0016 Functional thyroid disease in HIV-infected women: a retrospective analysis

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Objectives: Data on incidence and risk factors concerning thyroid dysfunction among human immunodeficiency virus (HIV)-infected individuals are scarce. We retrospectively analyzed the proportion of HIV-infected women who developed functional thyroid disease during follow-up.
Methods: We performed a retrospective cohort study on 234 adult females infected with HIV-1. Age, ethnicity, duration of the HIV infection, co-infection status, composition and duration of combined anti-retroviral therapy (cART), $CD4^+$ T-cell counts and thyroid function tests were collected and analyzed.
Results: A high percentage (49/234 or 20.9%) of the female HIV-infected patients developed functional thyroid disease during follow-up. Hypo- and hyperthyroidism were diagnosed in respectively 36 and 13/49 patients. Among those, 5 patients presented with autoimmune thyroid disease (AITD). No correlation was found regarding cART exposure or composition. As expected, the odds of developing functional thyroid disease was higher in women with European ethnicity than in women with African ethnicity (OR 3.7; $p < 0.01$).
Conclusion: Functional thyroid disease is frequently observed in HIV-infected women, regardless of cART exposure. As thyroid disease might further increase the cardiovascular risk in the aging HIV-infected population, further research evaluating the prevalence and risk factors of functional thyroid disease in HIV-infected patients is warranted.

0017 Subclavian steal syndrome (SSS): a possible cause of recurrent syncope

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An 89-year-old patient presented at the emergency department with recurrent episodes of abrupt fainting. Her medical history included hypertension, hypercholesterolemia and advanced arteriosclerotic vascular disease. Fainting always occurred in an upright position. Medication prior to admission included acetylsalicyclic acid, lercanidipine, perindopril and calcium supplement. Physical examination revealed a blood pressure of 130/70 mm Hg (right) and a heart rate of 69 bpm. ECG showed sinus rhythm with a first- degree AV block. During hospitalization, patient developed abrupt syncope with a significant difference in blood pressure between the right (130/70 mm Hg) and the left arm (60/50 mm Hg) and a weak pulse on the left side. Doppler ultrasonography demonstrated retrograde blood flow in the left vertebral artery, caused by subclavian steal syndrome (SSS). CT angiography revealed an ostial occlusion of the left subclavian artery and confirmed the diagnosis. Treatment with aspirin was continued, surgical options are still being discussed.
The pathophysiology of SSS involves a proximal subclavian stenosis or occlusion, often caused by an atherosclerotic plaque, resulting in a lower blood pressure in the distal subclavian artery. This pressure difference creates a retrograde flow, pulling blood from the contralateral vertebral artery to the basilar and then down the ipsilateral vertebral artery, which steals blood from the cerebral circulation. However only a small portion of patients are symptomatic (<5%). Due to reduced arterial flow, patients may develop exercise-induced arm pain, weakness, paresthesias and claudication. Ischemic changes are rarely seen. Vertebrobasilar ischemia of the brainstem is a less common cause of neurologic symptoms: diplopia, dizziness, vertigo, drop attacks and syncope. Pharmacotherapy includes aspirin and a statin. Surgical revascularization is still the most common form of surgical correction for symptomatic SSS. Less invasive options include endovascular interventions. In addition, patients may benefit from secondary prevention and life style modifications. SSS is associated with an increased risk of both overall mortality and mortality related to CVD.
Comparative measurement of blood pressure left vs. right is a simple, non-invasive investigation that might contribute to the diagnosis of subclavian steal syndrome.

0018 A rare cause of biliary colic after cholecystectomy

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Background: Laparoscopic cholecystectomy is a frequently performed procedure and a successful treatment for gallstone disease. However, up to 3.8% of patients develop symptoms due to common bile duct stones in the first year after cholecystectomy. Although rare, late complications resembling choledocholithiasis can also occur.
Case Report: A 70 year old man presented with nausea, vomiting, anorexia and intermittent abdominal pain. Anamnesis revealed a cholecystectomy, one year earlier. On admission blood examination showed elevated liver enzymes: total bilirubin 5.27 mg/dl, conjugated bilirubin 4.47 mg/dl, γGT 514 U/l, AP 78 U/l, AST 101 U/l and ALT 314 U/l. Abdominal ultrasound showed a slightly dilated common bile duct (8 mm). CT abdomen showed a hyperdens structure in the common bile duct, resembling a migrated clip. Endoscopic ultrasound confirmed a dens object with an acoustic shadow. During ERCP a metal clip was removed using balloon-extraction after sfincterotomy. This procedure was complicated with cholangitis and Escherichia coli sepsis, which was successfully treated with antibiotics (Ciprofloxacin).