4th International Medical Students' Conference

Surgery In Clinical Practice 2023

ABSTRACT BOOK

Medicinos fakultetas

Rīgas Stradiņa universitāte

Dear reader,

The official abstract book of the International Medical Students‘ Conference „Surgery In Clinical Practice 2023“ is now at Your fingertips. It is the 4rth time when this online event took place and repeated its previous success. The conference was held on the 6th of January, 2024 and was devided into three sessions.

This conference aims to provide a platform for medical students to share their knowledge and research on surgical specialties. Moreover, all presenters get an opportunity to receive instant feedback from doctors who are highly qualified in their field.

We are very grateful to all the presenters who contributed to this conference by showing a great interest in participation and delivered engaging presentations.

We would also like to thank our jury members for their time and valuable comments. This year’s jury included: Aleksandrs Maļcevs, MD, PhD (Latvia), Assoc. Prof. Anna Miskova, MD, PhD (Latvia), Kļims Ļeoņenko, MD (Latvia).

We hope, that this collection of abstracts will inspire further discussions about surgical challenges and encourage students to pursue their ambitions in conducting and presenting scientific research.

Sincerely,

The organizers of the 4th International Medical Students‘ Conference „Surgery In Clinical Practice 2023“

A NEUROENDOCRINE TUMOR WITH COMPLETE ATROPHY OF THE PANCREAS IN A YOUNG FEMALE PATIENT

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Introduction. Neuroendocrine tumors (NET) are a rare group of neoplasms, most commonly arising from gastroenteropancreatic structures. Pancreatic NETs (pNET) represent about 1-2% of all gastrointestinal and pancreatic neoplasms. In rare instances, pNETs can cause atrophy of pancreas or imitate chronic pancreatitis. We present an unusual case of a pNET with complete atrophy of pancreas in a young woman.

Case report. A 48 year old woman was admitted to the hospital for a planned hospitalization due to a pancreatic mass. 14 years ago the patient was diagnosed with pancreatitis and has since undergone routine follow-up ultrasound examinations. During the last few ultrasound examinations a growing mass in the pancreas was observed without any clinical symptoms. 3 months ago the patient was consulted by an abdominal surgeon and underwent a magnetic resonance imaging, which detected atrophy of the tail and body of pancreas along with a hypervascular mass in the body of pancreas. A pNET was suspected, consequently a multidisciplinary team recommended a chromogranin A test and scintigraphy of the pancreas. All the findings suggested a pNET, therefore a hemipancreatectomy was performed. During surgery a 2x2x2 cm tumor was resected and rapid pathohistological examination confirmed a pNET. The rest of the pancreas was completely atrophied. The patient is successfully recovering after the surgery and complete histological examination of the tumor is currently underway.

Conclusions. pNETs are uncommon neoplasms, that often show malignant behavior. Partial pancreatic atrophy of the tissues surrounding malignant tumors is a typical sign of pancreas cancer but a complete atrophy of pancreas ir an uncommon finding. Our case illustrates a rare example of complete atrophy of pancreas due to a pNET followed by a successful surgical removal.

Keywords. Neuroendocrine tumor (NET); pancreatic neuroendocrine tumor, pancreas atrophy.

SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION IN TYPE 1 DIABETES MELLITUS PATIENT WITH END STAGE KIDNEY DISEASE

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Introduction. Type 1 diabetes mellitus (T1DM) is the result of an autoimmune response that triggers the destruction of insulin-producing β cells in the pancreas and results in an absolute insulin deficiency. It often develops during childhood. Primary treatment involves insulin administration. Simultaneous Pancreas Kidney transplantation is considered in specific cases – for those with severe glucose instability and kidney failure.

Case report. A 43 year old women with diagnosed with type 1 diabetes for 31 years. Diabetic nephropathy was diagnosed 28 year ago, proteinuria is present for about 10 years. Patient is diagnosed with progressing cardiomyopathy and heart failure for 12 years. Hypertension developed 7 years ago. 16 Jan 2022 had to stay in hospital due to diabetes exacerbation, with progression of heart failure, respiratory failure, CKD 5^{th} stage. Following exacerbation of the condition after diabetic treatment in endocrinology department patient was put on simultaneous pancreas-kidney transplant in Feb 2023 (9 month ago).

Conclusions. 23 sep 2023 - Performed transplantation. 1 week after patient shows early signs of improvement. Positive tendency of the condition can be noticed: improved creatinine level (from 533 mmol/l to 216 mmol/l - 300 mmol/l decrease), glucose management without insulin injections (12. 7 mmol/l vs 5.7 mmol/l), normalized levels of electrolytes.

Keywords. Type 1 Diabetes Mellitus, SPK, End stage kidney disease, transplantation.

LIVER METASTASE OF SACROCOCCYGEAL TERATOMA

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Introduction. Sacrococcygeal teratoma is a rare tumor which is usually composed of two or three germ cell layers and consists of multiple tissue types. Mostly it is diagnosed prenatally in newborns or infants, can be extensively vascularized, and grow larger than the newborn, causing difficulties in treatment. Although most of sacrococcygeal teratomas are benign, some of them can be malignant and cause metastases in other organs. Operative treatment is usually used to cure both the teratoma and its metastases.

Case report. We report a clinical case of a 6-month-old male baby who was diagnosed with a sacrococcygeal teratoma metastasis in liver. The sacrococcygeal teratoma was diagnosed prenatally and operated two days after the birth of the patient. Two months later a rise in alpha fetoprotein in blood serum of the patient was detected. During ultrasound imaging a metastasis of the teratoma in liver was found. A month later the metastasis was operated, and the patient is now supervised.

Conclusions. Although sacrococcygeal teratoma is usually a benign tumor, it is mandatory to supervise the patients after the operation as there is a possibility of metastases. Alpha fetoprotein levels in patient's serum prove to be a great tool for monitoring. Early found metastases can be operated on in order to control the spread of the tumor.

Keywords. Sacrococcygeal teratoma, liver metastases, alpha fetoprotein.

LARGE GASTROINTESTINAL STROMAL TUMOUR – CAUSE OF ACUTE ABDOMEN

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Introduction. Gastrointestinal stromal tumours (GISTs) are rare mesenchymal neoplasms of the gastrointestinal (GI) tract. The most common primary tumour sites are stomach and small intestine. Clinical presentation varies from asymptomatic (13-25%), palpable mass (5%) or mild pain/discomfort (8-17%) to chronic bleeding with anaemia (28-50%) or acute abdomen (2-14%). Abdominal malignancies comprise 15 – 20% of acute abdomen cases in emergency department, however, GISTs represent only 1 – 2% of primary GI cancers which can potentially cause difficulties in establishing diagnosis. Large tumours >10cm and tumours in small intestine are associated with higher malignancy rates. They require surgical excision and oncology consultation.

Case report. 58 years old male presented to emergency department with acute diffuse pain in the abdomen that had been intensifying for the last few days. His inflammatory markers were elevated. Ultrasound showed unspecified formation in the abdomen, CT revealed a large intraabdominal tumour (12,5x12,3x18,7cm) with central destruction and potential perforation. Patient was hospitalised for surgical therapy. Total midline laparotomy was performed during which destructive tumour content spontaneously released. Collateral veins were separated, and mesentery was mobilised with a ligature. A loop of small intestine was adjacent to the tumour. It was excised, ends were separated with an endo GIA stapler and enteroenteroanastomosis was made with continuous sutures. 26x22x8cm big tumour was excised and a drainage was provided.

Conclusions. GIST is a very rare cause of acute abdomen and can be asymptomatic for a long time. A regular visit to the doctor would help to diagnose large tumours earlier so the therapy would be more effective and less harmful for patients.

Keywords. Acute abdomen, GIST, large, malignant, excision.

GRÖNBLAD-STRANDBERG SYNDROME: MANAGEMENT OF GASTROINTESTINAL BLEEDING. CASE REPORT

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Introduction. Gronblad - Strandberg (Pseudoxanthoma elasticum) syndrome is a rare genetic disorder that occurs in 1 in 25,000 people. This pathology is characterised by calcification of the elastic fibres in the connective tissue. The most common connective tissue changes occur in the skin, eyes and blood vessels. In vascular lesions, when the inner elastic lamina of an artery is calcified, the risk of bleeding increases. The most common site of haemorrhage is in the stomach.

Case report. A 55-year-old male patient presented to a health care centre with black stool and general weakness. An extra endoscopic gastroscopy was performed to stop the suspected bleeding from the upper gastrointestinal tract. Bleeding observed in the posterior stomach wall. Ulcers, erosions, pathological formations are not visible. The endoscopist stopped the bleeding with adrenaline injection and clipping. Bleeding is completely stopped. Patient's condition is stabilised. In order to reduce the risk of recurrent bleeding, we performed selective angiography of Tr. coelicus and embolization of the distal branches of a. gastrica sinistra. The cause of bleeding is unknown. Based on the patient's life history, we conclude that the patient has a genetic disorder Gronblad- Strandberg syndrome.

Conclusions. When endoscopy is used to stop upper gastrointestinal bleeding, it is important for the doctor not to get lost if there is no visible cause of the bleeding. Keep in mind rare genetic disorders that may be the cause of bleeding.

Keywords. Gronblad – Strandberg, bleeding.

ACUTE APPENDICITIS CAUSED BY METASTATIC PROSTATE CANCER: A CASE REPORT

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Introduction. One of the rarest findings of appendectomy is a tumor. Its prevalence is approximately 0.9-1%. We present a case of acute appendicitis caused by metastatic prostate cancer. This type of tumor primarily spreads to the lungs, bones, and lymph nodes. Hence, metastasizing to the appendix is significantly rare and only a few cases have been described in the literature.

Case report. An 81-year-old male complaining of localized pain in the right lower quadrant presents to an emergency room. On examination, his abdomen was bloated and painful in the mentioned area. Emergency CT was performed, showing changes in the appendix, and suggesting gangrenous, perforating, or purulent appendicitis. Considering the patient's symptoms and CT findings, an emergency laparoscopic appendectomy was performed. The surgeons discovered the appendix to be 7 cm long, inflamed with a distal end enlarged up to 20 mm, where a tumor was first suspected. The patient had a prostatectomy due to cancer 10 years ago and was followed up with a repeat PSA test every year, that showed no signs of relapse. After histological examination metastasis of prostate cancer in the appendix was confirmed. Despite a normal PSA level, it was the first sign of oncological disease recurrence. After 2 years of follow-up after the appendectomy along with prostate cancer metastasis, the patient has no symptoms or signs of cancer recurrence.

Conclusion. Metastatic prostate tumors are significantly rare findings in appendectomy. Our case illustrates a rare example of cancer relapse being discovered by the metastasis causing acute appendicitis.

Keywords. Appendicitis; prostate cancer; metastatic prostate tumor.

CASE REPORT OF EMPHYSEMATOUS PYELONEPHRITIS

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Introduction. Emphysematous pyelonephritis (EPN) is a rare and life – threating complication of urinary tract infections, which most common risk factor is diabetes mellitus. Women more likely have EPN than men. Typicaly occurs with an acute necrotizing parenchymal and perirenal infection caused by gas – forming uropathogens. The most common EPN pathogen is *Escherichia Coli.* Treatment is immediate and requires rehydration, broad – spectrum antimicrobial therapy, glycemic control and immediate surgery. The results of untreated cases are lethal.

Case report. A 57 year old woman was found unconscious at home, patient was admitted to CCU. In hospital woman was unconscious, hemodynamically unstable with atrial flutter. There was no patient data in the hospital system. Patients general condition was bad.
Laboratory tests showed acute bacterial infection with sepsis, poorly compensated type II diabetes and acute kidney stage 4 Severe Chronic Kidney Disease (CKD). CT of abdomen and pelvis detected left-sided emphysematous pyelonephritis with perirenal fluid collection.
Immediate treatment included rehydration, antibacterial therapy and glycose control, 14 hours later patient underwent left kidney removement – nephrectomy. After 10 days patient moved from CCU to urology department. Patients general condition improved and after 15 days patient left hospital.

Conclusions. This case shows the importance of surgical intervene and preventive measures by controlling patients blood sugar and treating urinary tract infections. Women are more affected than men, because they have higher risk of urinary tract infections. CT evaluation is the current preferred method to diagnose EPN. Emergency nephrectomy is considered if affected kidney is nonfunctional, otherwise treatment alone is lethal. Immediate catheter drainage is required in case of kidney obstruction.

Keywords. Urinary tract infections, Emphysematous pyelonephritis, Necrosis, Nephrectomy.

RESECTION OF METASTATIC LUNG ADENOCARCINOMA WITH THE USE OF VIDEO-ASSISTED THORACIC SURGERY (VATS) METHOD

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Introduction. The first use of thoracoscopic surgery can be traced back a century ago, to 1913 when first adhesiolysis was used to treat case of severe tuberculosis with the use of a cystoscope inserted in the pleural cavity. Since then surgical technology, methods and tools, as well as surgeons have improved significantly. What was once a far fetch theoretical idea, Video-assisted thoracic surgery has been developed to become the gold standart for endoscopic surgical treatment of many different pathologies. This clinical case report demonstrates the use of VATS in resection of metastatic adenocarcinoma. The aim is to discuss the type of disease that is treated, current most advanced method of surgical approach and postoperative period.

Case report. A 70 year old female patient presents to ER with symptoms of cough, pain upon exhalation, tiredness, decreased physical capacity, significant decrease in weight of 15kg. She is a smoker of 30 years, comorbidities include diabetes type 2, coronary heart disease, osteoporosis, COPD. Patient is physically examined by an emergency medicine doctor in the PSKUS ER department. Blood laboratory analysis is performed, patient receives lung CT, the doctor suspects lung cancer based on clinical history, blood results and lesion found on CT imaging. Thoracic surgery department is consulted and a biopsy bronchoscopy is perforemed. Patient is then surgically treated – thoracoscopic lung lobectomy is perforemed using the Uniportal VATS method.

Conclusions. The use of VATS during thoracoscopic surgery can be succesfully applied in many different cases. Most often it is, however, used in lung cancer resection. VATS provides good operative outcomes, easy access and precision.

Keywords. VATS, adenocarcinoma, metastasis, thoracic surgery.

FRONTAL SINUS FRACTURE: A CASE REPORT ON OPERATIVE TREATMENT METHODS AND POSTOPERATIVE COMPLICATIONS - LIQUOR LEAKAGE

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Introduction. Frontal sinus fractures are significant injuries, constituting 5-15% of all maxillofacial trauma cases. Particularly, fractures involving the frontal sinus can lead to various consequences and pose challenges. Surgical methods, such as sinus reconstruction or obliteration, are employed depending on the severity of the trauma and the patient's condition. The surgical approach for frontal sinus fractures's treatment may involve a coronal incision. Treatment outcomes for frontal sinus fractures can range from headaches to severe consequences, including cerebrospinal fluid leakage, and in cases of ineffective conservative therapy, surgical intervention may be required. TachoSil® is used during surgery as a sealing agent to reduce complications.

Case report. The patient, 61 years old, suffered a head injury, resulting in a diagnosed frontal sinus fracture and intracerebral impression. Upon admission, bleeding was stopped, the lacerated wound in the forehead area was closed, and vaccination was administered. A CT scan revealed subdural hematomas and various fascial bone fractures. Surgical treatment was performed with collaboration of neurosurgeon and maxillofacial surgeon which included fragment evacuation, wound revision, the use of TachoSil®, and fixation with microplates and microscrews (x21). The operation was performed without complications. Regrettably, postoperatively, the emergence of nasal discharge was noted, subsequently identified through analysis as cerebrospinal fluid. Concurrently, the patient reported complaints of headaches. Antibacterial therapy was continued. The patient was discharged and a follow-up appointment with the neurosurgeon was scheduled. Notably, after a duration of two weeks, the patient reported a cessation of headaches and the discontinuation of nasal discharge.

Conclusion. Despite the use of TachoSil® to reduce postoperative complications, cerebrospinal fluid leakage remains possible. Antibacterial therapy may be beneficial in treating this complication.

Keywords. frontal sinus fracture, TachoSil®, liquor leakage.

ANESTHESIA APPROACH FOR PAEDIATRIC AWAKE CRANIOTOMY AND INTRA-OPERATIVE STIMULATION MAPPING – DRUG RESISTENT EPILEPSY CASE REPORT

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Introduction. Awake craniotomy (AC) reduces the risk of permanent neurological damage during surgery. AC in children is rare due to compliance issues and possible complications it can cause to the procedure.

Case report. 17-year-old female has suffered epileptic seizures since age of 5. They were focal with intact awareness and resistant to combined medication therapy. Usually happening 3-4 times a day. SEEG was preformed and it showed epileptic regions in primary sensory/motor zone in the left lobe. Surgical removal of the epileptic region by awake craniotomy was recommended.
Firstly, standard monitoring was performed. Then she was induced with propofol and remifentanil, laryngeal mask No. 4 was used to secure the airways. Afterward dexmedetomidine, propofol, remifentanil was used for maintenance.
Regional scalp anaesthesia with bupivacaine was performed and the head fixated in a Mayfield head clamp. After preforming left side parietal craniotomy, the patient was awakened from sedation and adequate response was obtained. The intraoperative electrocorticography and cortical mapping was begun. The epileptic regions were determined using patients feedback from the stimuli and the epileptogenic zone was resected. After the surgery the epileptic seizures reduced.

Conclusions. Regional scalp anaesthesia provided effective analgesia during the surgery, as well as postoperatively. If the patient is well prepared, informed and selected carefully then awake craniotomy is a safe and effective procedure in paediatrics. Patients with consistent epileptic seizures that are medicine resistant can greatly benefit from this procedure.

Keywords. Epilepsy, awake craniotomy, anaesthesia.

SUCCESSFUL SURGICAL TREATMENT OF A LARGE UTERINE LEIOMYOMA

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Introduction. Leiomyomas or fibroids are the most common benign pelvic tumors in females that grow monoclonally from the smooth muscle cells of the uterus. Some fibroids don't grow for years, while others grow in size very quickly. Extremely large myomas can involve serious complications such as respiratory failure due to diaphragmatic compression or incarcerated abdominal wall hernia.

Case report. Patient – female, 52 years old, admitted to hospital, gynaecology department, electively for laparotomic hysterectomy due to a giant mass in the abdomen and small pelvis. The last time the patient was seen by a gynaecologist was more than 10 years ago. The patient's only complaint was asymmetry of the abdomen for about 5 months. She was referred to a general practitioner previously, had a CT scan, which revealed pedunculated uterine fibroid 22 cm in diameter and a severely enlarged uterus with smallest myomas, from 4 to 10 cm in diameters. The myoma nodes and uterus covered the entire pelvis and abdominal cavity, up to the lower surface of the liver. The patient was urgently referred to the Latvian Oncology Centre, where the consilium denied malignancy and surgery was allowed. Three months after the finding of the mass, laparotomic total hysterectomy was performed. The total weight of the mass after evacuation from the body was 4658 g. Postoperative period – without complications. Patohistological response – uterine leiomyomas.

Conclusions. It is very important to visit a gynaecologist to detect possible abnormalities in time. This clinical case shows that a giant mass pressing on other organs can, however, progress without complaints or complications.

Keywords. Uterine fibroid, laparotomic hysterectomy, giant leiomyoma.

PARASITIC UTERINE LEIOMYOMAS FOLLOWING LAPAROSCOPIC MORCELLATION: A CASE REPORT

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Introduction. Parasitic uterine leiomyomas are a rare phenomenon, where a fibroid or its part detaches completely from the uterus and reattaches to any structure in the abdominal cavity. In recent years it has become evident that laparoscopic power morcellators increase the risk of disseminating the fragments of any uterine tumour into the abdominal cavity. We present a case of successful management of parasitic leiomyomas in a 40-year-old patient 7 years after a laparoscopic myomectomy using an electromechanical morcellator.

Case report. A 40-year-old patient with a history of laparoscopic myomectomy using an electromechanical morcellator presented to our hospital for a routine check-up, when a recurrent uterine myoma was discovered. Eighteen months later, after an unsuccessful treatment with ulipristal acetate, during a laparoscopy for a projected myomectomy, apart from the aforementioned uterine myoma, a large parasitic fibroid, 16 centimetres in diameter, attached to the greater omentum, as well as multiple smaller parasitic myomas in the lower abdomen were discovered incidentally. Owing to the significant vascularisation of the principal parasitic myoma it was decided to abort the laparoscopy and determine further management after an abdominal and pelvic computed tomography (CT) with contrast, which confirmed the extensive vascularisation of the largest fibroid. Based on the CT results and the intraoperative findings, it was decided to perform a laparotomy, where all the fibroids were successfully removed. Post-operative recovery was uneventful.

Conclusions. While laparoscopic uterine leiomyoma removal using electromechanical morcellators offers less perioperative risks and shorter postoperative recovery, it can disseminate the myomatous fragments into the abdominal cavity. Measures to counter this rare, but nonetheless, potentially hazardous phenomenon, should be taken into consideration, such as the development of modern morcellation containment systems and the use of laparotomic or minimally-laparotomic techniques in certain patients.

Keywords. Parasitic myoma, power morcellator, uterine leiomyoma, fibroid, morcellation.

UMBILICAL HERNIA RECURRENCE POST GYNECOLOGICAL SURGERY: THE IMPORTANCE OF MESH REPAIR

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Introduction. There is still an ongoing discussion on the best approach in the management of umbilical hernia. As surgical treatment can be performed in numerous different ways the best technique is yet to be established. According to the guidelines, it is recommended to use mesh repair to decrease the recurrence rate which currently ranges from 2.7 to 10 %. Meta-analysis comparing mesh with primary suture repair suggests an elevation of 5.5 % in recurrence of umbilical hernia in primary suture group.

Case report. A 60-year-old woman presented with nausea, vomiting and lower abdominal pain (VAS-7). The patient underwent a hysterectomy for cervical cancer 6 years ago. Umbilical simple suture hernioplasty was performed concurrently. On admission, physical examination revealed a painful palpable mass on the right side of the abdomen, measured 8x5 cm. Laboratory workup was notable for elevated glucose, neutrophils, and CRP levels. X-ray revealed single liquid-air surfaces in the intestines. Abdominal ultrasound demonstrated collapsed loops of the small intestine without registered peristalsis and free fluid in the hernia sac. Abdominal CT angiography findings suggested incarcerated hernia and signs of ileal obstruction. Urgent simple suture repair hernioplasty was performed. The surgical wound healed without signs of infection or infiltration.

Conclusions. The case report highlights the importance of taking mesh repair methods into account for recurrent umbilical hernias, especially in patients who have had prior gynecological surgery.

Keywords. Recurrent umbilical hernia, mesh.

DIAGNOSTIC DIFFICULTIES AND HEMOPERITONEUM DUE TO RUPTURE OF A FOLLICULAR OVARIAN CYST

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Introduction. Rupture of an ovarian cyst can be a common cause of abdominal pain in women. The diagnosis of cyst rupture can take a lot of time and resources and is not always easy to make. It is important to find out the cause of the abdominal pain and bleeding as soon as possible. The author presents a case of diagnostic difficulties with abdominal pain in a woman.

Case report. A 33-year-old woman presented with lower abdominal pain that had been present for four days. The pain worsened each day and the patient also admitted to nausea.
A physical examination, blood tests, a transabdominal ultrasound of the abdomen and pelvis, and a CT scan with contrast of the abdomen and pelvis were performed in the emergency room.
However, the diagnosis was unclear, the next step was a diagnostic laparascopy, during which the doctors found out the cause of the pain and bleeding, and now the diagnosis was clear.
At this point it is also clear where the fluid is coming from and treatment was initiated which was successful. Electrocoagulation of the ovarian cyst was performed, then the abdominal cavity was flushed and aspirated until clear fluid was obtained.The blood loss was about 500 ml.
The main results of the blood test:

- Erythrocytes 4.60 x10^ 12
- HGB 141 g/L
- CRP 36.96 mg/L
- APTT 30.3 seconds
- Prothrombin index 93.3%
- Prothrombin time 11.3 seconds
- INR 1.02

Conclusions. If the diagnosis is made in time, treatment is successful in most cases. In the case of hemoperitoneum, it is difficult to find out where the blood ir coming from. There is a wide range of diagnoses for women with abdominal pain.

Keywords. Ovarian cyst, rupture of a follicular cyst, hemoperitoneum, diagnostic laparascopy, electrocoagulation.

DIAGNOSIS OF UTERUS DIDELPHYS AFTER CHILDBIRTH: A CASE REPORT

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Introduction. Uterus didelphys is a rare Müllerian duct anomaly, with reported prevalence 5-8%. During embryogenesis the ducts fail to fuse resulting in two uteruses, cervixes, and a vaginal septum. It is associated with an increased risk of infertility and complications during pregnancy and childbirth.

Case report. A healthy 22-year-old female with no notable gynaecological pathology, G1P1, gestational age 38+3 weeks, was admitted to Riga Maternity Hospital with regular contractions and ruptured membranes. On vaginal examination cervix was 0.5 cm long, ripening 4-5 cm, incomplete breech presentation. Considering the foetal presentation, satisfying labour progression and patient's wishes, it was decided to proceed with vaginal delivery. Total duration of labour was 5 h 50 min, delivering a male infant, Apgar score of 4/6/8. Postpartum examination due to perineal tear revealed a vaginal septum, which was resected. Labour was complicated by postpartum haemorrhage two hours later. Revision of the uterine cavity, insertion of a Bakri balloon and vaginal tamponade was performed. The patient was transferred to ICU and received conservative therapy. Postpartum ultrasound scan revealed uterus didelphys. Patient was discharged on the fifth day after delivery. A postpartum out-patient pelvic MRI findings correlated with the established diagnosis.

Conclusions. Uterus didelphys diagnosis is challenging and can be an 1unforeseen circumstance during labour. It poses higher risk of complications during pregnancy and childbirth, therefore antenatal and intranatal care of these patients should be carried out by experienced specialists. Vaginal delivery is feasible mode of delivery with close monitoring from an experienced obstetrician.

Keywords. Uterus didelphys; Müllerian duct anomalies; Pregnancy.

A RARE CASE OF ANTI – NMDA RECEPTOR ENCEPHALITIS CAUSED BY OVARIAN TERATOMA

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Introduction. Anti-N-methyl-D-aspartate receptor encephalitis is an autoimmune encephalitis with neuropsychiatric symptoms. Although it's a rare disease (1/1.5 million per year), anti NMDAR encephalitis is the best known and the most common autoimmune encephalitis.
Since 60% of cases in women with anti-NMDARE coexist with ovarian teratoma, so women with a new diagnosis of psychiatric diseases should be evaluated in detail to exclude the possibility of ovarian teratoma.

Case report. A 30-year-old multiparous woman was initially presented with urinary retention and dysphagia. She was hospitalized for further investigation in Riga hospital. She subsequently developed severe bulbar palsy and respiratory failure. Noncontrast MR of head and spine didn`t reveal any acute pathology. Lumbar puncture showed CSF with proteins 0,6 and cytosis 63. Herpes encephalitis was suspected and therapy with Sol.Acyclovir was started. But Herpes IgM/IgG came back negative, and infusions cancelled.

Later anti-NMDAR antibodies were found in her CSF and therapy with intravenous immunoglobulins was started. This founding prompting to explore for an ovarian teratoma. Gynaecologic ultrasonography showed cystic mass in the left ovary.
Patient neurological status was getting better after therapy with immunoglobulins, and she was discharged from the hospital with recommendation to get a laparoscopic surgery to remove teratoma.
Patient was stationed in Aiwa for a scheduled laparoscopic surgery. During operation a small cystic mass was detected in left ovary. Also a few paratubal cysts in right fallopian tube were visualized. Cyst enucleation in left ovary was made, also was resected patatubal cysts on right side.
Patient made an excellent recovery with immunoglobulin therapy and removal of the teratoma.

Conclusions. Although it is well-known about the relation between anti-NMDARE and ovarian mature teratoma, this small tumor may result in the missing diagnosis and this disease can only be successfully treated with fast surgical intervention.

Keywords. NMDA, autoimmune encephalitis, anti-NMDARE, ovary teratoma.

HERMAPHRODITISM ’23: A CASE STUDY

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[2] Childrens’ clinical university hospital

Introduction. Menstrual disorders of teenage girls are not rare. It is important for the clinician to collect detailed anamnesis, although – not all the answers can be found directly in the story shared by patient, and this clinical case represents that.

Case report. A 14-year-old girl (February, 2023) presented herself to the outpatient clinic with the complaints of amenorrhea since January, 2021. Menarche started at the age of 10 and lasted for 3 months. Gender maturity due to I.M.Tanner – 4th grade, external genitalia properly formed, gynecological USG – corresponds the puberty, ovaries – homogenous. Height: 163 cm, weight: 96,5 kg (>3 SD), BMI 99th percentile (33,1 kg/m2). Multiple sclerosis. MRI of the head and pituitary gland: small Ratke’s cyst between adeno- and neurohypophysis. Osteodensitometry: age appropriate (+0.3 SD). Hormonal analysis (February, April, 2023): hypergonadotropic relative hypogonadism. Karyotype (May, 2023): 46, XY – male karyotype for a phenotypic female, no SRY gene locus by FISH (in July - changes by FISH). In August 2023 – MRI of pelvis with contrast: testicles. In September, 2023 – laporascopic biopsy of the gonads (histologically): ovarian stroma and testis – true hermaphroditism, may indicate ovotestis. Premalingnant process “germ cell neoplasia in situ” in the testicle part histologically and immunohistologically. Gonadoblastoma histologically of the right ovarian projection cannot be ruled out. November, 2023 – laparoscopic gonadectomy. Cytologically – no atypical cells. Histologically – bilateral dysgerminomas/ seminomas, gonadoblastoma with dysgerminoma overgrowth. Consilium planned on the 4th of January, 2024.

Conclusions. Incidence of true hermaphroditism is rare – about 5%. Although menstrual disorders of the teenage girl due to hermaphroditism is not frequent reason, also rarer diseases should be considered by clinicians.