ABSTRACT BOOK OF THE

21st European Congress of Internal Medicine (ECIM) joint with the 12th International Congress of Internal Medicine

15-18 March, 2023 Athens. Greece

GUEST EDITORS
Ricardo Gomez Huelgas | Dror Dicker

TO **SEARCH** ANY TEXT PRESS KEY:

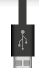
HOW TO CITE

[Newton I, Einstein A] et al. [Title of the Abstract], EJCRIM 2023:10 (S1) [ID] [Pages]. DOI: 10.12890/2023_V10Sup1

Publisher: SMC media Srl
Via Giovenale, 7 - 20136 Milan - Italy
ejcrim@smc-media.eu

Official Journal of the
European Federation of Internal Medicine
www.efim.org

INDEX



AS01. **AMBULATORY MEDICINE** ... 3

AS02. **CARDIOVASCULAR DISEASES** ... 6

AS03. **CEREBROVASCULAR AND NEUROLOGIC DISEASES** ... 66

AS04. **COVID-19** ... 86

AS05. **EMERGENCY AND ACUTE CARE MEDICINE** ... 144

AS06. **ENDOCRINE AND METABOLIC DISEASES** ... 164

AS07. **GASTROINTESTINAL AND LIVER DISEASES** ... 204

AS08. **GERIATRICS AND MULTIMORBIDITY** ... 254

AS09. **INFECTIOUS DISEASES** ... 267

AS10. **KIDNEY AND URINARY TRACT DISEASES** ... 355

AS11. **ONCOLOGIC AND HEMATOLOGIC DISEASES** ... 370

AS12. **ORGANIZATION AND QUALITY OF HEALTH CARE** ... 433

AS13. **PALLIATIVE CARE** ... 444

AS14. **PERIOPERATIVE MEDICINE** ... 452

AS15. **PREVENTIVE MEDICINE** ... 456

AS16. **RARE DISEASES** ... 457

AS17. **RESPIRATORY DISEASES** ... 488

AS18. **RHEUMATOLOGIC AND IMMUNE-MEDIATED DISEASES** ... 502

AS19. **OTHER** ... 566

AS20. **JOY IN INTERNAL MEDICINE AWARD** ... 589

DOI: 10.12890/2023_V10Sup1

(52.6%) and dyslipidemia (47.4%). During the year, 58% of the patients did ABPM with dipper 37% and non-dipper 21%. 89.5% of diagnosis was primary hypertension followed by secondary hypertension with 10.5%.

Conclusions: This study reflects about the challenge of managing HTA and the importance of referring patients to the hypertension Clinic, to obtain better control of the disease and prevent complications. The better management of patients in the future may involve the creation of referral criteria to the HTA clinic.

088 - Submission No. 907

ACUTE MYOCARDIAL INFARCTION AND MYOCARDIAL BRIDGING IN A YOUNG PATIENT – CASE REPORT

Gordana Mihailova, Stojka Dokuzova, Sasko Nikolov

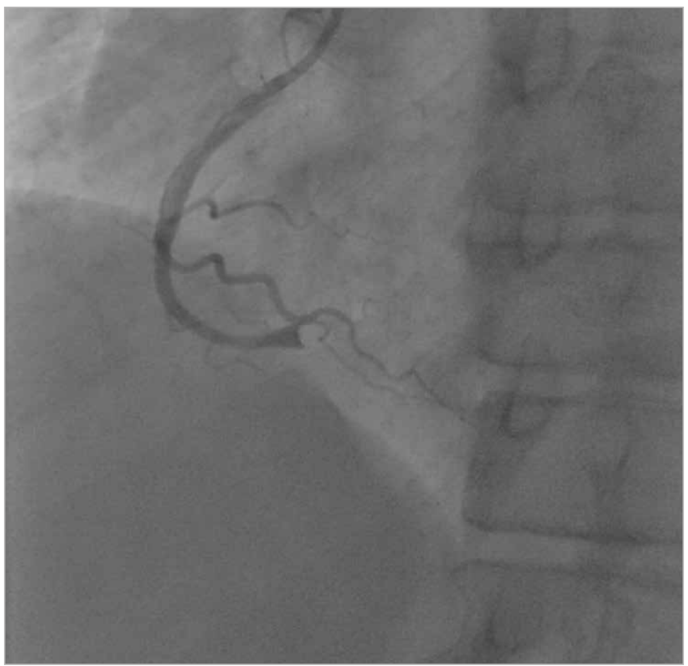
Clinical Hospital, Cardiology, Stip, North Macedonia

Case Description: A 40-year-old man called the emergency room for chest pain, pain in the left upper arm, with difficulty breathing and malaise, for the last three days. His vital signs were: arterial blood pressure 140/90 mmHg, heart rate 98/min, respiratory rate of 18 breaths/min and oxygen saturation 98%. Diagnostic tests included CK=641 (29-200 U/L), CK-MB=84.99 U/L (normal < 25 U/L), and hs troponin= 4987.4 ng/mL (0-34.2 ng/mL).

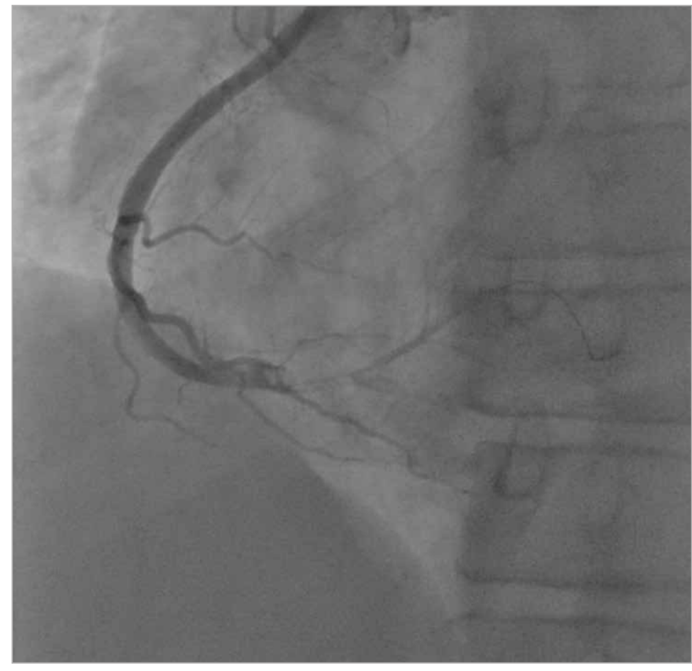
Clinical Hypothesis: In rare cases, acute myocardial infarction and myocardial bridging may occur as a distinct feature in one patient.

Diagnostic Pathways: ECG: ST-segment elevation in inferior leads. Echocardiography: normal dimensions of the left ventricle with proper systolic function and diastolic function with normal kinetics and EF 60%. Hypokinesia of the inferior wall and base of the interventricular septum. Coronarography (Figures 1-4): TRA(r). RD2. LMN: b.o. TIMI 3 LAD: mid massive muscle bridge TIMI 3 Cx: b.o. TIMI3 RCA: mid/dist 100% thrombus, TIMI 3 Intervention (G.C. JR 4.0, 6F; FloppyMS): Thromboaspiration: Eliminate catheter 6F, NoII POBA to RCA mid/dist: balloon 2.5x20 mm,12 atm, NoI. RESULT: RCA mid/dist 100% à 50% TIMI 3.

Discussion and Learning Points: Diagnosis and appropriate treatment of this pathology are important. The patient was referred to a cardiac surgery facility where coronary artery bypass ACBPx1 (LRA-PDA) was performed, as well as LAD surgical myotomy.

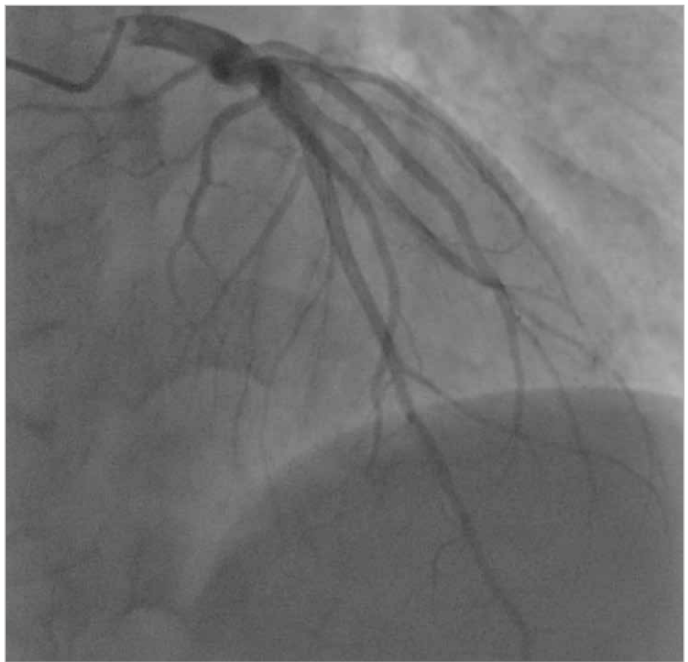


088 Figure 1.

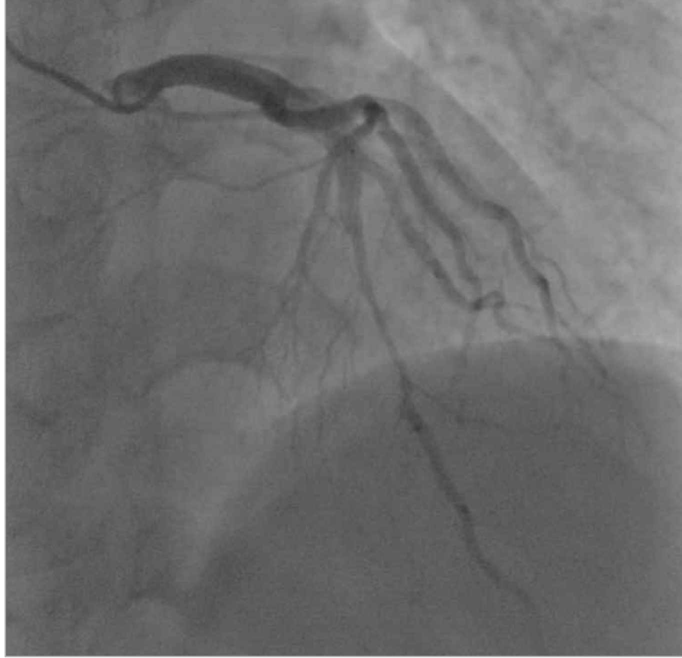


088 Figure 2.

DOI: 10.12890/2023_V10Sup1



088 Figure 3.



088 Figure 4.

089 - Submission No. 524

MASSIVE ASCITES AND RECURRENT PLEURAL EFFUSION OF UNKNOWN ORIGIN REQUIRING PERICARDIECTOMY

Shkelqim Muharremi

Specialized Hospital of Nephrology, Nephrology, Struga, North Macedonia

Case Description: Massive ascites and recurrent pleural effusion of unknown origin is an uncommon condition which represent a diagnostic challenge. Patient with delayed diagnosis and treatment may have a poor prognosis. A 34-years-old male was referred to our department due to 12-months progressive abdominal distention with massive ascites and pleural effusion of unknown origin. By thorough investigations, he was diagnosed as chronic calcified constrictive pericarditis. He received pericardiectomy and had an uneventful postoperative course. He was doing well at 3-month follow-up and has returned to work. Extracardiac manifestations, such as massive ascites, recurrent pleural effusion and liver cirrhosis, were rare in patient with constrictive pericarditis. Pericardiectomy can be a radical solution for the treatment of chronic constrictive pericarditis. In order to avoid delayed diagnosis and treatment, physicians have to bear in mind this rare manifestation of chronic calcified constrictive pericarditis.

Clinical Hypothesis: Ascites is a common clinical problem, which can be a result of liver cirrhosis, neoplasm, tuberculous peritonitis, pyogenic peritonitis, congestive heart failure, nephrosis, pancreatic disorders and malignancy.

Diagnostic Pathways: Electrocardiogram, abdominal ultrasound, pathological examination of the omental biopsies. Chest CT scan and cardiac imaging by multi-slice computed tomography.

Heart catheterization (left and right, hemodynamic angiography, oximetry) which confirmed the diagnosis.

Discussion and Learning Points: Massive ascites of unknown origin as a principal manifestation of constrictive pericarditis is rare. Such a condition often leads to a delayed diagnosis and appropriate treatment. Pericardiectomy can be a radical solution for the treatment of calcified constrictive pericarditis.

090 - Submission No. 938

CHRONOBIOLOGY AND OBESITY AMONG PATIENTS WITH INDICATION FOR BARIATRIC SURGERY

Juan Francisco Muñoz Osuna[1,2,3], Juan Luis Romero Cabrera[2,4], Oriol Alberto Rangel Zúñiga[1,2], Antonio Membrives Obrero[5], Pablo Pérez Martínez[1,2], José López Miranda[1,2]

[1]Carlos III Health Institute, Ciber Physiopathology of Obesity and Nutrition (CIBEROBN), Madrid, Spain

[2]Maimonides Institute for Biomedical Research (IMIBIC), Reina Sofía University Hospital, University of Cordoba, Córdoba, Spain, Lipids and Atherosclerosis Unit, Córdoba, Spain

[3]Hospital Universitario Reina Sofía, Internal Medicine, Córdoba, Spain

[4]Instituto de Salud Carlos III, Ciber Fisiopatologia de la Obesidad y la Nutricion (CIBEROBN), Córdoba, Spain

[5]UGC General Surgery, University Hospital Reina Sofía, Cordoba, Spain, Endocrine and Esophagogastric Surgery Unit, Córdoba, Spain

Background and Aims: Obesity is a multifactorial metabolic disease, and chrono disruption has been identified as a significant risk factor. Evening chronotype have shown predisposition to suffer chrono disruption. The aim of our study was to evaluate the pre-surgical situation of patients with severe obesity and indication for bariatric surgery and its relationship with the chronotype.

 DOI: 10.12890/2023_V10Sup1