that, HDFN can be successfully managed during antenatal period, provided there is timely planned intervention by the team of obstetrician and transfusion medicine specialist.

Key words: HDFN, Intra uterine transfusion, Anti-D

A Rare Case of Renal Failure

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Abstract

Light chain deposition disease (LCDD) is an extremely rare condition caused by deposition of monoclonal light chain in the basement membrane. These light chains are produced by a small (less than 10% bone marrow plasma cells) yet extremely dangerous clone. As opposed to Light chain amyloidosis (AL), light chain is kappa in approximately 80% of patients. Renal involvement is a constant feature. Restrictive cardiomyopathy and cirrhosis can occur as an extra renal LCDD. We present a 56 year old male recently diagnosed hypertensive, who presented with elevated creatinine and nephrotic range of proteinuria. Renal biopsy revealed kappa light chain deposition, lambda and congo red were negative. Serum free light assay confirmed kappa light chain disease. Patient was initiated on treatment with Injection Bortezomib 2mg and Dexamethasone along with anti-hypertensives. Light Chain Deposition Disease is a rare plasma cell disorder that has to be differentiated from multiple myeloma and amyloidosis.

Key words: Light Chain Deposition Disease, Hypertension, Nephrotic Proteinuria, Amyloidosis

A Rare finding in Cirrhosis Liver with Portal Hypertension: Cruveilhier Baumgarten Syndrome

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Abstract

A 30 year old male patient who was a chronic alcoholic came with complaints of bilateral pedal edema, breathlessness and massive ascites. On examination there was distended paraumbilical vein with venous hum on auscultation, and investigations showed liver cirrhosis with portal hypertension. This was also proved with Doppler. Thus we report a rare finding known as Cruveilhier Baumgarten syndrome.

Key words: Cirrhosis, Portal hypertension, Venous hum, Cruveilhier Baumgarten syndrome

Adult-Onset Still's Disease

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Abstract

Adult-Onset Still's Disease (AOSD) is a rare systemic autoinflammatory disease and is a diagnosis of exclusion. A 22 year old male presented with fever, high grade associated with left knee pain, sore throat for 2 weeks. On examination, erythematous rash was seen in trunk. Investigations revealed neutrophilic leukocytosis and elevated ESR. Other preliminary reports were normal. He continued to have fever spikes after 72 hours of antibiotics with sterile cultures. ASO titre, RA factor, ANA profile, ANA-IF, ANCA profile were negative, CRP was elevated. Ferritin levels were high. Bone marrow aspiration and biopsy ruled out hematological malignancy. PET-CT scan ruled out occult malignancy/ infection. Possibility of Adult-Onset Still's Disease was suspected since he fulfilled Yamaguchi's criteria for AOSD. He was started on steroids, following which fever subsided and counts normalized. He was afebrile during follow up. In the presence of unrelenting fever spikes, non infective causes such as AOSD should be considered.

Key words: Adult onset Still's disease, Yamaguchi criteria, Pyrexia of unknown origin

Ralstonia Bacilli - A Silent Killer

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Abstract

Ralstonia species is a new genus that includes former members of Burkholderia species. Ralstonia pickettii was considered as the only representative of clinical importance among Ralstonia species. We report a 70 year male, with hypertension, chronic kidney disease, chronic liver disease and hypothyroidism who presented with pancytopenia and fever. Bone marrow culture revealed gram negative bacilli- Ralstonia bacilli sensitive to Inj.Meropenem. His counts improved after a course of the antibiotic. Infections with Ralstonia bacilli mostly affect immunocompromised individuals. The most important feature is the ability of Ralstonia to pass through both 0.45- and 0.2-mm filters that are used for the terminal sterilization. Thus early detection of Ralstonia allows specific anti-microbial treatment with removal of infected indwelling catheter which is associated with a favorable outcome.

Key words: Ralstonia, Immunocompromised, Chronic kidney disease

A Rare CNS Disorder

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Abstract

Marchiafava bignami syndrome is a demyelinating disorder of corpus callosum. It is one of the rare complications of chronic alcoholism and malnutrition. The usual presentations are seizures, dysarthria, coma, dementia, hemiparesis and slowing of movements. Here we present such a case of a 29 year old alcoholic male, who presented with recurrent seizures. MRI disclosed demyelination, swelling, and necrosis of the corpus callosum with extension toward the subcortical white matter. Diagnosis of Marchiafava Bignami syndrome was made and patient was started on intravenous thiamine, antiepileptics and high doses of vitamin supplementations, with which he symptomatically improved.

Key words: Marchiafava Bignami syndrome, Corpus callosum demyelination, Chronic alcoholism

A Case Series of Pulmonary Nocardiosis

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Abstract

Nocardiosis is an uncommon Gram-positive bacterial infection caused by aerobic Actinomycetes in the genus Nocardia. Nocardiosis is typically regarded as an opportunistic infection, but approximately one-third of infected patients are immunocompetent. We report 3 cases of nocardiosis in various presentations which were deadly 1) pneumonia in old pulmonary tuberculosis patient which was treated 2) pneumonia with co-existing influenza A virus, 3) complete collapse with consolidation in an immunocompetent patient.

Key words: Nocardiosis, Immunocompetent, Pneumonia, Pulmonary Manifestation

An Unusual Case of Reccurrent Dysphagia

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Abstract

Papillary carcinoma thyroid (PCT) is one of the common histology of thyroid carcinoma. It usually presents early but occasionally may be detected only after pulmonary metastasis has occurred. We report a rare case of PCT with lung metastasis who presented with dysphagia without other symptoms of thyroid primary.

Key words: Papillary carcinoma thyroid, Dysphagia, Pulmonary metastasis

Co-existence of Tuberculosis in Malignant Lymph Nodes- A Report of Two Rare Cases

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Abstract

The synchronous occurrence of tuberculosis in malignant lymph nodes is quite rare. Here, we entail two patients with nodal tuberculosis, one coexisting with Diffuse Large B Cell Lymphoma(DLBCL) and another metastatic adenocarcinoma.

Case 1: A 38 year old male presented with fever and generalized lymphadenopathy. FNA of cervical lymph node, performed twice, was non-diagnostic. Hence a biopsy was done, revealing multiple necrotic foci surrounded by large atypical lymphoid cells positive for CD20 and EBV-LMP. Stain for AFB highlighted a high bacillary load. A relook at the FNAC smear showed negative images of AFB. Hence a diagnosis of DLBCL with mycobacterial lymphadenitis was offered.

Case 2: A 60 year old male presented with unilateral cervical lymph node enlargement. Biopsy of cervical lymph node revealed caseating epithelioid granulomas along with clusters of malignant epithelial cells positive for CK20 and negative for p63 and AFB. A diagnosis of metastatic adenocarcinoma with tuberculous lymphadenitis was provided. Workup for primary was advised.

The aforementioned cases are portrayed because of their rarity and to emphasise that necrosis in a malignant lymph node need not pertain to the malignancy per se but be because of coexistent infectious etiology such as tuberculosis.

Key words: Tuberculosis, Malignant lymph nodes, Co-existent TB and malignancy

A Rare Cause of Recurrent Quadriplegia

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Abstract

A middle aged woman presented to our hospital with recurrent episodes of quadriplegia. On evaluation, she was diagnosed to have recurrent hypokalemic episodes which recovered with treatment. On further evaluation she was found to renal loss of potassium due to distal renal tubular acidosis, which was confirmed by Wrong and Davies test. Renal tubular acidosis is an important cause of hypokalemia and should be considered in the differential diagnosis of patients presenting with recurrent hypokalemic quadriparesis.

Key words: Hypokalemic paralysis, Renal tubular acidosis, Wrong and Davies test

A Rare Congenital Heart Disease in an Adult

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Abstract

We report a female patient aged 50 years with complaints of palpitations and severe breathlessness of class III-IV to our hospital casualty. On examination her pulse rate was high with irregularly irregular rhythm and raised JVP; on palpation a systolic thrill was present. On auscultation a continuous high pitched murmur in left sternal border with Carvallo's sign was present. Her ECG showed Atrial fibrillation (AF) with high ventricular rate. Hence she was treated for AF in CCU and after stabilization she was taken up for ECHO that showed atrial septal defect of OS type with rheumatic mitral stenosis and moderate tricuspid regurgitation. She was further followed up with our Cardiologist. This rare presentation of Atrial fibrillation with murmur and ECHO showing features of ASD (OS TYPE) with rheumatic mitral stenosis was found to be Lutembacher's Syndrome.

Key words: Atrial fibrillation, ASD, Mitral stenosis, Lutembacher syndrome

Double Trouble Anemia

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Abstract

Paroxysmal nocturnal hemoglobinuria (PNH) is characterized by the clonal expansion of blood cells with hemolytic picture. It frequently occurs during clinical the course of acquired aplastic anemia and should be considered in patients with aplastic anemia who develop hemolysis or venous thrombosis. We report 67 year old male patient previously diagnosed to have aplastic anemia (AA), who presented with severe anemia in failure. His investigations revealed pancytopenia, with unconjugated hyperbilirubinemia, elevated LDH and reticulocytosis. His serum haptoglobin levels were very low; all features being consistent with intravascular hemolysis. He was subsequently found to have evolved into PNH. Therefore he was diagnosed as a rare case of PNH-AA syndrome.

Key words: Aplastic anemia, Paroxysmal nocturnal hemoglobinuria, PNH-AA syndrome

An Enigmatous Genital Lesion - A Surprise Finding

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Abstract

In the modern era, where sexually transmitted infections (STI) are decreasing, we report a case of secondary syphilis in a young boy. A 17 year old boy came with the complaints of genital discharge and ulcers in the genitalia for 1 week. Dark field microscopy of the discharge showed treponemes. RPR was done in dilutions along with TPHA where RPR was positive in >1:32 dilutions and TPHA was positive in >1:5120 dilutions. Patient was given a single dose of Inj.Benzathine Penicillin 24 lakh units and had resolving lesions after 9 days. Final diagnosis was Syphilis D'emblee with Prozone Phenomenon. This case is reported to emphasize that all dermatology patients, even children, unmarried or married adults, if in doubt should be screened for STI.

Key words: Syphilis, STI, Genital lesions, Prozone phenomenon

Case Report on Acute Undifferentiated Leukemia with Myelofibrosis

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Abstract

Acute Undifferentiated Leukemia (AUL) does not express any markers specific for either lineage. Before categorizing leukemia as undifferentiated, it is necessary to perform immunophenotyping with a comprehensive panel of monoclonal antibodies. As AUL is a diagnosis of exclusion and is very rare, the morphology of leukemic cells in AUL is also not specific. Here we report a rare case of AUL with an unusual morphology. The prognosis of AUL patients is generally considered as poor and the exact significance of AUL morphology is difficult to assess, because only a few cases of AUL have been reported in literature.

Key words: Leukemia, Acute undifferentiated, Myelofibrosis

A Rare case of Immunodeficiency diagnosed during Upper Gastro Intestinal Endoscopy

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Abstract

Common variable immunodeficiency (CVID) is defined as hypogammaglobulinemia with normal B cell phenotype and recurrent episodes of infection. A 25-year-old male presented with dyspeptic symptoms since 2 months with history of recurrent respiratory tract infections. Patient's general, systemic examination and routine investigations were unremarkable. He underwent upper G.I.endoscopy which showed numerous polyps in second part of duodenum extending to third part of duodenum ,multiple biopsies were taken. Patient underwent colonoscopy to rule out Familial Adenomatous Polyposis, however colonoscopy was normal. Histopathology of duodeneal biopsy revealed nodular lymphoid hyperplasia with absence of plasma cells. As there is a known association between nodular lymphoid hyperplasia and immunodeficiency, total immunoglobulins were sent which were significantly low(IgG= 290mg/dl, IgA<26.2mg/dl and IgM 22.6 mg/dl). Patient was diagnosed as CVID and advised treatment with intravenous immunoglobulin (IVIG). High index of suspicion is required in evaluating multiple polyps with histopathology picture of nodular lymphoid hyperplasia.

Key words: Immunodeficiency, Duodenal Polyp, Lymphoid Hyperplasia, Upper Gastrointestinal Scopy

A Case of Acute Pancreatitis in a Patient with SLE

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Abstract

Systemic lupus erythematosus (SLE) is an autoimmune systemic disorder that can affect most organs or systems and frequently involves the joints, skin and kidneys. Acute pancreatitis in SLE is rare. We report a patient with newly diagnosed SLE who developed acute pancreatitis.

Key words: SLE, Pancreatitis

A Rare Case of Acute Flaccid Paralysis

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Abstract

Tick paralysis is a preventable cause of illness and death that,when diagnosed promptly, requires simple low cost intervention (tick removal). In India, the discovery of the tick -borne viral disease, Kyasanur Forest Disease (KFD) in 1957 marked a milestone in the history of tick studies .The typical presentation is a prodrome followed by the development of an unsteady gait, and then ascending, symmetrical, flaccid paralysis. Early cranial involvement is a feature ,particularly the presence of both internal and external ophthalmoplegia. Neurophysiological studies reveal low-amplitude compound muscle action potentials with normal motor conduction velocities, normal sensory studies and normal response to repetitive stimulation. We report a case of a 21 year old male initially evaluated for acute flaccid paralysis and later diagnosed with tick paralysis.

Key words: Tick paralysis, Acute flaccid paralysis, Kysanur forest disease

An Unusual Cause of Pulmonary Hypertension - Isolated Partial Anomalous Pulmonary Venous Connection (PAPVC)

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Abstract

Isolated partial anomalous pulmonary venous connection (PAPVC) has been implicated as a cause of pulmonary arterial hypertension (PAH), however this condition is often overlooked in the diagnostic work up of patients with PAH. We report a case of 36 year old female who presented with exertional dyspnea and fatigue conforming to NYHA class II. CT-PA revealed isolated PAPVC without left-to-right shunts. Physicians who diagnose and treat adult patients with PAH should also consider PAPVC, particularly in cases with volume or pressure overloaded right cardiac chambers and in cases that cannot be explained presence of left to right shunt lesions.

Key words: PAPVC, Pulmonary hypertension, Congenital Heart Disease.

A Case of Hyperkinetic Movement Disorder – Hemichorea – Hemiballism – Nonketotic Hyperglycemia Induced

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Abstract

Nonketotic hyperglycemic hemichorea – hemiballismus is a rare presentation of diabetes mellitus which should be considered in any patient with sudden onset movement disorder. Hemichorea – hemiballism occurring in diabetes mellitus owing to non – ketotic hyperglycemia is a rather benign condition with a good prognostic outcome once the hyperglycaemia is recognised early and corrected. We report a case of a 60 year old post menopausal female, a hypertensive and diabetic, not compliant with treatment, who presented with upper limb hemichorea and lower limb hemiballism which was nonketotic hyperglycaemia induced.

Key words: Hyperglycemia, Movement disorder, Hemichorea, Hemiballism

A Rare Case of Peutz - Jeghers Syndrome

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Abstract

Peutz-Jeghers syndrome is a rare autosomal dominant disorder with variable inheritance, characterized by hamartomatous polyps in the gastrointestinal tract presenting as intussusceptions, gastric outlet obstruction, hematochezia or malena along with pigmented mucocutaneous lesions. Its incidence is approximately 1 in 25,000 to 300,000 births. We report a case of a 17 year old boy who presented with severe anemia and mucosal hyperpigmentation, in whom Computed Tomography abdomen revealed adynamic jejuno-jejunal intussusception; Endoscopy and colonoscopy demonstrated multiple polyps in the entire Gastro-intestinal tract and biopsy showed multiple hamartomous polyps. Patient was started on oral iron supplementation and blood transfusion. He was planned for genetic analysis and endoscopic sub mucosal resection and at present is doing symptomatically well. Hence a young patient presenting with a clinical constellation of anemia with muco-cutaneous pigmentation and hamartomous polyp possibility of this syndrome should be suspected.

Key words: Peutz-Jeghers Syndrome, Hamartomatous Polyps, Anemia, Muco-Cutaneous Pigmentation

A Rare Case of Facial Palsy

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Abstract

Vein of Galen malformations are rare anomalies that constitute only 1% of all intracranial malformations. However they represent 30 % in pediatric age group. A rare case of facial palsy with left sided cerebellar involvement presented to us, the cause being Vein of Gallen. In order to understand its valid clinical presentations, knowledge has to date back to its embryology. During the third phase of intrinsic vascularization, the median prosencephalic vein has to regress, failure of which will result in aneurysmal malformation. With newer techniques, it has been increasingly diagnosed in prenatal period. In adults the presentations can vary depending on its mass effects. It almost never bleeds. Continuing developments in diagnostic and interventional aspects have radically changed the management of these cases.

Key words: Facial nerve palsy, Vein of Gallen.

A Rare Case of SLE With Auto Immune Hemolytic Anemia Mixed Type

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Abstract

Immune mixed Haemolytic Anaemia is defined as presence of both warm and cold auto antibodies against patient's own RBC diagnosed by Monospecific Direct Antiglobulin Test. We present a 54 year old female with anemia and hepatosplenomegaly. Investigations showed hemolytic anemia in the presence of both warm and cold auto antibodies along with complement C3, reactive ANA and Ds DNA. Hence diagnosed as a case of mixed autoimmune haemolytic anaemia due to systemic lupus erythematosus. The patient was started on Methylprednisolone, and had an uneventful course with regression of hepato-splenomegaly and maintenance of Hb levels above 7.2g/dl.

Key words: Autoimmune haemolytic anemia, Warm and cold antibodies, Mixed, SLE

A Rare Case of Myotonia In An Adult

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Abstract

We came across a male patient of age 50 years with complaints of difficulty in walking for past 15 years. On examination he has myotonia that manifested as impaired relaxation of the muscle following a contraction, and spastic gait. There was sustained contraction of the muscle on direct percussion, and also showed signs like percussion myotonia, grip myotonia and tongue napkin sign. He also had typical 'hatchet facies', frontal baldness, mild mental retardation, dysarthria, proximal muscle wasting with distal limb weakness. Ophthalmology examination revealed bilateral cataracts. ECG showed arrhythmias and ECHO revealed cardiomyopathy. Serum CK levels were elevated. EMG showed typical 'dive-Bomber' effect. He was further followed up with our neurologist. Thus he was diagnosed as a rare case of myotonia dystrophica in adult.

Key words: Myotonia dystrophica, EMG

Chronic Myelogenous Leukemia With Nodal T - Lymphoid Blast Crisis - A Case Report

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Abstract

Chronic Myelogenous Leukaemia (CML) is a myeloproliferative neoplasm that often terminates in a phase of blast crisis. Blast crisis is diagnosed when 20% or more blasts are present in the peripheral blood or bone marrow or there is an extramedullary blast proliferation. In approximately 70% of the cases the blast lineage is myeloid, while 20-30% cases are lymphoid. Further, almost 95% of lymphoid blast crises are of B cell phenotype. Here we describe a rare case of lymph nodal T- lymphoid blast crisis in a patient of CML. Primary presentation of CML with nodal blast crisis is rare. Rarer is the blast crisis being of T cell lineage. We wish to highlight the diagnostic issues of lymph node enlargement in a case of CML with blast crisis.

Key words: Chronic Myelogenous Leukaemia (CML), T-lymphoid blast crisis, Lymphadenopathy

Case of Disseminated Tuberculosis With Pulmonary Thrombus

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Abstract

Tuberculosis is a dominant public health problem worldwide with India contributing to more than one fourth of the global disease burden. A wide variety of complications are seen but haematological complications are rare. We are reporting a rare case of a 30 year old male with disseminated tuberculosis with pulmonary thrombus masked by leptospirosis.

Our case emphasizes that patients with disseminated tuberculosis are at risk of developing hematological complications and superadded infection. Awareness of this condition with early intervention is the key to successful outcome. Therefore these patients should be closely followed up for early detection of likely complications.

Key words: Tuberculosis, Pulmonary thrombus, Leptospirosis

Troublesome Trio - IntraCardiac Mass in Progressive Pulmonary Thrombo-Embolism with Resistant Thrombocytopenia

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Abstract

Thrombocytopenia due to intracardiac mass is uncommon in clinical practice. Only a few cases of intracardiac mass causing thrombocytopenia have been reported in medical literature. We report a case of progressive pulmonary thromboembolism (PTE) in a 51 year old female patient with intra cardiac mass in the setting of severe thrombocytopenia. A possible explanation for thrombocytopenia would be mechanical shearing stress by the intracardiac mass acting on platelets. The management of PTE in resistant thrombocytopenia probably due to intracardiac mass can be quite challenging.

Key words: Intracardiac mass, thrombocytopenia, Pulmonary thromboembolism

A Rare Case of Renal Coloboma Syndrome with Underdiagnosed Multiple Congenital Anomalies

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Abstract

Renal coloboma syndrome (RCS) is an autosomal dominant condition characterized by optic nerve dysplasia, often described as a coloboma along with renal hypodysplasia. Cardiac anomalies are seldom reported in this syndrome. A 28 year old male presented with complaints of palpitations of two months duration. On examination, he had microcornea, with iris coloboma in his right eye. Auscultation revealed a loud A2 in all areas, and ECHO confirmed the diagnosis of bicuspid aortic valve with a small Patent ductus arteriosus. Ultrasound of the abdomen revealed bilateral shrunken kidneys. Thus he was diagnosed as a rare case of renal coloboma syndrome associated with cardiac anomaly.Physicians diagnosing renal coloboma syndrome should also rule out any underlying cardiac anomalies.

Key words: Bicuspid aortic valve, Renal coloboma, Cardiac anomalies