



EUSEM
EUROPEAN SOCIETY FOR EMERGENCY MEDICINE



EPAT
Emergency Physicians
Association of Turkey

EMAT
TÜRKİYE ACİL TIP DOĞRUSU

EMERGENCY
MEDICINE
ASSOCIATION
OF TURKEY

2nd SOUTHEAST EUROPEAN CONGRESS OF EMERGENCY AND DISASTER MEDICINE

20 - 22 JUNE 2019
NAVAL MUSEUM, ISTANBUL - TURKEY

ABSTRACT BOOK

www.seedmc2019.org

2nd SOUTHEAST EUROPEAN CONGRESS OF EMERGENCY AND DISASTER MEDICINE

20 - 22 June 2019, Naval Museum, Istanbul - Turkey

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20 JUNE 2019
THURSDAY

HALL-3

ENG

09:00 - 12:00 / Emergency Medicine Core Competencies (EMCC Course)

Gregor Prosen (Slovenia)

12:00 - 15:00 / Emergency Medicine Core Competencies (EMCC Course)

Gregor Prosen (Slovenia)

20 JUNE 2019
THURSDAY

HALL-4

TUR

09:00 - 12:00 / USG Course (Critical Care) EMAT

Funda Karbek Akarca (Turkey)

15:00 - 15:30 / Coffee Break

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20 JUNE 2019
THURSDAY

HALL-1

ENG

15:30 - 16:30 / Opening Ceremony

Congress Secretary

Behçet Al (Turkey), Orhan Çınar (Turkey)

Congress President

Başar Cander (Turkey), Ersin Aksay (Turkey)

EuSEM President

Luis Garcia Castrillo Riesgo (EuSEM)

16:30 - 17:30 / Plenary Session

Moderators: Başar Cander (Turkey), Ersin Aksay (Turkey)

Future of Emergency Medicine in Europe

Robert Leach (EuSEM)

Emergency Medicine in SEE Countries

Raed Arafat (Romania)

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21 JUNE 2019
FRIDAY

HALL-1

ENG

08:00 - 08:45 / Oral Presentations / S01-S07

Moderator: **Erkman Sanrı** (Turkey)

09:00 - 10:30 / Resuscitation

Moderators:
Cem Oktay (Turkey), **İsa Kılıçaslan** (Turkey)

CPR Studies: Clues for 2020 Guidelines
Haldun Akođlu (Turkey)

Ultrasound-Guided ACLS Resuscitation
Gregor Prosen (Slovenia)

Prehospital Resuscitation
Tanja Rajkovic (Serbia)

10:30 - 11:00 / Coffee Break

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FRIDAY

HALL-1

ENG

11:00 - 12:30

Trauma

Moderators:

Behçet Al (Turkey), Orhan Çınar (Turkey)

Common Geriatric Pitfalls in the ED

Athanasios Tsiodras (Greece)

TBI and Cerebral Vasomotor Activity

Zoltán Vámos (Hungary)

Pain management in ED: Are We Going To Get Better!

Višnja Neseek Adam (Croatia)

Fluid Resuscitation in Trauma Management

Behçet Al (Turkey)

12:30 - 13:30

Break

13:30 - 15:00

For Beginners: FOAMed World!

Moderators: **Haldun Akoğlu (Turkey), Can Aktaş (Turkey)**

Anwar Al Awadi (Kuwait)

Eleni Salakidou (Greece)

Erkman Sanrı (Turkey)

Gregor Prosen (Slovenia)

15:00 - 15:30

Coffee Break

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FRIDAY

HALL-1

ENG

15:30 - 17:00 EM Talks (Chest Pain & ACS)

Moderators:

Nikolas Sbyrakis (Greece), **Zoltán Vámos** (Hungary)

Chest Pain in the ED: Is One Troponin Enough?

Nurşah Başol (Turkey)

Five Things Lead AVR Can Tell Us

Barış Murat Ayyvaci (Turkey)

New Cardiac Drugs: How, What, and When to Use Them in the ED

Harun Güneş (Turkey)

Atypical Chest Pain: 10 Pitfalls

Melis Efeoğlu (Turkey)

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HALL-1

ENG

17:00- 18:00

Critical Care

Moderators:

Yıldırım Çete (Turkey), **Başar Cander** (Turkey)

Top 10 Articles in Critical Care

Oktay Eray (Turkey)

Bradycardia: in Special Circumstances

Diana Cimpoesu (Romania)

Improvement in Hospital Care of Critical Patients with Advanced
Role of Emergency Medical Practitioners in Emergency Center

Marko Ercegovic (Serbia)

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HALL-2

TUR

08:00 - 08:45 Oral Presentations / S08-S14

Oturum Başkanı (Moderator): **Harun Güneş** (Turkey)

09:00 - 10:30 Havayolu Yönetimi (Airway Management)

Oturum Başkanları (Moderators):
Başar Cander (Turkey), **Yahya Kemal Günaydın** (Turkey)

Non-Invaziv Mekanik Ventilasyon (NIMV)
Yahya Kemal Günaydın (Turkey)

Beklenmedik Zor Havayolu: Nasıl Kaçınalım? Nasıl Yönetelim?
(The Unexpected Difficult Airway: How to Avoid It and How to
Manage It)
Mehmet Gül (Turkey)

Yüksek Akım Nasal Oksijen (High Flow Nasal Oxygen)
Başak Bayram (Turkey)

10:30 - 11:00 Kahve Arası (Coffee Break)

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HALL-2

TUR

11:00 - 12:30

EM Talks

Oturum Başkanları (Moderators):
Yıldırım Çete (Turkey), **Başak Bayram** (Turkey)

Sırt Ağrısı: Değerlendirme ve 3 Özel Olgu
(Back Pain: Evaluation and Special Three Cases)
Avni Uygur Seyhan (Turkey)

Septik Şokta Steroid Kullanımı
(Steroids in Septic Shock)
Özgür Karcıoğlu (Turkey)

Kardiyak Arrestte Bikarbonat Kullanımı
(Bicarbonate Use in Cardiac Arrest)
Ramazan Güven (Turkey)

Analjezik Olarak IV Lidokain
(IV Lidocaine as Analgesic)
Serkan Yılmaz (Turkey)

Subaraknoid Kanama: Kime LP Yapalım?
(Subarachnoid Hemorrhage: Who Needs the LP?)
Murat Çetin (Turkey)

12:30 - 13:30

Ara (Break)

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HALL-2

TUR

15:30 - 17:00 / Güncellemeler (Updates)

Oturum Başkanları (Moderators):
Serkan Yılmaz (Turkey), Şahin Çolak (Turkey)

AKS Güncellemeleri (ACS Updates)
Serkan Emre Eroğlu (Turkey)

Hipertansiyon Güncellemeleri (Hypertension Updates)
Halil Doğan (Turkey)

KKY Güncellemeleri (CHF Updates)
Ersin Aksay (Turkey)

17:15 - 18:15 / Afet Yönetimi (Disaster Management)

Oturum Başkanları (Moderators):
Şahin Çolak (Turkey), Yahya Ayhan Acar (Turkey)

Hastane Afet Hazırlık Araçları (Hospital Disaster Preparedness
Tools)
Ertuğrul Altınbilek (Turkey)

Türkiye'de Afet Tıbbının Geleceği (The Future of Disaster Medicine
in Turkey)
Onur Karakayalı (Turkey)

Terör ve Afet için Yerel Planlama (Local Planning for Terror and
Disaster)
Mehmet Dokur (Turkey)

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HALL-3

ENG

08:00 - 08:45 / Oral Presentations / S15-S21

Moderator: **Kenan Ahmet Türkdoğan** (Turkey)

09:00 - 10:30 / Disaster Management (Natural Hazards)

Moderators:

Diana Cimpoesu (Romania), **Özgür Karcioğlu** (Turkey)

Management of Disasters and Complex Emergencies
Volkan Ülker (Turkey)

Management of Mass Fatalities
Anwar Al Awadi (Kuwait)

What is Disaster Risk Reduction?
Murat Ersel (Turkey)

Large Scale Mass Casualty Exercises
Raed Arafat (Romania)

10:30 - 11:00 / Coffee Break

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HALL-3

ENG

11:00 - 12:30

Disaster Management (Emergency Medical Teams)

Moderators:

Luis Garcia Castrillo Riesgo (EuSEM), **Murat Ersel** (Turkey)

The Role of Emergency Medical Services in Disasters

İsa Kılıçaslan (Turkey)

Simulation in Disaster Medicine

Robert Leach (Belgium)

Emergency Department Disaster Planning and Response

Cem Oktay (Turkey)

12:30 - 13:30

Break

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HALL-4

TUR

08:00 - 09:30 / Oral Presentations / S22-S34

Moderator: **Recep Dursun** (Turkey)

15:30 - 17:00 / Uzmanına Danış-Sağlıklı Yaşam (Meet the Expert-Wellness)

Oturum Başkanları (Moderators):
Özgür Çevrim (Turkey), **Mehmet Koşargelir** (Turkey)

Acil Asistanlarında Tükenmişlik ve Depresyon
(Burnout and Depression in EM Residents)
Ebru Akoglu (Turkey)

Sosyal ve Maddi Wellness
(Social and Financial Wellness)
Kenan Ahmet Türkdoğan (Turkey)

Teknolojinin Sağlık ve Wellnes Üzerine Etkileri
(How Technology is Changing Health and Wellness?)
Erkan Günay (Turkey)

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SATURDAY

HALL-1

ENG

08:00 - 08:45 / Oral Presentations / S35-S41

Moderator: **Volkan Ülker** (Turkey)

09:00 - 10:30 / EM Education

Moderators:

Cem Oktay (Turkey), **Kenan Ahmet Türkdoğan** (Turkey)

Emergency Medicine Education in Europe

Luis Garcia Castrillo Riesgo (EuSEM)

EBEEM: The Past, Present and Future of the European Exam

Nikolas Sbyrakis (Greece)

Emergency Medicine in the Republic of Croatia

Ingrid Bošan Kilibarda (Croatia)

Emergency Medicine in Serbia

Saša Ignjatijević (Serbia)

10:30 - 11:00 / Coffee Break

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HALL-1

ENG

11:00 - 12:30

New Technologies

Moderators:

Oktay Eray (Turkey), **Tanja Rajkovic** (Serbia)

Telemedicine Systems: New Opportunities for Patients and
Emergency Care Teams

Raed Arafat (Romania)

Virtual Reality: Are You Ready for The Future of Medical Education?

Göksu Bozdereli Berikol (Turkey)

There's an App for That! Phone Apps You Should Know About

Başak Yılmaz (EuSEM)

Emergency room management: Advantages, Pitfalls and
Development Options

Miljan Jovic (Serbia)

12:30 - 13:30

Break

13:30 - 14:00

Oral Presentations / S68-S71

Moderator: **Raed Arafat** (Romania)

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SATURDAY

HALL-1

ENG

14:00 - 15:30

EM Talks (Toxicology)

Moderators:

Arzu Denizbaşı (Turkey), **Višnja Neseek Adam** (Croatia)

Naloxone Treatments for Opioid Overdose

Göksu Bozdereli Berikol (Turkey)

What is the Standart of Care for Lipid Therapy?

Edmond Zaimi (Albania)

Fentanyl Abuse

Badria Al Hatali (Turkey)

Mixed Anticholinergic Poisoning Clinical Clues

Bulut Demirel (Turkey)

15:30 - 16:00

Coffee Break

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SATURDAY

HALL-1

ENG

16:00 - 17:30

Ultrasonography

Moderators:

Erkan Göksu (Turkey), **Behçet Al** (Turkey)

POCUS - Assisted Management of Sepsis in The ED

Effie Polyzogopoulou (Greece)

Ocular Ultrasound in The ED

Erkan Göksu (Turkey)

What is New for Emergency Ultrasound?

Erol Ünlüer (Turkey)

17:30

Closing Ceremony

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HALL-2

TUR

08:00 - 08:45 / Oral Presentations / S42-S48

Oturum Başkanı (Moderator): **Bariş Murat Ayvaci** (Turkey)

09:00 - 10:30 / Görüntüleme (Imaging)

Oturum Başkanları (Moderators):
Serpil Yaylacı (Turkey), **Avni Uygur Seyhan** (Turkey)

Gebe Hastada Görüntüleme Mitleri (Pregnancy Patient
Imaging Myths)
Sinan Karacabey (Turkey)

Dispne Hastalarında USG ile Tanı (Diagnosis with USG in
Dyspnea Patient)
Burcu Genç Yavuz (Turkey)

Minör Travma Hastalarında Görüntüleme (Imaging in Minor
Trauma Patients)
Serpil Yaylacı (Turkey)

10:30 - 11:00 / Kahve Arası (Coffee Break)

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SATURDAY

HALL-2

TUR

11:00 - 12:30

EM Talks (Travma)

Oturum Başkanları (Moderators):

Mehmet Gül (Turkey), Serkan Emre Erođlu (Turkey)

Gebelikte Travma: Uyarı İşaretleri Nelerdir? (Trauma in Pregnancy:
What Are The Alert Signs?)

Ahmet Afacan (Turkey)

Göğüs Tüpleri: En Sık Görülen Hatalar Nelerdir?
(Chest Tubes: What are the Most Common Mistakes?)

Yahya Ayhan Acar (Turkey)

Top 10 Ortopedik Aciller (Top 10 Orthopedic Emergencies)

İsmail Tayfur (Turkey)

Travma Hastalarında Ketamin Kullanımı (Ketamine Use in Trauma
Patients)

Abdullah Algın (Turkey)

12:30 - 13:30

Ara (Break)

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SATURDAY

HALL-2

TUR

13:30 - 14:00 / Oral Presentations / S72-S75

Oturum Başkanı (Moderator): **Eleni Salakidou** (Greece)

14:00 - 15:30 / Ultrasonografi (Ultrasonography)

Oturum Başkanları (Moderators):
Erol Ünlüer (Turkey), **Erkan Göksu** (Turkey)

Ultrason Literatür 2018 (Ultrasound Literature 2018)
Özlem Dikme (Turkey)

Ultrason Rehberliğinde Perikardiyosentez (Ultrasound Guided
Pericardiocentesis)
Erol Ünlüer (Turkey)

Akut Kapak Patolojilerinde Ultrason
(Ultrasound in Acute Valve Pathologies)
Funda Karbek Akarca (Turkey)

15:30 - 16:00 / Kahve Arası (Coffee Break)

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SATURDAY

HALL-2

TUR

16:00 - 17:30

Toksikoloji (Toxicology)

Oturum Başkanları (Moderators):

Arzu Denizbaşı (Turkey), **İsmail Tayfur** (Turkey)

Toksikolojide Kritik Güncelleme 2018 (Critical Update in
Toxicology 2018)

Yılmaz Aydın (Turkey)

Kannabis Hakkında Bilmeniz Gereken 10 Şey (10 Things You
Need to Know About Cannabis)

Gökhan Aksel (Turkey)

Toksikolojik Acillerde EKG'ler (ECGs in Toxicologic Emergencies)

Dilay Satılmış (Turkey)

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SATURDAY

HALL-3

ENG

08:00 - 08:45 / Oral Presentations / S49-S55

Moderator: **Gökhan Aksel** (Turkey)

09:00 - 10:30 / Disaster Management (CBRNe)

Moderators:

Raed Arafat (Romania), **Özlem Dikme** (Turkey)

Chemical Exposures and Decontamination

Tuba Cimilli Öztürk (Turkey)

CBRNe Preparedness: Perceptions of ED Physicians and Nurses

Can Aktaş (Turkey)

What Are The Early Indicators of a Possible CBRNe Attack?

Yahya Ayhan Acar (Turkey)

EMS Response to Radiologic Events in Disaster

Samir Smisim (KSA)

10:30 - 11:00 / Coffee Break

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SATURDAY

HALL-3

ENG

11:00 - 12:30

Diseaster Management (Pandemic)

Moderators:

Edmond Zaimi (Albania), **Saša Ignjatijević** (Serbia)

How to Manage Triage Tools in Mass Disasters?

Mücahit Avcil (Turkey)

Current Pandemic Preparedness and Response Tools, Systems
and Practice

Samad Vahdati (Iran)

Pandemic Influenza Risk Management

Özgür Karcioğlu (Turkey)

12:30 - 13:30

Break

13:30 - 14:00

Oral Presentations / S76-S79

Moderator: **Saša Ignjatijević** (Serbia)

14:00 - 15:30

Meeting-3rd SEEDMC

15:30 - 16:00

Coffee Break

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SATURDAY

HALL-4

TUR

08:00 - 09:30 Oral Presentations / S56-S67

Moderator: **Bülent Erbil** (Turkey)

13:30 - 14:00 Oral Presentations / S80-S83

Moderator: **Bülent Erbil** (Turkey)

14:00 - 15:30 Uzmanına Danış-Minör Aciller Meet the Experts-Minor

Oturum Başkanları (Moderators):
Mehmet Gül (Turkey), **Serkan Yılmaz** (Turkey)

Urology Nightmares
Mehmet Ediz Sarıhan (Turkey)

Ocular Trauma: Diagnosis and Management
Özgür Çevrim (Turkey)

Caring for Transgender Patients in the ED
Erkan Erdem (Turkey)

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ORAL PRESENTATIONS

Aramak istediđiniz isimi, kurumu, kelimeyi yazarak ilgili bölüme gidebilirsiniz.

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S-02

Pneumomediastinum and Pneumothorax Following Isolated Tracheal Rupture Caused by Blunt Neck Trauma: Case Report

E. Altınbilek

Sislii Hamidiye Etfal Education and Research Hospital, Emergency Medicine Clinic, İstanbul, Turkey

Trachea is a well-preserved organ. Tracheal injuries are rarely seen through the numerous muscular and cartilaginous structures surrounding them. (1) Tracheobronchial injuries; can be seen transversely, longitudinally, and complexly as a changing grades and locations ranging from a simple tear to complete separation at the membranous surface. (2) Possible fatal complications are; pneumothorax, pneumomediastinum, mediastinitis, tracheal stenosis and respiratory failure. (3) Tracheal rupture is a rare but potentially life-threatening condition. (4) Diagnosis is usually late or overlooked. Today it is easier to diagnose tracheal rupture because of the improvement imaging methods. The possibility of tracheal rupture should be considered in patients with subcutaneous emphysema and pneumomediastinum after trauma. Thorax tomography and bronchoscopy should be performed in suspicious cases for definite diagnosis. (7) 20-50% mortality and 10-25% morbidity have been reported for tracheal rupture. In this case report, we presented a case of pneumothorax and pneumomediastinum secondary to tracheal rupture after blunt neck trauma, with complaints of dyspnea, shortness of breath and difficulty in talking

Case Presentation

8 year old boy, was admitted to our emergency department after fall from the bike. His complaints was difficulty in breathing, swelling in the neck and difficulty in speaking. In his anamnesis we learned that he hit his neck to the bike handlebar while he was falling. There was no history of illness or trauma in the past. On his physical examination GKS:15, Blood pressure: 100/60, respiratory rate: 15/min, oxygen saturation:97, heart rate: 100/min. No incisions were found in the mouth. There were sensitivity, pain and subcutaneous emphysema with palpation in the injury area. There were no signs of trauma on thorax like ecchymosis, lacerations or grazes. There was also common subcutaneous emphysema around the chest. Bronchovesicular bronchial sound was heard in lung auscultation. Pathological lung sound was not heard. Other systemic examination was normal. Hemodynamic and ventilation parameters were normal. The patient had a contrast enhanced and contrast unenhanced neck tomography in terms of emphysema etiology. We detected air images in all compartments of the neck and we found a suspicious rupture area in the posterior trachea near the subglottic area. No esophageal rupture was detected in cervical computed tomography with oral contrast. Thoracic computed tomography showed mediastinal midline and air images compatible with pneumomediastinum. Thoracic computed tomography showed that mediastinum was in midline and also showed air images compatible with pneumomediastinum. (image 2) No pathology was found in the heart and main arterial structures. Especially on the right thorax part, air images were observed between the fusiform wall and soft tissue. Pneumothorax was observed in left lung. Lung volume is reduced. The pericardial and pleural border are detected normal.

As a result, childhood trauma is important. Blunt neck traumas can be seen with little space in the childhood traumas. Tracheal rupture may be overlooked if not considered. The possibility of tracheal rupture in blunt chest and neck trauma should be considered. Tracheal rupture should be considered as a diagnosis in patients; with subcutaneous emphysema, pneumomediastinum and pneumothorax, following blunt trauma.

Keywords: Tracheal Rupture, ;Bike;Child

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S-03

Evaluation of 28-day Mortality of Discharged Patients with High D-dimer Levels and No Pulmonary Embolism Findings in Computed Tomography Angiography.

F.F. Ercan Coşkun¹, E. Aksay¹, H. Çıldır¹, E. Şancı², N. Çolak Oray¹, B. Bayram¹

¹Dokuz Eylul University Hospital, Emergency Department, Izmir, Turkey

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Objective

D-dimer tests are being used for patients with low or moderate risk of pulmonary embolism. If d-dimer levels are below cut-off, pulmonary embolism is being ruled out of differential diagnosis. When it is above cut-off levels; advanced imaging is planned. Thorax computed-tomography angiography (TCTA) is golden standard for pulmonary embolism diagnosis, although segmental-subsegmental minor pulmonary embolism may not be diagnosed by TCTA. There are studies showing that high d-dimer levels are associated with mortality in many disease groups and in healthy adults. These studies have led to the hypothesis that "Patients being discharged from emergency department with high levels of d-dimer and no indication of pulmonary embolism in TCTA imaging would also have higher mortality rates than healthy individuals."

Material and Methods

After approval of Dokuz Eylul University Institutional Ethics Committee, this retrospective study is conducted in Dokuz Eylul University Hospital Emergency Department. Patients who admitted between 01.01.2012-31.12.2016 and met inclusion criteria enrolled to the study. Inclusion criterias were; patients with older than 18 years of age, d-dimer levels above the age adjusted cut-off (age x 10mg/L), patients with negative findings of pulmonary embolism in TCTA evaluations. We investigated emergency department outcomes and 28-day mortality of these patients.

Results

213 patients were enrolled to analysis. Admission complaints were; shortness of breath, chest-pain, palpitations, hemoptysis, syncope, back-pain, side-pain. Patients who applied to emergency department with shortness of breath had higher mortality rates. We differentiated TCTA results as normal and abnormal. Abnormal findings were; pneumonia, pleural effusion, emphysema, infected-bronchiectasis, malignancy progression, mosaic perfusion, ground-glass opacities, pneumothorax, empyema, cavitory lesion, new diagnosis in favor of malignancy, pericardial effusion, aortic aneurysm, mural thrombus, cholecystitis, constrictive pericarditis, perihepatic-perisplenic free-fluid, splenic artery aneurysm and imaging favorable for heart failure. The 28-day mortality rate was 13.3% in patients with abnormal findings, patients with normal imaging had zero mortality rate in 28 days. (P<0.01). The emergency department outcome of the patients classified as hospitalized and non-admitted. 20% of the hospitalized and 6.5% of the discharged patients died within 28 days. (P<0.01). There were 22 patients with 28-day mortality. The mean d-dimer level of these patients were 6.59 mg/L FEU, remaining 191 patients had a mean dimer level of 3.09 mg/L FEU. (P<0.01)

Conclusions

Patients, who had been investigated for pulmonary embolism with positive d-dimer levels and normal TCTA can be safely discharged. Mortality rates correlated with higher d-dimer levels in patients who had been investigating for preliminary diagnosis and have abnormal imaging.

Keywords: Pulmonary embolism; d-dimer; thorax computed tomography angiography; mortality

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S-05

Lung Ultrasound for the Diagnosis of Pneumonia in Adults

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Objective

Posteroanterior chest X-ray and computed tomography are used as a diagnostic method in emergency clinics for pulmonary pathologies. Although computed tomography of chest is the gold standart diagnostic method of pneumonia it is not preferred as a routine due to its inaccessibility, high radiation dose and high cost. The effectiveness in diagnosing of chest ultrasound is becoming more important. The aim of this study to investigate the value of chest ultrasound in diagnose of pneumonia.

Material and Methods

A prospective observational cohort study in an adult emergency department includes patients with suspected pneumonia over 18 years of age. Sonographic pneumonia was defined as lung consolidation with air bronchograms. Patient management was decided by treating clinicians who were blinded to lung ultrasound results. Four hundred ten patients were diagnosed with pneumonia during the study period. One hundred and twenty-five patients who applied to with prediagnose of respiratory tract infection were included in the study. All patients who were decided to undergo thoracic computerized tomography by the emergency physician after physical examination had posteroanterior chest X-ray before this examination. For patients, pneumonia detected in their tomography, thorax ultrasoundography was performed according to the BLUE protocol. Follow-up was performed by medical record review to obtain final diagnosis and antibiotic use.

Results

The mean age of 125 patients included in the study is 73.9±14.6. In 77.6% of 125 patients with pneumominal infiltration detected by computed tomography, with thorax ultrasound and in 45.6% of them with chest xray were viewed infiltrations. The sensitivity of thorax ultrasound has found as 33.3% in right upper zone, 90.5% in right middle zone, 73.7% in right lower zone, 100% in left upper zone, 62.9% in left middle zone, 45% in left lower zone.

Conclusions

Thorax ultrasound is a helpful diagnostic method when it is performed by emergency physicians according to BLUE protocol to evaluate unstable patients bedside, with higher sensitivity than chest xray (77.6% vs. 45.6%) and doesn't contain ionizing radiation.

Keywords:Thorax ultrasound;pneumonia;emergency departmant

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S-06

Investigation of the Effect of Intracranial Hemorrhage On Mortality in Pediatric Penetrating Head Traumas

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Objective

The aim of this study was to investigate the effect of intracranial hemorrhage on mortality in pediatric penetrating brain trauma.

Material and Methods

This prospective study was performed in the emergency room of the Kilis State Hospital on the Syrian border in 12 months. Patients who were injured in the Syrian civil war, under 18 years of age, with penetrating head trauma were included in the study. Patients with additional trauma other than head trauma were excluded from the study. In this prospective study, 79 patients with penetrating head trauma under 18 years of age were included. Age, gender information of the patients were recorded. Intracranial hemorrhages were evaluated in brain tomography. In our study, patients were divided into two groups as survivors and survivors within the first 24 hours. There was no statistically significant difference between the two groups.

Results

The mean age of the study (n = 79) was 11.81 ± 4.29 . 58 of them were male (73%) and 21 of them (27%) were female. 43 patients died within the first 24 hours in the emergency room and 36 patients survived. Subdural bleeding (SDH) was detected in 11/79 (14%) patients. Intraparenchymal bleeding (ICH) was detected in 76/79 (96%) patients. Epidural bleeding (EDH) was found in 23/79 (29%) patients. Subarachnoid hemorrhage (SAH) was found in 12/79 (15%) patients. In pediatric patients presenting with PBH; We found that EDH and SDH were statistically significant in the group of patients who died (P <0.001, 0.041).

Conclusions

Detection of EDH and SDH in brain tomography can be considered as a predictive predictor of mortality.

Keywords: Pediatric; Head trauma; intracranial hemorrhage

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S-07

Investigation of the Effect of Cranial Bone Fractures On Mortality in Pediatric Penetrating Head Traumas

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Objective Traumatic brain injury (TBI) is the fourth cause of death in the United States and is the leading cause of death among people aged 1 to 44 years. Penetrating brain injury (PBI) is defined as TBI which is not the result of a blunt mechanism. The aim of this study was to investigate the effect of cranial bone fractures on mortality in pediatric penetrating brain injury.

Material and Methods

The study included 79 patients under the age of 18 who were diagnosed with penetrating head trauma. Patients were divided into two groups as 'survivors' and 'deceased patients' in the first 24 hours. There were statistically significant differences between the two groups in terms of cranial bone fractures.

Results

The mean age of the study (n = 79) was 11.81 ± 4.29 . 58 of them were male (73%) and 21 of them (27%) were female. 43 patients died within the first 24 hours, and 36 survived. Frontal bone fracture was detected in 47/79 (59%) patients. Parietal bone fracture was detected in 59/79 (75%) patients. Temporal bone fracture was detected in 49/79 (62%) patients. Occipital bone fracture was detected in 33/79 (42%) patients. We found that occipital bone fractures in the deceased patient group (n = 43) were statistically significant compared to the surviving patient group (n = 36) (P = 0.016).

Conclusions

We have found a statistically significant difference in occipital bone fracture compared to the survivors. Occipital bone fracture in brain tomography can be considered as a predictive marker for mortality in pediatric PBH patients.

Keywords: pediatric; head trauma; cranial fracture; mortality

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S-10

Spatial Analysis and Evaluation of Carbon Monoxide Poisoning Admitted to a Tertiary Hospital

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Objective

The importance of health applications is increasing rapidly among the fields of application of geographical information systems. These applications help the decision makers in the field of health through maps produced by associating the available data with the developing technology.

In this study, we aimed to contribute to the poisoning data by performing spatial analyzes related to the demographic data and carboxyhemoglobin (COHb) levels of carbon monoxide poisoning cases admitted to our hospital emergency medicine clinic.

Material and Methods

Our study was performed retrospectively. Patients with a COHb level above 10% who were admitted to the SBU Ümraniye EAH Emergency Medicine Clinic between 01.01.2015 and 01.01.2018 were screened from the hospital computer-based data system. Ethics committee approval required for the study was taken from the local ethics committee.

Demographic characteristics (age, gender) and COHb levels of the patients and spatial analysis of the poisonings were performed. Those who could not get information about the poisoning place from the hospital computer based data system were excluded from the study. Address data of poisonings were revised in Excel due to possible repetition or missing data. Geocoding process was made by geocoding services which provide free services. A heat map was created based on these positions and COHb values of the persons in this position. Approximately transportation time from poisoning addresses to hospital was calculated using QGIS software. The relationship between COHb level and this time was evaluated.

Results

The study included 414 patients with COHb levels above 10% who were admitted to our clinic. 39 patients were excluded from the study because of repetition or missing data. 52.3% (n = 196) of the patients were female and 47.7% (n = 179) were male. We found that the female patient group was more statistically significant.

The ages of the patients ranged from 3 to 94 years, and median of age was 36 years (IQR = 37.4).

When the distribution of patients according to the seasons is evaluated; It was seen, 43.7% (n = 164) in winter, 23.7% (n = 89) in spring, 15.5% (n = 58) in summer, 17.1% (n = 64) in the autumn season. It was determined that the patients included in the study came to a great extent during the winter months, and this was statistically significant.

Conclusions

Geographical Information Systems play an active role in increasing the service quality and satisfaction as a decision support system that provides accurate analysis of spatial data in the areas of policy production, strategic planning and management, especially in the areas of corporate applications.

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Study limitations

There are several limitations to our study. Firstly in some cases, incomplete files or incorrect addresses were noticed. Therefore, we could not evaluate all the patients with CO poisoning.

Secondly, this is a single-center study and only shows the patients with CO poisoning coming to a single hospital and only one part of city. Consequently, multi-center studies are needed.

As a result, the spatial analysis and evaluation of a local area has been conducted in our study, but extensive studies and analyzes are needed.

Keywords: Spatial Analysis; Carbon Monoxide Poisoning; Carboxyhemoglobin

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S-13

Evaluation of the Relationship Between Anxiety, Depression Scales and Relevance of the Urgency of Dermatological Patients Admitted to the Emergency Department; a Prospective Observational Study

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Objective

An application to the emergency department of any branch, including dermatology, is not only related to the medical condition, but often differs according to the geographic, socioeconomic, cultural and existing health system infrastructure of those communities. Although skin diseases are not usually life threatening, they have a negative impact on the quality of life of individuals. A few epidemiological studies have been found in the emergency departments related to the patients who applied for dermatological reasons, but there are no studies on depression, anxiety scales and dermatological quality of life. The aim of this study was to determine the demographic data of the patients who applied to the emergency department with dermatological complaints, to determine the rate of actual dermatological emergency cases and to describe the psycho-social basis of beck anxiety and depression scales and the reasons for referral to the emergency department.

Material and Methods

The prospective observational and survey study was conducted as a single center with the inclusion of patients older than 18 years of age who were admitted to the emergency medicine clinic for dermatological emergencies. In this study, the patients who were admitted to the emergency department were consulted by the dermatology specialist after their initial diagnosis and treatment was done by the emergency physicians. Demographic data, dermatological life index, beck anxiety and depression scale were recorded.

Results

The mean age of 200 patients was 40.5 (± 16.39) and 116 (58%) were female. The most frequent admission complaints were 1 month and over ($n = 58$, 29%). The actual dermatological patient group was 29.5% of all patients. The most common reason for referral was the fact that the patients were in urgent need (47.5%), and the most common clinical diagnosis was urticaria (24%). According to dermatological life quality index; 79 (39.5%) were affected moderately. The mean value of all patients was 15.22 ± 12.56 according to the Beck Anxiety score scale. According to the Beck Depression Scales, the mean of the patients was $12,8 \pm 8,9$. When the patients were divided into two groups according to the beck depression-anxiety scale and dermatological life index, there was no statistically significant difference between the two groups in terms of gender, age, marital status, education level, income level, duration of complaint, and the reason of admission. Statistically significant difference was found only according to gender differences according to beck anxiety depression scale ($p = 0.029$).

Conclusions

We think that increased anxiety levels are an important factor in the application of the patients to the emergency department and therefore awareness raising activities should be beneficial in preventing frequent referral by increasing this point by social media and hospital based studies. In addition, a large number of patients admitted to our study were found to be easily diagnosed and managed by a general practitioner without having to be evaluated by a dermatologist. It is possible to reduce the urgent intensity with the trainings to be given to physicians in the 1st stage health service points from the dermatological point of view.

Keywords: Dermatologic emergency; emergency department; anxiety; depression

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S-15

Compartment Syndrome Due to Electric Shock

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Introduction

Compartment syndrome (CS) is characterized by loss of function due to ischemia occurring in muscle and nerve tissues due to increased perfusion pressure within the enclosed muscle fascias in the extremities. There are two types as acute and chronic. Chronic CS is mostly seen after excessive exercise. Acute CS frequently develops with fractures after trauma, crush injuries, arterial injury and electric shock. In this case, we report a CS case occurring after electric shock.

Case

A 25-years-old female patient with a 10-week pregnancy was admitted to the emergency department with an electric shock on the roof of the house. The patient had no history of the additional disease and her vital signs were stable except for sinus tachycardia. Glasgow coma scale was 15. The patient had lacerations in the right parietothemporal region, and got burnt on the left hand, wrist, forearm and elbow and feet. Vascular access was established with a central catheter in the emergency department. After the Foley catheter was inserted, it was observed that there was intense myoglobinuria. No cardiac rhythm disturbance was observed on the monitor. Fetal heartbeats were observed in obstetric ultrasound. The patient was taken to emergency operation due to the compartment syndrome in the upper left extremity. The patient underwent fasciotomy to the upper left extremity and both ankles.

Conclusion

One of the most important reasons for CS is the electric shock that is a type of trauma that affects all age groups with high morbidity and mortality. Damage caused by electrical injuries depends on thermal effect or a direct effect of electricity. Patient management in emergency departments is very important. Particular attention should be paid to rhabdomyolysis, cardiac arrhythmias and CS. Fasciotomy should be performed in the early period in CS.

Keywords:compartment syndrome;Emergency;Fasciotomy;Myoglobinuria;Pregnancy

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S-17

The Predictive Values of Qsofa, Sirs, Combination of Qsofa and Sirs Criteria in Determining the Poor Outcome of Patient with Suspected Infection

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Objective

It is important to early diagnose the sepsis and and poor outcome of patients in emergency department. Our aim in this study, was to compare perception of poor outcome (30-day mortality, intensive care unit admission and hospital admission) of qSOFA and SIRS criteria in infected or suspicious infected patient.

Material and Methods

Our study is a prospective observational cohort study. The patients who were over 18 years and applied the emergency department with suspected infection were included. qSOFA and SIRS scores were calculated for patients' referral. Patients with qSOFA ≥ 2 and / or SIRS ≥ 2 were considered sepsis. Patients were called in one month after the emergency application and were informed that a poor outcome had occurred. The comparison of these scores individually and in combination was used to predict poor outcome.

Results

Median age of the the 526 patients, was included, is 56 and 274(48,2%) patients were male. For poor outcomes, we calculated the sensitivity of qSOFA was 34% and spesificity was 96%, the sensitivity of SIRS score was 81% and spesificity was 32% and sensitivity of combination qSOFA and SIRS scores was 31%, specificity was 98%, respectively.

Conclusions

We think that the qSOFA score can be used as a diagnostic test because of its high specificity and the SIRS score can be used as an exclusion criterion for the reasons of high sensitivity. The combined use of qSOFA and SIRS scores does not make a significant contribution to the use of qSOFA or SIRS score alone.

Keywords:qSOFA;SIRS;Infection;sepsis;poor outcome

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S-18

The Investigation of End-tidal Carbon Dioxide, Cardiac Output and Vena Cava Collapsibility Index Changes in Evaluation of Fluid Responsiveness After Passive Leg Raising Maneuver

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Objective

Cardiac output measurement is useful, but not always feasible to the identification of patients who will respond to fluid therapy. The aim of this study is to investigate the change of vena cava collapsibility index and end-tidal carbon dioxide values among with fluid responsive and unresponsive patients in emergency department.

Material and Methods

Our study was carried out in a tertiary university hospital emergency department among spontaneously breathing patients with dehydration findings. Changes in cardiac output, cardiac index, vena cava collapsibility index, end-tidal carbon dioxide and vital signs were assessed before and after passive leg raising maneuvers. Patients with a change in cardiac output $\geq 15\%$ after a passive leg raising maneuver were considered fluid responders. Changes in vena cava collapsibility and end-tidal carbon dioxide levels in fluid-responsive and unresponsive groups and changes in cardiac output, cardiac index, vena cava collapsibility index, end-tidal carbon dioxide, and vital signs induced by passive leg raising maneuver in the whole population were compared.

Results

17 women and 14 men, 31 in total patients were included in the study. 15 patients were fluid responsive and 16 patients fluid unresponsive. In the fluid responsive group, end-tidal carbon dioxide level was 4 mmHg (18.02%); in the unresponsive group, 2 mmHg (9.96%) was observed and it was statistically significant ($p=0.017$ and $p=0.010$). There is moderate correlation between end-tidal carbon dioxide exchange rate and cardiac output exchange rate ($r=0.430$, $p=0.016$). The change in vena cava collapsibility index between the two groups was similar ($p=0.886$).

Conclusions

Vena cava collapsibility index was found not to be useful in determining patients who may be fluid responsive according to cardiac output change; end-tidal carbon dioxide exchange can be useful in determining the patients who may be fluid responsive.

Keywords:dehydration;fluid responsiveness;end-tidal carbon dioxide;passive leg raising maneuver;cardiac output

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S-19

Helicopter Emergency Medical Service in Istanbul

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Objective

Boasting Turkey's busiest traffic and population density, İstanbul is a city that is experiencing great difficulties for the transfer of seriously ill patients. Helicopter emergency medical services in Turkey (HEMS) was first launched in İstanbul in 2008. We offer descriptive data and discussions on cases managed by Helicopter emergency medical services, data for the year of 2016. The service provides service for all patient groups throughout the region. The daily operational crew consists of a pilot, one paramedic and a doctor.

Material and Methods

In our study, the records of 101 cases managed by HEMS team were examined retrospectively. As measured data: patient gender, age, diagnosis and mechanical ventilator requirement. Besides, flights for organ transplantation, protocol duty and planned but not realized due to meteorological reasons; 44 flights were not included in the study.

Results

The number of patients carried by helicopter emergency medical services in İstanbul was 101 in 2016. 64,4% of patients were male (n=65) and %35,6 were female (n=36). The age range of the cases was between 1 day newborn to 90 years old. Among the cases carried by helicopter, the rate of transport with newborn incubator is highest as %28,7 (n=29). The majority of these cases are congenital cardiac anomalies. At this point, the newborn transport may have been high due to the high number of newborn intensive care units in İstanbul due to referrals from the nearby provinces. The second line was the group of cardiovascular patients with 24,8% (n=25). From these patients; 16 patients had myocardial infarction, 7 had pediatric complicated congenital cardiac anomalies and 2 cases had aortic dissection. Burn cases were the third most frequent with 13,9% (n=14). Since the burn units in the region are more than the periphery and these cases should be transported over long distances in a short time, burned case transfer rates are observed to be high. Due to the fact that İstanbul and its environs have intense industrial settlements and vehicle traffic, the number of trauma cases is in the 4th place with 11,9% (n=12) and the number of cases is higher in the winter months. The majority of these cases contain amputated organs. In the summer, especially in the Şile and Adalar region, drowning cases are the cause of 5% of helicopter transfers (n=5). Neurological, Infection, Gastrointestinal system and Respiratory system related cases were transferred respectively %5,9, %4, %4%, %2. Death occurred in 1 patients during the helicopter transfer. 35,6% (n=36) of cases transferred required ventilator support. 97% of the patients who were successfully transported to the hospital were alive at least 24 hours.

Conclusions

Since the transfer of the patient by helicopter, critical interventions have been made to various age groups. But, the benefits of helicopter emergency medical services (HEMS) over ground emergency medical services (GEMS) remain uncertain. Especially in our country; more serious documentation and studies are needed in terms of the development and rational use of this service.

Keywords: Helicopter; emergency medical; İstanbul

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S-20

Big Ideas May Need More Money: Analysis of National Institutes of Health Funds Allocated to the Southeast European Countries

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Objective

This study aimed to provide a descriptive analysis of the National Institutes of Health (NIH) funds allocated to the Southeast European countries (SECs).

Material and Methods

NIH Research Portfolio Online Reporting Tools (RePORTER) is an electronic tool that allows users to search a database of NIH-funded research projects. It also lists publications and patents resulting from NIH funding. A search within NIH RePORTER for the years from 1985 to 2019 was performed selecting the SECs (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Kosovo, Moldova, Montenegro, Macedonia, Romania, Serbia, Slovenia, and Turkey). Project name, country, year, project budget (in US dollars), duration (months), project type (health sciences, engineering, others), awardee organization (university, other institutions), publication resulted from the funding (yes, no) were recorded for every individual project. Inflation-adjustment was not performed.

Results

The search yielded 15 NIH-funded grants. The total amount of funds allocated to the SECs was \$8.23 million. The mean project duration was 48.53±24.44 (min: 24, max: 102) months. Funds were allocated to 9 of SECs and 4 of them did not get any fund. Turkey (n=3) and Greece (n=3) got the highest number of the fund. Serbia got the highest amount of funds and followed by Moldova and Albania (figure 1). Funding amounts did not differ between years ($p=0.462$, Kruskal Wallis test) and countries ($p=0.139$, Kruskal Wallis test). The pandemic response was the subject of the projects awarded by the highest budgets. Six awardee institutions were universities, and nine of fifteen were other institutions. Thirteen projects were from the health sciences topic. Eight projects resulted in a publication.

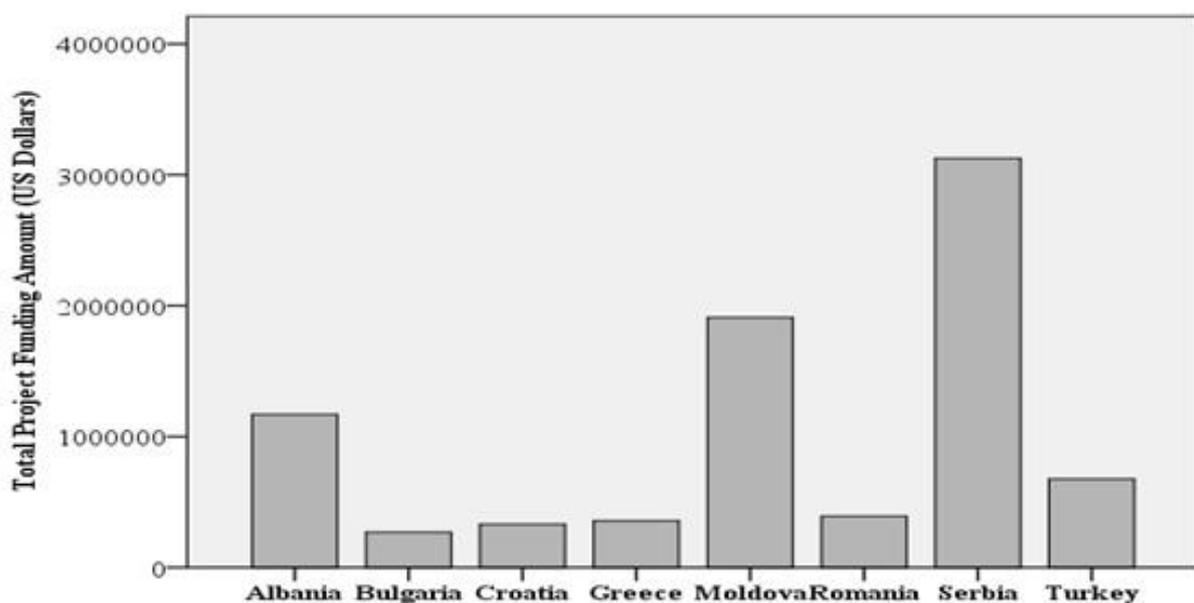


Figure 1. Total project funding amounts allocated to Southeast European Countries by National Institutes of Health (NIH) between 1985 and 2019.



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Conclusions

Resources allocated to the scientific research may be limited especially in developing countries, and international funding resources seem beneficial. This analysis demonstrates that NIH awards many projects from SECs and allocates the highest budgets for pandemic response studies.

Keywords:Funding;Research;National Institutes of Health

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S-21

Demographic and Clinical Characteristics of Applications to the Emergency Service with Mushroom Intoxication

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Objective

Disease caused by some poisonous compounds in corked mushrooms is called mushroom poisoning or misetismus. Mushroom poisoning is mostly associated with mild gastrointestinal symptoms. Early onset of vomiting, low toxicity of the mushrooms, suggesting that after six hours of vomiting should be thought of poisoning with fatal mushrooms².

Mushrooms shorter period than three hours of onset of signs contain; muscarin, coprin, ibotenic acid, psilocybin toxins. These toxins affect the autonomic and central nervous system. Symptoms of mushrooms with long duration of symptoms appear after 6-24 hours. Gyromytra, Amanita phalloides are from this group³.

Mushroom poisoning is an important health problem in our country that causes mortality and morbidity. In this study we aimed to evaluate the demographical and clinical variations and treatment and complications of the patients admitted to emergency department(ED) with mushroom intoxication.

Material and Methods

The population of this retrospective study included all adults who were admitted to the Clinic of Emergency Medicine of Health of Sciences University Ümraniye Training and Research Hospital with suspected mushroom intoxication during the date 01.05.2018 and 01.05.2019. The patients who were diagnosed ICD-10 code T62.0 for Toxic effect of ingested mushrooms is a medical classification as listed by WHO under the range -Toxic effects of substances chi, were identified through the computerized medical and laboratory records of the hospital. Patients who is under 18 years of age and have missing data, were excluded from the study

The data extracted from the patients' files included seasonal variation, age, gender, clinical manifestations, presenting time of clinical manifestations(as hours) and, laboratory records, treatment(hemodialysis), hospitalization and outcome.

Results

114 patients were included in the study. %58.8 of the cases are female and %41.2 of the cases are male. It was found out that the patients in the 65 of the cases (%57) had applied to the hospital during the autumn months. 38 patients refused treatment. Hemodialysis was performed in 28 (36.8%) of 76 patients who accepted treatment. Only one patient (0.9%) died during hospitalization.

Conclusions

Therapy of mushroom poisoning consists of supportive measures, detoxication procedures including extracorporeal blood purification methods, and administration of drugs, namely, benzylpenicillin or other beta-lactam antibiotics, silibinin, and NAC. Methods such as plasma replacement, hemodialysis or hemoperfusion are widely used for the removal of toxin. Hemoperfusion and hemodialysis performed within the first 24 hours following fungal infection were reported to be helpful in eliminating toxin⁹. Toxins cleared from plasma rapidly, extracorporeal decontamination treatment is useful only if started very early, soon after the gastrointestinal symptoms occur¹⁰. In our study 38 patients refused treatment. We think that patient refused treatment because of, hemodialysis or hemoperfusion are treatment option after symptomatic treatment without any symptoms.

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In conclusion, the basic approach to mushroom poisoning is prevention of the disease, by public education, early recognition of the intoxication, and early initiation of specific therapeutic measures.

Keywords:mushroom poisoning;mushroom intoxication;mushroom ; emergency service

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Evaluation of the Effect of Inhalation Ipratropium Use On Pupil Dilatation in Rats: an Animal Experimental Study

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Objective

The aim of this study was to investigate the effect of inhaled ipratropium on pupil diameter when applied directly onto the eye in a closed environment.

Material and Methods

A total of 14, 8-week-old and 350-g weight Sprague dawley rats were obtained from Yeditepe University Laboratory of Experimental Animals for research. At constant temperature (22 ± 3 °C) and 12-hour light / dark cycle, the rats had access to standard feed and water. 7 rats were exposed to ipratropium while 7 rats were given saline nebular. Pupil diameters and pupillary-orbital diameter ratios were compared before exposure and 2 hours after exposure to the drug.

Pupil diameters and pupillary-orbital diameter ratios measured before and 2 hours after inhalation ipratropium administration were compared in the computer environment after 4288x2848 pixel magnification.

Results

There was no significant difference in pupil diameter and pupil / orbital diameter ratios in either the right or the left eyes after treatment compared to baseline values ($p > 0.05$, for both).

There was no significant difference in Delta rates. The numerical data fitted the normal distribution.

Conclusions

In our study, no significant difference in diameter changes were determined that would advocate that we should be more careful in the case of anisocoria development in patients receiving iproprium treatment and to perform a detailed neurological examination and request neurology consultation as soon as possible. Anisocoria or changes in pupil diameters that we may encounter in both pupils may not always be associated with drug use.

Keywords:pupil diameter;Ipratropium;rat

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Human Origin Disaster: Live Bomb Attack

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Objective

Disasters are of natural or human origin. Man-made disasters can arise as a result of direct or indirect actions of people, two of the most important types of such disasters are war and terror. Terrorism is defined as an attempt to reach a political or ideological goal through the use of violence or the threat of violence. Terrorism strategies always aim to create more massive damage. Nearly half of the deaths in the explosion injuries occur at the scene and a significant part of the injuries are rapid and well-organized pre-hospital emergency health systems and emergency services. Istiklal Street in the heart of İstanbul,

Material and Methods Turkey's largest metropolüol can be considered, at March 19, 2016 suicide bomb attack took place. 4 people lost their lives as a result of the attack, 36 people were injured in 7 heavy. 16 wounded patients were brought to our hospital, the closest and most comprehensive state hospital in this area has an effect. The other injured were directed to the private and state hospitals in the area. In this study, the data of the patients who applied to our hospital after the explosion were evaluated and the differences between the other acts of terrorism and the masses were analyzed.

Results

Findings: 16 patients, 10 (62.5%) were male and 6 (37.5%) were female. The mean age of the patients was 29.12. There were 7, 2,5 and 1,5 years old female children. Seven of the 16 patients (43.75%) were admitted to the emergency department. Four of these patients were urgently referred to the operating room. 9 patients were admitted to the emergency department. Four of these patients were admitted to the related clinics and 5 patients were admitted to the field. Penetrating injury in 7 (43.75%) patients, orthopedic fracture and limb injuries in 5 patients (31.25%), soft tissue trauma in 3 patients (18.75%) and soft tissue trauma in 1 patient (6.25%)) psychiatric complaints

Conclusions

Result: On March 19, 2016, our hospital's emergency department gave a successful test in the bomb attack that caused injuries and deaths. However, there was chaos in the emergency room. While organizing disaster plans in hospitals, collective injuries and applications should be kept in mind, such as coup attempts and terrorist acts, and action plans should be prepared accordingly.

Keywords: Live Bomb; Terrorism; Emergency Medicine

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S-24

A Case of Multiple Trauma and Lighter Gas Inhalation

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Aim

We aimed to present the cigarette lighter gas inhalation case of a 10-year-old boy who was brought to our hospital by the 112 ambulance service due to multiple trauma.

Case

A 10-year-old boy was brought to the emergency room by the 112 emergency ambulance service due to fall from the roof of a 4-storey building. His general medical condition was moderate-poor; he was confused, his GCS was 9 points. The patient was accepted as a multiple trauma patient. Intravenous (i.v) access was achieved and i.v fluid support treatment was started. Panoramic CT scan was requested. Arterial blood gas (ABG) analysis revealed the serum pH as 7.27, pCO₂: 47mmHg, HCO₃: 19.6mmol/L, glucose: 153 mg/dL and lactate: 2.9mmol/l. Liver and kidney function tests were normal. Hg level was 10.8 g/dl and Htc was 32.1%, which did not decrease during follow-up. ABG follow-up revealed that acidosis had improved. CT scan images were interpreted as normal. When the patient's confusion did not resolve, the patient's father informed us that the child may have inhaled lighter gas. The patient was consulted with brain surgery, orthopedics, and pediatric surgery and no traumatic pathology was detected. The patient was hospitalized at the pediatric ward. Urine buprenorphine and ecstasy levels were found to be low-positive in urine multi-drug analysis test result. On the 3rd day of hospitalization, cranial MRI was requested due to persistent lethargy. Brain edema was observed in the occipital region. Emergency intervention was not considered in the patient who underwent the consultation of brain surgery. Anti-edema treatment and i.v hypertonic saline infusion were initiated. The patient was discharged on the 14th day of admission as his symptoms completely improved.

Discussion

Clinicians should be alert with regard to acute and / or chronic end-organ damages in the cases of gas inhalation without any antidote, who are treated by supportive treatment

Keywords: multiple trauma; lighter gas; inhalation

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Ischemic Stroke After Head Trauma in a Child: Case Report

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Introduction

Head traumas are an important cause of morbidity and mortality in childhood. Subjects may have normal findings in the early posttraumatic period, but may develop various symptoms and signs in the late term.

Case

An 11 year old boy was admitted to the emergency clinic after a fall that resulted in him hitting his head against the ground while playing in the school garden. Upon admittance, the patient had a Glasgow Coma Score of 15, his vital findings were stable, and he was oriented and cooperative. The results of a cranial and systemic examination were normal, and no motor or sensory deficit was apparent. Acranial CT examination was normal and the patient was discharged after a stable course in the clinic. The patient again presented to the emergency clinic three days later with a complaint of a persistent headache. His GCS was 15, his vital findings were stable, he was oriented and cooperative, and systemic examination findings were normal. A repeat CCT was performed and a hypodense area in the left temporal lobe was detected. After neurosurgery and pediatric neurology referrals, a cranial MR and diffusion MR were performed. The diffusion MR showed extensive cortical and subcortical acute ischemia in the posterior of the left temporal lobe and the anteromedial of the occipital lobe, compatible with the perfusion area of the left posterior cerebral artery. The patient was admitted to the pediatric neurology clinic for further investigation and treatment.

Conclusion

Ischemic infarcts after a minor head trauma should be kept in mind in the emergency medicine practice. Given the relatively high proportion of trauma in patients with ischemic infarcts and the inability of a CCT examination to exclude cerebral ischemia in the early period following a trauma, patients who are planned to be discharged should be informed of possible complications.

Keywords: Ischemic Stroke; head trauma; childhood trauma

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S-26

A Case of Arterial Occlusion After Cessation of Warfarin Treatment

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Aim

Herein, we present a patient with acute arterial occlusion developing in the lower extremity after discontinuation of warfarin treatment.

Case

A 45-year-old male presented to the emergency department with complaints of numbness and pain in the left lower extremity. He had diabetes mellitus, hypertension, congestive heart failure, and chronic renal failure (no hemo/peritoneal-dialysis required). His physical examination revealed tachypnea and respiratory distress. He had started acetylsalicylic acid and coumadin 2 years ago due to valvular heart disease, and had discontinued these drugs 15 days ago. His general condition was moderate, GCS: 15 points, cooperative and orientated. On physical examination, his blood pressure was 155/101 mmHg, SO₂ was 93%, body temperature was 36.8 °C, and the heart rate was 131 bpm. Crepitations were heard in both lungs and arterial pulses were weak in the left femoral artery, whereas distal pulses were non-palpable on PE. There was no motor deficit in the lower extremities. AST, ALT, Urea, Na and K values were within normal limits in routine laboratory tests. The serum creatinine level was 1 mg/dl, compatible with basal value. INR was measured as 1.8.

On the Color Doppler USG examination of the left lower extremity arterial system; there was hypoechoic thrombus image in left common femoral artery lumen and Color Doppler USG examination showed lack of any color filling (occlusion). Furthermore, there was no filling observed in the left superficial femoral artery, deep femoral artery, popliteal artery and trifurcation arteries with Color Doppler Ultrasound examination (secondary to proximal occlusion).

The patient was treated with CPAP due to respiratory distress. The patient was intubated and mechanically ventilated since he did not respond to treatment and PCO₂ increased up to 60 mmHg. The patient was diagnosed with pneumonia and underwent the consultation of cardiology, cardiovascular surgery and infectious diseases departments. On the transthoracic echocardiography, EF was 30%. The cardiovascular surgeon suggested administration of 3 ampules of pentoxifylline in 24 hours of infusion and enoxaparine 0.6 ml 2x1, subcutaneously prior to the operation. Empiric antibiotherapy including ceftriaxone 2x1 g and clarithromycin 2x500 mg was initiated by the infectious diseases specialist for pneumonia. The patient was hospitalized at the intensive care unit and underwent endarterectomy + thrombectomy. Treatment with pentoxifylline and enoxaparine was continued.

Discussion

The debate on the use of warfarin and the discontinuation of long-term use is ongoing, but the role of clinicians is to inform patients and their relatives in detail about the benefits of drug use and the risks of premature discontinuation. The initiation and discontinuation of the drug should be according to the physician's recommendation. Regular follow-up visits should not be skipped.

Keywords:arterial occlusion;warfarin;embolism

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S-27

Rate of Neutrophil / Lymphocyte in Patients with Acute Coronary Syndrome

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Objective

It is well known that inflammation plays a key role in both the initiation and dissemination of acute coronary syndrome (ACS). The ratio between neutrophils and lymphocytes (NLR) count has recently emerged as inflammatory biomarkers to predict cardiovascular outcomes in patients. In our study, we aimed to evaluate NLR levels in patients with acute coronary syndrome.

Material and Methods

This retrospective study included 71 patients with acute coronary syndrome who presented to the emergency department with chest pain. The patients were divided into two groups: 30 in Non ST elevation myocardial infarction (NSTEMI) and 41 in ST-elevation myocardial infarction (STEMI). Data were collected by evaluating the data in the medical records of all individuals.

Results

The age range of the patients was 60.1 (37-85) and 59.32 (33-85) for NSTEMI and STEMI groups. The mean age of both groups was similar ($p = 0.806$). There was no significant difference in terms of gender ($p = 0.890$). The WBC and NLR averages of the groups were different and higher in the STEMI group compared to the NSTEMI group ($p = 0.010$, $p = 0.400$, respectively). Hb, PLT and Troponin-I averages of the groups were similar ($p = 0.961$, $p = 0.113$, $p = 0.804$, respectively). There was no linear relationship between NLR and Tp-I (Pearson $r = 0.033$, $p = 0.787$). Receiver-operating characteristic (ROC) curve analysis was performed. NLR had higher sensitivity (68.3%) and specificity (53.3%) in STEMI patients. (AUC = 0.648, optimal cut-off value = 2.35).

Conclusions

We found that WBC and NLR increased in STEMI patients. Our study was compatible with the literature. There was no relationship between the first hour Tp-I and NLR. Because, NLR is a dynamic variable, we think that it can be affected by catecholamine release, dehydration and reperfusion therapy etc. Therefore, we believe that large scale studies are needed.

Keywords: Acute coronary syndrome; biomarkers; neutrophil lymphocyte ratio; NLR

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The Patient Admitted to Er with a Seizure; Aortic Dissection

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Introduction

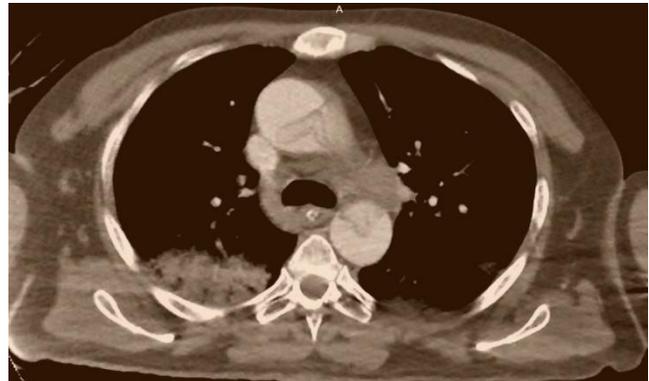
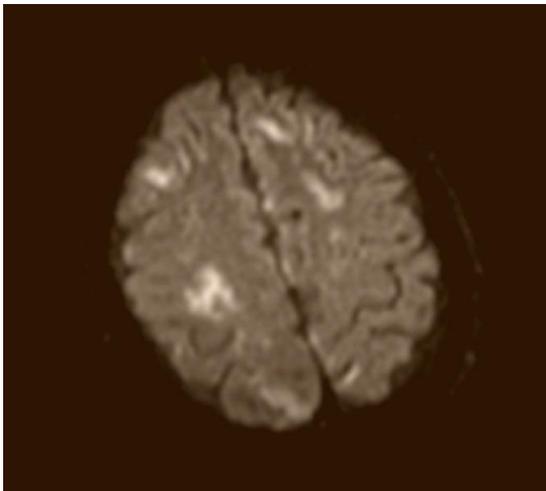
Aortic dissection (AD); It is one of the life threatening cardiovascular emergencies which is a rare condition, with high mortality and morbidity rates (1). Although sudden onset, severe and tear-back type of back pain is the most common complaint, the clinic may be in very different conditions (2). In this report, a case of atypical young aortic dissection presenting with seizure-like symptoms to the emergency department was discussed.

Case Report

The patient, 46, was brought to ER due to a generalized tonic clonic seizure. GCS:14 was in the postictal period. TA:100/60mmHg, PR:136 b/min, RR:18/min, and SO₂:%97. The patient has no known chronic disease. No intraparenchymal and intraventricular pathology was detected in CCT. DiffMRI: Both cerebral hemispheres have multiple acute infarcts concentrated in cortical - subcortical areas and there is a signal loss in ADC (Fig. 1). He was intubated during ICU follow-up. Thoracoabdominal CT angiography (CTA) was performed because of pathological systolic murmur spreading over both shoulders on control physical examination. On CTA, abdominal dissection of the aorta in the ascending aorta to the proximal abdominal aorta is observed (Fig. 2, 3). Type 1 aortic dissection including arcus aorta was detected. After admission to hospital, the patient died before cardiac operation after cardiac arrest.

Discussion

Cardiovascular disease is the leading cause of death (3). The sudden onset of severe chest (85%) and back (46%) pain presents characteristic symptoms; however, abdominal pain (22%), syncope (13%) and stroke (6%) are also common (4). Up to 20% of patients with acute aortic dissection may experience syncope without a typical pain or history of neurological findings (5). Especially in patients with a younger population presenting with symptoms such as syncope or seizure, where there is no expectation of ischemic stroke, AAD should necessarily be seen in differential diagnosis.



Keywords: aortic dissection; emergency medicine; seizure

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Comparison of Measurements of Hemoglobin Values with Conventional Hematology Analyzer and TensorTip Mtx Non-invasive Hemoglobinometer

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Objective

Point of care devices are fast and easy to use but their true potential is still waiting to come up. TensorTip MTX is a non invasive medical device can measure various bioparameters, including hemoglobin. Purpose of this study is to measure the correlation between TensorTip MTX and our routine laboratuvarı analysis of hemoglobin and to see that device is useable in emergency department settings for situations like gastrointestinal bleeding and acute traumatic hemorrhages.

Material and Methods

In the month after the ethical board approval, we conduct our study in 147 patients. Their hemoglobin levels were already measured while their course of emergency department visit. To gather accurate data of hemoglobin measurement of TensorTip MTX, device put on the ring finger of the patients and wait at least 45 seconds for measurement. All measurement documented and recorded by researcher. Measurements from blood samples and TensorTip MTX device are compared with Intraclass Correlation Coefficient and Pearson Correlation Coefficient.

Results

In 147 patients; %61.2 (n=90) were male, %38.8 (n=57) were female and ages are between 18 and 89. Mean age is 55.72±20.30 years; %23.1 (n=34) of them is under 35 years old, %76.9 (n=113) over 35 years. Statistically, correlation between hemoglobin levels of reference measurement and TensorTip measurement is found %42.4 significantly compatible (p=0,001; p<0,01) (Intraclass Correlation Coefficient: 0.424; %95 CI: 0.281-0.548). Correlation between hematocrit level measurements is %46.9 significantly compatible (p=0,001; p<0,01) (Intraclass Correlation Coefficient: 0.429; %95 CI: 0.333-0.586).

Conclusions

Our study showed that correlation between reference measurement and TensorTip MTX device is fair (ICC:0.424 for hemoglobin and 0.429 for hematocrit). Further studies needed to determine that this device is suitable or not to identify the need of blood transfusion and management of patients with acute hemorrhages for now.

Keywords:Hemoglobin;Non-invasive;Hemoglobinometer;TensorTip MTX

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S-31

The Evaluation of Commonly Used Inflammatory Parameters and Imaging Modalities in Diagnosis of Complicated Acute Appendicitis

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Objective

Acute abdominal pain is one of the most frequent complaint with 10% for emergency admission and 1,9% occurred by acute appendicitis. White blood cells (Wbc), percentil of neutrophil (Neu%), and C-reactive protein (CRP) are the most frequent inflammatory parameters, ultrasonography (USG) and computed tomography (CT) are the most frequent imaging modalities used for evaluation the severity of acute appendicitis. The aim of this study is to investigate the efficacy of these inflammatory parameters and imaging modalities in the diagnosis of complicated acute appendicitis.

Material and Methods

Between January 2014 to December 2018 the patients who operated for acute appendicitis were evaluated for age, gender, pathologic severity (uncomplicated appendicitis (UCA) or complicated appendicitis (CA)), Wbc, Neu%, CRP, USG and CT results retrospectively. Appendicitis and phlegmenous appendicitis accepted as UCA, gangrenous and perforated appendicitis accepted as CA. USG and BT evaluated as non-performed, performed but negative and performed and positive. T-test, Kruskal-Wallis ve Mann Whithney U test was performed for statistical analysis an $p < 0,05$ was accepted as significant.

Results

628 patients were included the study. 88,2% of the patients were UCA, 11,8% of the patients were CA. The mean age was found $29,86 \pm 12,28$ years at UCA, and $33,66 \pm 14,86$ years at CA. 67% of the patients were male. There was no statistically significant difference between groups for age and gender ($p > 0,05$). The differences between UCA and CA for Wbc, Neu% and CRP were statistically significant ($p < 0,05$). The appendicitis was not detected 27,7% of the UCA, and 45,9% of the CA at USG. CT was performed 36,5% of the UCA, and 51,4% of the CA. The appendicitis was not detected similiarly for both groups at CT (11,4% to 11,7%). There was statistically significant difference between groups for USG and CT ($p < 0,05$). (Table I)

Conclusions

16,5-24,4% of the acute appendicitis occurred by complicated appendicitis and mortality rates increased to 31,2%. The sensitivity of Wbc, Neu% and CRP was reported as respectively 43%, 60,1% ve 51,4%, and the specificity as respectively 73,8%, 90,9% ve 85,7% for evaluation the severity of acute appendicitis. The sensitivity of the USG was reported as 44-90% and the specificity was reported as 47-95% for evaluation the severity of acute appendicitis. The false negative rate of USG was reported as 15-30%. The sensitivity of the CT was reported as 72-97% and the specificity was reported as 91-95% for evaluation the severity of acute appendicitis. The detection of acute appendicitis was reported as 23,5% for CT. In recent study Wbc, Neu% and CRP levels were statistically higher at complicated acute appendicitis. The false negative rate of USG was found higher at complicated appendicitis. CT performed higher at complicated appendicitis, however the false negative rate was found similar at both complicated and uncomplicated appendicitis. In conclusion; commonly used inflammatory parameters such as Wbc, Neu% and CRP levels were more higher at complicated than uncomplicated appendicitis. The USG has higher false negative rate for diagnosis the appendicitis or complication, therefore CT must be performed if there is any suspicious of appendicitis or complication at negative USG.

Keywords: Complicated Appendicitis; Wbc; Neutrophil %; CRP; Imaging

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Acute Intoxication Cases Among Emergency Department Admissions in a Tertiary Referral Hospital in Istanbul, Turkey: a Retrospective Study

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Objective

The objective of this study was to investigate the local patterns of acute intoxications, as well as clinical and socio-demographic characteristics of patients with acute poisoning, admitted to our hospital's emergency department.

Material and Methods

This single-center, retrospective study was conducted using medical records of patients attended to the emergency department between January 2016 and December 2017. Hospital records were screened, and all patients admitted to our emergency department due to poisoning were included to this study consecutively.

Results

A total of 1344 patients were included in the statistical analysis. Of these, 673 (50.1%) were female. Mean (\pm SD) age was 32.2 (\pm 12.0), ranging between 17 and 84 years. Highest number of poisoning cases were observed in summer, especially in July (10.0%) and August (11.8%), whereas lowest number of admissions related to poisoning occurred during winter in November (5.1%) and December (5.2%). Most of the admissions took place during the week (67.2%), and at night shift between 5 pm and 8 am (69.9%). Among admitted cases, most frequent cases were suicide attempts (55.7%) followed by intoxications not related to medications (non-drug, 41.4%), and drug intoxications (3.1%). Single agents were the most common cause of acute intoxications (63.2%) rather than multi-drug intoxications. Most frequently observed causes of poisonings were recreational substances (30.0%) and agents exposed by inhalation (13.2%). INR, Lactate and pH levels at admission were significant predictors of 7-day mortality without a significant paired difference between each other. The AUCs for each were 0.89 (SE 0.04; $p < 0.0001$), 0.84 (SE 0.10; $p = 0.0007$) and 0.79 (SE 0.11; $p = 0.0102$), respectively.

Conclusions

We conclude that recreational substances and medicinal drug intoxications were the main cause of acute poisonings in our region, occurring mostly during the summer.

Keywords: poisoning; toxicity; overdose; demographics

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S-33

An Analysis of Health Care for over One Million People Who Gathered On the Bridge

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Objective

Mass gatherings require emergency preparedness for diseases and injuries that occur in attendees and for crowd control. For gatherings where thousands of people come together, emergency health services should be planned in advance, possible threats should be predicted and preparations should be made. This study identifies individual health problems that occur at a public gathering on the July 15th Martyrs' Bridge.

Material and Methods

This study investigated on-site health services and diseases that occurred in attendees at the ceremony marking the first anniversary of the failed coup attempt in Turkey on July 15, 2017. At the ceremony attended by over one million citizens, 524 people presented to on-site medical teams with various complaints. Their complaints on admission, diagnoses, and treatment were retrospectively assessed.

Results

The mean age of 254 cases was 41.4 + 16.4 years. 55.9% (n = 142) were female and 44.1% (n = 112) were male. 21.2% (n = 54) had headache, 14.1% (n = 36) had heat stroke, 15.7% (n = 40) had dizziness, 6.6% (n = 17) had lumbago, 12.5% (n = 32) had soft tissue trauma, 4.7% (n = 12) had syncope, 7.4% (n=19) had chest pain, 9% (n=23) had a hypertensive attack, 2.36 % (n=6) had a panic attack or anxiety, and 3.1% (n = 8) had chronic obstructive pulmonary disease or an acute asthma attack. 2.75% (n=7) suffered other symptoms such as fever, allergic reaction due to insect bite, dental pain, nausea, and vomiting. 34 (12.2%) needed to be transferred to hospital in the ambulance; however, 3 refused. It was observed that headache was the most common complaint, followed by dizziness. In this event, 56 ambulances, one bariatric ambulance, and one four-stretcher ambulance were stationed on the site. Seven mobile infirmaries were set up in the area where the crowd gathered and 131 stretcher-bearers were deployed in the area to transport patients out of the crowd to the intervention post. In the mobile infirmary, 254 patients were physically examined and their vital signs were evaluated. Among them, 46 were given peroral treatment, 3 were given intravenous treatment, 5 were given intramuscular treatment, 3 were given inhaler treatment, and dressings were applied to 16 patients. They were then discharged. 181 patients were discharged with recommendations only.

Conclusions

The availability of emergency health services in mass public organizations is effective in a wide spectrum ranging from the safe evacuation and on-site treatment of patients to the reduction of hospital admissions. The availability of on-site health services is quite as important as the preparedness of security forces to avoid any safety and security problem in such an organization with over one million attendees on the bridge. This study highlighted the importance of planning emergency health services prior to mass gatherings and implementing necessary designs prior to the gathering of the crowd in terms of the health of all attendees.

Keywords: mass gathering; health care; bridge

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Technological Disaster Following Natural Disaster: Train Accident

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Objective

Disaster may be described as incidents that cause physical, economic, social and environmental losses on people and human settlements; stop or interrupt the normal life and human activities. There are natural and technological disasters, and train accidents constitute an example of technological disaster caused by natural disaster. Natural disasters like floods, landslides, rockfalls, avalanches and particularly earthquakes frequently occur in Turkey. In this study, the demographical analysis of the survivors admitting to our hospital following the train accident occurring in Çorlu in 2018 due to space formation under the train tracks caused by landslide after heavy raining was planned.

Material and Methods

This study was performed by retrospectively inspecting the hospital automation system, forensic records and patient records of patients who were admitted to the Emergency Medical Clinic of Kanuni Sultan Süleyman Training and Research Hospital of İstanbul Health Sciences University on 09.08.2017 due to Çorlu Train accident. As the number of patients was insufficient for statistical analysis, only descriptive statistics were performed.

Results

A total of 13 patients were included in the study. Of the patients included in the study, 53.9% (n=7) were male and 46.2% (n=6) were female, and age average was 29.5 (min=6, max=57). Patients' arrival times were 23% after 00:00, 67% before 00:00. By the place of injury, the patients were injured most frequently in the lower extremity with 61.6%, upper extremity with 46.2%, vertebra region with 31.8%, thoracic region with 30.8%, head area with 15.4%, cervical-neck region with 15.4%, and face area with 7.7%. When the consultations were evaluated; 61.5% (n=8) orthopedics, 53.8% (n=7) general surgery, 53.8% (n=7) neurosurgery, 15.4% (n=2) pediatric surgery, 7.7% (n=1) thoracic surgery consultations were performed. When patients' clinical final results were evaluated; 61.5% (n=8) were discharged healthy, 30.8% (n=4) hospitalisation in the emergency, 7.7% (n=1) hospitalisation in intensive care. When patients in our study were evaluated with the anatomical score ISS, the patients who were 6 or higher were hospitalised in the emergency or intensive care. Compared to automobile accidents, train accidents are seen less, but they have a serious impact on the lives of survivors. Landslides, floods and earthquakes are natural events and should not be considered as a disaster by themselves but as a 'danger'. If the natural event poses hazard or has potential for causing damage then it is considered a disaster. Our work is exemplary of the occurrence of technological disasters along with natural disaster. In our study, mainly extremity injuries and following that, vertebra and thoracic injuries were observed. According to the clinical results, the majority of the patients were discharged in a healthy, and there were no mortal patients in our study. This leads us to think that these results were reached because only the 4.08% of the survivors were admitted to our hospital and more serious patients were admitted to hospitals closer to disaster area.

Conclusions

After the Çorlu train accident, only 13 patients of the total of 318 wounded and 24 were admitted to our hospital. Overall condition of the patients admitted to our hospital were stable and more serious patients were transferred to nearer hospitals. The train journey is one of the safest trips. In today's technology, prevalence of rail systems are increasing day by day in our country. It should be kept in mind that these systems can be affected by natural phenomena and therefore natural events may cause disasters that lead to loss of life and property.

Keywords: Train accident; Technological disaster; Natural disaster

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Aspiration Pneumonia Due to Syncope in a Pool

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Introduction

While apnea divers sometimes experience syncope during the exercise, syncope during regular swimming is a rare event(1). Drowning is defined as “a process resulting in primary respiratory impairment from submersion/immersion in a liquid medium”, independent of the mortality of the case(2). Infection is a potential life threatening complication of drowning. About 90% of drowning patients aspirate the aquatic environment. Drowning patients are exposed to aspiration which may result in aspiration pneumonia(3). Accurate diagnosis of drowning-related pneumonia is based on the presence of signs and symptoms suggestive of the disease(4).

Case Report

A 19 year-old, otherwise healthy male swimmer who had a syncope event a year prior to his presence, presented to the Emergency Department after having a syncope while swimming in a pool and experiencing a drowning incident. No urinary or fecal incontinence or seizures have been described.

Vital parameters at the time of admission were as follows: A blood pressure of 120/60 mmHg, a heart rate of 87 beat/min., sPO2 of 95%, respiratory rate: 18/min. He was feeling a sensation of burning in the chest and was nauseous. Auscultation of the respiratory system was normal.

Post-admission laboratory analysis and blood works showed elevated blood lactate level (3.5 mmol/L). All other conducted blood parameters, including infection parameters were normal.

Discussion

There is only one case of syncope during swimming presented in the literature, which was attributed to vasovagal syncope (1). The exact rate of cases with pulmonary infection secondary to drowning varies according to the series (as low as 11% to as high as 54%) (3), and may be classified to evaluate the risk and choose the appropriate management. In present case, severity of drowning was classified as Class II (mild immersion with hypoxia) according to the four-stage classification of Van Berkel et al.(5). Authors concluded that all cases other than Class I patients should be admitted to an intensive care unit, but incidence of pneumonia is still low (14.7%).

In a descriptive series from French West Indies; authors collected data on one hundred and forty-four near-drowning patients. Post-drowning early onset bacterial pneumonia was diagnosed as “possible” in 13 patients (9%) and “confirmed” in 22 patients (15%). In this study, authors concluded drowning-related bacterial aspiration pneumonia seems rare and does not influence the mortality rate(3).

Conclusion

Although rare, syncope may occur while swimming, which may result in drowning. Drowning is related to life-threatening complications and management of the cases may be challenging. We emphasized that drowning patients may present with bacterial pneumonia, and it may have a good prognosis in mild cases. Computed tomography (CT) of the thorax was performed and showed bilateral multifocal ill-defined areas of consolidative opacities and interpreted as pneumonia.

Second hour after the admission, a body temperature of 38,3C measured. After the Internal Medicine consultation, patient admitted to this clinic.

After 2 days of follow-up, no additional symptoms or complications occurred and the patient was discharged with a prescription for Amoxicillin/clavulanic acid according to the consultation note of Department of *Infectious Diseases and Clinical Microbiology*.

Keywords: Syncope; swimming; aspiration

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S-36

A Novel Approach to the Measurement of Qt Interval

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Objective

The QT interval is calculated as the distance between the first deflection of the QRS and the end of the T wave on the surface ECG. Measurement of the QT interval by surface ECG can be performed either manually or automatically. The main problems regarding the automated measurement are related to the T wave morphology (flat, bifid, biphasic) and to the presence or absence of the U wave. In addition, some of the automated QTc interval monitoring strategies dependent on expensive technology and experts disagree on the utility and efficacy of automated readings when compared with careful manual measurements. But, also an accurate manual assessment of the QT interval appears to be difficult for many physicians worldwide. The aim of this study is to mention a device that facilitates manual measurement for physicians.

Material and Methods

40 ECG recordings were analyzed with Accud digital microscope DM200 (Accud Co., Ltd., China) by two independent clinicians who were blinded to clinical data of the patients. QT interval was measured from the first deflection of QRS complex to end of T wave, defined as the meeting point of descending branch of T to the isoelectric line, and was corrected for heart rate using Bazett formula: $QTc = QTd\sqrt{(R-R \text{ interval})}$.

Results

There are no statistical differences between two physician measurements and Automatically measurement by ECG device.

Conclusions

Although it is clear that an aberrant QT interval poses patients at risk for malignant arrhythmias and sudden death, the correct measurement and interpretation of the QT interval is not at all an easy task. We discussed the measurement of the QT interval, its current problems, and we have recommended a different and useful method for measurement of the QT interval and other ECG parameters like QT dispersion (QTd), T peak to T end, (Tp-e) interval, Tp-e interval/QT ratio.

Keywords: ECG; QT interval; QTc prolongation

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Giant 17 Cm Unruptured Abdominal Aortic Aneurysm

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Introduction:

Abdominal aortic aneurysm (AAA) is a significant source of morbidity and mortality. Early diagnosis and appropriate management is important in the management of this medical condition.

Case report:

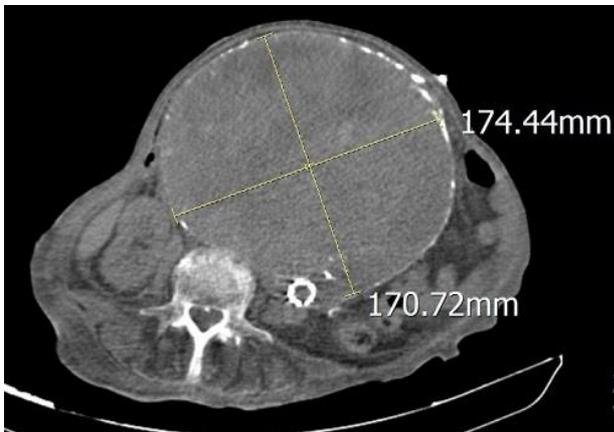
We report a case of 85 year old female patient who presented to the emergency department (ER) complaining of abdominal pain and vomiting. The patient is a known case of repaired AAA, hypertension and chronic kidney failure (CKF) 10 year ago. Upon presentation to the ER the patient was in distress, her blood pressure was 90/50 mmHg and abdominal examination revealed large palpable pulsatile mass and diffuse pain all over her abdomen. Due to her CKF non contrasted CT scan was performed which showed giant 17 cm unruptured AAA. On the other side, blood tests resulted in acute on top of chronic kidney failure manifested by elevated Creatinine and severe metabolic acidosis. The patient was transferred to the Intensive Care Unit for hemodialysis and close follows up.

Discussion:

AAA is the local dilation of aorta 50% greater than the normal aortic diameter. It is the 15th leading cause of death in adults aged 60 – 65 years. The rupture rate is substantial in high operative risk patients with AAA of at least 5.5 cm in diameter and increase with larger diameter. Rupture can be prevented by elective surgical repair. The maximum diameter of the AAA is the most commonly used predictor of rupture. Giant AAA are defined as aneurysms larger than 11 cm and these are rare entities. Our case is one of the rarest presentation of giant unruptured AAA.

Conclusion:

Giant AAA are rare entities that carry a high mortality rate. Screening and early management of AAA are main factors in preventing death.



Keywords: Abdominal Aortic Aneurysm; unruptured; giant

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S-38

Pulmonary Arteriovenous Malformation and Massive Hemoptysis

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Objective

Pulmonary arteriovenous malformations (AVM) are congenital lesions and are often arise in the lower lobes due to abnormal capillary development. They are rare anomalies of the lung and are usually asymptomatic. The most common symptoms are hemoptysis, dyspnea, epistaxis and cyanosis. Massive haemoptysis accounts for 5% of hemoptysis cases and has a mortality rate of more than 50%, resulting in haemodynamic instability, shock and impaired alveolar gas exchange. We will talk about pulmonary arteriovenous malformations presenting with massive hemoptysis.

Case Report

A 37-year-old male patient came emergency department with cough and complained of light red blood. On physical examination, there were crepitanal rales the lower zone of the left lung. An emergency chest radiography was performed. There was a hyperdensity in the left perihilar in the chest radiograph. He was started fluid resuscitation and performed pulmonary angiography. Firstly, tranexamic infusion was started for 10 min. After tranexamic infusion, bleeding is stopped. The patient was bleeding 600 ml in 40 min. The patient was started on tranexamic infusion therapy. Pulmonary angiography revealed thrombosed pulmonary arteriovenous malformation. The patient underwent embolization by interventional radiology. The patient was hospitalized by chest surgery.

Discussion

Radiological imaging is the most important diagnostic method in pulmonary arteriovenous malformations. They can be seen as solitary or multiple nodules on chest X-ray. The characteristic finding in thorax CT consists of a homogenous round nodule or a mass view associated with blood vessels. Pulmonary angiography is still the gold standard to diagnosis arteriovenous malformation. Pulmonary angiography is also used to demonstrate the arterial and draining venous structures of malformation. Tranexamic infusion should not be delayed in the emergency treatment of these patients.

Keywords: Pulmonary Arteriovenous Malformation; Massive Hemoptysis; Tranexamic Acid

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Mechanical Bowel Obstruction Secondary to Severe Urinary Retention

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Introduction

Bowel obstruction is an emergent condition that requires rapid and early diagnosis and treatment.

Case report

We present a case of 78 year old male patient who presented to our emergency department with severe abdominal pain and distention. The patient is a known case of lung cancer and was on active chemotherapy. Upon examination the abdomen was severely distended and on palpation severe pain was noticed. CT scan of the abdomen showed small and large bowel with marked distention and it was filled with fluid and air. No masses, foreign bodies or volvulus noticed in the intestine. It also showed a largely distended urinary bladder. Nasogastric tube (NGT) inserted but gastric or intestinal content couldn't be aspirated. A urinary Foley catheter placed and 2000 cc of urine was drained. Only after that the gastric and small bowel fluid started to be aspirated from NGT. Blood tests showed severe metabolic acidosis and unfortunately after multiple cardiac arrest and failed CPR the patient died.

Discussion:

Bowel obstruction is a common surgical emergency but its occurrence secondary to urinary retention is a rare medical condition. In our case the patient demonstrated a rare pathology of acute bowel obstruction. The grossly distended bladder was compressing the recto-sigmoid colon against the sacrum. The patient late presentation to the emergency department resulted in small and large bowel obstruction and severe metabolic acidosis. The rapid decompression of gastric and bowel content from NGT after urinary bladder catheterization suggested a cause effect relationship that the distended bladder caused the bowel obstruction.

Conclusion:

Although rare, acute urinary retention can be a cause of severe bowel obstruction, a condition with high mortality and morbidity rate.



Keywords:Urinary Retention;Bowel Obstruction;CPR;arrest

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Perchoran Artery Thrombosis: a Rare Case of Bilateral Thalamic Infarction

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Introduction

Artery of Percheron (AOP) occlusion is a rare cause of ischemic stroke characterized by bilateral paramedian thalamic infarcts. It is presented with differences in consciousness, hypersomnolence, speech disorder, amnesia and ocular movement disorders, including vertical gaze palsy. Here, we report a 25 year old male with AOP infarction with acute onset. This aim of this case presentation is to review the interesting clinical and neuroimaging features of this rare condition.

Case

A 25 year old male was admitted to the emergency service with the main complaints of loss of orientation and non-sense speaking. While he was having dinner about six hour ago, he had complained of dizziness and vertigo to the family. The relatives had taken him to the nearest hospital in Tuzla prior to our University hospital. At that Hospital, Cranial CT and MR imagings were completed and the images were reported as "almost Normal" with minor cerebral infarction in the cerebellum. The patient status did not improve and he was brought to our University Hospital to consult to us.

At admission, he had lateralization of neurological findings in the physical examination. He had GCS: 7 and had to be intubated for airway consideration. He had no personal history of any important medical condition other than smoking. At our Emergency Service, we ordered Diffusion MR and then diagnosed Artery of Percheron occlusion and bilateral thalamic infarction.

Discussion

It is important for emergency physicians to be aware of AOP infarction to properly diagnose and to institute appropriate and timely treatment for this ischemic stroke syndrome. This syndrome is a rare condition to treat with either medical or invasive thrombolysis. Embolic occlusion of distal basilar artery may mimic AOP infarction because also gives rise to bilateral thalamic infarctions as AOP infarction. There are two posterior cerebral arteries, which are terminal branches of basilar artery. These arteries supply posterior thalami, geniculate bodies and cerebral peduncles. Distal basilar artery also gives rise to superior cerebellar arteries and pontine perforator branches. In distal basilar occlusion, infarction of posterior cerebellar artery, superior cerebellar artery, and pontine territories are seen in addition to bilateral thalamic infarctions. Other imaging differential diagnoses for AOP infarction, producing bilateral thalamic lesions include deep cerebral venous thrombosis, Wernicke's encephalopathy, extrapontine myelinolysis, viral or demyelinating encephalitis, Wilson's disease, other metabolic and toxic processes, bilateral thalamic glioma and Creutzfeldt-Jakob disease. Long-term clinical outcome in patients of AOP infarction is generally favourable, except in those with midbrain infarction. In our case there was a significant delay in the diagnosis. This 25 year old patient had no chance for medical thrombolytic therapy. Furthermore, invasive thrombectomy was not successful although there was an attempt by the Invasive Radiologist. The patient was transferred afterwards to a general intensive care unit for follow-up.

Conclusion

AOP occlusion is a rare cause of ischemic stroke involving bilateral paramedian thalami. Awareness of the clinical and neuroimaging features of this stroke syndrome is essential for timely diagnosis and appropriate management.

Keywords: Artery of Percheron; Thalamic Infarct; Neuroimaging

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Anaphylaxis Following Tpa Infusion

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Introduction

The biggest concern with administering tPA is the bleeding complications, specifically intracranial hemorrhage. But there is another side effect that is more common. There are several case reports of angioedema follow tPA administration. Here, we report a case report of anaphylactic reaction directly attributable to intravenous (IV) recombinant tissue plasminogen activator.

Case

A 83-year-old woman with a previous history of diabetes, and hypertension treated with perindopril arginine and indapamide hemihydrate presented with a 4-hour episode of acute-onset left facial weakness and left quadriplegia by National Institutes of Health Stroke Score of 13. She had no previous history of thrombolysis or airways disease. After review of exclusion criteria, following informed consent, she was treated with standard dosing of IV tPA. Within 140 minutes of initiating tPA infusion, she developed relatively acute-onset angioedema of the lips and tongue. The anaphylaxis protocol at the hospital was immediately initiated, and comprised 80 mg intravenous methylprednisolone, 45 mg pheniramine maleate, 50 mg intravenous ranitidine, and 1 mg intramuscular adrenaline. Then due to increased respiratory distress, the patient is intubated. After 3 days of intensive care treatment, she discharged to neurology unit, for follow-up of cerebrovascular accident.

Discussion

tPA gets its antifibrinolytic properties by activating plasminogen to form plasmin. The byproducts include increased bradykinin, activation of the complement cascade (C3a and C5a), and increased release of histamine. These three factors lead to an anaphylactoid reaction or angioedema. The use of ACE inhibitors increases the risk of developing angioedema. The proposed mechanism is plasmin activation of the complement cascade leads to the production of kinins contributing to angioedema, while direct activation of the kinin pathway leads to production of bradykinin and vasodilation. Angiotensin receptor blockers have not shown the same risk, but care should be taken.

Keywords: anaphylaxis; tpa; stroke; adverse reaction

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Anterior Shoulder Dislocation Due to Hypocalcemia Induced Acute Symptomatic Seizure

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Introduction

Electrolyte abnormalities are commonly encountered in clinical daily practice, and their diagnosis relies on routine laboratory findings. Acute and severe electrolyte imbalances can manifest with seizures, which may be the sole presenting symptom. Seizures are more frequently observed in patients with sodium disorders (especially hyponatremia), hypocalcemia, and hypomagnesemia. They do not entail a diagnosis of epilepsy, but are classified as acute symptomatic seizures. Shoulder dislocation can be seen as a rare complication without a history of trauma or fall after seizures. We described a case of a 90-year old patient with dislocation with left shoulder caused by hypocalcemia induced acute symptomatic seizure. The patient denied history of earlier dislocation or past trauma of this shoulder.

Case

A 90-year-old female patient was brought to the emergency room due to deterioration of her oral intake for a week and contractions lasting about 5 minutes throughout the body. The patient's medical history did not show any features other than hypertension. The patient's consciousness was lethargic, there was no sign of lateralization, and she had limited range of motion in the left upper extremity due to shoulder pain. There was no ecchymosis on the left shoulder, but epaulet sign was detected. While no pathology was found to suggest acute stroke in the cranial CT scan and diffusion MR imaging, anterior shoulder dislocation was detected on the left shoulder X-ray (Figure). She underwent a reduction and a velpau bandage. Laboratory findings were Hemoglobin:9 g/dL, Hematocrit:25 % , Calcium:5.2 mg/dL, Magnesium: 1.4 mg/dL, Albumin:4 g/dL, Sodium:130 mmol/L and pH:7,37, Lactate: 3,6 mmol/L. Acute symptomatic seizure caused by hypocalcemia was considered for this patient. 2 ampoule Magnesium sulphate in 100 cc saline was administered in 30 min. Calcium gluconate in 100 cc saline was given twice as 2 ampoules per 30 minutes each. The patient stayed under observation for 24 hours. During our observation no seizures were observed. Her blood calcium levels were normal and she was discharged.

Discussion

Hypocalcemia is defined as a plasma calcium level of <8.5 mg/dL or an ionized calcium concentration <4.0 mg/dL. The typical central nervous system manifestations of acute hypocalcemia are mental status changes and seizures. Generalized tonicclonic, focal motor, and (less frequently) atypical absence or even akinetic seizures may occur in patients with hypocalcemia even without muscular tetany. Seizures can lead to shoulder dislocation and recurrent instability. The causes of shoulder dislocations in seizure patients are sudden severe muscle contractions after electric shock. In the past, shoulder dislocations due to seizures were thought to be mainly posterior. However, more comprehensive contemporary studies report that the rate of anterior and posterior dislocation development is similar. It is even reported that the anterior dislocation develops more and the chance of recurrence is higher than the posterior.

Conclusion

Emergency physicians should consider a metabolic cause such as hypocalcemia in the etiology of acute symptomatic seizures. In addition, shoulder dislocation should be considered as a rare complication that may occur in patients with pain and limitation of motion after acute symptomatic seizure without a history of trauma or fall.

Keywords:shoulder dislocation;hypocalcaemia;seizure

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S-43

Evaluation of the Prognostic Factors in Gastrointestinal Bleeding Due to Peptic Ulcer

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Objective

In this study we aimed to detect the impact of age, gender comorbid situations, and the blood transfusion values on the in hospital mortality, duration of hospital admission and rebleeding.

Material and Methods

The trial was a retrospective single-center study involving 150 emergency department patients over 17-years-old those admitted to the hospital with the diagnosis of gastrointestinal bleeding and the source of the bleeding detected by endoscopy as peptic ulcer disease.

Patient data included demographic characteristics, symptoms at admission, past medical history, vital signs, presence of shock findings at admission (according to the Rockall criteria), laboratory results, endoscopy and colonoscopy results, amount of the blood transfusion required, length of hospital stay, need of intensive care unit (ICU) admission, and mortality. Mortality rate was the principal endpoint of the study, while duration of hospital stay, and rebleeding were the secondary endpoints.

Results

Death occurred in 4 (2,7%) patients, and 24 (16,1%) patients experienced rebleeding. Death was significantly associated with age, presence of shock finding at admission and amount of the transfusion required, and chronic renal disease. Rebleeding was significantly associated with melena, active bleeding, amount of the transfusion required and the finding of shock at admission. However, male gender, previous history of ulceration, nonsteroidal antiinflammatory drugs, were poor predictors of either death or rebleeding. Anticoagulant and anti aggregant use was significantly related with either rebleeding or death.

Conclusions

We conclude that the identification of patients at a high risk as older age, using anticoagulant and antiagregant medications, and with serious comorbidities like chronic renal failure could contribute to improved management of patients with gastrointestinal bleeding, including early therapeutic intervention.

Keywords:gastrointestinal bleeding;prognosis;factors;mortality

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Evaluation of the Radiocontrast Nephropathy Development Due to the Contrast-enhanced Ct Applications in Emergency Department

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Objective

We aimed to determine the incidence of contrast-induced nephropathy, the demographic characteristics of patients, and the reasons that facilitate the development of contrast-induced nephropathy in patients who were admitted to the emergency department and underwent computed tomography (CT) with intravascular contrast media.

Material and Methods

Study design: Retrospective, Cross-sectional and Analytical study

Patients who were admitted to our emergency department between August 2010 and August 2011 were examined. From among these patients, patients over the age of 18 who underwent CT with intravascular contrast media and were hospitalized for at least 48 hours were included in this study. The development of contrast-induced nephropathy (CIN) and the clinical and demographic characteristics of the patients were evaluated. All data were recorded in the standard information form prepared for the study and then were transferred to a database software.

Results

During the study period, 3197 patients that underwent contrast-enhanced CT in our emergency department were detected. A total of 816 patients were included in the study. 36 (4.4%) patients developed CIN. We found that the average length of stay in hospital was 22.2 ± 41.7 days. Patients who had a history of hypertension (HT) and diabetes mellitus (DM) and who had hypotension on admission to the emergency department were found to have a higher risk of developing CIN ($p < 0.05$ for all three of them). The development of CIN was significantly higher in patients receiving ACE inhibitors ($p = 0.004$). It was determined that 5.6% ($n = 2$) of the patients with CIN underwent hemodialysis. When the clinical outcomes of the patients with CIN were evaluated, it was observed that 47.2% ($n = 17$) of them died. The mortality rate was found to be statistically significantly higher in the patients with CIN than in the patients without CIN ($p < 0.0001$).

Conclusions

Patients who had a history of HT and DM, who received ACE inhibitors within the last 1 week and who had hypotension on admission to the emergency department were at higher risk of developing CIN. CIN led to an increase in the length of hospital stay of patients. The patients with CIN had a higher mortality rate compared with the patients without CIN.

Keywords: Contrast material; Nephropathy; Emergency department

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Organization of Pre-hospital Emergency Health Services in Social Events in Turkey: the Sample of Presidential Elections

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Objective

In Turkey, political public rallies executed during the Presidential election campaigns. A great number of people attended these rallies. The purpose of this study is to provide a comprehensive analysis of the health services offered at meetings attended by crowded human communities, such as election rallies.

Material and Methods

This study was performed retrospectively according to the descriptive research method. The study examined the demographic data of patients which provided from the healthcare providers, medical diagnoses and characteristics of the health services provided during the event. In this study, 47 rallies were examined around the province in Turkey between February 2018 - June 2018. Health complaint categories were created based on previous studies on mass gatherings in the literature. The time of the rallies, venue used, number of participants, number of patients requesting emergency assistance, reasons of the application, types of intervention, used drugs and outcomes of the interventions were evaluated.

Results

Approximately 2 million people attended the 47 rallies. 2907 patients applied to health tents established at the rally area. 68.1% of the patients were female (1981) and 31.9% were male. The mean age of the patient population were 40.31 ± 19.15 years in females and were 41.95 ± 20.58 years in males (min:2, max:100 years). The patients presented with the most common complaint of dizziness (24.7%, n = 719). This complaint was followed by complaints of nausea (n = 467, 16.1%), hypotension (n = 331, 11.4%) and headache (n = 179, 6.2%). Intravenous vascular access was opened in 226 patients (7.8%), intramuscular injection was performed in 86 patients (3%), and oral medication was administered to 77 patients (2.6%). The most frequently used drugs were isotonic serum (n = 101, 3.5%), captopril tablet (n = 74, 2.5%), intramuscular myorelaxan and analgesic (n = 43, 1.5%). When the results of the patients were examined; 633 (21.8%) patients were treated at the site, 1777 patients (61.1%) were treated in the health tent and 383 (13.2%) patients were referred to the hospitals. 114 (3.9%) patients refused treatment / referral.

Conclusions

The number of patients whom need medical assistance was positively correlated with the number of participants. The number of participants at the weekend rallies was significantly higher than the participants at the weekday rallies. Therefore, there were more participants in the weekend rallies who needed medical assistance. Similar to the studies in the literature, the majority of patients at rallies were women. The patient age in this study population, showed a wide range in accordance with literature (From 2 to 100 years old). For this reason, health care in such rallies should be arranged to serve patients of ages from children to the elderly. Although most of the patients had mild medical complaints and mild injuries, there were patients who presented with significant health problems such as chest pain and epileptic seizures. Headache, dizziness, hypotension, and nausea which the most common medical complaints at rallies, may have occurred due to high temperature, overcrowding, standing in a closed area for a long time and loss of fluid.

Keywords: mass gathering; rally; presidential elections; emergency health services; public health

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Spontaneous Uvula Hematoma

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Introduction

Uvula hematoma is more commonly seen as a complication of thrombolytics and streptokinase use or after trauma. Although spontaneous uvula hematoma is rare in the literature, we aim to present a rare spontaneous uvula hematoma in our case.

Case

A 26-year-old woman was admitted to the emergency service with a feeling of sticking in her throat and difficulty in swallowing. There were no features in the patient's medical history. In her physical examination, the uvula was ecchymotic and edematous (Figure-1). She stated that she does not use any antiplatelet and anticoagulant agents. Other system examinations were normal. The vital parameters of the patient were 36.4 ° C, heart rate 80 / min, TA: 125/80 mmHg, respiratory rate 20 / min. The hemogram, biochemistry parameters, CRP and coagulation values of the patient were normal. Ecchymosis and edema in the patient's throat were evaluated as uvula hematoma. The patient was asked for an otorhinolaryngology consultation. Otorhinolaryngologist advised the patient to contact the emergency department again if her symptoms increase. In the absence of any symptoms, he suggested elective control in the otorhinolaryngology clinic. The patient, who was followed up in the emergency room for 12 hours and had no complaints during the follow-up, was discharged with recommendations.

Discussion

Previous studies; uvula, mouth, tongue, larynx and hematomas of the face region have been reported. Antiplatelet treatments, bleeding disorders and traumas have been shown to be the cause of these hematomas. In some studies, uvula hematoma have been reported after endotracheal intubation and use of antiplatelet. In some studies, uvula hematoma have been reported after endotracheal intubation and use of antiplatelet. However, uvula hematoma was spontaneously formed in the patient who applied to us. The patient had no history of drug use, systemic disease and trauma. In only one case, we found spontaneous uvula hematoma. As with all emergency cases, hemodynamic stability and airway patency should be maintained in the first intervention in such airway hematomas. After maintaining the airway, anticoagulation therapy or hematoma drainage, if necessary, constitute the second step of hematoma treatment. If the uvula hematoma is not so serious, spontaneous regression occurs within a few days. If possible, discontinuation of anticoagulants may help in the healing period. Hematoma drainage and surgical treatments are rarely required in cases that cause severe airway stenosis. Follow-up was recommended because there was a uvula hematoma in our case which did not cause severe airway stenosis.

Conclusion

The main cause of Uvula hematomas is trauma and anticoagulant therapy. In the management of these patients, priority is to maintain airway clarity. The upper aerodigestive system should be checked for bleeding after trauma, endoscopy and intubation, especially in patients with anticoagulant therapy and in patients with systemic bleeding disease.

Keywords:uvula hematoma;thrombolytics;emergency department

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Azathioprine Induced Hepatic Failure

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Introduction

Azathioprine (AZA) is a nucleoside analogue that has potent antiproliferative and immunosuppressive activities. It is an especially favorable antimetabolite in patients who need long term vasculitis therapy. AZA was initially used for prevention of transplant rejection and later for its corticosteroid sparing features as therapy of autoimmune diseases such as inflammatory bowel disease (IBD) and autoimmune hepatitis. However, AZA may lead to liver injury shortly after the therapy initiation. The aim of this case report is to review the presentation of Aza induced liver toxicity in the emergency.

Case

A 36 year old female is admitted to the emergency with the complaints of ankle swelling, chest pain, and discomfort in urination. Her vital signs were normal at admission; however, she had painful and swollen ankles. She was being treated for SLE with underlying Antiphospholipid A syndrome. Six days prior to her presentation, she was started AZA therapy after cessation of prednisolone therapy that she was using for myocarditis. She had taken AZA pills for only three days. Her liver tests worsened and she had gastrointestinal intolerance. She had metabolic acidosis and increased liver enzymes. Although warfarin being already stopped, INR level was 8.52. Abdominal CT scan reported an inflammatory liver with nutmeg appearance. She needed vasopressor infusion. She was transferred to an intensive care unit for supportive therapy in case liver transplantation may be indicated. Three days after her admission to the intensive care her liver enzymes started to improve and noradrenalin infusion was ceased.

Discussion

In literature there are over 100 cases of liver injury attributed to AZA. Despite the common problem of hepatotoxicity with thiopurines there is a lack of studies with a significant number of well characterized patients with this type of liver injury. Most studies have been limited to the IBD patient population and focused largely on asymptomatic elevations of serum aminotransferase levels as the only evidence of liver injury.

There are at least 4 patterns of liver injury have been associated with the use. First, and most common, is transient and usually asymptomatic elevations in serum enzymes, that occurs in 5–15% of treated subjects. More clinically significant is a second form of hepatotoxicity, an idiosyncratic, cholestatic hepatitis that typically occurs after 1 to 3 months of treatment. A third form of hepatotoxicity occurs when the agent is given in high doses as with cancer chemotherapy. Finally, AZA has also been linked to cases of nodular regenerative hyperplasia when given long-term, particularly in the setting of organ transplantation or acute leukemia. The present case had a very severe and fast clinical course only after three doses of AZA.

Conclusion

Liver injury from AZA most often occurs within 3 months of exposure or dose escalation, often in women and usually presenting with non-specific symptoms followed by jaundice. Close monitoring of liver tests may be appropriate and the need for treatment in patients with pre-existing cirrhosis should be considered carefully before initiating therapy.

Keywords: Azathioprine; Hepatotoxicity; Drug- induced liver failure

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Infectious Mononucleosis Presented with Icterus

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Introduction

The differential diagnosis for adults presenting with fever and maculopapular rash is broad. Most patients with infectious mononucleosis, who are treated with aminopenicillins, develop a maculopapular eruption. We present a case exanthematous rash and icterus finally diagnosed as infectious mononucleosis.

Case

A 28-year-old man presented with complaints of nausea, anorexia, skin rash, icterus in sclera. He had no significant medical history. He took medications as clindamycin and benzathin penicillin for 3 days due to tonsillitis. On physical examination, the patient was afebrile with appropriate vital signs. Superficial lymphadenopathy, exudative tonsillitis, skin rash, and bulbar conjunctiva jaundice were detected and hepatosplenomegaly was noticed upon palpation. Complete blood count revealed the following: white blood cell count 19,000/ μ L (segmented neutrophils 20%, lymphocytes 68%, monocytes 9,1%). Results of liver function tests were abnormal, including aspartate aminotransferase 200 IU/L (normal 13–33 IU/L), alanine aminotransferase 292 IU/L (normal 6–30 IU/L), lactate dehydrogenase 500 U/L (normal 120–230 U/L), alkaline phosphatase 498 U/L (normal 115–359 U/L), γ -glutamyl transpeptidase 299 U/L (normal 10–47 U/L), and albumin 3.3 g/dL (normal 4.0–5.0 g/dL). Serological tests did not indicate recent infection with hepatitis B virus or hepatitis C virüs, CMV, Brucella, Syphilis. His EBV VCA IgM: 0,65 (positive). Thus, the patient was diagnosed with infectious mononucleosis caused by of EBV. Treated with only supportive care, the patient's symptoms resolved within 1 week.

Discussion

Infectious mononucleosis is typically diagnosed clinically. Serology may be used to confirm infection with EBV. Patients typically have lymphocytosis with greater than 10% atypical lymphocytes. Most patients with infectious mononucleosis, who are treated with amoxicillin or ampicillin, will develop a maculopapular rash. Elevated hepatic transaminase levels are relatively common in patients with infectious mononucleosis, occurring in approximately one half of patients. Older adults are more likely to have hepatomegaly and jaundice.

Keywords: Infectious Mononucleosis ;icterus;jaundice

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Pulmonary Embolism and Acute Myocardial Infarction Following Marijuana Use

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Introduction

Marijuana use is increasing worldwide. It is reported to cause ischemic strokes, hepatitis, anxiety, and psychosis, coronary vasospasm and acute myocardial infarction. Pulmonary complications as aspiration pneumonitis, and septic embolism were reported, but pulmonary embolism due to thrombosis is so rare. Herein, we describe the case of AMI caused by a thrombosis of the right coronary artery and pulmonary embolism associated with marijuana abuse.

Case

A 56-year-old man with no relevant risk factors for coronary artery disease was admitted to our hospital because of presyncope and retrosternal chest pain radiating to both arms after inhaling marijuana approximately 4 hours ago. His blood pressure was 75/57 mm Hg. An electrocardiogram showed sinus rhythm of 65 bpm, and 0.5 mm ST-segment elevation formations on lead II, III and aVF derivations with Q waves. The patient was given aspirin, followed by clopidogrel and intravenous heparin. Thereafter, the patient was taken immediately to the coronary angiography for PCI. It was observed that patient had total occlusion of proximal portion of the RCA. And also in CT angiography of thorax, there was subsegmental pulmonary embolism bilaterally. During follow-up in coronary unit, cardiac tamponade was evolved. After pericardial drainage, he became stabil. The patient was discharged without any other complications after 8 days.

Discussion

Marijuana induced coronary vasospasm can result in endothelial denudation at the site of a vulnerable atherosclerotic plaque in response to hemodynamic stressors, potentially causing an AMI. Also in our case, there was pulmonary embolism. In vitro studies have shown that cannabis may have procoagulant effects, through increased expression of glycoprotein IIb-IIIa and P-selectin on platelets. Also it induces platelet aggregation. So marijuana may give rise to many thrombogenic events.

Keywords: marijuana; pulmonary embolism; acute myocardial infarction

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S-50

Epidemiological Survey of Patients Admitted to the Emergency Department with Eye Diseases

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Objective

This study include the distrubution of patients presenting to the emergency department in the secondary health care facility with eye disease according to age, sex, how long they were consulted by the ophthalmologist and and the diagnosis of the eye disease.

Material and Methods

The registration of the patients who admitted to the emergency department between 1 July 2018 and 1 January 2019 were examined retrospectively and the patients who were consulted by the ophthalmologist were included in the study. Normal distribution was checked by Shapiro–Wilk test. Mann–Whitney U-test was used to compare numerical variables groups. Mean survival time was estimated by using Kaplan Meier method. All analyses were performed in SPSS for Windows version 24.0. A two-sided p value < 0.05 was considered statistically significant. Besides, logistic regression analysis and correlation analysis were used in study.

Results

In this study, 178,000 patients were admitted to our emergency department. In 1176 of these patients, ophthalmology consultation was requested by the emergency department for suspected eye diseases. The mean age of the patients included in the study was 35,8 years (range: 0-113), 186 of these patients were under 18 years of age and men had two fold higher rates of eye diseases than women. The average time to consult the ophthalmologist after the admission to the emergency department was 33.47 minutes (range:7-368). As a result of ophthalmic examination the most common diagnosis was corneal trauma in adulthood and conjunctival diseases in the pediatric age group. 2% of the patients who underwent ophthalmologic examination were referred to the tertiary health center urgently because of the presence of perforating eye injury.

Conclusions

This analysis provides insight into the epidemiology of patients were admitted to our emergency department. Ocular trauma is the most important causes of permanent ocular disability so that it still remains a significant public health problem. Strict implementation of health education and preventive strategies especially at the workplace will help to decrease the admission to emergency department due to ocular complaint.

Keywords: Epidemiology; emergency department; eye injury; corneal trauma

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The Top 100 Cited Articles On Ocular Trauma: a Bibliometric Study

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Objective

In this bibliometric study, we evaluated the top 100 cited articles on ocular trauma published from 1975 by multi-dimensional citation analysis.

Material and Methods

We analyzed the top 100 cited articles among 3768 ocular trauma articles published between 1975 and 2018, which we obtained from databases in Web of Science and PubMed based on their citation rates and publication years, countries of origin, institutions or organizations, the most common subjects, funding status, article types, and levels of evidence.

Results

In the top 100 cited articles, the number of total authors was 420 and average authorship was 4.20 ± 2.23 (1–14); study group number was 1 (ocular trauma classification group). USA was the top country in terms of country of origin and institutions or organizations and also the number of proceedings papers in scientific activities. We found that 22 of the top 100 cited articles were supported by funding agencies in developed countries. In the present study, the three most common topics among the top 100 cited articles were mechanical eyeball injury (40 articles), epidemiology of ocular trauma (19 articles), and traumatic eye infection (17 articles), respectively. The average level of evidence of the top 100 cited articles was 3.14 ± 0.66 (range: 1–4). We also found that 70 of the top 100 cited articles were published in journals that had an impact factor (IF) of ≥ 2.00 (range: 2.016–8.806). We found that the most commonly preferred article type by authors is clinical research (92 articles) and sub-type is retrospective–descriptive study studies (38 articles). Evidence groups of classic papers in ocular trauma were B (70 articles), C (28 articles), and A (2 articles), respectively.

Conclusions

Analysis of the top 100 most cited articles on ocular trauma as an update study can provide us with scientific contribution and important current data in clinical implementations.

Keywords: Ocular trauma; top-cited articles; bibliometric analysis

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Spontaneous Acute Epidural Hematoma in a Pediatric Patient with Congenital Afibrinogenemia

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Introduction

Congenital afibrinogenemia (CA) is a rare bleeding disorder due to the congenital absence of fibrinogen with an incidence of 1–2/1,000,000. Undetectable fibrinogen in patients' plasma and uncontrolled umbilical stump bleeding in a newborn are diagnostic for CA. The clinical picture is variable and includes muscle/joint hemorrhages, gingival hemorrhage, gastrointestinal/genitourinary bleeding, mucosal bleeding, splenic rupture, and thrombotic events. Although patients may occasionally present with spontaneous hemorrhages from various regions of the body, spontaneous intracranial hemorrhage (sICH), particularly spontaneous acute epidural hematoma (sAEH) beyond the neonatal period is extremely rare. Therefore, knowledge regarding sAEH in CA does not go beyond case reports. Here, we present a pediatric patient with CA, who presented to the emergency department (ED) with sAEH and underwent successful surgical evacuation following the administration of i.v fibrinogen.

Case Report

An 8-year-old male patient presented to the ED with the complaint of headache which started several hours ago and worsened gradually. There was no history of trauma. The patient was diagnosed with CA following massive umbilical stump bleeding in the neonatal period. His vital signs and systemic physical examination were normal. His GCS was 15 with no localizing signs. Prothrombin time, partial thromboplastin time and fibrinogen levels were too long to be measured. Computerized tomography (CT) scan of the head revealed a right parietal AEH which was nearly isodense to the brain parenchyma with a midline shift of 0.5 cm (Figure-1 a, b). The patient underwent emergent craniotomy subsequent to the i.v. administration of 100 mg/kg fibrinogen in the ED. Successful hematoma evacuation was confirmed by postoperative head CT (Figure-1c). The patient made an excellent recovery and discharged home on postoperative day 3.

Conclusions

Spontaneous intracerebral hemorrhage, particularly sAEH is a rare and potentially lethal manifestation of CA. Clinical diagnosis highly depends on suspicion and appropriate neuroimaging. It should be noted that, sAEH may be isodense to the brain parenchyma in CT in patients with bleeding disorders such as CA, thus rendering the diagnosis more difficult. Fibrinogen, fresh frozen plasma or cryoprecipitate may be used in ED and may also provide safe surgery. Consultation with a pediatric hematologist is a reasonable option in dose planning. These approaches can help achieve early diagnosis and successful treatment in pediatric CA patients with sICH prohibiting the development of irreversible neurological conditions.

Keywords: congenital afibrinogenemia; emergency department; acute epidural hematoma; pediatric

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Hepatotoxicity Due to Ecbalium Elaterium

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Introduction

Plant use for healing purposes is very common in our country. Ecbalium Elaterium is one of these plants. Plants may cause different toxic effects at high doses or long term uses. Hepatic enzyme values may rise due to different causes such as infection, alcohol, gallbladder diseases, toxins. Toxins should be kept in mind when the underlying cause cannot be found.

Case Report

A sixty-year-old woman presented to ED with weakness. Vital signs were stable, cardiac examination and breathing was normal, abdomen relaxed, there was normal fecal colour in rectal examination. Normal sinüs rhythm showed in ECG. Some of laboratory findings as follows; leukocyte (wbc) 8000, hemoglobin 13,4, albümin 2,9 mg/dl, urea (BUN) 32 mg/dl, creatinine 1,12 mg/dl, AST 781U/L, ALT 686 U/L, GGT 100 U/L, ALP 28 U/L, blood gase values were normal, viral hepatic markers were negative. The gallbladder and liver were normal in USG. INR 0,9, PT: 10,5 sec. When the patient's history was questioned in terms of toxic causes, we learned that she was eating the root of the ecbalium elaterium plant since 1 month for the treatment hemorrhoids. No additional medication or substance intake at same time. IV fluid infusion were started. No additional complaints were observed. When the AST, ALT values were decreased, she were discharged.

Conclusion

In the literatüre, allergic reactions due to the use of E. Elaterium have been reported. However, there is almost no cases report with hepatotoxicity. By presenting this case we would like to remind you that you should be carefull when using herbal treatment because of toxic effects.

Keywords: Toxic hepatitis;ecbalium elaterium;hemorrhoid

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Posttraumatic Torticollis in Children

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Introduction

Acquired torticollis in children is usually secondary to trauma or inflammations to the sternocleidomastoid muscle (SCM) or trapezius muscle, although it may developed due to different causes such as bone fracture, damage to other muscle or ligaments, infection, and malignancy. Retrofaryngeal abscess is a rare and potentially life-threatening condition in children. Hematoma was considered in the patient who was presented to the emergency department with post-traumatic torticollis. However, a severe infectious condition has been identified as a result of the evaluation and I wanted to remind that the retropharyngeal abscess is a rare condition in children.

Case Report

A 1-year-old girl presented with a swelling on the neck (Picture). A day ago, she fallen down the stairs. Her vitals were stable. In physical examination she has a swelling on the left side of the neck from under the auricula to extending towards the posterior of SCM and there was a limitation of neck movements associated with it. Trauma-related fracture or hematoma were considered and planned neck CT. The 35x20 mm hypodense appearance was observed on the left side of retrofaryngeal area . The WBC 20.000, CRP 25. Hematoma or abscess were considered and the patient was admitted for follow-up. Intravenous antibiotics were initiated and drainage was planned. In the evaluation of the underlying cause, the child's family stated that there was an occasional subfebrile fever in the last 10 days and they had taken her to a doctor and no additional treatment or examination was required. She was discharged with oral antibiotic when the size of the abscess was decreases in the control with USG and regrestions of the patient's leukocytosis and the CRP values because of her clinical situations stability.

Conclusion

The retropharyngeal space extends from the base of the skull to the posterior mediastinum. If abscess cannot be diagnosed and cannot be cured, it can be mortal by spreading to these anatomical regions or by suppressing local pressure to airway.

In our case, trauma helped us for diagnosis either facilitating the spread of abscess or visualization.

Keywords: Posttraumatic torticollis; hematoma; retropharyngeal abscess; trauma

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Fahr's Disease Presenting with Headache

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Introduction

Fahr's disease is characterized by bilateral, symmetrical basal ganglion calcification especially seen in basal ganglia localization, develops over the age of 40, but also seen at younger ages. The incidence of bilateral basal ganglia and cerebellar calcification usually increases with age but is generally asymptomatic. Due to the increased use of neuroimaging techniques, the frequency of detection of basal ganglia calcification is increasing at a young age.

Case

A 30-year-old male was presented to the emergency department with a complaint of headache. There was no disease on his past medical history. His vital signs were as follows: blood pressure of 120/70 mm Hg, heart rate of 80 beats/min, respiratory rate of 15 breaths/min, the temperature of 37.1 C⁰, and blood glucose 89 mg/dL. There were no pathological findings found in the physical examination and neurological examination. On the laboratory tests; venous blood gas, complete blood count, kidney and liver function tests were within the normal limits. Brain computed tomography (CT) scan revealed bilateral, symmetric calcifications in the globus pallidus regions. No underlying cause for the bilateral calcification was found. His headache was treated with NSAII and was diagnosed as Fahr's disease in the emergency department. The patient was referred to the neurology clinic for detailed etiological research.

Discussion

Patients exhibit progressive neurological symptoms such as seizures, rigidity, and dementia with classical bilateral basal ganglia calcification shown on CT imaging. Bilateral and symmetrical calcification suggest the diagnosis of Fahr's disease. Although Fahr's disease is associated with some underlying medical conditions, the exact etiology remains unknown. The treatment is symptomatic and the underlying causes should be treated.

Conclusion

The diagnosis of Fahr's disease should be kept in mind in patients with unexplained bilateral symmetrical basal ganglia calcification. Early detection of Fahr's disease; prevent misdiagnosis and delay in treatment.

Keywords: basal ganglia;emergency department;Fahr's disease

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Sports-related Head Injuries in the Pediatric Population and the Effect of Helmet Use On Injury Severity

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Objective

Sports-related injuries (SRI) comprise a significant portion of the emergency department (ED) admissions resulting from childhood trauma which is the leading cause of death in this group.

Here, we aimed to evaluate local epidemiological characteristics of sports-related head injuries treated in a pediatric ED.

Material and Methods

We retrospectively reviewed pediatric patients who admitted to ED at a level one children's hospital between 2013 and 2015. Age, sex, injury-related sport type, Glasgow coma score (GCS), level of hospital care, length of stay (LOS), and helmet use were recorded. Childhood and adolescent groups included patients between the ages of 2-11 and 12-18, respectively. Patients' GCS upon admission was used to define injury severity [*'mild head injury'* (MHI, GCS=13-15); *'moderate head injury'* (MoHI, GCS=9-12); *'severe head injury'* (SHI, GCS=3-8)].

Variables were expressed by mean±standard deviation or by frequencies. One-way ANOVA, Fisher's exact test and t-test were used for statistical analysis. A *p*value <0.05 was considered as significant.

Results

This study included 181 patients in total. Table-1 summarizes patient and injury characteristics among sports-specific groups.

MHI

165 patients (91.2%) had MHI which was mainly caused by bicycle-related injuries (BRI)(40%). 81.81% of them required hospitalization (mean LOS:2.02±1.91 days) without statistical significance between sport types (*p*=0.067). 37.22% of those were helmeted while engaging in a helmet-requiring sport (HRS).

MoHI

All 3 MoHI patients were male and required ICU admission. Although all were injured from an HRS, none were helmeted at the time of injury.

SHI

Majority of SHI patients (*n*=13) were males (76.92%) and adolescents (84.6%). WSRI represented the most common cause of SHI (38.46%). 84.61% of them required ICU admission (mean LOS:5.2±2.82 days). 90.9% of them were non-helmeted at the time of injury.

Helmeted vs. Non-helmeted Patients

Only 34.43% of patients (*n*=151) who were injured in a sport in which helmet use is legally required/highly recommended (i.e. bicycling, skiing) were helmeted at the time of injury. Males (*p*=0.0434) and adolescents (*p*<0.001) were more commonly helmeted. SHI (*p*=0.097) and ICU admissions (*p*=0.0002) were more common and mean LOS was longer in non-helmeted patients (*p*<0.001), who also had lower GCS during admission compared to helmeted patients

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($p=0.005$).

Table-1 Characteristics and distribution of the patients and injuries among sports-specific groups

Age	Frequency	Bicycling	Winter Sports	Skateboarding	Football	Others	Unknown
2-11 years	68 (37.56)	36 (50.7)	10 (24.39)	1 (9.09)	1 (10)	13 (41.93)	7 (41.17)
12-17 years	113 (62.43) *	35 (49.29)	31 (75.60)	10 (90.9)	9 (90)	18 (58.06)	10 (58.82)
Mean Age \pm STD, years	12.16 \pm 3.7	10.85 \pm 3.83	13.26 \pm 2.57	14.36 \pm 1.74	15 \pm 2.1	11.77 \pm 4.26	12.35 \pm 3.77
Gender							
Male	136 (75.13)	55 (77.46)	32 (78.04)	9 (81.81)	9 (90)	16 (51.61)	15 (88.23)
Female	45 (24.86)	16 (22.53)	9 (21.95)	2 (18.18)	1 (10)	15 (48.38)	2 (11.76)
Injury severity							
MHI	165 (91.2)	66 (92.95)	36 (87.8)	9 (81.81)	10 (100)	28 (90.32)	16 (94.11)
MoHI	3 (1.65)	1 (1.4)	-	-	-	1 (3.22)	1 (5.88)
SHI	13 (7.18)	4 (5.63)	5 (12.19)	2 (18.18)	-	2 (6.45)	-
Average GCS \pm STD	-	14.15 \pm 2.69	13.58 \pm 3.27	12.54 \pm 4.74	14.7 \pm 0.67	13.96 \pm 2.99	14.52 \pm 1.46
Level of Hospital Care							
Discharge	30 (16.57)	15 (21.12)	4 (9.75)	-	2 (20)	5 (16.12)	4 (23.52)
Admission to Floor	102 (56.35)	38 (53.52)	27 (65.85)	3 (27.27)	8 (80)	17 (54.83)	9 (52.94)
ICU	42 (23.2)	13 (18.30)	9 (21.95)	8 (72.72)	-	8 (25.80)	4 (23.52)
OR	7 (3.86)	5 (7.04)	1 (2.43)	-	-	1 (3.22)	-
Mean LOS \pm STD, days	2.25 \pm 2.11	2.03 \pm 2	2.02 \pm 1.49	1.81 \pm 0.98	1.62 \pm 1.06	3.57 \pm 3.38	1.92 \pm 0.86
Protective Device **							
Helmeted	52 (34.43)	15 (21.12)	22 (53.65)	1 (9.09)	7 (70)	3 (23.07)	4 (23.52)
Non-helmeted	99 (65.56)	56 (78.87)	19 (46.34)	10 (90.9)	3 (30)	10 (76.92)	13 (76.47)
Total	181	71 (39.22)	41 (22.65)	11 (6.07)	10 (5.52)	31 (17.12)	17 (9.39)

Values are reported as the number of cases (%)

* Statistically significant ($p<0.001$)

** Percentage according to number of injured patients following sports requiring a helmet use.

GCS: Glasgow coma scale, ICU: Intensive care unit, ISS: Injury severity score, LOS: Length of stay, MHI: Mild head injury, MoHI: Moderate head injury, OR: Operation room, SHI: Severe head injury, STD: Standard deviation.

Conclusions

Our results corroborate the importance of prevention in SRI. Unfortunately, helmet use in our study was low (only 1/3 of those involved in HRS). Hospitalizations requiring ICU care and longer LOS were more common in non-helmeted patients.

Unlike national registry studies, regional studies such as this have the potential of unveiling region-specific problems. Here, we showed that our community would benefit from educational measures targeting adolescent male bicyclists and winter-sporters given their substantial representation among the cohort. Despite relatively high helmet use rate among those engaging in winter-sports compared to bicyclists, higher SHI rate following winter-sports demonstrates the increased risk associated with higher speed activities. Although a minority of adolescent females and children were injured in our study, they should be targeted in helmet use education as well as children in all ages and both sexes should be educated about the importance of helmet use during recreational activities.

Keywords: sports-related injury; emergency department; pediatric; head injury; helmet use

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Investigation of the Effects of Intralipid Emulsion Treatment On Pioglitazone Intoxication in Rats

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Objective

The primary aim of our study was to investigate the toxic effects of pioglitazone which has no known antidote in case of toxication and to investigate the reversibility of these toxic effects by intralipid emulsion treatment. Pioglitazone belongs to thiazolidinedione group of oral antidiabetic agents. The earlier drugs of this group troglitazone and rosiglitazone has been withdrawn due to its liver toxicity and cardiovascular side effects, recently.

Material and Methods

The primary aim of our study was to investigate the toxic effects of pioglitazone which has no known antidote in case of toxication and to investigate the reversibility of these toxic effects by intralipid emulsion treatment. Pioglitazone belongs to thiazolidinedione group of oral antidiabetic agents. The earlier drugs of this group troglitazone and rosiglitazone has been withdrawn due to its liver toxicity and cardiovascular side effects, recently.

Results

When the histopathological scores of the heart tissue were examined, no statistically significant difference was found. Histopathological scores of liver tissue were significantly higher in the pioglitazone given groups. The histopathological scores of the kidney tissue were significantly higher in the groups of pioglitazone given and group of only intralipid emulsion given. Creatine and blood urea nitrogen levels were higher in the group of pioglitazone and intralipid emulsion given compared to the groups of only pioglitazone and control group.

Conclusions

Although toxic effects can be observed in the liver and kidney tissues due to pioglitazone usage, intralipid emulsion treatment is insufficient to reverse these toxic effects. Toxic effects can be seen in the kidney tissue due to intralipid treatment, and studies on different dosage and timing are needed.

Keywords: Pioglitazone; Intralipid emulsion ;Intoxication; Animal model

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The Additional Effect of Lactate Levels in Acute Pancreatitis Scoring Systems

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Objective

Acute pancreatitis (AP) is an inflammatory disease of the pancreas. As a result of the disease, only the pancreas might be affected by mild pancreatitis but also severe systemic effects, tissue, and organ failures are frequently seen and these effects are relatively early in the course of the process. These systemic results such as sepsis, septic shock, respiratory and renal insufficiency make acute pancreatitis an important reason for morbidity and mortality. Prediction of clinical severity of the disease, evaluation of systemic antibiotic needs, the necessity for admission to intensive care unit and surgical intervention is important.

Recent years in literature, it has been shown that lactate levels can be used as a predictor of mortality in sepsis and critical diseases. It is presumed that lactate levels, which can be easily analyzed in minutes, will be useful for determining the prognosis of severe acute pancreatitis, and its usage in tandem with widely used Ranson, Modified Glasgow (Imrie) and BISAP (Bedside index of severity in acute pancreatitis) would improve scoring.

Material and Methods

Demographic, clinical, radiological and laboratory data of the patients who were diagnosed with acute pancreatitis in emergency department for last four years were analyzed retrospectively. Statistical analysis was performed using Jamovi (Version 0.9.5.12) and MedCalc Statistical Software (Trial version). We investigated the contribution of the lactate levels at admission to the prognosis of acute pancreatitis.

Results

According to the results of our study, using lactate levels in tandem with scoring systems, a statistical increase in sensitivity of the Ranson (AUC=0,897), BISAP (AUC=0,855) and finally Glasgow (AUC=0,971) criteria were observed. Additionally the lactate levels of AP patients at admission were found to be a predictor of 30-day mortality. (Cut-off = 3,7, AUC=768).

Conclusions

Using the blood gas lactate value in acute pancreatitis patients with other scoring systems increases the accuracy of mortality prediction.

Keywords: Acute Pancreatitis; Lactate; Ranson; BISAP; Glasgow Imrie

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Changes in Monocyte-lymphocyte Rates in Migraine Attack

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Objective

Migraine is a common and recurrent type of primary headache. There are still many unknowns related to pathogenesis. A significant portion of headaches are migraine headaches and chronic pain. Migraine is the most common cause of headache in primary headache.

In this study, we investigated the change of monocyte / lymphocyte ratio during migraine attack.

Material and Methods

This is a retrospective study where hospital records of patients previously diagnosed with migraine in the neurology clinic and admitted to the emergency with the complaints of attacks between January 2018 and January 2019 were investigated. All patients in the study were evaluated as to age, gender and complete blood count. Additionally, a healthy control group was formed with individuals with no disorders.

The same values of the healthy group were recorded. The values found in the patients and controls alike were compared.

Results

The values of white blood cell, neutrophil, Monocyte, lymphocyte, Monocyte/Lymphocyte ratio determined in the patient group (n=60) were statistically compared with those of the controls (n=44). Monocyte/Lymphocyte ratio during the attacks was found to be higher in the patients, compared to the controls. The monocyte / lymphocyte ratio was statistically significant between the two groups.

Conclusions

Elevated MLR may represent hematopoietic bias toward increased production and pro-inflammatory priming of the myeloid innate immune system (numerator) in conjunction with dysregulated adaptive immune processes. We think that in migraine pain will increase as in other inflammatory conditions

Keywords:migraine;headache;Monocyte

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Abdominal Epilepsy: A Case Report

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Introduction

Abdominal epilepsy is an uncommon syndrome in which gastrointestinal complaints, most commonly abdominal pain, result from seizure activity (3). Abdominal epilepsy presentations are abdominal pain (86%), nausea and vomiting (28%), diarrhea (5%) and abdominal swelling (3%) (3). Treatment is typically initiated with phenytoin; ox-carbazepine, valproic acid, phenobarbital and carbamazepine are used. Prognosis and response to treatment is quite successful (3,4). We present a rare case of abdominal epilepsy presenting to our emergency department with abdominal pain and abdominal tonic contractions and discussed the necessity of considering abdominal epilepsy in patients presenting with abdominal convulsions.

Case Report

A 87-year-old male patient admitted to our emergency department with abdominal pain, abdominal and right lower extremity contractions. The patient had a history of congestive heart failure, chronic renal failure and cerebrovascular infarction diagnosed 5 months ago. On physical examination; the general condition was moderate, conscious, oriented and cooperative. Muscle strength was 4/5 in the right upper and lower extremities. Blood pressure: 160/85 mmHg, respiration: 14/minute, body temperature: 37.7 ° C, Heart Rate: 105/minute. 10 mg diazepam was administered. Seizure continued and 1400 mg valproic acid (5 mg/kg/minute), phenytoin 1800 mg (50 mg/minute) were given. Diffusion MRI was performed after seizure control and interpreted as similar with previous MRI. However, due to the recurrence of the seizure, 800 mg valproic acid and 1800 mg phenytoin sodium (50 mg/minute) were also administered. The patient's seizure could not be controlled and therefore it was evaluated as status epilepticus. He was referred to an appropriate intensive care unit. The seizures were eventually stopped in the intensive care unit where the patient was referred, and a daily valproic acid 500 mg 2x1 treatment regimen was started.

Discussion

Abdominal epilepsy is an uncommon syndrome and it is characterized by (I) otherwise unexplained, paroxysmal gastrointestinal complaints, (II) symptoms of a central nervous system disturbance, (III) an abnormal electroencephalogram with findings specific for a seizure disorder, and (IV) improvement with anticonvulsant medication. Although it is seen in a wide spectrum of ages from 1 to 66 years; it is more common in women (53%). The most common epileptic focuses are generalized (29.75%); temporal (35.15%), frontotemporal (32.45%), and frontoparietal lobes (2.7%)(5). Abdominal epilepsy can be presented with abdominal pain (86%), nausea and vomiting (28%), diarrhea (5%) and abdominal swelling (3%). Neurological and other non-gastrointestinal manifestations are; lethargy, fatigue and/or post-ictal sleep (36%), some level of disturbance in consciousness (64%), including loss of consciousness or generalized and/or focal tonic-clonic seizures (36%), dizziness (8%), headaches (14%), pallor/sweats (11%), fever (6%), extremity pain, numbness and/or paresthesias (6%), and blindness (6%) (3). In some cases; sweating, numbness, paresthesias, loss of awareness, bad smell, elevation of right arm, abdominal contraction were reported (3). Treatment is typically initiated with phenytoin; ox-carbazepine, valproic acid, phenobarbital and carbamazepine are used. Prognosis and response to treatment is quite successful (3,4). The reason for admission to the emergency department is abdominal pain and nausea and vomiting. We should consider abdominal epilepsy in patients presenting with abdominal pain and contractions in the abdomen.

Keywords: Abdominal epilepsy; Seizure; abdominal pain

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A Path Analysis of Circulating Mirnas in Acute Pancreatitis Patients

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Objective

Acute pancreatitis refers to an acute inflammation of the pancreas and can manifest itself with pathological changes of varying severity ranging from mild edematous pancreatitis to life-threatening necrotizing pancreatitis. MicroRNAs (miRNAs) in circulation associated with acute pancreatitis have been proposed to be used as potential biomarkers in the diagnosis of the disease and in the prediction of acute pancreatitis severity. miRNAs are RNA molecules of approximately 18 to 21 nucleotides in length and play a key role in the post-transcriptional regulation of gene expression. The diagnostic value of miRNAs in acute pancreatitis has been reported based on the investigation of the relationship between serum miRNAs and acute pancreatitis. In this study, we investigated the effect of miRNAs on gene expression in acute pancreatitis through a literature review. This study proposed the use of miRNAs as biomarkers and highlighted the diagnostic accuracy of various miRNAs in the diagnosis and prognosis of acute pancreatitis in the emergency department setting.

Material and Methods

In line with the in silico analysis of miR-216a, miR-126-5p, miR-148a-3p, miR-551b-5p, miR-361-5p, miR-1246, miR-222-3p, miR-92b, miR-10a, and miR-181a-5p, which are among the miRNAs that have been found to be significantly altered in the progression of acute pancreatitis, their target genes were predicted using four databases including miRTarBase, miRDB, miRWalk and TargetScan. The role of miRNAs in various pathways was investigated using the web-based tools DIANA-miRPATH v3, STRING, and KEGG (Kyoto Encyclopedia of Genes and Genomes) to identify the biological effects of these genes in the development and prognosis of acute pancreatitis. A p-value less than 0.05 was considered statistically significant.

Results

The results of the analysis showed that miR-148a-3p and miR-10a-5p play a role in the fatty acid synthesis through the *FASN* and *ACACA* genes; miR-126-5p, miR-148a-3p, miR-361-5p, miR-1246, miR-222-3p, and miR-181a-5p play a role in the p53 signaling pathway by targeting *CDK4*, *BAX*, *ATM*, and *CASP3*; miR-126-5p, miR-148a-3p, miR-361-5p, and miR-181a-5p lead to renal failure through *CRK*, *CUL2*, *RAP1A*, and *KRAS*; miR-126-5p, miR-148a-3p, miR-1246, and miR-181a-5p lead to viral carcinogenesis through *RBL2*, *STAT3*, *NFKB1*, *NRAS*, and *KRAS*; and miR-126-5p and miR-92b-5p leads to fatty acid degradation through *EHHADH*.

Conclusions

In this study, we identified the relationships between the miRNAs that may play a role in the pathogenesis of acute pancreatitis and their target genes through the in silico analysis of miRNAs that play a role in the development of acute pancreatitis. The pathways by which the target genes affect and cause the development of acute pancreatitis were analyzed. Although amylase and lipase values are today used in the diagnosis of acute pancreatitis, hyperamylasemia is known to be seen in various diseases (e.g. biliary tract diseases, ileus, mesenteric infarction, perforated peptic ulcer, and peritonitis). Additionally, a variety of scoring systems have been proposed to identify the severity of acute pancreatitis; however, there is no marker that clearly defines the prognosis of the disease. It is believed that the identified genes and miRNAs may offer a novel



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diagnostic approach to acute pancreatitis. We consider that our current study may be the basis for further research on this topic.

Keywords: acute pancreatitis; gene expression; in silico; microRNA

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A Rare Cause of Respiratory Alkalosis: Central Sleep Apnea

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Introduction

Central sleep apnea (CSA) is a disorder characterized by repetitive cessation or decrease of both airflow and ventilatory effort during sleep. The condition can be primary or secondary. Secondary CSA can arise in association with Cheyne-Stokes breathing, a medical condition, a drug or substance, or high altitude periodic breathing. CSA associated with Cheyne-Stokes breathing is particularly common, especially among patients who have heart failure or have had a stroke. Prevalance of CSA is higher among older males (age >65) patients with heart failure, atrial fibrillation and stroke. In this case report we present a CSA patient admitted ED with nonspecific symptoms and discuss the diagnosing process.

Case

77 years, male patient admitted ED with complaints of dyspnea, weakness, distortion of consciousness and pauses in breathing observed by his family. These nearly 3-month symptoms have intensified over the past week. Patient has past stroke, heart failure, atrial fibrillation in his medical history and using warfarine, valsartan, thiazide. In physical examination GCS: 15, and during observation in ED pauses in breathing and episodic oxyhemoglobin desaturations were noted. ECG : Atrial fibrillation with heart rate of 71/min Respiratory alkalosis was existing in artery blood gases analysis. Central and peripheral nervous system, cardiovascular and other pulmonary pathologies were excluded with scanning techniques and laboratory findings. Noninvasive continuous positive airway pressure therapy was started in ED and patient was transferred to ICU.

Conclusion

In patients presenting with nonspecific symptoms and signs, the diagnosis of CSA is based on the observation of the breathing pattern by the exclusion of other pulmonary diseases. It is important to observe the patients in terms of respiratory pattern and saturation for a while since oxyhemoglobin saturation tend to decrease and increase in CSA patients. While the complaints of the non-hypoxic patient during the admission suggest central nervous system pathologies, the observation of the breathing pattern as Cheyne Stokes, episodic oxyhemoglobin desaturation, persisting respiratory alkalosis and having risk factors like past stroke, heart failure, atrial fibrillation, being older than 65 years and male led to the diagnosis of CSA.

Keywords:respiratory alkalosis;central sleep apnea;dispnea

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is It Really Pneumothorax? a Case of a Patient with Lung Abces That Shows Stratosphere Sign and Abolished Lung Sliding On Lung Ultrasonography

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Introduction

X-ray radiography is the most commonly used test to exclude or show pneumothorax. However, this method is limited in reliability. In addition, the sensitivity of X-ray radiography in the diagnosis of pneumothorax is very low when applied to patients in supine position. Despite having some limitations such as radiation exposure computed tomography is still the gold standard test for diagnosis of pneumothorax. Bedside lung ultrasound is a well defined and useful method for diagnosis of pneumothorax. However, there are ongoing discussions about the accuracy of the bedside lung ultrasound for diagnosing pneumothorax. We present a case of lung abscess which was seen as pneumothorax by bedside lung ultrasound.

Case

A sixty years old female with a history of mesotelioma complained of progressive dyspnea following diagnostic pleural fluid aspiration from right hemithorax conducted a few days ago. She denied coughing and hemoptysis. Her vital signs were within normal range. Respiratory sounds were locally absent on the right side while there was an erythema on the same side. Firstly, we thought it may be an iatrogenic pneumothorax and made a rapid assessment with bedside ultrasound. It was seen on the right side that there was no lung sliding with B mode and there was stratosphere sign with M mode. But on the other hand occurrence of An erythema following an invasive procedure made us suspect of infection. After assessment of thorax with computed tomography it turned out to be a lung abscess not pneumothorax.

Conclusions

In this case the patient's medical history and physical examination led us to possible diagnosis of iatrogenic pneumothorax and infectious processes. Despite the fact that absence of lung sliding and presence of stratosphere sign indicate pneumothorax the lumen of abscess also may cause the same sonographic image. That's why sometimes bedside lung ultrasound may mislead the physician. To avoid misdiagnosis and incorrect treatment we would like to draw attention to the importance of the patients' medical history and physical examination findings.

Keywords:pneumothorax;lung ultrasound ;lung abscess

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Large Bowel Obstruction Secondary to Bilateral Iliac Arteries Aneurysm

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Introduction

Large bowel obstruction is a medical emergency that is associated with high mortality and morbidity. Iliac artery aneurysms are often diagnosed as a result of screening or other imaging studies. We represent a rare case of bilateral iliac arteries aneurysm causing large bowel obstruction.

Case Report

We report a case of 68 year old man who presented to the emergency department with abdominal pain and vomiting. The patient is a known case of chronic kidney failure and colon cancer and had underwent colectomy and colostomy operations 5 years ago. The patient reported that for the last 5 days there was no fecal discharge from the colostomy and abdominal pain and vomiting started then. Upon presentation to the emergency department the patient was hypotensive and tachycardic. On examination the abdomen was severely distended and on palpation sever abdominal pain noticed. An abdominal CT scan was performed and it showed dilated large bowels filled with air and fluid and bilateral giant iliac arteries aneurysm. The patient was immediately resuscitated with volume expanders and was then transferred to the intensive care unit.

Discussion

Isolated aneurysms of the iliac arteries are relatively uncommon . Aneurysmal lesions of the iliac arteries are most commonly associated with aneurysms of the abdominal aorta. Most of the aneurysms remain asymptomatic, and specific symptoms caused by local compression or thrombosis are rarely observed. Consequently, diagnosis of iliac artery aneurysms is usually made incidentally during ultrasound or CT scanning. Prompt diagnosis and timely intervention are essential because the incidence of rupture is as high as 50%. This is a rare case of bilateral isolated iliac artery aneurysms that was severe enough to cause large bowel obstruction.

Conclusion

Isolated iliac artery aneurysms are rare clinical conditions. They are difficult to detect and treat and consequently have been associated with a high rate of mortality.



Keywords: Large bowel obstruction; iliac artery aneurysm; Colon cancer

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Emergency Department Overcrowding: Are Frequenters of Emergency Department Real or is It Just a Myth?

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Objective

The emergency department (ED) overcrowding is one of the most current and important health problems in the world. The American College of Emergency Physicians has defined the ED overcrowding as the emergence of emergency service needs over existing patient care resources. In our country, the number of admissions to ED is increasing every year. In our country, which has 82 million population in 2018, the number of patients admitted to ED in recent years exceeds 100 million annually. Although ED crowding have a wide variety of causes, one of the reasons is patients who are defined as "routine visitors" or "ED frequenters" and frequently admit for ED. In our study, we aimed to examine ED frequenters and their ED admission numbers.

Material and Methods

This is a retrospective observational study. Patients who were admitted to Ümraniye Training and Research Hospital adult ED between January 1, 2018 and December 31, 2018 were evaluated using the electronic database of our hospital. Patients who admitted to the ED in a calendar year (2018) ≥ 12 times and ≥ 30 times were determined. In a calendar year (365 days), ED patients who admitted to ED at least 30 times were defined as ED frequenters. Data such as clinical features, diagnoses and hospitalization rates of ED frequenters were determined by using electronic patient files.

Results

Between January 1, 2018 and December 31, 2018, a total of 502036 admissions were performed by 286158 individual patients to the ED. In 2018, the number of patients who admitted to ED at least once a month or admitted ≥ 12 times in a year was 1595 (0.56% of all patients). In 2018, we included 85 patients (ED frequenters) who admitted ≥ 30 times to ED. We detected that the patient who admitted to the ED most frequently was admitted to the ED 122 times a year. The median (IQR) age of ED frequenters was 44 (31-57). 51.8% (n = 44) of the patients were male and 48.2% (n = 41) were female. All patients had health insurance. The median number of patients' admission to the ED (IQR) in a year was 37 (33-45). We've determined that 85 ED frequenters admitted to ED a total of 3548 times in the last year. We detected that the same patient group had 1297 visits to polyclinics other than ED. We found that 10 out of the 3548 ED admissions were hospitalized (hospitalization / ED admission rate of 0.28%). Mortality was observed in 1 of 3548 ED admission (due to upper GIS bleeding). The mortality rate was 1 / 3548- 0.03%.

Conclusions

In our study we found that there are actually ED frequenters in Turkey. We also found that the number of admissions of the ED frequenters is much more than thought. With changes in general health policies, the ED crowding should be avoided and this patient group should be identified with additional software to be made to hospital electronic registry systems.

Keywords: Frequent Users; emergency department;; overcrowding; super users; hyper-users

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Awareness Levels of Anticoagulants in Patients with Atrial Fibrillation in Emergency Department

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Objective

Atrial fibrillation (AF) is the most common rhythm disorder in the adult age group. The purpose of our study is to examine the knowledge and awareness of patients about the drugs they used and the side effects, who were diagnosed with AF before admission to the emergency department and who were receiving oral anticoagulants.

Material and Methods

In our single-center based study, patient inclusion criteria were; being greater than 18 years old, being diagnosed atrial fibrillation (AF) and having been administered oral anticoagulants between 2017-2018. All data were analyzed with SPSS Package Program 19.0 version

Results

The study included 168 patients, 52.4% (n = 88) of them were female and 47.6% (n = 80) of them were male, respectively. The mean age was 70.1 ± 10.3 years old. Information was given in 78.0% of patients (n = 131) while prescribing the drug, 10.7% (n = 18) in hospital admission, 10.7% (n = 18) in control and 0%, 6 (n = 1) were performed by the family physician. When the drug dose was forgotten, in 57.6% (n = 99) of the patients, when 67.9% (n = 114) were taken more than the drug dose, they did not know what effects they might face. Nearly 91.1% (n = 153) of the patients stated that anticoagulant medications may change the effect on bleeding when used with other drugs, 94.6% (n = 159) of them didn't have any opinion about beginning time of drugs' effect, 94.0% (n = 158) did not have enough information about how long the effect would pass after the drug had been stopped.

Conclusions

According to our study, patients' knowledge level is below our estimate.

Keywords: Atrial Fibrillation; Warfarin; Anticoagulant

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Subdural Hemorrhage is a Rare Complication of Epidural Anesthesia

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Introduction

Epidural anesthesia, as an alternative to general anesthesia, is frequently used today, but also brings some complications. The most common complication is postdural headache. In the literature, intracranial subdural hematoma is mentioned as a rare complication and life threatening complication. In this case, we aimed to increase the awareness about this subject with the aim of presenting subdural hemorrhage after cesarean section under epidural anesthesia

Case

A 35-year-old female patient who had undergone cesarean section with epidural anesthesia 3 days ago was admitted to our emergency department with headache. At the arrival of the general status of the middle, glasgow coma scale score 15. Vital findings; TA = 140 / 90mmHg, Pulse = 72 / min, Fever = 36.9 °C, SO₂ = 100%. Her physical examination was unremarkable and her neurological examination was unremarkable. No pathology was observed in the blood tests. The patient, who described severe headache, was given paracetamol vial iv. When planning the computed tomography scan, 5 mg diazepam iv was performed after the patient had a generalized tonic-clonic seizure. In computed brain tomography; In the right parietooccipital, an area consistent with subdural hemorrhage with minimal plastering was seen. After continued seizure, levatiracetam 2000 mg 500 cc isotonic in 45 min infusion loading, 1 g of phenytoin (4 amp.) In 100 cc isotonic bolus was used to load phenytoin. Endotracheal intubation was performed. The patient who was considered subdural hemorrhage and status epilepticus was consulted by the brain surgery, neurology, gynecology and obstetrics. She was admitted to the intensive care unit.

Conclusion

The ongoing headache after caesarean section with epidural anesthesia should be evaluated carefully. Subdural hemorrhage and associated status epilepticus should be considered as serious complications such as, and should not hesitate to refer to imaging methods.

Keywords:anesthesia;hemorrhage;seizure

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Angiotensin-1 and Matrix Metalloproteinase-2 Gene Polymorphism in Patient Who Have Coronary Artery Disease

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Objective

Matrix metalloproteinases (MMPs) are proteolytic enzymes that break down the extracellular matrix leading to connective tissue regeneration during normal biological processes (1, 2). The effect of MMPs on the local fibrous valve brings about the breakage of atherosclerotic plaques and thus may result in sudden death by turning a chronic disease into an acute myocardial infarction. Therefore, we aimed to gain an insight into the role of ACE and MMP2 gene polymorphism in the development of CAD in our study.

Material and Methods

Our prospective type, which investigated matrixmetalloproteinase 2 and angiotensin converting enzyme gene polymorphism in CAD patients, was carried out between January 1, 2018 and December 31, 2018 in Pamukkale University Faculty of Medicine Emergency Department. A total of 300 individuals (100 healthy individuals and 200 patients aged 18-91 years) gave their informed consent in line with the Helsinki Declaration. All the individuals signed consent form. While PCR-RFLP method was applied for ACE gene I / D polymorphism, F-5'-CTGGAGACCACTCCCATCCTTTCT-3T and R-5'-GATGTGGCCATCACATTCGTCAGA T-3' primers were used in the PCR reaction. The MMP-2 (-1306 C / T) gene specific region was amplified by using the primers F-5'-ATAGGGTAAACCTCCCCACATT-3' and R-5'-GGTAAAATGAGGCTGAGACCTG -3' through the PCR.

Results

When the between-group values were analyzed for ACE-1 genotypes, the D/D, I/D and I/I genotype frequency in the CAD group was 50%, 29%, and 21% respectively; while the D/D, I/D and I/I genotype frequency in the control group was 37%, 45% and 18% respectively. The findings reveal that a significant difference was found between the groups in terms of the ACE-1 gene genotype ($p = 0.021$). With respect to the ACE-1 gene allele numbers, the frequencies of I and D alleles in both groups were similar, indicating no significant difference ($p = 0.314$). In addition, MMP-2 gene polymorphism was not detected in both groups.

Conclusions

In a conclusion, this study showed there is no association between MMP-2 gene polymorphism and coronary artery disease. The I/D genotype frequency was higher in the control group than in the CAD group, whereas D/D genotype frequency was higher in the CAD group than control group. D/D genotype patients has increased risk for CAD disease.

Keywords: ACE-1 gene polymorphism; MMP-2 Gene Polymorphism; Turkish population; Coronary Artery Disease

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Age-dependent Changes in Norepinephrine Induced Vasomotor Response and Vascular α 1-receptor Expression

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Objective

Introduction: Norepinephrine (NE) plays an important role in the regulation of vascular resistance, primarily via α 1-receptors. Norepinephrine is used to treat life-threatening low blood pressure that can occur with certain emergency medical conditions. Interestingly, NE-induced vasomotor responses have been obtained mostly in young animals thus the potential effect of aging on them have not yet been explored.

Hypothesis: We hypothesized that aging increases the magnitude of vasomotor contractions of isolated arteries to NE, which correspond to increases in α 1-receptor protein expression.

Material and Methods

Methods: Thus carotid arteries were isolated from newborn (8days: 8d), young (2month: 2m), adult (6m) and adult (12m) and senescence (24 and 30m) rats and placed in a wire myograph (Danish MyoTechnology 610M) to measure changes in their isometric tension. Two dose response curves to NE were obtained in a sequential manner. The vascular α 1-receptor mRNA expression was measured by quantitative reverse transcription polymerase chain reaction (qRT-PCR), the protein expression by Western blot.

Results

Results: Contractions to first administration of NE increased to the age of 2m (8d: 0.7 ± 0.3 and 2m: 6.9 ± 0.7 mN), then it did not change (6m: 5.9 ± 0.5 , 12m: 5.7 ± 0.9 , 24m: 6.0 ± 0.8 mN, 30 m: 6.3 ± 0.6 mN, respectively, $n=12$, $p<0.05$). Compared to these, contractions to the second administration of NE did not change significantly (8d: 0.3 ± 0.2 mN, 2m: 6.4 ± 0.8 ; 6m: 5.4 ± 1.2 , 12m: 5.0 ± 1.7 , 24m: 6.3 ± 0.4 mN, 30 m: 6.5 ± 0.4 mN, respectively, $n=12$, $p<0.05$). Also, α 1-receptor mRNA expression increased from 8d to 18m, then decreased to the age of 30m (8d: 1.5 ± 0.9 c/m vs. 18m: 8.3 ± 0.6 c/m vs. 30m: 2.8 ± 0.6 c/m, $n=12$, $p<0.05$), whereas protein expression continuously increased from 8d to 30m (8d: 1.0 ± 0 ; 2m: 0.9 ± 0.2 , 12m: 1.6 ± 0.7 30m: 3.8 ± 0.6 c/m, respectively, $n=4$, $p<0.05$).

Conclusions

Discussion: In conclusions, the magnitude of NE-induced contractions increased in young age during development, and then did not change further in older age and did not exhibit tachyphylaxis. In contrast, the α 1-receptor mRNA expression exhibited a „bell shape” curve; while the protein expression increased as a function of age. These findings suggest that the magnitude of contractile response of arteries to NE is regulated in a complex manner both by genetic and epigenetic mechanisms during development and aging.

Keywords: Norepinephrine ;Vascular resistance ;Ageing

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Aortic Aneurysm and Rupture Triggered by the Use of Methyl Prednisolon for Peripheral Facial Paralysis

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Introduction

Complications arising from aortic rupture and aneurysm are considered to be among the major causes of death in the United States for the patients older than 55 years old. Enlargement of thoracic aorta is typically detected during imaging inspections performed for unrelated health problems. We present a case, where we detected aortic aneurysm and rupture after the use of methyl prednisolon as a treatment for peripheral facial paralysis.

Case

A 52-year old male patient admitted our emergency department due to persistent cough and short of breath. Physical examination indicated rightward peripheral facial paralysis. Vital signs of the patient revealed a blood pressure of 130/70mmHg and 120/70 mmHg on his right and left arms, respectively with a heart pace of 82. Patient did not have any chronic illnesses known to date. Patient was prescribed with methyl prednisolon due to peripheral facial paralysis which occurred 2 weeks ago, and the drug treatment was completed 3 days before the arrival. We have obtained the lung x-ray of the patient. The x-ray indicated that the aortic knob of the patient grew to a diameter of ca. 8 cm. Contrast enhanced tomographic imaging also illustrated a fusiform (spindle-shaped) aneurysm at arcus aorta with a diameter of 8 cm at the widest opening. Patient was subsequently transferred to cardiovascular surgery clinic for elective surgical treatment. Patient was stable during the first day of his admission. However, as a result of a sudden cardiac arrest and associated aneurysm rupture occurred on the same day, patient became exitus.

Conclusion

Cough is one of the primary problems of the patients who are applying to emergency departments. Albeit rarely, aorta aneurysm, gastro-esophagustic acid reflux disease or masses/particles compressing the trachea and bronchia could be some of the causes of cough.

Keywords: Aorta;rupture;cough

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Relationship Between Febrile Seizure and Vitamin D Deficiency

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Objective

Vitamin D deficiency is very common in children. It is known that various neurological diseases develop in vitamin D deficiency. The aim of this study was to evaluate the relationship between febrile seizure and vitamin D levels in children.

Material and Methods

Patients with febrile seizures and febrile disease who did not have seizures formed the study group. These were compared with the healthy control group. The study group included patients aged between 6 months and 6 years without any known health problems. Patients with central nervous system infection, neurological disease, growth retardation, cardiac and renal disease, malabsorption disorder, chronic metabolic disease and previous vitamin D deficiency were not included in the study. The healthy control group was included in the study. The study included children with vitamin D levels who had similar demographic characteristics between 6 months and 6 years of age.

Results

24.3% of the febrile seizure group, 4.8% of the febrile disease group and 3.6% of the healthy control group had anemia. There was a statistically significant difference between the groups in terms of anemia frequency ($p=0.001$). The mean vitamin D level of the febrile seizure group was 24.6 ± 10.4 ng/mL, while the febrile disease group was 28.0 ± 10.0 ng/mL and the healthy control group was 33.0 ± 14.4 ng/mL. When the groups were compared between two groups, there was a statistically significant difference between the febrile seizures group and the healthy control group in terms of vitamin D levels ($p=0.004$). There was no statistically significant difference between the febrile seizure group and the febrile disease group in terms of vitamin D levels ($p > 0.05$).

Conclusions

Hypochromic microcytic anemia was found to be more common in children with febrile convulsions than in other children. Care should be taken for the development of febrile convulsions in children with hypochromic microcytic anemia. Vitamin D levels were found lower in children with febrile convulsions compared to healthy children. We should treat vitamin D deficiency if vitamin D deficiency is detected in children with febrile convulsion. However, due to the fact that this study is the first one, there is a need for multi-center randomized controlled studies to better understand this relationship.

Keywords: Febrile seizure; Vitamin D; Anemia

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Evaluation and Management of Sternum Fractures

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Objective

Sternum fractures can be seen in 4% of thoracic traumas, especially after traffic accidents. Since sternum fractures can be accompanied by large vessel and heart injuries, the first evaluation of the sternum fracture allows the detection of vital organ damage. In this study, the diagnosis and treatment approaches of patients with sternal fractures were evaluated.

Material and Methods

Thirty patients who presented to two centers with traumatic fracture of the sternum between 2006-2019 were examined retrospectively. The shape of the trauma, diagnostic methods, localization of the fracture in the sternum, whether the cardiac / large vessel injury was accompanied, the accompanying vertebrae and costa fractures, other accompanying injuries, treatment modalities and hospital stay duration were evaluated

Results

The mean age was 46.8 years (9 female 21 male). The etiology revealed 18patients with traffic accidents (60%), 8patients with fall from height, 2patients with assault related injury, 1patient with crush injury and 1patient with fracture during exercise. The most common fracture localization was corpus sterni (56%). Troponin I and CKMB were evaluated in patient which considered have cardiac involvement. Echocardiography was performed in patient with biyochemical and ecg abnormalities. We did not detect any, large vessel and cardiac injuries requiring treatment. 13patients had rib fractures, 9patients had vertebral fractures, and 5patients had both. Hemothorax was detected in 10 patients and pneumothorax in 5 patients. Two patients underwent surgical treatment. It was determined that 5patients with displaced fractures were followed up with a sternum corset. The mean duration of hospital stay was 4.74 days. Two patients with paradoxical respiration and displaced fracture were operated

Conclusions

Sternum fracture should be kept in mind after multitraumas. The examination of lateral radiography and the tomography is helpful. It should be considered that large vessel and cardiac pathologies may accompany and patients with ecg and biochemical changes should be evaluated with echocardiography

Keywords: Trauma; Sternum; Fracture; Management

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Neutrophil-to-lymphocyte Ratio and Whole Blood Viscosity to Predict Rebleeding in Patients with Upper Gastrointestinal Bleeding

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Objective

Upper gastrointestinal bleeding is a common encountered clinical condition in emergency medicine clinics. Rebleeding is among leading causes of mortality in upper gastrointestinal bleeding. Neutrophil-to-lymphocyte ratio is an indicator of inflammatory states and is a helpful parameter in determining prognosis in many diseases. Blood viscosity is an index for stasis. The aim of this study is to determine the neutrophil-to-lymphocyte ratio (NLR) and blood viscosity predictive role of rebleeding among patients with upper gastrointestinal bleeding.

Material and Methods

Patients admitted to the Emergency Medicine Clinic of İstanbul Training and Research Hospital between 01.01.2015 and 01.01.2017 and did not have any exclusion criterion that were diagnosed with upper gastrointestinal system bleeding were retrospectively reviewed on the hospital records. The relationship between NLR and blood viscosity and rebleeding were evaluated. P values <0,05 were considered statistically significant.

Results

495 patients were enrolled in the study and 332 of them (67,1%) were male. The incidence of 30-day rebleeding was 13,5%. The NLR was significantly higher in patients with rebleeding ($p < 0,001$). There was no statistically significant correlation between viscosity and rebleeding ($p = 0,409$). In patients with upper gastrointestinal bleeding, there was a statistically significant relationship with NLR, rebleeding, hemodynamic stability, in-hospital and 30-day mortality (respectively; $p < 0,001$, median in those with re-bleeding = 5.85, in those without median = 3.38; $p = 0.19$, median = 3.90 in hemodynamically stable patients, median in those unstable = 5.23; $p < 0,001$; median in those with in-hospital mortality; $p < 0,001$, median in those with 30-day mortality = median in non-9,71 = 3,62); There was no statistically significant relationship between viscosity and bleeding, haemodynamic status, in-hospital and 30-day mortality ($p = 0.099$, $p = 0.363$, $p = 0.684$, $p = 0.820$, respectively).

Conclusions

Neutrophil-to-lymphocyte ratio is associated with rebleeding in upper gastrointestinal system bleeding.

Keywords: neutrophil-to-lymphocyte ratio; rebleeding; upper gastrointestinal system bleeding; whole blood viscosity

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S-77

A Rare Reason of Fever in Emergency Department: Neuroleptic Malignant Syndrome

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Introduction

Neuroleptic malignant syndrome (NMS) is a clinical condition which associated with the use of neuroleptic agents and characterized by extrapyramidal signs, blood pressure and mental status changes, and hyperreflexia. We aimed presenting a schizophrenic case which is seen following neuroleptic use.

Case

64 years old male patient with the diagnosis of schizophrenia presented with agitation for days on end by his family members. According to the patients story, he has been treated for schizophrenia for thirty years and he is using clozapine 400 mg, quetiapine 900 mg per day for this reason. He applied to the psychiatry department with insomnia and anxiety 10 days ago and received zuclopenthixol 50 mg intramuscular . He had fever, swallowing and speaking difficulty, spasms of feet and hands following injection. This clinical presentation is considered as neuroleptic malignant syndrome. His antipsychotic drugs are discontinued. He is given intravenous fluid therapy, close follow up of vital signs, biperiden intramuscular and **dantrolen** (1 mg/kg) intravenous. The patient is treated in emergency critical area for three days and hospitalized to the psychiatry department after that.

Result

NMS is a rare clinical condition that mental status changes, motor abnormalities (rigidity, bradykinesia as such) autonomic dysfunction and fever are apparent. Early diagnosis and appropriate treatment are life saving in patients with fever of unknown origin and history of neuroleptic drug use in emergency departments.

Keywords:neuroleptic; malignant; syndrome;fever;emergency

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An Extraordinary Stabbing Wound with Door Handle: a Case Report

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Introduction

Injuries related to door and door arms are often in the form of compression, crushing and scraping. Most of them are minor injuries, but infrequently serious injury or damage to the neurovascular damage may occur. In previous studies, they reported that door handles caused significant risk of ocular and periocular injury among children. However in the literature, there aren't any articles could be found in children group related to door handle.

Case Report

A 12-year-old boy was brought to the emergency department with an injury to the door handle. In the story, it was learned that he was hitting the door as he was running in school and being caught in the arm of the door handle. The patients general condition, cooperation and orientation was good. Glaskow Coma Scale was 15. In the neurovascular examination of the patient, radial and ulnar pulses were open and sensory examination was found to be natural. There was no abnormality in the elbow, hand and wrist examination of the patient. The capillary filling time was measured below 2 seconds. The relation between the body and bone tissue was evaluated in direct X-ray. No pathology was found in the bone tissue. Orthopedics consulted the patient to remove the door handle. The wound was cleaned. The inlet and outlet holes were closed by primary suturing. The patient was given tetanus vaccine with broad spectrum antibiotics. The patient was admitted to the orthopedics clinic for follow-up and was followed up with regular dressings. On the 4th day, the patient was discharged with normal infectious parameters.

Conclusion

This case report shows that door handles are a risk in school-age children. Teachers should be particularly careful about this. At the same time children should be educated in this field.

Keywords:Door Handle;School related injuries;Trauma

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Disasters and Turkey in Terms of Scientific Publications.

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Objective

Turkey has important geological location and it had notable historical earthquakes in history. Furthermore Turkey has many meteorological episodes like floods, droughts and high speed winds. Turkey has important geological location. It had notable historical earthquakes in history. It has active lateral strike slip North Anatolian Fault and East Anatolian Fault. Furthermore Turkey has many meteorological episodes like floods, droughts and high speed winds. On the other hand Turkey is on the way of refugee stream way and Middle East region that has gap of civil orders that cause terrorist groups. The aim of this study was analyze of scientific publications related to disasters and disaster related to subject in Turkey.

Material and Methods

This study consist of the Scopus database to cover the years 2017-2019 "Disaster and Turkey" keyword consists of a scan made with the analysis of the data obtained.

Results

In selected keywords there are totally 62 articles were found. 24 articles were found that about Medicine and 8 articles about Nursing. In subgroup analysis 19 articles are studied in Turkey. Of these 19 articles, 7 were published in the Faculty of Medicine, 4 in the Sociology Department and 3 in public health institutions. The rest five of 19 articles from Psychiatry, Engineering and Educational Sciences units. Articles studied in Medical Sciences are from Emergency Medical Services and Departments in 70%. Top 5 journals that published these articles are Prehospital and Disaster Medicine, Disaster Medicine and Public Health, Journal of Pakistan Medical Association, National Trauma and Surgery Journals and American Journal of Disaster Medicine. Hacettepe, Canakkale 18 March and Van Yuzuncu Yil Universities are 3 main affiliations that study disaster subjects. Articles are related about disaster management and preparedness, refugees, stress disorders, educational and political issues that written in keywords.

Conclusions

Disaster management and preparedness are multidisciplinary condition. Although our country is living in various disasters, unfortunately, our medical faculties do not conduct enough research on disasters. A national awareness should be established and academics should be encouraged.

Keywords: Disaster; Education; Health Sciences; Scientific Articles of Medicine; Turkey

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Do We Arrange Ourselves for Disaster Medicine Subspecialty over Emergency Medicine Departments? Unfortunately; No More, the Least

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Objective

In our country, Turkey; we had many disaster and complex emergencies like earthquakes, terrorist attacks and floods. We were faced to face large number of deaths and crucial morbidity. After Marmara earthquake in 1999 we focused on disaster preparedness and management strategies. Government constituted Disaster and Emergency Management Authority in 2009. In mass gatherings situations the most related departments are emergency services. We have hospital incident command systems, hospital disaster plans and so on.

Material-Method

Unfortunately as a member of emergency medicine departments, we didn't focus on disaster area in academically. According to National Thesis Center that formed under Higher Education Committee there are many disaster related thesis. From 1970 academic upgrading thesis were uploading this thesis center. By the way as we assess recordings there are more than two hundred thousand theses.

Results

When we searched subrecordings that using 'disaster' keyword, there are 429 thesis were found. 200 of 429 are related with social sciences and 192 are related with natural philosophy. Under research of subgroup in medicine we found 35 thesis. When we discriminate these groups there are 11 thesis are specialty in medicine, 7 of them are doctorate programs and 18 of them are postgraduate programs. In subgroup analysis of medical specialty programs, 7 of 10 are related with emergency medicine departments especially mentioned about hospital disaster plan. Furthermore there are no thesis after 2017 year.

Conclusions

Although we are strongly assigned in disaster and complex emergencies, we don't make researches in this area as a first responder. On the other hand, we haven't had subspecialty in emergency medicine yet. In ACEP board courses there are subspecialties like disaster medicine, emergency medical services and undersea-hyperbaric medicine. In European Master of Disaster Medicine activities, there are special lessons to students of faculty of medicine about disaster management, triage and psychological support.

In conclusion, further education and academic researches make us more prepared for disaster and complex emergencies. In addition, in medicine we have to arrange curriculum of disaster medicine for education and simulation strategies. Especially in emergency medicine residents we get more sophisticated strategies to organize disaster managements.

Keywords: Academic Research; Disaster Preparedness; Emergency Medicine Subspecialty; Mass Gatherings; National Thesis Center

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Selfie-related Fatal Accidents: A Phenomenon That Requires Multidisciplinary Approach

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Objective

Selfie-related fatal accidents as a social media phenomenon which are the result of self-related behaviors are increasing especially among young people in the world. So, we analyzed selfie-related injuries and deaths with a very wide perspective and multidisciplinary in this media-based update study.

Material and Methods

In this media-based observational clinical study, we evaluated 262 deaths or victims associated with 171 selfie-related accidents of which were reported the reliable media sources from many parts of the world and between October 2011 to May 2019. Therefore we analyzed that event types and frequency of this accidents. demographic data and preferences of victims, selfie-related behaviors and risk factors, affected body regions by accident mechanism of the victims. Descriptive statistics are given in tables as frequency and percentage values along with pie-charts and bar graphs. Besides, as the inferential statistics section were used Chi-square test and the Cramer's V coefficient test for categorical variables, and for the correlation respectively.

Results

We determined that the majority of victims from selfie-related deaths were young male people (adolescent and adults). Selfie-related fatal accidents were reported most frequently in India (n=69), The United States of America (n=18), and Russia (n=13) respectively. The most preferred site of taking selfies was the edge of the cliff. The most frequently reported accident type or mechanism of accident was fall from a height (n=60), drowned (n=35) and the transport vehicles-related events (n=35) and also as a natural consequence of multiple trauma we often found reported that anatomically vital organs (Head-Neck and with multiple body parts) of human body were affected in severe selfie-related accidents.

Conclusions

Selfie-related fatal accidents often affecting young people requires multidisciplinary and even an interdisciplinary approach. Controlling selfie-related behaviors in teenagers is very important. Especially countries where accidents are frequently experienced should consider this a new public health problem and also health care professionals, social and educational scientists, and all administrators act in coordination and with biopsychosocial approach to in solving this important issue.

Keywords: Selfie; young people; selfie-related behaviors; fatal accidents; multidisciplinary approach

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Bilateral Clavicle Fractures: Report of A Rare Case

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Abstract

Bilateral clavicle fractures are uncommon. Bilateral clavicle fractures are caused by high-velocity compression forces across both shoulders and are commonly associated with other severe injuries. These fractures could be missed due to other more severe chest injuries or inadequate chest radiographs.

Introduction

Bilateral clavicle fractures are not frequently seen. Incidence is less than 0.5% of all the clavicle fractures. That fractures for 80% are located in the middle third, nearly 15 % in the lateral and just only 3 – 5 % are located in the medial third. Bilateral clavicle fractures are caused by high- velocity compression forces to shoulder girdle directly. The standard treatment is conservative but recent literature shows because of delayed union and non-unions, using surgical treatment is also important.

Case Report

A 30-year-old woman was involved in a high-velocity motor vehicle accident. The car was hit against the wall while she sitting with the seat belt fastened on the next to the driver. She complained of pain on the middle upper chest wall only. She has admitted with Glasgow Coma Scale 15 points and no pain was noted. On examination, both clavicles were tender, minimal deformities and pain and swelling in bilateral clavicular. There was no dyspnea. Another neuromuscular examination was noted as normal. On x-rays showed bilateral clavicular fractures. (Image 1) X-rays revealed clavicle fractures was 200% displaced both. At this case treated with eight bandage as conservative.

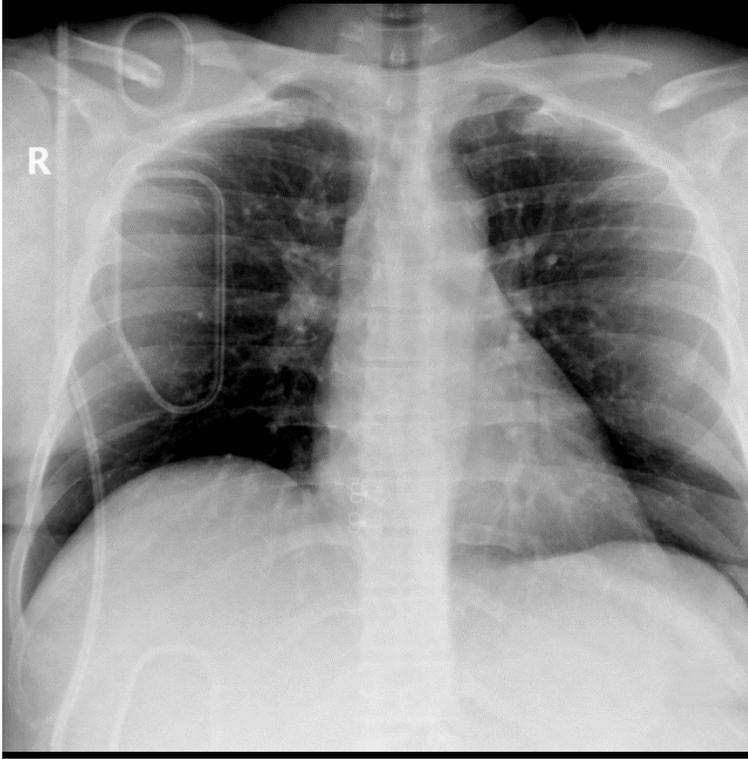
Discussion

Bilateral clavicle fractures are uncommonly and caused by high-velocity forces across both shoulders. These fractures are very important because these could be missed due to other more severe chest or body injuries or inadequate imaging. Total clavicle fracture incidence is %3-5 and bilateral fractures less than 0.5% of all the clavicle fractures. Conservative treatment has been the preferred treatment modality. Because of high complication rates conservative management more preferred.

Image 1: Bilateral clavicle fractures are caused by a high-velocity motor vehicle accident. It was concluded that the 5-C consultation model was an effective and applicable consultation model in the emergency medicine clinic of our hospital.

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Keywords: clavicle; emergency treatment; injuries

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POSTER PRESENTATIONS

Aramak istediđiniz isimi, kurumu, kelimeyi yazarak ilgili bölüme gidebilirsiniz.

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P-01

Hurricane Maria 2017: Dominica's Experience (Survivor'S and Emergency First Responders)

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Objective

To evaluate the effectiveness of Psychological First Aid by Clinical Field Traumatologist in the field to survivors, shelterees and emergency first responders

To narrate real-life stories of survival and resiliency

Material and Methods

An ethnographic study was conducted to observe and have face-to-face interviews with the survivors and emergency first responders to assess their mental health issues, posttraumatic stress disorders in the post-recovery impact phase.

Mental health assessments were carried out in Castle Bruce, Atkinson, Marigot, Wesley, Calibishe, Penville, Kalinago Carib Territories, Portsmouth, Chance, Rousseau and Loubiere

Observation and face to face interviews with three hundred survivors, shelterees and emergency first responders (6 years to 104 years old)

Intervention with Dominica's Police, Fire Department and Military

Cases Studies

- Introduction: 34y/o Female
- Case: "Blue Barrel"
- Introduction: 12y/o Male
- Case: "Traumatic Sighting"
- Introduction: 76 y/o Female
- Case: "Therapeutic Touch"

Results

Survivors, shelterees and emergency first responders have shown signs of severe mental traumaMental health issues required intervention to prevent post-traumatic stress disorder

Conclusions

Further clinical research by clinical traumatologist can aid the regression of PTSD amongst survivors and emergency first responders

Full Scale Mental Health Exercises must be simulated so that a checklist/protocol can be developed from the findings and included in all Improvement Plans

Disaster Medical Assessment Teams (DMAT's) should now be a priority for all Caribbean National Disaster Offices (NDO's), Ministries of Health and the Caribbean Disaster Emergency Management Agency (CDEMA) Rapid Response

Psychological First Aid as a therapeutic intervention must become a key aspect to the response mechanism and the initial post-disaster recovery management

Keywords: Clinical Field Traumatologist; Disaster Medical Assessment Teams; Post Traumatic Stress Disorder; Psychological First Aid

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P-02

Identification of the Knowledge of the Emergency Call Assistant/operator (Eca/o) and the Regulatory Doctors Regarding the Disaster Alert Plan.

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Objective

Emergency medical assistance services (SAMU) have a special place in the scheme of organization of care, it is the manager of pre-hospital medical emergencies. Hence every urgent medical aid service must have an action plan to deal with disaster situations. Objective: With this in mind, we carried out a study whose objective is to assess the level of knowledge of the ECA/O and the regulatory doctors concerning the disaster alert plan.

Material and Methods

Methods: We conducted a questionnaire with 20 people (Nine (ECA/O) and eleven medical regulators) during the month of December 2018.

Results

Half of the respondents (50%) received at least one disaster management training and (70%) at least one disaster simulation. The majority of respondents (85%) mentioned that there are three levels in the samu03 disaster alert plan. (60%) of staff know who to advise in order of priority with a significantly better response by the (ECA/O) (p 0.02). Regarding the information to be transmitted to stakeholders in each level, 45% responded with accurate answers. Only (25%) of respondents know the actions to be taken when receiving a disaster call and only (10%) of the staff gave correct answers.

Conclusions

The level of knowledge of the (ECA/O) and the medical regulators concerning the disaster alert plan in the service of SAMU 03 is insufficient. It is important to periodically reinforce the knowledge of the reception and call control room staff regarding the management of calls in a disaster situation.

Keywords: Knowledge; the Emergency Call Assistant/Operator (ECA/O) and the regulatory doctors ;disaster alert plan

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P-03

Evaluation of the Theoretical Knowledge of Emergency Department Medical and Paramedic Personnel On the Management of Cardio-respiratory Arrest.

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Objective

The CRA (cardio-respiratory arrest) represents the absolute vital emergency, faced by all medical and paramedical personnel. They must know how to cope by implementing without delay the first acts of resuscitation that will be determinant for the future of the patient. Assessment of the level of knowledge of the medical and paramedical personnel on the management of cardio-respiratory arrest in the service of SAMU03 and the emergency departments CHU sahloul and CHU Farhat Hached

Material and Methods

We conducted a descriptive study, using a questionnaire provided to medical and paramedical personnel, which deals with the theoretical issues of the management of the CPA, during the month of January 2019.

Results

Thirty-two staff (17 physicians and 15 nurses) participated in this study, with a male predominance (sex ratio = 1.13). The average age of participants is 33 years old. The average score of the correct answers is 5.78 / 10 (The average note of the paramedical personnel is of 5.2 / 10, is that of the doctors is equal to 6.16 / 10). The majority of respondents (78%) know how to diagnose an CPA, with a non-significant difference ($p = 0.538$) between doctors and nurses. 93.8% of participants know the general principles of resuscitation of ACR in adults, 61.55% of participants do not follow the algorithm "EPALS" of pediatric and neonatal resuscitation during their management of the cardiac arrest. 15.4% of participants do not know how to distinguish between shockable and non-shockable rhythms. (53.15) of participants do not know the general principles of management of cardiac arrest with a shockable rhythm. Regarding the drugs to be administered in case of CPA, 56.3% gave exact answers, which relate to the type of drug, the dose and the indication. the majority of participants (81.3%) know the reversible causes of cardio-respiratory arrest.

Conclusions

The level of knowledge of pre-hospital and emergency department staff regarding the management of cardiopulmonary arrest is inadequate. Hence the need for a continuous practical training cycle.

Keywords: cardi-respiratory arrest; knowledge; medical and paramedic personnel ;emergency department

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P-04

Ruptured Aortic Aneurysm with Spontaneous Thrombosis: A Case Report

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Introduction

Abdominal aortic aneurysm (AAA) is responsible for approximately 1% of deaths in developed countries. Ruptured AAA still causes high rates of mortality and morbidity. Intraperitoneal rupture often requires hemodynamic deterioration and emergency surgical intervention.

However, as in our case, it can be rarely thrombosed spontaneously.

Case

The 67-year-old male patient was referred to the emergency department with renal colic pre-diagnosis. In patient's anamnesis, there was not any previously known disease. His current pain started suddenly about 4 hours ago and never passed. Blood pressure: 90/60 mm/hg, fever: 37.2 C, GCS: 15 and the patient had orthostatic hypotension, which developed by standing up. Physical examination revealed left costovertebral angle tenderness and rebound in the abdomen. Hb: 12.8, Wbc: 22.7, Plt: 311, biochemistry parameters were determined in the normal range and 30 erythrocytes were detected in urine test. The ultrasonography was planned with the pre-diagnosis of renal colic. Ultrasonography revealed a suspicious appearance of mass in the abdomen and hematoma. In the patient's contrast-enhanced abdominal CT report, Aneurysm beginning from infrarenal level in the abdominal aorta and reaching a diameter of 9 cm along the 13 cm segment extending from the main iliac bifurcation to the right common iliac artery and a 20x12 cm hematoma area in the left retroperitoneal area were detected. There was no contrast transition between the aneurysm lumen and the hypodense area adjacent to the aneurysm. This appearance was diagnosed as retroperitoneal rupture of thrombosed abdominal aortic aneurysm.

Discussion and Conclusion

It should not be forgotten that the classic triad of abdominal aortic aneurysm is abdominal pain that radiates into the back, hemodynamic shock and pulsatile mass. In patients with sudden onset flank pain, it is vital to keep in mind the rupture of abdominal aortic aneurysms except from renal colic cases.

Keywords: abdominal aortic aneurysm; flank pain; thrombosis

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P-05

Pca Infarction in Right Hemisphere, Mca Infarction in Left Hemisphere: A Case Report

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Introduction

Stroke is a disease caused by interruption of the blood flow to the brain as known. The diagnosis and treatment of stroke is possible with the knowledge of the vascular areas and the neuroanatomy of the brain. As is known, the most common cause of ischemic stroke is median cerebral artery (MCA) occlusion. In our case, we planned to present a patient with a stroke matching with MCA irrigation area in the left hemisphere but in the right hemisphere matching with simultaneous posterior cerebral artery (PCA) irrigation area.

Case

A 64-year-old male patient was admitted to the emergency department with complaints of numbness and weakness in his left arm and left leg. In examination, GCS was 15, patient was orientated and cooperated. The patient had motor strength 3/5 in the left upper and lower extremities and ataxia in the gait. Other system examinations were normal. ECG: AF +, heart rate 110 pulse / min. Laboratory tests did not show any abnormal findings except hyperglycemia. Diffusion MRI was planned to patient with the pre-diagnosis of cerebrovascular disease. In the MRI, diffusion limitations compatible with infarcts were detected on PCA irrigation area in the temporooccipital region on the right side and irrigation area of MCA branch in the parieto-occipital region on the left side. The patient was transferred to the neurology service for further examination and treatment.

Conclusion

Stroke patients have an important rate in emergency department admissions. The time of onset of symptoms and not delaying the diagnosis is very important in terms of treatment planning. Simultaneous infarctions in irrigation areas of different arteries in different hemispheres is a rare condition.

Keywords: Stroke; Infarction; different hemispheres

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P-06

Cerebrovasculer Disease (an Atypical Presentation)

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Aim

In this paper, we present a case of ischemic stroke with atypical presentation.

Case

A 60-year-old male patient was admitted to the emergency department with complaints of headache and nausea starting about an hour ago. In his medical history, we learned that the patient had hypertension and type 2 diabetes mellitus, but he did not use oral anti-diabetic drugs regularly. His general medical condition was moderate, he was cooperative and orientated, GCS: 15, stick blood glucose: 245 mg/dL, BP: 130/70 mmHg, Pulse: 125 bpm, O₂ Saturation: 98%, systemic examination was normal, there was no nuchal rigidity and there were 1mm of ST elevation on V1-3 leads of ECG. The patient underwent the consultation of the cardiologist regarding acute coronary syndrome. The anterior wall was slightly hypokinetic on transthoracic echocardiography (TTE), while ST elevation on ECG had resolved. Acute coronary syndrome was unlikely. One hour after his admission to the hospital, the patient experienced a loss of fluent speech and shift at the edge of his mouth. On cranial CT, there was a region in the white matter compatible with acute ischemia and the patient underwent the consultation of the neurologist who requested a diffusion MRI of the brain. It revealed hyper-intense areas in the right cerebral hemispheres, centrum semi-ovale, periventricular area, and occipital region in diffusion-weighted images and hypointense areas consistent with multiple acute infarctions on ADC. Routine laboratory tests, liver and kidney function tests were within normal values, and the patient was hospitalized in the neurology department since the serum troponin level was also normal. No main vessel occlusion was observed on CT angiography. Clopidogrel and ASA were initiated. The patient whose symptoms had regressed and motor and sensory examinations were normal, underwent the consultation with the cardiology again. Diastolic dysfunction and left ventricular hypertrophy were observed on TTE, and acute coronary syndrome was not considered. On the third day of his admission to the neurology ward, the patient was discharged with prescription of clopidogrel and ASA. Cardiology outpatient clinic follow-up visit was recommended to the patient.

Conclusion

This also showed that atypical presentation may also be seen in other vascular diseases. Organizing educational sessions for emergency department staff and family physicians on cerebrovascular events such as atypical presentations and transient ischemic attacks may be beneficial.

Keywords: Cerebrovasculer disease; miyocard enfarctus; atypical presentation

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P-07

The Story of a Lumbar Vertebral Fracture

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Aim

Herein, we present an outpatient case of lumbar vertebral fracture admitted with thoracic region pain without any sensitivity in the lumbar region.

Case

A 68-year-old female patient was admitted to the emergency department with the complaint of inability to walk for 2 days following a fall on her right thoracic region. The patient had a history of coronary artery disease and by-pass operation. She had no chest pain complaints. On physical examination, the patient had tenderness upon palpation on the left posterior thoracic vertebrae and other systemic examinations, including neurological and sensorial examinations were normal. She had a blood pressure of 157/82 mmHg, sPO₂ of 99% and a heart rate of 56 beats/min. Hemothorax, pneumothorax or rib fracture was not detected in the CT scan of the patient. No fracture was observed in the thoracic vertebrae. L1-2 vertebral corpuses were found to have height loss and this sign was considered as compression fractures. Anterior spinal stenosis was observed as narrowing in the bony spinal canal from the anterior due to peripheral overflow in the vertebral corpus. Biochemical parameters were within normal limits. Serum troponin values were repeated for 4 times and all were negative. No significant decrease in hemoglobin levels was detected in the measurements carried out since multiple trauma was considered. The patient was hospitalized in the orthopedic clinic with the diagnosis of isolated lumbar vertebral fracture. On the second day of hospitalization, the patient had weakness, and physical examination revealed that she had 4/5 motor muscle strength bilaterally in the lower extremity. The patient developed hypotension and bradycardia after anesthesia induction in the operation room and was followed-up with positive inotropic support in the intensive care unit for 1 day and returned back to orthopedic clinic. The patient was given conservative treatment decision. Thoracolumbosacral orthotic (TLSO) corset was recommended and she was called for orthopedics outpatient follow.

Conclusion

According to the Fracture Risk Assessing Tool (FRAX), the presence of an osteoporotic fracture, including asymptomatic vertebral fractures, is a risk factor for new fractures and establishes the diagnosis of osteoporosis for that individual. Most fractures secondary to osteoporosis are vertebral fractures and more than 65% are asymptomatic. (5, 6) It should be considered that trauma patients with vertebral tenderness may have vertebral damage other than the tenderness and pain localizations.

Keywords: vertebra fracture; osteoporosis; lumbar vertebra fractures

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P-08

Corticosteroid Induced Hypokalemic Periodic Paralysis

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Introduction

Hypokalemic periodic paralysis is a rare disorder progressed by muscle weakness episodes which is caused by hypokalemia. Serum potassium level is low during episodes. Episodes are at different intervals and may take several hours or days. Most common causes are familial periodic paralysis, thyrotoxic periodic paralysis and sporadic periodic paralysis, respectively.

Hypokalemic periodic paralysis is an ion-channel disease characterized by paralysis episodes on skeletal muscles as a result of decrease in serum potassium level. We reported a case of hypokalemic periodic paralysis after dexamethasone use in this context.

Case

42-year-old man admitted to our hospital and presented with weakness and pain at his arms and legs starting about 12 hours ago. It was learned that he was diagnosed with peripheral facial paralysis 2 days ago and prescribed dexamethasone for his therapy. There were no significant past medical and family history.

In physical examination, patient was conscious, alert and oriented. There was 3/5 strength in right lower and 2/5 strength in left lower extremity. Sensation was normal in both lower extremities. Babinski in right side was positive and no Babinski reflex was assessed in left side. There were 5/5 strength in both upper extremities. It was seen that right labial notch was obscure and right lid muscle strength was decreased. Other systemic review was normal.

Laboratory workup was detected as follows; Hb: 14,9 gr/dl, WBC: 20,62 k/ul, PLT: 311000 k/ul, glucose: 171 gr/dl, urea: 46 mg/dl, creatinine: 0.75 mg/dl, Na: 140 mmol/l, K: 2.63 mmol/l, Ca: 9.9 mmol/l, Creatinine Kinase(CK): 206 IU/l, Cortisol: 0.75 ug/dl, TSH: 0.53 UIU/ml, T4: 0.76 ng/dl, T3: 3.64 pg/ml. There was no pathological sign in CT and diffusion MRI of brain.

The patient was treated with potassium because his potassium level was 2.63 mmol/l and then control potassium level was found 3.98 mmol/l. The patient's complaints were improved about 4 hours after starting the potassium treatment. A therapy for periferic facial paralysis was prescribed and he was discharged with suggestions of control in policlinics.

Conclusion

There are many reasons of sudden muscle weakness/paralysis in emergency settings and differential diagnosis should be made carefully for an effective therapy because the definite treatment of this condition is based on underlying etiology. For that reason, medicines of patient should be questioned and it should be considered that muscle paralysis can be developed on corticosteroid use as an adverse effect of drug as a result of low serum potassium level even if it's seen rarely.

Keywords: Corticosteroids; Corticosteroid-induced paralysis; Hypokalemic Periodic Paralysis; Muscle Weakness

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P-09

Bolus Dose Epinephrine for Transient Hypotension : Case Report

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Introduction

Arterial hypotension might develop as the consequence of several causes, and should be managed properly and rapidly regarding the underlying cause. Procedures such as rapid sequence induction and administration of certain pharmacological agents or positive pressure ventilation are among the causes of acute onset hypotension in the emergency room setting. We report a case that bolus dose epinephrine was administered to a patient who had experienced transient hypotension following post intubation sedation.

Case

A 59-year-old male without any past medical history admitted at the emergency room following an occupational trauma. His colleagues defined the mechanism as a 700 kilograms of heavy lug falling onto his back when he was standing. His initial Glasgow Coma Scale Score was noted 15, with a fever of 36.7°C, blood pressure of 123/91 mmHg, heart rate of 105 bpm and an oxygen saturation of 90%. Physical examination revealed esthesia on the right thoracic region and subcutaneous amphsema and diminution of breath sounds on the right hemithorax. Thoracic CT scans performed, revealing fractures on the right posterior consecutive ribs, effusion and contusion at the right lung, and evident subcutaneous amphsema next to the fractured ribs. As the patients efforts of breathing have increased gradually, decision was made to intubate. He has been intubated as per rapid sequence intubation procedure. During post-intubation period, as the last seen blood pressure monitoring were revealing 131/78mmHg, the patient became concious, 40 mgs of ketamine and 40 mgs of propofol were administered as an intervention. Right after the drug administration, blood pressure dropped to 58/42 mmHg at the first check. 1 mL of diluted epinephrine was given via proximal peripheric line. Blood pressure monitorization seen every five minutes revealed 89/79mmHg, 126/96mmHg, 134/103 mmHg, with no major alterations in terms of pulse rate. No evidence of haemorrhage was noted by serial haemoglobin measures.

Discussion

Sudden blood pressure drops preceding or following drug administration or intubation requires immediate control as it is associated with in-hospital mortality. Bolus-dose vasopressors are defined as the intravenous administration of small bolus doses of vasopressor agents, such as ephedrine, epinephrine or phenylephrine, to temporize transient hypotension or as a bridge to definitive therapy such as continious infusion.

The choice of vasopressor agent depends on the clinical situation. Although ephedrine is commonly used by anesthesiologists, epinephrine and phenylephrine appear to be more convenient to use in the ED because of the longer half-life and potential for dosing error of ephedrine. Epinephrine, may be preferred over phenylephrine if no caution is required about increase in pulse rate and cardiac output. Phenylephrine is a pure alpha agonist and has no direct chronotropic or inotropic effect on the heart, however, may produce reflex bradycardia.

Conclusion

The use of bolus dose vasopressors in the ED appear to be beneficial, however, improvement following the administration should not cause overlooking the underlying cause of hypotension. Bolus dose vasopressors should be used in conjunction with the definitive treatments. Further studies and high level of recommendations are required to support its use.

Keywords: epinephrine; phenylephrine; hypotension; intervention

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P-10

A Rare Clinic Presentation of Polycystic Kidney Disease

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Introduction

Autosomal Dominant Polycystic Kidney Disease (ADPKD) is a multisystemic disorder characterized by multiple cysts in both kidneys (1.) Even though age-related non-genetic renal cysts with normal renal function are seen, bilateral multiple renal cysts should suggest an underlying hereditary disease (2). Clinically, renal blood flow reduction as a result of kidney enlargement, urinary system or cyst infections, hematuria, hemorrhage, nephrolithiasis and end-organ damage as a result of hypertension is seen. Major non-renal complications are a cerebral aneurysm, hepatic and pancreatic cysts, cardiac valve diseases, colonic diverticulum, inguinal hernia(3). In addition, the incidence of cancer increases in these patients (4). In our case, we presented the clinical picture of renal cysts causing choledochal canal and gallbladder compression.

Case

A 68-year-old man was admitted to our emergency department with nausea, vomiting and abdominal pain. The arterial blood pressure was 130/80 mmHg, pulse 78 beats/min. and no fever. He had been by-pass 17 years ago and had rectal cancer surgery 7 months ago. On physical examination, there was only mild tenderness and distension in the right upper quadrant and epigastric region. Laboratory Tests: Wbc:17.9 10³/L, Hemoglobin:11.6g/dL, Urea:92 mg/dL, creatinine:1.59mg/dL, sodium (Na):123 mmol/L, potassium:4.3mmol/L, C-reactive protein: 218 mg/L, aspartate aminotransferase:59U/L, alanine aminotransferase:117 U/L, amylase:79 U/L, lipase: 13 U/L, gamma-glutamyl transferase:148 U/L, total bilirubin:1.53mg/dL, direct bilirubin:1.03 mg/dL, glucose:107 mg/dl. Abdominal ultrasonography revealed normal and multiple renal cysts. In abdominal tomography, cysts are seen to compress the gallbladder and bile duct (Figure 1). After the patient was consulted to the urology specialist, he was hospitalized for further examination and treatment.

Conclusion

The patients with polycystic kidney disease may also mimic acute cholecystitis due to the big size of the cysts. So, these patients should be closely monitored due to their complications.



Computed tomography scan showing the compression of renal cysts into the gallbladder

Keywords: Polycystic Kidney Disease; Abdominal pain; Cholecystitis

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P-11

Rectus Sheath Hematoma: Acute Abdominal Pain Associated with Coughing

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Introduction

RKH is a rare but potentially life-threatening condition (1). Advanced age, anticoagulant use, coughing, heavy exercise, intraabdominal drug injection, trauma, hematological diseases, and pregnancy are risk factors of RSH(2). Ultrasound and computed tomography(CT) can confirm the diagnosis. Treatment can be achieved with a conservative approach (discontinue anticoagulant use and giving vitamin K, fresh frozen plasma (FFP), erythrocyte Suspension (ES) and fluid resuscitation)(3). In rare cases, hemodynamia may be unstable due to hematoma growth. Therefore, surgical arterial ligation and intraarterial embolization may be required.

Case

A 73-year-old female patient was admitted to the emergency department with sudden onset of abdominal pain and swelling after coughing. She had a blood pressure of 100/60 mm Hg and a heart rate of 90 beats/min. The patient has a history of 5 mg warfarin daily due to arrhythmia. In the palpation of the abdomen, there was swelling, sensitivity and voluntary defense from the right upper quadrant to the right lower quadrant. Hemoglobin level was 12 (normal 11,5-16,5) g/dl, platelet count 300.000 (normal 130.000-400.000) / L, international normalized ratio was 3,79. There was intramuscular hematoma (sizes reaching 15cmx7cm) in the rectus abdominis and transverse abdominis muscles in the scan of abdominal CT. (Figure 1)Three units of ES, two units of Fresh Frozen Plasma (FFP) were given for treatment and warfarin was discontinued. After 5 days, hemodynamia was stabilized and she was discharged from hospital with a cure.

Conclusion

As a result, delay in diagnosis for rectus sheath hematoma in the emergency department may increase mortality because of the treatment shift from the conservative approach to surgery.



intramuscular hematoma in the rectus abdominis and transverse abdominis muscles in the scan of abdominal computed tomography

Keywords:Rectus Sheath Hematoma;Abdominal Pain ;Coughing

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P-12

Spontaneous Isolated Superior Mesenteric Artery Dissection Case Report

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Introduction

Superior mesenteric artery (SMA) dissection is an uncommon type of arterial dissection. It can either on its own or occur as part of an extension of an aortic dissection. SMA dissection can present as abdominal pain, nausea vomiting, bloody stools, intestinal obstruction or asymptomatic. The gold standard in diagnosis is arteriography. However, CT angiography was the most common diagnostic modality. Cases have been managed with observation, antiplatelet or anticoagulation therapy, endovascular stenting, and open surgery. Open surgery is indicated for the acute abdomen.

Case

A 57-year-old male presented with a 10 day history of consistent back pain especially between scapulas which had worsened. The pain slightly worse after eating.

His past medical history was significant for hypertension, renal colic, multiple myeloma. He hasn't got any surgery history. He used lansoprazol, amlodipine, lenalidomide, trimethoprim-sulphomethoxazole, ASA. He denied tobacco use, alcohol or illicit drug abuse.

On physical examination, his vital signs were in the normal range. He had moderate epigastric tenderness on palpation. There were rales on bilateral basal segments on respiratory sounds.

He has got bicytopenia (low PLT,HGB) and increased CRP values. Other metabolic panel were within the normal range. A computed tomography (CT) scan of the thorax and abdomen was done with intravenous contrast showing an area of dissection with thrombosis in the proximal SMA beginning just beyond its origin for a length of about 5 cm with no ischemic findings. Thrombosis is on the distal part of the dissection flap and also there was intimal tear.

After the consultation with CVS and General Surgery, no surgical intervention was done then provided anticoagulation with ASA. Arranged colonoscopy-gastroscopy by general surgery on the elective situations.

Conclusion

SMA Dissections can be found incidental or spontaneous while investigating other pathologies. It should be controlled with convenient therapy and routine controls.

Keywords: Superior mesenteric artery; Dissection; Spontaneous; Isolated; Asymptomatic pain

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P-13

Analysis of the Patients Admitted to Emergency Department with Synthetic Cannabinoid (Bonsai) Abuse

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Objective

Patient admissions after substance abuse are frequent in Emergency departments. The aim of this study was to determine the epidemiological and clinical characteristics of patients who directly referred to our emergency department with abuse of synthetic cannabinoid known as Bonsai.

Material and Methods

The study was carried out in Akdeniz University Hospital retrospectively by reviewing the files of the patients who applied to the emergency department after taking synthetic cannabinoids. Between 01.07.2015 - 31.07.2017, patients who applied directly to our emergency department after using synthetic cannabinoids, known as Bonsai, were identified in the hospital data processing program records. Descriptive statistics were made by recording the age, gender, complaint of the patients, consciousness status, vital findings and emergency treatment procedures of the patients in the study form.

Results

A total of 47 patients were admitted to our emergency department between the specified dates. 45 patients were male and 2 patients were female. The mean age of patients was 23.3 ± 6.8 . There were 33 patients in the 16-24 year age group, 12 patients in the 25-35 year age group and 2 patients in the over 35 age group. 30 patients had altered mental status. Cardiac side effects such as tachycardia (29 patients) and hypertension (24 patients) were found in most of the patients. Thirty nine patients were evaluated in the emergency department and discharged from hospital. Four of the 5 patients who need inpatient treatment, were admitted to intensive care units. 1 patient died during intensive care unit hospitalization.

Conclusions

Synthetic cannabinoid intoxication is especially common in young males. Mostly, neurological and cardiac side effects occur. The level of knowledge of the physicians should be increased through relevant trainings and multi-centered studies should be carried out for more comprehensive epidemiological and clinical data.

Keywords: Synthetic cannabinoids; Bonsai; epidemiologic characteristics

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P-14

Occult Viral Diseases in Emergency Department

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Objective

In this study, we have performed randomly HBsAg, Anti-HCV, Anti-HIV tests in patients who admitted to the Adult Emergency Department of Gaziantep University Faculty of Medicine Şahinbey Research and Practice Hospital between 01.10.2018 and 01.12.2018 to determine the rate of occult chronic viral diseases.

Material and Methods

HBsAg, Anti HCV and Anti-HIV tests were randomly performed to healthy adult patients who applied to the Emergency Department, for any reason, between 01.10.2018-01.12.2018 and there patients did not know if there was any contagious viral disease. Examination results were analyzed by SPSS 23.0 and AMOS programs.

Results

800 patients who admitted Gaziantep University Şahiney Research and Practice Hospital Adult Emergency Department between 01.10.2018-01.12.2018 and without any defined viral infectious diseases were included in this study. HBsAg, Anti HCV, Anti HIV tests of blood samples of the patients were studied. The mean age of patients was 32,7 ±16,9 and the female/male ratio was 54,2% /45,8%. As a result of the study, HBsAg positivity and Anti-HCV positivity were found as 2% and 0,8%. HIV positive patient were not found. Of patients, 16,3% had a previously surgery, 23,3% had a concomitantly chronic disease and 21,9% had a chronic drug (medication) use. All patients dennied chronic alcohol/narcotic drug use. Just 8% of patients were social drinker. 5,6% patient recieved blood transfusion previously. The question of viral positive homemate ratio results were; 8 patients of HBV (1%), 4 patients (0,5%) of HCV. The rate of vaccination againsts HBV was 15,5%.

Conclusions

After routine HBV vaccination of children since 1998 in Turkey, the non occurrence of HBV positivity shows the success of vaccination. Therefore, it is predicted that the prevelance of HBV will decrease in the following years. There is no significant change in prevelance of HCV compared to previous years due to lack of any protective vaccines for HCV. For prevention of house transmisison a social awareness should be constructed until the development of vaccines for HCV is obtained. Although HIV is rarely seen in our country, it is still an important public health issue today. Although HBV/HCV/HIV frequency seem to be low in our study, health care providers should fully do the personal protection methods due to the high risk of transmission.

Keywords: emergency department; HCV; HBV; HIV

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P-15

Celebratory Gunshot Injury to Neck

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Introduction

All penetrating neck wounds are potentially very dangerous and require emergency treatment. Patients who sustain gunshot injuries to the head and neck face heavy tissue damage and eventually life-threatening conditions.

Case

A 36 yrs old women who sustained bullet injury in the neck in a wedding celebration was referred to hospital with immediate loss of power in the lower limbs and loss of sensation below the chest. She has difficulty in breathing and speaking. Her vital signs were stable in admission. After minutes she had hypoxemia and abdominal respiration. In CT, there were air in cranium and cervical region and also fracture at C5 vertebra. In the follow-up of intensive care unit, she needed endotracheal intubation. After 3 days, she had fever. They started antibiotic treatment. But she died due to septic shock.

Discussion

The emergent treatment of all penetrating neck trauma requires airway establishment, blood perfusion maintenance, and classification of the severity of the wound. Celebratory gunshot injury is an important public health concern. Celebratory gunshot injury is more common among men. However, it is not a rare occasion among children and women. The injury usually occurs in the head, followed by the feet, shoulders, chest, arms, and legs. Isolated neck injury is rare. They cause considerable rates of morbidity and mortality.

Keywords: injury; gunshot; bullet

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Subarachnoid Hemorrhage Precipitated with Ear Piercing

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Introduction

Headaches are commonly seen in the emergency department. Distinguishing a benign headache from a life-threatening one, such as subarachnoid hemorrhage, is a critical task for emergency physicians. Spontaneous subarachnoid hemorrhage (SAH) is frequently suspected in the emergency department, but the incidence rate is low. Hypertension is the most common pre-existing medical problem as well as activities associated with Valsalva maneuvers like defecation/micturition, brushing teeth/washing face. We present a case of SAH precipitated with ear piercing.

Case

A 21-year-old female was referred to our hospital after complaining of acute severe headache during ear piercing. The headache started acutely with nausea and vomiting. Then she lost consciousness. Her vital signs were normal except GCS 8. The head computerized tomography (CT) revealed SAH. The patient was admitted to the neurosurgical intensive care unit.

Discussion

Subarachnoid hemorrhage (SAH) caused by ruptured cerebral aneurysm is feared for its high mortality and morbidity. Various physical conditions and circumstances surrounding the patients have been proposed as risk factors, such as strenuous activities, hypertension, and smoking. Ear piercing is a worldwide phenomenon. It has some infectious complications. But there is no report about precipitating SAH.

Keywords: Subarachnoid Hemorrhage; trauma; headache

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Wolff-Parkinson-White After Adenosine for Supraventricular Tachycardia

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Introduction

Wolff-Parkinson-White (WPW) syndrome is a type of supraventricular tachycardia characterized by short PR intervals, delta waves and wide QRS complexes on the surface electrocardiogram (ECG), reflecting atrioventricular pre-excitation. Paroxysmal supraventricular tachycardia (PSVT) is a well-known syndrome, characterized by regular tachycardia rhythm with sudden onset and abrupt termination. Anecdotal experience suggests that adenosine can precipitate atrial arrhythmias. Here we present a case of PSVT in whom after intra-venous adenosine administration, the follow-up ECG showed WPW pattern.

Case

A 22-year-old man was presented with palpitation and chest pain. The initial heart rate was 180 beats/min and the ECG showed supraventricular tachycardia. Intravenous adenosine was administered initially at 6 mg to convert the rhythm. A follow-up electrocardiogram revealed a shortened PR interval, a slurring and slow rise of the initial upstroke of the QRS complex (delta wave). He was diagnosed with WPW syndrome with PSVT. There was no old ECG. It may be WPW presenting with SVT or WPW precipitated with adenosine.

Discussion

Most patients present emergency room with palpitations and dizziness, and their electrocardiogram demonstrates a narrow QRS complex and regular tachycardia with hidden or inverted P waves. PSVT is caused by re-entry due to the presence of inhomogeneous, accessory, or concealed conducting pathways. Hemodynamically stable patients are treated by vagal maneuvers, intravenous adenosine firstly. The WPW is an accessory pathway (AP) mediated tachycardia occurring in patients with ventricular pre-excitation which can lead to sudden cardiac death. During adenosine use in PSVT, we must be careful for underlying pattern.

Keywords: Wolff Parkinson White;supraventricular tachycardia;adenosine

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Tangential Gunshot Wound to Head Resulting in Subarachnoid and Subdural Hemorrhage

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Introduction

Emergency physicians routinely encounter head-injured patients with severity ranging from benign concussion to life-threatening acute subdural hemorrhage. The term “tangential wound” is credited to Dodge and Mierowsky in 1952 in their series of Korean War injuries. They are classically described as injuries in which the missile does not penetrate the inner table of the skull, but produces significant intracranial pathology. We present the case of a 36-year-old man who presented in good neurological condition after suffering a tangential gunshot wound (TGSW) who deteriorated from intracranial hemorrhage.

Case

A 36-year-old man was brought to our Emergency Department with a gunshot wound to the head after a suicidal attempt. On arrival, the patient was stable, awake and alert and able to give a complete history. There was a 10 cm incision in right parietal region of the head. In cranial CT, there was 4 mm right subdural hematoma, subarachnoid hemorrhage in right parietofrontal region, 5 mm intraparenchymal hemorrhage along precentral gyrus. He admitted to neurosurgery unit and sent home after 3 days without any complication.

Discussion

Two known mechanisms elucidate the phenomenon of intracranial cerebral injury secondary to TGSWs to the head. First, as the bullet strikes the skull, it causes the area of the skull tangentially struck by the bullet to briefly deform (with or without a skull fracture). The area of the skull deformed by the bullet may strike the brain, leading to underlying brain injury. In addition, the underlying brain may be deformed by the stretching of the temporary cavity, resulting in further brain injury. 35% of patients presenting with TGSWs had an abnormal head CT scan and recommended that all patients with TGSWs should undergo head CT scan. Cerebral contusions, subdural hematomas and subarachnoid hemorrhages are the most frequent ICHs diagnosed by CT scan after TGSW.

Keywords: subarachnoid hemorrhage; gunshot; tangential wound

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Urinoma After One Month of Motorcycle Accident

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Introduction

A urinoma is defined as an encapsulated collection of extravasated urine in the perirenal or paraureteral space . It occurs most commonly secondary to trauma to the urinary tract or obstructive uropathy. Prompt diagnosis and correction of the underlying cause is essential in order to prevent complications such as abscess formation and sepsis. Here we present a case of urinoma in a man presented to emergency department after one month of motorcycle accident.

Case

A 20-year-old man presented to emergency room with right upper quadrant pain and mass. In history he reported a motorcycle accident one month ago. He was admitted to hospital for 5 days due to laceration in liver and kidney. He was treated conservatively. An abdominal CT scan showed a grade 2 hydroureter in his right kidney and 17*11 cm mass (hematoma or fluid collection) pressing to kidney capsule. During cystoscopy, pigtail catheter with placement of a double-J ureteral stent inserted by urology to the detected urinoma. The patient was transferred to this hospital for further treatment. He remained hemodynamically normal.

Discussion

A urinoma is an unusual cause of a flank mass, and urine extravasation in the perinephric space leading to the development of urinoma occurs most commonly after blunt or penetrating renal trauma. The conservative management of severe blunt renal injuries is well documented and is accepted in the absence of hemodynamic instability, complete avulsion, or a renal pedicle injury. Despite the markedly improved renal salvage rates associated with nonoperative management, significant complications also are described and include delayed hemorrhage, delayed massive hematuria, renal scarring with loss of function, renal cyst development, infection, and persistent urinoma. Prompt detection of urinoma and minimally invasive management may solve this complication.

Keywords:urinoma;flank;extravasation

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A Rare Reason of Headaches: Sheesha

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Introduction

The use of sheesha dates back to hundreds of years ago. In spite of the evidence as regards the detrimental effects of the smoking sheesha, there is a common belief that it is less harmful than the conventional cigarettes. Despite all the side effects, the use of sheesha has been gradually increasing among the young in recent years. The regular use of sheesha is in connection with lung cancer, head and neck malignancies as well as obstructive lung disease.

Case Report

A 44-year-old male patient arrived at our hospital with the complaints of severe headache and vertigo. He said that he had had these complaints for the last two days and got more severe that day. He had no disease history in his profile except an appendicitis surgery which he had 6 years ago. His general condition was good and he was conscious. The vital findings of the patient were TA:100/60 mmHg, the pulse 62 heartbeat / minute, and the fever: 36.8 °C. There was nothing out of the common in his neurological examination performed. The fingertip blood sugar of the patient was checked and it was 102 mg/dL. There was no ischemia finding in the EKG and there was no acute change. WBC 10.500/mm³ and CRP 15,1 mg/dL were detected in the laboratory examination of the patient. Initially, a symptomatic treatment was performed in order to allay the complaints of the patient. Although there was a decrease in the complaints of the patient through the treatment performed, a brain tomography was taken due to not having a complete relief. As a result of the brain tomography, no pathology was detected. After focusing on the anamnesis on the patient, it was discovered that he had been using sheesha in the evenings quite often. For that reason, venous blood gas was performed. The level of carboxyhemoglobin was detected as 14.9 %. The patient was treated at the emergency service. The 100 % oxygen treatment was performed during the 24 of the day. His carboxyhemoglobin levels in his control blood gases decreased. The patient whose complaints diminished was discharged with recommendations.

Result

Every day, there have been many patients coming to the emergency services with the complaints of headaches, most of whom were treated and discharged. Those who resist the treatment must be absolutely supported through radiology. Also, a more careful anamnesis must be obtained. If there are already findings making us think the condition is a carbonmonoxyde poisoning, a blood gas must be definitely operated especially on those living in the houses using stoves mostly in winters, using sheeshas and exposed to the smoke in public. The early diagnosis and treatment will prevent the possible mortalities which could be experienced.

Keywords: Headache; sheesha; emergency medicine

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Severe Adverse Effects Associated with Tramadol Over Dose

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Objective

Tramadol is mainly administrated as a centrally acting analgesic. However, some severe complications such as seizure, cardiac arrest, serotonin toxicity and even fatality have been reported for tramadol overdoses. Therefore, this study aimed to explore the first manifestations and complications associated with serotonin toxicity and in patients admitted to an intoxication referral center in northwestern Iran.

Material and Methods

In cross-sectional study, we applied Hunter diagnostic criteria in including the patients with tramadol overdose who were admitting to intoxication center of Sina Teaching-Hospital during 2013-2017. For each patient the following data were collected: demographics, ingested dose of tramadol and co-ingestants, Glasgow Coma Scale (GCS) and clinical symptoms of patients at time of admission, special complications (such as coma, seizure, serotonin toxicity, cardiovascular events, respiratory depression, fatality), Length Of Stay (LOS), admitted ward or unit, mechanical ventilation administration.

Results

512 cases of tramadol overdose were evaluated, of which 359 patients were included following the HUNTER diagnostic criteria. The median age of study patients was 41 (16-69) years old and the median tramadol dose in them was 1500 (500-4000) mg. The frequent complications associated with serotonin toxicity in patients were hypertension (38.4%), tachycardia (24.8%) and seizure (14.5%); No serotonin toxicity was detected in patients. Also, 108 (30.1%) and 23 (6.4%) of patients respectively presented a GCS of below 15 and below 9. Respiratory depression occurred in 73 (20.3%) cases, with an average dose of 2750 mg, which was significantly higher than the average dose in ones without respiratory depression. No cardiogenic shock occurred among patients.

Conclusions

Although the loss of consciousness, seizure, and respiratory depression were prevalent among Iranian patients with tramadol poisoning, serotonin toxicity and cardiac shock were rare findings.

Keywords: tramadol; serotonin toxicity; over dose; complications

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Characteristics of Patients with Seizures Due to Tramadol Use or Abuse; A Systematic Review And Meta-Analysis

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Objective

Recently a growing number of studies report seizures due to use or abuse of tramadol. However, the characteristics of these patients and the dosage causing this type of complication varies greatly among different studies. Therefore, the aim of this study is to review the related articles reporting on patients admitting with seizures due to tramadol and their characteristics.

Material and Methods

The following databases were searched from inception until 30 October, 2018: PubMed, EMBASE, the Cochrane Library, Scopus, Ovid, Proquest, and Science direct. All cross-sectional studies reporting the characteristics of adult patients who admitted with seizure due to tramadol were included. Risk of bias assessment was performed using the adapted Newcastle-Ottawa Scale. The pooled estimates reported using random-effects meta-analysis.

Results

Our research resulted in overall 3,275 articles and we pooled the data reported in 11 studies with 970 patients. These studies were all reported in developing countries mostly in Iran. The pooled data resulted in an estimated mean of 1454.5 ± 333.6 mg (95% CI: 3800.5 - 2108.6) for the dose of tramadol to induce seizure in the patients. The average minimum dose of tramadol was 169.5 ± 131.2 mg. Also, mean age estimate was 25.85 ± 0.86 years (95% CI: 24.15 - 27.55). In average, 83.37 ± 12.6 percent of the patients were male and in 70.51 ± 29.07 percent the manner of poisoning was suicide or abuse.

Conclusions

The majority of patients were young men in developing countries. Although these patients mostly used tramadol in a manner of suicide or abuse, considerable proportion of them did not have such interests. Therefore, this complication should be noted when prescribing this drug and those individuals having a higher risk of exposure should be properly informed.

Keywords: Tramadol; Seizure; abuse

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Analysis of Demography and Risk Factors of Tramadol Poisoning

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Objective

This study the demographic data of patients with tramadol poisoning in Iran's east-Azerbaijan province toxicology center are gathered and analyzed with the main goal of determining tramadol intoxication epidemiology and risk factor in patients with tramadol poisoning.

Material and Methods

This is a descriptive cross-sectional study, which was done from March 2013 to March 2015. they were gathered as checklists containing age, sex, marital status, method of exposure, dosage, hospitalization length in days, and mortality rate. The gathered data was analyzed using the Statistical Package for the Social Sciences software (SPSS) version 23.0. Chi-square test, independent T test, and linear regression model were also used.

Results

A total number of 94 patients were studied; of these 85 of them were males (90.4%) and 9 were females (9.6%). 12 used tramadol to commit suicide (12.8%), and 83 for reasons other than that (87.2%). there was no statistically significant relation between sex and reason for tramadol abuse. In 21.9% of married patients, tramadol was used to commit suicide; this rate for single patients was 8.1%. patients stayed for one day in the hospital. The mean of days staying in hospital for suicide attempt was 3.25 ± 0.86 and for the other group was 1.55 ± 0.8 .

Conclusions

The results provide some evidence that with an increase in age, a higher ratio of patients used tramadol to commit suicide and in cases where the intent of tramadol usage was to commit suicide, dosage and consequently the length of hospital stays was increased.

Keywords: Tramadol; demography; risk factor

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The Isolated Iliac Artery Aneurism on the Patient with Abdominal Pain

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Introduction

Aortic dissection is a rare disease with a high risk of death. The iliac artery aneurysms extending to the abdominal aorta are seen in approximately 3 - 4% of their abdominal aneurysms. Isolated arterial aneurysms (IIAA) are much less common. IIAA constitutes 2-7 % of all abdominal artery aneurysms. It is generally seen as more in men. Symptoms include abdominal pain, pelvic pain, urinary infection, lumbar pain and gastrointestinal symptoms. General opinion is the treatment of iliac aneurysms 3.5 cm in diameter and above. Treatment is surgical or endovascular stent insertion.

Case Report A 68-year-old male patient was admitted to the emergency department with abdominal pain for 2 days. He applied to the private hospital 1 day ago with this complaint. After the examination and treatment, the patient was discharged. Due to lack of regression in his complaints, he applied to our service.

The general situation was good, the consciousness was clear. The vital signs of the patient; the arterial blood pressure was 100/60 mmHg, pulse 102 /min, fever: 36.8 ° C. Physical examination revealed abdominal tenderness (+) and right lower quadrant (+). There was no defender and rebound. In laboratory tests WBC: 9.000 /L; hemoglobin 14.2 g/dL; platelet 114,000/mm³; AST 30 U/L; ALT 40 IU/L; glucose 98 mg/dL; BUN 15.6 mg/dL; creatinine was found to be 1.37 mg/dL. There was no characteristic of the patient's urinalysis. In physical examination; there was no evidence of abdominal tenderness. There was no loss of strength in the extremities. Peripheral pulses were bilaterally palpable. There was no feature of the standing abdominal radiograph. Abdominal ultrasonography did not show any features other than growth in the liver. The patient's hydration was not relieved. Abdominal computerized tomography was decided. As a result of the reported abdominal computerized tomography, an isolated aneurysm was found approximately 5 cm in the right iliac artery. The patient was consulted to the cardiovascular surgery clinic and was admitted to the clinic. The patient underwent surgery within the same week and was discharged after the surgery.

Result

Isolated iliac artery aneurysms are recommended to perform early surgery of aneurysms with diameters above 3 cm due to the high risk of rupture. It's important to be suspicious in order to make a diagnosis. Anamnesis and physical examination are important to suspect. Aneurysm of the iliac artery is an important diagnosis in patients with lower quadrant pain.

Keywords: Isolated iliac artery aneurysm; emergency medicine; abdominal pain

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Conclusion

It is important to acknowledge that the most crucial step of making a successful diagnosis is history taking. In our case, the patient had left upper quadrant pain and nausea which could be seen in different conditions. However, she had a history of mechanical valve replacement surgery and has been taking Warfarin. Thus, we decided to investigate a possible thrombosis and infarction. As we can see from this case, taking an accurate and detailed medical history leads to a successful diagnosis. We, as physicians, should always remember this throughout our career.

Keywords: Renal infarct; Splenic infarct; Thrombosis; Mechanical mitral valve

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Investigation of Recurrent Applications in Emergency Departments

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Objective

The aim of this study was to investigate the data of the patients who applied to Gaziantep University Medical Faculty Hospital Emergency Department between January 1, 2007, and December 31, 2017, and to determine the rate of referral and the rate of patients using the emergency department. In this way, it will be possible to take measures towards the intensity of emergency services by evaluating the findings obtained at the end of the study.

Material and Methods

This retrospective cross-sectional study was performed in the Emergency Department of Gaziantep University Medical Faculty Hospital between 01.01.2007-31.12.2017. Data of the patients were taken from the Hospital Information Management System and recorded in an excel file. The data were analyzed using the Statistical Package for Social Sciences-20 (SPSS-20) and the 4.7.0 version of the Joinpoint software. P <0.05 was considered statistically significant in all comparisons. Patients presenting to the emergency department with 4 or more applications within a period of 1 year were identified as frequent users. Patients with an annual 4 or more applications and 50% or more of these applications resulted in discharge were described as inappropriate users.

Results

Between 2007 and 2017, 1.266.535 patients were admitted to our emergency department. Of these, 52.22% were female and 47.78 were male. Female patients applied more frequently in the last 11 years than male patients and this rate was found to be statistically significant. The rate of increase in the number of applications was 22% per annum. The rate of increase in male and female patients was 22% and 23%, respectively. 12.5% of the patients were defined as frequent users, and these patients accounted for 38% of all applications. Patients using the emergency department were 9.8% of all patients and accounted for 30% of all applications. Patients with comorbidities used the emergency department less frequently (11%), and these patients were less abused by the emergency department (8%). These rates were statistically significant when compared with all patients.

Conclusions

Turkey continues to increase in intensity in the emergency department. There are several reasons for this intensity. Patients who are frequently referred to the emergency department are responsible for a significant portion of the intensity of emergency services. In this group of patients, the rate of inappropriate use of the emergency department is very high. We recommend policymakers and health care providers to take into account the number of patients who frequently apply when creating a solution for the intensity of emergency services. In the literature, there are some solutions for this patient group. The first solution is patient training on the appropriate use of health services to help them make more rational decisions. The second recommendation is to rearrange the health system by increasing the continuity of care outside regular working hours. The third recommendation is to direct the patients to the emergency department through the referral chain from the first level polyclinics.

Keywords: emergency; recurrent application; frequent users

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Satisfaction Levels of Patients Who Followed in Emergency Department and Evaluation of the Factors That Impact

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Objective

With the spread of privatization and health insurance in the health sector in the world, the evaluation of the quality of the health service becomes important. Measurement of patient satisfaction is an important parameter in the evaluation of quality. In this study, we aimed to determine the patients over the age of 18 satisfaction level and to investigate the factors affecting it.

Material and Methods

Patient satisfaction levels were assessed prospectively by examining the views of 21 closed-ended questions which are about demographic information, emergency department (ED) application form, application time and urgency, ED length of stay, hospital physical conditions and the reasons communication with health care providers and the ED personnel.

Results

The median age of the patients was 56 years and 52.6% were male. 73.9 % of patients were satisfied with the ED, was not satisfied with the ED of 9.8% and 16.3% undecided. When the patient's urgency score increases and having less waiting time, it was found to be high level of satisfaction ($p < 0.05$). The satisfaction levels of the patients who were surveyed during the daytime work hours were found to be higher than the satisfaction level of the patients who were surveyed under night watch conditions ($p < 0.05$).

Conclusions

In our study, we found that the parameters that most affected the satisfaction level were the waiting time of the patients and the fast access to the physician. The fact that the patients' satisfaction rate was lower in the patients who was treated in a shift with less personnel such as night shift and weekend seizures, supported this view even more. We believe that the satisfaction of the patients will increase with the improvement of the physical conditions and personnel conditions in the hospitals where the number of patients and the workload is high like our hospital.

Keywords: patient satisfaction; evaluation of satisfaction; emergency department

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Flail Chest in 90 Years Old Man - A Case Report

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Introduction

Severe blunt injury to the chest continues to be one of the leading causes of morbidity in both young and elderly victims. Flail chest is one of the worst subset of these injuries and is likely most common serious injury to the thorax seen by clinicians. Multiple care patterns and treatment modalities have emerged many based on anecdotal clinical observation and evidence. Within in the last 20 years more rigorous scientific methods have been applied to the flail chest in both clinical setting and laboratory.

Case report

On 25. 09. 2018 at 16h, the team of EMS Nis received a call to care an elderly man aged 90 who was complain on dyspnea and on pain in the right side of chest. The vital parameters were: Ta 100/50mmHg, HR 130/min, SpO2 68, RR22/min. In clinical find there were the pictures of heart failure; ECG was show non-significant ischemia. Detail clinical examines reveals the flail chest with absence of pulmonic sound on right side of chest with paradox movement of chest wall during the breathing. We insist on getting more information from the and on the end we get information that the patient fell from the tree early this morning. The patient was transported to Emergency Department Nis with O2 support and therapy for heart failure. (ntg, morphine, furosemide, monitoring).

On arrive the vital parameter was the same, and we decide to continue the therapy and start with diagnostic procedures (lab, imaging studies, ABG, heart Echo). Diagnostic procedures shows: multi fragmental serial fractures of ribs 6-10 on right (flail chest), severe contusion of lungs, contusions of heart, acute heart failure, COPD, respiratory acidosis and chronic kidney disease. Drainage of the right thorax was applied. Mechanical ventilation for stabilization of chest wall was performed and despite all performed therapeutic methods patients died after 26 days.

Conclusion

Flail chest is traditionally described as the paradoxical movement of a segment of chest wall caused by fractures of 3 or more ribs anteriorly and posteriorly within each rib. Even more important is the amount of injury to the underlying structures specifically the lungs and heart. Respiratory insufficiency in flail chest is much more likely to be a result of the underlying severity of pulmonary contusion and ventilation perfusion miss much than the actual structural defect to the chest wall.

Keywords: flail ;chest;emergency;treatment

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A Rare Face Injury: Turtle Bite

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Introduction

Turtle bites is a very rare environmental injury in emergency department admissions(1).Injuries caused by turtle bites are seen in more hands(2). Facial injuries are very rare and make our case special. However, other extremities and trunk injuries have also been reported(3).Children are more often exposed to turtle bites(4).

Turtle bites are highly risky in terms of causing infections with Salmonella. Other aerobic and anaerobic bacteria in the oral flora of the turtle may also be the cause of infection(5).In our case, we shared the treatment of a child who was bitten by a land turtle in nature.

Case

A 5-year-old girl was bitten by a sudden and single swing by a land turtle (*Testudo graeca*) she found in the street. She was brought to the emergency department immediately after the bite. There was a 2 cm vertical skin wound on the left eye lateral side.(Figure 1) Vital signs were stable upon arrival (Blood pressure:100/60 mm Hg, pulse:75 beats/min, oxygen saturation:% 97, body temperature:36.7 C, breathing count:16/min). After treatment with tetanus vaccine and 0.5g IV cefazolin (1st generation cephalosporin), the wound site was cleaned by irrigation. The wound was primary sutured with an appropriate analgesia and anesthesia. Infectious diseases specialist was consulted. Five days of empirical antibiotherapy (amoxicillin-clavunate), analgesic treatment and daily wound care were recommended and the patient was discharged with outpatient treatment. There were no wound complications during follow-up. After 10 days, sutures were removed and wound healing was observed.

Conclusion

Although they are calm-looking, turtles can be aggressive when they feel themselves in danger. In cases where there is a need to contact, it should be held away from the head with gloves. As in our case, small lacerations can be treated as outpatient. All turtle bites require tetanus and empirical therapy should be initiated with broad-spectrum antibiotics. Although the wound healed without any problem in this case. Infected wounds should be carefully evaluated for cellulitis and necrotizing fasciitis and consultation from infection specialists and surgical specialists should be requested.

FIGURE 1: Turtle bite on the face



Keywords:environmental injury;turtle bite;facial wound

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Mobile Medical Systems in Use in Emergency Situations

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Relevance

Considering the vastness of the territory of the Republic of Kazakhstan, issues of medical care in emergency situations are relevant. One of the main problems is the remoteness of settlements from medical institutions, as a result of which methods of diagnosing diseases are necessary in emergency situations.

Objective

To develop mobile medical systems of the autonomous mode for emergency situations in the climatic conditions of the Republic of Kazakhstan.

Materials

The developed modules are equipped with modern equipment for the diagnosis of diseases by ultrasound, radiation, functional, laboratory methods for the provision of first medical and specialized assistance to sufferers in emergency situations. The use of digital technologies made it possible to process data in digital mode on-line, to hold consultations with specialized research institutes and dispensaries, to systematize the data obtained to create an electronic database of diseases in the regions of Kazakhstan.

Results

The focus of the measures taken, the analysis of the examinations and screenings made it necessary to create two mobile medical systems in emergency situations: 1) "diagnostic", 2) "hemodialysis mobile center" - for the treatment of patients with acute and chronic renal pathology in emergency situations.

The use of mobile medical systems equipped with the necessary diagnostic and laboratory equipment allows in emergency situations to solve: to increase significantly the level of primary medical and sanitary assistance to the population in emergency situations; to focus attention on public health issues; to prevent the occurrence and spread of serious infectious diseases; to ensure the identification in the early stages of surgical pathology of acute renal and hepatic failure and other socially significant diseases.

Within 10 years, mobile medical systems for emergency situations conducted more than 15,000 surveys in areas of man-made disasters, revealed 5,000 patients with chronic diseases and 1,000 people in need of highly qualified assistance.

Conclusion

Mobile systems developed and created at the Kazakh-Russian Medical University are in constant readiness to provide specialized medical assistance to the population in emergency situations.

Keywords: Mobile medical systems; Kazakhstan; Kazakh-Russian Medical University; Surgical pathology; hemodialysis mobile center

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Acute Coronary Syndrome in the Emergency Department

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Objective

Acute coronary syndrome (ACS) encompasses a group of entities including acute myocardial infarction with ST-segment elevation, myocardial infarction without ST-segment elevation and unstable angina (UA). It is a major cause of morbidity and mortality worldwide and common cause of attendance and admission to emergency services. The same data apply to Albania as well. In the last decade, there has been a decrease in mortality in the developed countries mainly due to the preventive measures and better treatment of the patients. The rapid and accurate of patients that might benefit from immediate thrombolysis as well as percutaneous coronary interventions, remain an enormous challenge for the health professionals.

The aim of this study is to provide epidemiological information of ACS, its risk factors and pain characteristics as a presenting symptom.

Material and Methods

This is a case-series study based on the medical records of the patients who had visited the emergency department between 1 March and 30 May 2018 (N=895) and 200 patients hospitalized in the Service of Emergency Medicine. The patients were randomly selected and data was collected based on a pre-defined formulary within 48 hours of admission in the emergency department.

Results

Of the total, 73% of the patients diagnosed with ACS were males and 27% females. UA was observed in 52% of the cases, non-STEMI in 13% and STEMI in 35% of the patients. The most affected age for both genders was 61-70 with the mean age 65.1 + years old. A significant relationship between mean age and gender was observed. Hypertension as a risk factor for coronary disease was found among 81% of patients and diabetes in 29% of the cases. 52% of the patients were smokers and 17% consumed alcohol. The majority of patients (57%) were overweight. Dyslipidemia was found in 61% of patients while family history was positive in 22% of patients. Pain as a presenting symptom was found among 93,5% of patients with an intensity evaluated with 7 from males and 9 from females. In 32% of the patients pain was appeared in minimal efforts, while in 68% of the cases pain was present at rest

Conclusions

The most frequent symptom of ACS was chest pain, the most frequent risk factor was hypertension, followed by dyslipidemia and the most affected age was 61-70 y.

Keywords: emergency department; acute coronary syndrome; epidemiology; risk factors

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Socio-Demographic and Clinical Description of Psychiatric Patients Presenting at the Emergency Department

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Objective

Psychopathologies are often manifested with somatic symptoms that are not perceived from the patients as symptoms of a psychiatric illness. The patients tend to present firstly at the internal medicine emergency service, to seek help regarding their concerns.

Aim of the study

To evaluate the epidemiological, demographical, clinical characteristics as well as predominant psychiatric diagnoses, the most used medications, the most crowded timeframe and the referral schemes. The study's timeframe ranges from January to June 2018

Material and Methods
This is a retrospective, descriptive study comprising all the patients diagnosed with psychiatric illnesses during January-June 2018, presented at Service of Emergency Medicine. All the medical records were analyzed using SPSS programme.

Results

2461 patients were diagnosed with psychiatric diseases during the study timeframe. They comprised 11.2% of all patients presenting at the internal medicine emergency service. Male: female ratio was as follows; 41.3% (males): 58,7%(females). The mean age of the patients was 32,4 years old, while the mean age of all patients presenting at the ED was 45-55 years of age. 38,6% of the patients were employed, 42,5% of them were unemployed, 12,7% were students, 5,7% were retired and 0,5% were invalids. The patients presented mostly during 19:00 – 05:00 hours. The most common diagnosis was "Anxiety Disorder" and diazepam (IM), Analgine (IM) were the most commonly used medications. Only 7% of the patients were referred to the psychiatry service.

Conclusions

Psychiatric patients presenting at the ED are mainly females, unemployed, aged 45-55 years, during the night hours

Keywords: psychiatry,; emergency department; descriptive; anxiety disorder

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Management of Atrial Fibrillation in the Emergency Department

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Objective

Atrial fibrillation (AF) is the most common cardiac arrhythmia encountered in the ER (emergency room). AF frequently is diagnosed for the first time in the ER and is often treated there. In this situation the emergency department doctor has to know the appropriate approach to handle this common dysrhythmia. The intention of this study is to assess the key points of management of patients having AF that are presented in the our Service of Emergency Medicine, thus identifying the problems arising during their treatment. Doing so will lead in a reduction of mistakes and will improve the quality of treatment. This study takes place from April 2018 to September 2018, near the Service of Emergency Medicine. Information is collected using the samples for patients with dysrhythmia. The patients included in this study are those who suffer from AF; diagnosis which is confirmed by ECG.

Material and Methods

This study takes place from April 2018 to September 2018, near the Service of Emergency Medicine. Information is collected using the sample records for patients with dysrhythmia. The patients included in this study are those who suffered from AF, the diagnosis was confirmed by ECG.

Results

300 patients were included in this study during this time period. 155 patients (52%) were females and 145 patients (48%) were males. The middle age of the patients was 64.2 ± 10.7 , without a significance difference between females and males (respectively 64.2 ± 10.1 and 64.1 ± 11.5). The age group that mostly comes to the ER suffering atrial fibrillation symptoms is 60 – 69 years old (38% of patients). The main complaint of the patients showing up to the ER suffering from AF was palpitations (89% of patients), followed by dyspnea and chest pain (34% and 23% respectively). In 70% of cases, symptoms started immediately; the rest had a gradual initiation of the symptoms. The patients showing in the ER suffering AF had a high cardiac frequency (mean 129 ± 19.6 bpm, mode 130 bpm); mostly were hemodynamically stable. Depending on their general status and the way that complaints started, the patients were treated with Amiodarone, Propafenone, B blockers or digital (lanatosid C), aiming rhythm or rate control. Rhythm control was achieved in 65.66% of cases, rate control was achieved in 31.7% of cases. In 2.6% of cases, cardiac frequency didn't change and was the same as in the presenting moment. Administration of Amiodarone and Propafenone resulted successful in rhythm control, respectively 71.1% (59/83) and 68.4% (13/19), without a statistically significant difference between them. Average time of management of AF in the emergency department was 7.92 ± 5.92 h for, and 4.24 ± 3.83 h for patients converted to sinus rhythm with propafenone ($p < 0.05$).

Conclusions

Amiodarone and Propafenone are the chosen effective drugs for rhythm control in AF in our emergency department. However, compilation and implementation of a unified protocol for treating atrial fibrillation from all the emergency room doctors, will serve in a better way to the evaluation of management elements and to the quality of care for patients suffering atrial fibrillation.

Keywords: atrial fibrillation,; management in the emergency department; protocol



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