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Multiple fractures in a 22 year old man after a simple fall

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We present the case of a 22 year old male with longstanding progressive fatigue, weakness and pain around his hips due to an undiagnosed parathyroid adenoma. The resultant primary hyperparathyroidism ultimately caused pathologic fractures. He was admitted to the hospital for further assessment and excision of the parathyroid adenoma. A few days after admission, he fell down while walking and was referred to our team. X-rays showed a displaced left femoral neck fracture (FNF) and right humeral shaft fracture with poor bone quality. His humeral fracture was treated conservatively and the FNF was treated with total hip replacement (THR). Three days later, he underwent parathyroidectomy. Within 3 days postoperatively, the parathyroid hormone level had decreased to 4.9 pmol per liter and the calcium level had returned to normal at 2.42 mmol per liter. We believe that, despite the young age of our patient, THR was still the preferred treatment in this situation owing to his poor bone quality, which could have led to failure of fixation; in addition, severe fracture displacement carries a high risk of femoral head avascular necrosis. Yang et al. found that salvage THA for failed internal fixation following FNF is a more technically demanding procedure with prolonged operative time and larger amounts of postoperative drainage (within 24 hours) and that patients are at increased risk of developing hip complications compared with primary THR for acute displaced FNF. This case demonstrates the importance of a thorough investigation of progressive weakness even in a young individual and illustrates the importance of early diagnosis of parathyroid adenoma to avoid the devastating end results of this condition.

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Intact neurological status after induced therapeutic hypothermia in cardiac arrest

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Introduction: Cardiac arrest patients in whom return of spontaneous circulation (ROSC) is achieved after resuscitation frequently develop irreversible neurological impairments owing to hypoxic injury and reperfusion induced cell death. Therapeutic hypothermia has become a standard strategy in specific unconscious adult patients with ROSC after out of hospital cardiac arrest (OHCA) as per American Heart Association (AHA) guidelines.

Case Report: A 48 year old South Asian male arrived to our emergency department with 20 minutes' duration of OHCA with no basic life support (BLS) measures en route to hospital. His initial rhythm was ventricular fibrillation and he had ROSC after 13 minutes of cardiopulmonary resuscitation (CPR) and subsequently underwent therapeutic hypothermia for 24 hours and recovered completely without neurological impairment after eight days of incident.

Conclusion: Therapeutic hypothermia in eligible cardiac arrest patients is an important component of the post cardiac arrest care in the AHA chain of survival. The AHA chain of survival is a chain of five interdependent links for cardiac arrest and comprises early recognition, early CPR, early defibrillation, early advanced cardiac life support and post cardiac arrest care. It has substantial benefits on patient outcome. The ease of administration and positive clinical outcome should encourage other medical professionals to avail this modality.

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