6. TRICHOBEZOAR, TRICHOPHAGIA AND TRICHOTILLOMANIA

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Introduction: Trichobezoar, tricophagia or Rapunzel Syndrome is an extremely rare psychiatric and intestinal condition in humans, resulting from eating hair. It is Associated with the hair pulling disorder Trichotillomania. The peak age of onset is 9 to 13 but it has been also found in infants.
Objective: Describe the case of a patient with trichobezoar, tricophagia and trichotillomania that underwent laparotomy.

Clinical case: We present 9-year-old patient admitted to the Gastroenterology department in Miercurea Ciuc, Romania with 5 months history of abdominal pain and repeated vomiting. Abdominal ultrasonography revealed an intra-gastric foreign body. After 6 months, the patient was hospitalized in our department of Orthopedics and Pediatric Surgery in Targu Mures with the same complaints. On physical evaluation, the abdominal examination revealed a well defined and firm mass in the left upper abdominal quadrant. Transaminases were slightly elevated and hair was found on fecal culture examination. All other examinations were normal. The patient was referred to a psychiatry examination and came back with the following diagnosis: trichotillomania, Pica eating disorder and obsessive compulsive disorder. An abdominal radiograph confirmed the intra-gastric foreign body which continued in the pylorus and duodenum. Upper gastrointestinal endoscopy highlighted a large trichobezoar and surgical treatment was recommended. We performed a mid-line laparotomy followed by a gastrostomy and removal of the hair mass.

Results: There were no complications whatsoever, no signs of perforation, and the postoperative wound was clean. There was no pain in the epigastric region following surgical treatment and the mass was completely removed. The patient status was stable and she was discharged two weeks after the surgery. Further psychiatric treatment was recommended to avoid recurrence.

Conclusions: Conventional radiology and upper gastrointestinal endoscopy proved to be the best methods of investigation in this case. Recurrence of tichobezoar can occur if the latent neuro-psychiatric disorder is not correctly treated using a multi-disciplinary team.

Key words: trichobezoar; trichophagia; trichotillomania.

7. CASE REPORT: THE OUTCOMES OF IDIOPATHIC INFLAMMATORY MYOSITIS IN A 43 OLD WOMAN

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Introduction: We report a case of a 43 old woman with medical history of dermatomyositis for 8 years, and complaints of symmetrical muscle weakness, especially in lower extremities, low endurance

and fatigue. The patient's medical history is remarkable by osteoporosis due to treatment with corticosteroids, bilateral hip artroplasty for avascular necrosis. The physical examination was remarkable by proximal muscular atrophy, calcinosis of gluteus muscles. The remainder of examination was normal.

In this patient, our goal was to apply clinical tools in order to assess disease's outcomes.

Clinical case: Changes Associated with damage in MII are post-inflammatory, cumulative and irreversible, present at least 6 months despite prior immunosuppressive treatment or rehabilitation. In order to assess diseases outcomes in this patient we applied the next tools: patient's questionnaire, Myositis Damage Index(MDI), Manual Muscle Test 8(MMT8), LifeSatisfaction 11, PATIENT GLOBAL ACTIVITY ASSESSMENT(PGA), PHYSICIAN GLOBAL ACTIVITY ASSESSMENT(MDGA). After analyzing the results we determined that MMT8 score was rather high 55 out of 80, due to the rehabilitation programs that the patient attended. There was an insignificant discrepancy between PGA and MDGA, with the trend from patient to diminish the role of the disease. We tried to measure life satisfaction by LiSat 11, in this patient, it was dissatisfied due to psychological health and leisure situations. The MDI score got 14 points out of 38, the most damage was found in muscular and skeletal systems.

Conclusion: In order to determine how myositis patients' illnesses change over time we have to assess them using special established and validated tools and to have patient-reported outcome measures for myositis.

Competing interests None.

Key words: idiopathic inflammatory myositis, outcomes.

8. INFECTIVE ENDOCARDITIS AT THE PATIENTS A T HEMODIALISIS

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Introduction: Infective endocarditis (IE) at patients on hemodialysis (HD) is 10-18 times higher than in the general population, caused by arterio-venous fistula or central catheter, increased susceptibility to infections and renal failure. HD patients with valvular calcification often presents (28% - 36% calcification Vao and VM), fistulae and synthetic venous catheters 7.6% being the gateway to infection. Severe complications frequently occur in staphylococcal IE at patients on HD: pulmonary edema (82-100%) embolic syndrome, cerebral often (9-17%) lung abscess. High mortality in the first year of evolution of the disease 45-75% compared with 25-52% in-hospital death.

Clinical case: Patient X. 64 years old. Diagnosis: chronic renal disease. Chronic diffuse glomerulonephritis. End-stage chronic renal failure. Hypertension gr. III very high additional risk. CF II NYHA at dialysis 1.5. months.