



CR69**Testicular cancer masquerading as an incarcerated inguinal hernia – A case report**Karla Lužaić^a, Lucija Brkić^b, Tomislav Bruketa^b^a *School of Medicine, University of Zagreb, Zagreb, Croatia*^b *Department of Surgery, University Hospital Centre Zagreb, Zagreb, Croatia*DOI: <https://doi.org/10.26800/LV-144-supl2-CR69> Karla Lužaić 0000-0002-3132-8944, Lucija Brkić 0000-0003-0692-483X, Tomislav Bruketa 0000-0001-5892-2444

Keywords: abdominal pain, general surgery, inguinal hernia, testicular neoplasms

INTRODUCTION/OBJECTIVES: An incarcerated inguinal hernia is a surgical emergency. Testicular tumors can present with scrotal swelling, hence they could easily be mistaken for a hernia. Both conditions, if left untreated, are life-threatening and lead to severe complications.

CASE PRESENTATION: A 79-year-old male patient was admitted to the emergency department (R) for pain and swelling in the right lower hemiabdomen. Previous medical history noted benign prostatic hyperplasia and an inguinal hernia. The pain appeared yesterday afternoon. The patient had no nausea, vomiting, or diarrhea. Physical examination revealed a soft abdomen without tenderness to palpation or focal rigidity accompanied by pain and a palpable mass in the right lower hemiabdomen. Blood tests were in the reference range, excepting moderately increased neutrophils and monocytes. Inflammatory marker, C-reactive protein (CRP), was not increased. Imaging showed bowel meteorism with no signs of mechanical obstruction or pneumoperitoneum. The patient underwent emergency hernia repair surgery. However, macroscopically altered testicular tissue with an enlarged spermatic cord was found intraoperatively. Hence, right orchidectomy and resection of the spermatic cord with no complications were performed. The patient of good general condition and symptoms relief was discharged to home care.

CONCLUSION: A testicular tumor can present as an incarcerated inguinal hernia. Since incarcerated inguinal hernia is a cause life-threatening condition, emergency hernia repair surgery is indicated. In this case, a testicular tumor was found intraoperatively, consequently, instead of hernioplasty, orchidectomy was recommended.

CR70**The role of fortified eyedrop antibiotic therapy in Pseudomonas aeruginosa corneal infection – a case report**Mia Edl^a, Suzana Matić^{a,b,c}, Tomas Edl^b, Lucija Čolaković^c^a *Faculty of Medicine, Josip Juraj Strossmayer University of Osijek, Croatia*^b *Faculty of Dental Medicine And Health, Josip Juraj Strossmayer University of Osijek, Croatia*^c *Department of Ophthalmology, Osijek University Hospital Centre, Osijek, Croatia*DOI: <https://doi.org/10.26800/LV-144-supl2-CR70> Mia Edl 0000-0002-7818-5741, Suzana Matić Tomas Edl, Lucija Čolaković

Keywords: amniotic membrane transplantation, corneal ulcer, fortified medication, topical therapy

INTRODUCTION: Pseudomonas aeruginosa is a gram-negative bacterium and a leading cause of corneal ulcers. In the eye, extracellular enzymes may lead to keratitis, ulcer, endophthalmitis, rapid corneal destruction, and perforation leading to a quick loss of vision and necessity for urgent vitrectomy, amniotic membrane transplantation, or eye evisceration if no other therapy showed to be useful.

CASE PRESENTATION: A case report of P.aeruginosa corneal ulcer in a 70-year-old woman, who was admitted to the Department of Ophthalmology Osijek in December 2021. Visual acuity was light perception, slit lamp examination revealed conjunctival suppurative secretion, 3 mm central corneal ulcer, and 2 mm level of hypopyon in the anterior chamber. Empirical ciprofloxacin eyedrop therapy ulcer scheme was introduced and culture results confirmed P.aeruginosa infection highly sensitive to ceftazidime, ciprofloxacin, and amikacin. Intravenous ceftazidime was also introduced for 10 days. As the eye was full of suppuration after 72 hours and the central corneal zone was the same size and thinner, fortified amikacin eyedrop (40 mg/mL) every 2 hours was instilled resulting in loss of suppuration after 2 weeks but with corneal perforation that was successfully surgically resolved with amniotic membrane transplant. Before the surgery, the corneal swab was sterile, amikacin eyedrops were continued until a total period of 1 month and the cornea healed with a small stromal corneal scar.

CONCLUSION: This case report implicates the importance of prompt introduction of fortified antibiotic therapy in cases of P.aeruginosa with an aim at preventing irreversible loss of vision, endophthalmitis, and loss of eye structure due to perforation.