



# 3<sup>RD</sup> INTERNATIONAL CASE REPORT CONGRESS

**MACEDONIAN-TURKISH  
MEDICAL SYMPOSIUM**

**SYMPOSIUM:  
MEDICAL EDUCATION AND HEALTH  
SYSTEMS IN BALKAN COUNTRIES**

## **BOOK OF ABSTRACTS**

**4-7 APRIL 2025**

**SKOPJE, N MACEDONIA**



**JOURNAL OF THE MACEDONIAN MEDICAL ASSOCIATION**  
MACEDONIAN MEDICAL PREVIEW, 2025 - SUPPLEMENT 01/2025

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Професионална организација на докторите по медицина

**MACEDONIAN MEDICAL ASSOCIATION**

Professional organization of the medical doctors

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## Welcome Note

Dear esteemed colleagues and friends,

It is with great honor and enthusiasm that I welcome you to the abstract book of the **3rd International Case Report Congress**, proudly organized by the **Macedonian Medical Association**. This year, we are privileged to host not only this prestigious gathering but also the **Macedonian-Turkish Medical Symposium** and the **Symposium on Medical Education and Health Systems in Balkan Countries**, further enriching our exchange of knowledge and experience.

The Congress stands as a testament to the **collaborative spirit of the medical community**, bringing together healthcare professionals from diverse backgrounds to share **unique clinical cases, innovative approaches, and invaluable lessons**. These case reports reflect the dedication, perseverance, and expertise of medical professionals who continuously strive to improve patient care and advance medical science.

As the President of the Macedonian Medical Association, I am honored to witness the impact of this Congress in **fostering discussions, encouraging research, and strengthening international cooperation**. The knowledge shared here not only deepens our understanding of medical complexities but also inspires further advancements in clinical practice and education.

I extend my sincere appreciation to all participants, distinguished speakers, and the organizing team for their **hard work and dedication** in making this event a success. May this Congress serve as a **platform for learning, collaboration, and innovation**, ultimately contributing to the betterment of healthcare worldwide.

**Welcome, and may this Congress be an inspiring and enriching experience for all.**

**Prof. Dr. Goran Dimitrov**

President of the Macedonian Medical Association

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## Content

Radiotherapy-Induced Uterine Carcinosarcoma After Chemoradiotherapy For Cervical Cancer _____	1
Successful Management Of Caesarean Scar Pregnancy _____	2
Inferior Vermian Hypoplasia: Prenatal Diagnosis, Clinical Implications, And _____	3
Multidisciplinary Management _____	3
Conservative Treatment Of Coexisting High Sil And Adenocarcinoma In Situ Of The Cervix _____	4
Successful Conservative Treatment Of A Patient With Cesarean Scar Pregnancy _____	5
Smooth Muscle Tumor Of Uncertain Malignant Potential In Postmenopausal Woman _____	6
Incidental Finding Of Uterine Malignant Myoma During Cesarean Section: The Importance Of Histopathological Examination _____	7
Prenatal Diagnosis Of Sacrococcygeal Teratoma: A Case Report _____	8
Successful Management Of Chronic Lymphocytic Leukemia In A Twin Pregnancy Conceived Via In Vitro Fertilization _____	9
Velamentous Insertion Of The Umbilical Cord As A Rare Indication For Emergency Cesarean Section __	10
Case Of A Patient With Postpartum Eclampsia _____	11
Multiple Congenital Malformations As An Indication For Medical Abortion _____	12
Coincidence Of Alobar Holoprosencephaly And Chiari I Malformation: Correlation Of Prenatal Diagnostics And Pathologic Findings _____	13
Spontaneous Resolution Of An Unilateral Fetal Pleural Effusion _____	14
An Unusual Pelvic Mass _____	15
The Rare Of The Rarest: Atypical Placental Site Nodule-A Review Of Case _____	16
Unpredictable Nature And Outcomes In Pregnancies Complicated With Sle. Possibility Of A Favorable Outcome In Subsequent Pregnancies. _____	17
A Complex Fetal Cardiac Malformation As An Indication For Pregnancy Termination _____	18
Polycystic Horseshoe Kidney With Megacystis And Anhydramnion As A Rare Fetal Malformation _____	19
Pregnancy After Hodgkin Lymphoma _____	20
Prenatal Diagnosis Of Non-Inherited Osteogenesis Imperfecta _____	21
Management Of Monochorionic Diamniotic Twin Pregnancy Complicated By Ttts Type I And Cervical Insufficiency With Cerclage In Situ _____	22
Prenatal Ultrasound Diagnosis Of The Vein Of Galen Aneurysmal Malformation Associated With Turner Syndrome _____	23
Carcinosarcoma Of The Endometrium (Malignant Mixed Mullerian Tumor) _____	24
Effectiveness Of Remdesivir In The Management Of Covid-19 In Pregnancy _____	25
Primary Ovarian Leiomyoma: A Rare Benign Tumor With Diagnostic Challenges _____	26
Invasive Cervical Cancer In Pregnancy: Case Report And Management Challenges _____	27
Leukemia Diagnosis During Pregnancy Follow-Up: A Case Report _____	28
Accidental Finding Of Serous Endometrial Carcinoma After Exploratory Examination Curettage And Polypectomy _____	29
Hpv Typing As A Superior Method To The Pap Test In The Detection Of Preinvasive Lesions Of The Cervix In A Patient With Adenocarcinoma In Situ _____	30
Dedifferentiated Endometrial Carcinoma (A Rare Aggressive Subtype Of Endometrial Carcinoma) ____	31
Spontaneous Rupture Of The Uterus In Menopause _____	32
Barter Syndrome _____	33
Management Of Wolff-Parkinson-White Syndrome During Ovarian Cyst Removal Surgery _____	34
Successfully Management Of Isolated Oligohydramnios In Third Trimester Of Pregnancy _____	35

Peripartum Cardiomyopathy _____	36
Endometrial Carcinosarcoma With Osteoclast-Like Giant Cells In A Postmenopausal Patient _____	37
Complications After Pleated Colposuspension _____	38
Fetal Subarachnoid Cyst: A Case Report And Multidisciplinary Management Approach _____	39
Ovarian Metastasis From Rectal Adenocarcinoma: A Rare Case Of Secondary Involvement Of The Female Reproductive Tract _____	40
Peritonitis As A Consequence Of Endometritis After A Cesarean Delivery _____	41
Diagnosis And Treatment Of Patient With Cornual Pregnancy _____	42
Prenatally Diagnosed Case Of Esophageal Atresia In A Mother With A History Of Breast Cancer _____	43
Pregnancy With Maternal Anti-M Antibodies, Hypothyroidism And Thrombophilia _____	44
Hydatiform Mola Partialis In A 50-Year-Old Woman: Clinical Implications And Diagnosis _____	45
Severe Covid-19 Pneumonia In Pregnancy Complicated With Oligohydramnios And Intrauterine Growth Restriction _____	46
Pregnancy With Polycythemia Vera - An Obstetric Challenge _____	47
Case Report Of Ovarian Torsion In The Second Trimester Of Pregnancy _____	48
Management Of Third-Degree Vaginal Laceration In A Primigravid Patient Following Spontaneous Vaginal Delivery Of A Macrosomic Neonate _____	49
Congenital Varicella Syndrome In A Twin Pregnancy _____	50
Ultrasound Findings Of Mega Cisterna Magna In Obstetric Case: A Diagnostic Overview _____	51
Immature Teratoma: Diagnosis And Management—A Review Of Case _____	52
Fetal Bowel Dilatation In A Pregnant Patient _____	53
A Rare Case Report Of Congenital Pulmonary Airway Malformation And The Decision-Making Challenges Involved. _____	54
Two Fetal Demises In Triplets Pregnancy In Second Trimester With Implication On Live Fetus And Mother's Health _____	55
Termination Of Pregnancy With Intra-Amniotic Hypertonic Saline In A Patient With Dilated Cardiomyopathy _____	56
Simpson Golabi Behmel Syndrome _____	57
Large Adnexal Tumors In Adolescence _____	58
Risk Assessment And Clinical Management Of Labor In Pregnant Patients With Glanzmann Thrombastenia _____	59
Undetected Spina Bifida In Early Screening: A Case Of Myeloschisis Suspected, Myelomeningocele Confirmed _____	60
Placenta Accreta Spectrum Disorder In A Scarred Uterus: Diagnostic And Operative Challenges _____	61
Pregnancy Outcome After Endometrial Carcinoma _____	62
Bladder Exstrophy _____	63
Development And Current Status Of Home Care Practices In Turkiye _____	65
Challenges Of Family Medicine In North Macedonia _____	67
Family Medicine Practice In Türkiye: Education And Development Stages _____	68
The Development And Current Status Of Palliative Care Practices In Turkiye _____	70
Cancer Screenings In Primary Care In Türkiye _____	71
Simulation As An Educational Method For Primary Care Teams _____	72
Adaptation Of Enteral Nutrition Diagnosis And Treatment Guide For Primary Care: The Case Of Turkey _____	73
Family Medicine Perspective On The Disease Management Platform In Turkiye _____	74
Evaluating Cancer Patients From A Family Physician's Perspective _____	76
The Role Of Patient Participation On Health Care Quality: A Comparative Study In Primary And Tertiary Care Services _____	77
Cancer Screening In Primary Care In Turkiye _____	78

The Role Of General Practitioners In Sexual And Reproductive Health Care In Malta _____	79
Evaluation Of Breast Cancer Awareness And Risk Levels In Women _____	80
Medical Education And Health System In North Macedonia _____	82
The State Of Medicine In The Republic Of Croatia _____	84
Advantages And Disadvantages Of The Slovenian Healthcare System _____	85
Medical Organizations In Serbia _____	87
Health System In Bosnia And Herzegovina _____	90
Health Care System In Montenegro _____	94
Healthcare System And Medical Education In Turkey _____	97
Healthcare System In The Republic Of Srpska _____	100
The Role Of Health Professionals In Human Capital Development, Critical For Building Demographically Resilient Societies _____	101
Health Financing And Expenditures In Balkan Countries: The Case Of North Macedonia, Serbia, Bosnia And Herzegovina And Montenegro _____	102
Operioperative Glycemia Regulation For Insulinoma Surgery – Challenges Faced By The Anaesthesiologist _____	104
Case Of Billateral Supracondylar Femoral Fracture _____	105
Incidental Hematoperitoneum In Laparoscopic Appendectomy In Pregnant Patient _____	106
Adenomatoid Odontogenic Tumor Of Maxilla: A Case Report _____	107
Right Colectomy In Carcinoid Tumor Of Appendix Vermiformis And Adenoma Tubulare Colon Ascendens _____	108
Revolutionizing Tendon Healing: Complete Recovery From Chronic Achilles Tendon Rupture (Catr) With Surgical Repair And Platelet Rich Plasma (Prp) Adjuvant Therapy _____	109
Balancing Two Lives: Management Of A Grade Iv Astrocytoma In A 24-Year-Old Pregnant Patient ____	110
Giant Left Hepatic Cyst With Gastric Outlet Obstruction _____	111
Dysplastic Changes Of Papilloma Of The Mucous Gingiva In Maxilla: A Case Report _____	112
Overcoming The Invasive Threat Of Klebsiella Pneumoniae Ndm+ In Cardiac Surgery—A Case Report Of Limited Treatment Options _____	113
Reconstruction Of Mandibular Defect Without A Microvascular Free Flap After Segmental Mandibulectomy In A Patient With Medication-Related Osteonecrosis Of The Jaw _____	114
Zygomatic-Bone Complex Fracture With Ocular Injury: Surgical Management And Clinical Outcome _	115
Transanal Excision: A Diagnostic Procedure That Became A Definitive Treatment For Early Rectal Cancer _____	116
Malignant Transformation Of A Plexiform Neurofibroma Of The Face _____	117
Postinfarction Ventricular Septal Defect Following Myocardial Revascularization _____	118
Primary Epithelioid Angiosarcoma Of The Vulva: A Rare Tumor In An Unusual Site _____	119
Compartment Syndrome Of The Upper Limb Following A Snakebite From Horned Viper- Vipera Ammodytes _____	120
A Rare Case Of Epithelial Hepatoblastoma In Two-Month-Old Male Infant _____	121
The Surprising Stories Of The Acute Abdomen: Torsion Of The Appendix Vermiformis, _____	122
Cutaneous Form Of Breast Angiosarcoma _____	123
High - Grade Large Cell Neuroendocrine Carcinoma Of The Supraglottis A Case Report _____	124
Unusual Size Of An Uncommon Neoplasm: A Giant Abrikossoff Tumor Of The Lower Limb _____	125
The Efficacy Of Tranexamic Acid In Reducing Perioperative Blood Loss In Total Hip Arthroplasty ____	126
Pleomorphic Adenoma Of The Nasal Cavity A Case Report _____	127
Difficult Airway In Patient With Multiple Face Skin Tumours _____	128
Superficial Dorsal Vein Rupture Mimicking Penile Fracture _____	129

Verrucous Malformations As A Rare Case In The Group Of Vascular Anomalies With Slow Blood Flow In Children _____	130
Case Report Of A Patient With A Neoplastic Brain Tumor _____	131
Conquering Klatskin: How 3d Printed Models Boost Surgeons' Confidence In Complex Hilar Cholangiocarcinoma Cases _____	132
Clinical Correlation Between Thoracic Spinal And Intrathoracic Schwannomas _____	133
5-Years Follow-Up In A Patient With Multiple Primary Melanomas _____	134
Giant Lipomas In The Axillary Region: 2 Case Presentations _____	135
Hydatid Cyst Of The Left Kidney Mimicking Renal Cell Carcinoma _____	136
Desmoid Tumor In A 7-Year-Old Child: Case Report And Literature Review _____	137
Multidisciplinary Team In Treatment Of High Energy Trauma Of Left Lower Leg _____	138
Deep Brain Stimulation: A Proven Standard In Treating Advanced Parkinson's Disease _____	139
The Effect Of Geriatric Syndromes On Activities Of Daily Living In Frail Patients _____	141
Severe Manifestation Of Libman-Sacks Endocarditis Revealing Systemic Lupus Erythematosus _____	142
Ramsay Hunt Syndrome: The Rare Involvement Of Cn Ix And Cn X _____	143
Roemheld Syndrome In A Patient With Paroxysmal Supraventricular Tachycardia _____	144
Comprehensive Evaluation Leading To The Diagnosis Of Acute Coronary Syndrome _____	145
A Case Of Fournier Gangrene In Palliative Care: The Importance Of A Comprehensive Approach And Clinical Coordination _____	146
The Effectiveness Of Group Interventions And Individual Counseling In Obesity Management _____	147
Benefit Of Arni In Patient With Hfref And Copd _____	148
Urinary Bladder Nephrogenic Adenoma In Hemodialysis – Report Of A Rare Case _____	149
When Carbapenems Fail - A Case For Ceftazidime In An Unusual Resistance Patterns _____	150
Nephrotic Syndrome In A Young Adult Male _____	151
Disseminated Nocardiosis With Nodular And Cavitory Pneumonia In A Renal Transplant Recipient _____	152
Triple Killers –Influenza A, Covid-19 And Staphylococcus Aureus Pneumonia In A Previously Healthy Woman _____	153
An Unusual Nail Finding _____	154
Successful Conservative Treatment Of Cecal Diverticulitis Mimicking Acute Appendicitis _____	155
Sglt2i– Possible Game-Changers In Focal Segmental Glomerulosclerosis _____	156
Obstructive Jaundice And Gastric Outlet Symptoms Caused By Mucinous Omental Cyst: A Rare Entity _____	157
Cholangiocellular Carcinoma As A Rare Entity After Hepatitis C Eradication Therapy _____	158
False Positive Drug Test In Patient With Acute Poisoning _____	159
Association Of Hypothyroidism And Inverted T Waves _____	160
Pulmonary Adenocarcinoma Presenting With Symptoms Of Adrenocorticotrophic Hormone Secretion _____	161
Concomitant Arterial Thrombosis And Pulmonary Embolism In Patient With Colorectal Cancer _____	162
Autoimmune Disease Unmasked By Allergic Immunotherapy: A Case _____	163
Of Systemic Lupus Erythematosus (Sle) After Subcutaneous Immunotherapy (Scit) _____	163
Successful Resolution Of Staphylococcus Aureus Catheter-Associated Infection With Spondylodiscitis And Pneumonia In A Dialysis Patient: A Case Of Solely Antibiotic Therapy _____	164
Suppressed Thyroid Stimulating Hormone Levels After Initiation Of Glp -1 Receptor Agonist _____	165
Elevated Tryptase Levels In A Severe Asthmatic Patient Undergoing Scit For Birch: Implications For Monitoring And Personalized Treatment _____	166
Rare Case Of Implantable Cardiac Defibrillator Generator Malfunction _____	167
Cardio-Renal Metabolic Syndrome _____	168
Ige-Mediated Immunotherapy-Induced Eosinophilic Granulomatosis With Polyangiitis (Egpa) _____	169
Diffuse Large B-Cell Lymphoma With Acute Renal Failure _____	170
Myocardial Rupture Following Acute Myocardial Infarction _____	171

Eosinophilic Esophagitis Induced By Sublingual Immunotherapy (Slit): A Rare But Emerging Side Effect	172
From Malignant Diagnosis To Benign Outcome: A Complex Case Of Soft Tissue Tumor Misdiagnosis	173
Unexpected Diagnosis Of Concealed Wolff-Parkinson-White Syndrome During Radio-Frequency Ablation For Suspected Atrioventricular Nodal Reentrant Tachycardia	174
Long-Term Nutrition And Palliative Care Management In Traumatic Brain Injury	175
A Multidisciplinary Approach In Morbus Paget	176
An Elderly Patient With Comorbidities: Medication Management Errors And The Importance Of Multidisciplinary Intervention	177
Atypical Presentation Of Prostate Cancer	178
Use Of Jak Inhibitor In A Patient With Chronic Graft-Versus-Host Disease	179
Care And Management Of Hcm Carriers: A Marathon Runner's Case	180
Infant With Incidentally Diagnosed Nephrocalcinosis	182
Ct Characteristics Of Thoracic Ewing's Sarcoma In Children	183
A Rare Case: Herpes Zoster In Adolescence	184
Congenital Granular Cell Epulis (Cgce) In Female Newborn.	185
The Importance Of Blood Pressure Measurement In Children Who Apply To The Family Health Center With Headache Complaints: Secondary Hypertension Case Report	186
Bacterial Coinfection In A Child With Rsv Pneumonia	187
Presence Of Two Influenzae Viruses In Preschool Boy	188
Early Detection And Multidisciplinary Approach In A Child With Developmental Delay	189
Hydrocephalus In An Infant	190
Improvement Of A Patient With Sleep Complaints Who Did Not Benefit From Psychiatric Treatment With Antihypertensive Treatment	191
Vagal Stimulation And Poem In Secondary Pediatric Intestinal Pseudo-Obstruction And Achalasia	192
Severe Asthma Exacerbation In A Child With Uncontrolled Asthma	193
A Case Of Cat Scratch Disease Presenting With Lymphadenopathy And Erythema Nodosum	194
Hypothyreosis Congenitalis. Diabetes Mellitus Neonatalis Susp.	195
Adenocarcinoma Ventriculi In Children	196
Many Facies Of Influenza B Infection - Infant With Hyponatremia Dehydration And Acidosis	197
Concurrent Influenza A And Mump Infection In A Toddler With Acute Parotitis	198
Incidentally Detected Avascular Necrosis On 18f-Fdg Pet/Ct In A Lymphoma Patient	200
Varied Presentations Of Ct-Scans Of Inflamed And Perforated Appendix	201
Incidental Finding Of A Giant Hepatic Hemangioma In A Patient With Diagnosed Crohn's Disease	202
Ct Imaging Of Liver Cystic Echinococcosis	203
The Significance Of A Multiphase Ct Scan In A Case Of Non-Traumatic Acute Abdominal Pain And Cramping Episodes	204
Imaging Findings In A Case Of Appendicular Abscess As A Complication Of Acute Appendicitis In A 3-Year-Old Patient	205
Duplication Of Inferior Vena Cava (Ivc) - An Incidental Finding On A Multiphase Ct Scan	206
Brain Metastasis From Lung Cancer	207
A Rare Case Of Duplication Cyst Of Ileum Followed By Computed Tomography And Ultrasound, Incidental Finding	208
Sonographic Features Of Testicular Torsion In Neonate	209
Incidental Breast Lesions Detected On Chest Ct	210
Rare Localization Of Lymph Metastasis Of Papillary Thyroid Carcinoma	211
Case Report Of Ewing Sarcoma And Undifferentiated Sarcoma Of The Tibia In An 18-Year-Old Boy With Insulin-Dependent Diabetes Mellitus Type 1	212

The Role And Importance Of The Screening Program In Detecting Invasive Breast Carcinoma Of Nonspecific Type In Women Without Previous Diagnostic Procedures For Breast Cancer _____	213
Invasive Breast Carcinoma Of No Special Type: Correlation Between Ultrasound Findings And Tumor Grading _____	214
Multiseptate (Honeycomb) Gallbladder Accompanied With Annular Pancreas _____	215
Neuroblastoma (Adrenal Neuroblastoma) _____	216
Gastrointestinal Tumors Mimicking Adnexal Masses, A Report Of Two Cases _____	217
Diagnosis Of Ovarian Torsion _____	218
Foreign Body Ingestion In A Pediatric Patient _____	219
Giant Cell Tumor Of The Tendon Sheath: Mri Findings And Case Report _____	220
Myelodysplastic Syndrome Vs Oral Anticoagulation Therapy In Intramuscular Haemorrhage _____	221
Radiological Diagnosis Of Primary Familial Brain Calcification - A Case Report Of Fahr Disease _____	222
Radiology Assessment On Invasive Lobular Carcinoma Of The Breast _____	223
Atypical Inflammation Of Large Bowel Intestine Due To Ileocecal Diverticulosis _____	224
Stiff Person-Like Syndrome: A Case Report _____	226
The Effects Of Triplegia Rehabilitation As A Complication Of Sars Cov 2 _____	227
Infection _____	227
A Case Report For Myoclonus-Dystonia Syndrome _____	228
Digitally Guided Dentistry Vs Conventional Methods In Diagnosis And Treatment Of Rare Cases Of Supernumerary Teeth- Case Report _____	229
Surgical Replacement Of The Mitral Valve With A Mechanical Prosthesis In The Treatment Of Hypertrophic Obstructive Cardiomyopathy (Hocm) _____	230
Physical Therapy And Rehabilitation In A Patient With Lumbosacral Radiculopathy And Low Back Pain _____	231
Physical Therapy And Rehabilitation In A Patient With Neck Pain _____	232
Biopsychosocial Integrated Care In A Pressure Ulcer Patient _____	233
Epileptic Seizure As First Manifestation Of Hiv Infection _____	234
On Duty And In Life: Living With Crohn's Disease _____	235
A Case Of Diabetic Foot Accompanied By Arterial Occlusion In A Palliative Care Center: An Interdisciplinary Approach To Treatment Refusal _____	236
Diagnosis Of Coccygeal Chordoma By Fine-Needle Aspiration Biopsy: A Case Report _____	237
Diagnosing Metastatic Small Cell Lung Carcinoma From Subcutaneous Nodule Using Fine-Needle Aspiration Biopsy: A Case Report _____	238
Rehabilitation Of Patient After Acetabular Fracture, Hip Luxation And Paralysis Of Sciatic Nerve- One Year Follow-Up _____	239
The Importance Of Autopsy In Determining Causes Of Death In Cultural Contexts Where Suicide Is Stigmatized _____	240
Hand, Foot And Mouth Disease In An Adult: A Case Report _____	241
Heterozygous Familial Hypercholesterolemia Detected In Primary Care _____	242
Osteonevus Of Nanta Rare Entity _____	243
Successful Follow-Up Of A Young Patient With Metabolic Syndrome Through Lifestyle Changes And Motivational Interviewing _____	244
Decubitus Wound In Acquired Immunodeficient Patient Follow-Up In Palliative Care Centers _____	245
Panner's Disease _____	246
Subtle Clinical Manifestation Of Non-Convulsive Epileptic Status _____	247
Complete Metabolic Response To First-Line Chemotherapy And Dual Her2 Blockade With Trastuzumab/Pertuzumab In Metastatic Her2-Positive Breast Cancer _____	248
Blue Nevus – A Benign Nevus That Can Cause The Most Cosmetic Concern _____	249
Hanging Hand _____	250

Determination Of Blood Groups And Dat (Direct Antiglobulin Test) In Newborns _____	251
Female Participation In The Blood Donation Process _____	252
Palliative Care Process Of A Patient Diagnosed With Hypercalcemia _____	253
Management Of Fournier’s Gangrene In A Palliative Care Patient _____	254
Near Fatal Bupivacaine Anaphylactic Shock _____	255
Management Of Multiorgan Failure Following Limb Amputation Due To Gas Gangrene And Subclavian Artery Thrombosis _____	256
Anesthetic Considerations In A Patient With Cervical Spine Surgery History Undergoing Laparoscopic Cholecystectomy _____	257
Professional Bronchial Asthma Found In A Worker In Leather Industry _____	258
Management Of Anti-M Antibody During Pregnancy - Case Report _____	259
Effects Of Mirror Therapy On Paretic Upper Limb After Stroke _____	260
Chronic Obstructive Pulmonary Disease In A Garment Worker _____	261
Diarrhea Management Of A Palliative Care Patient With Pressure Ulcer _____	262
Azithromycin Induced Symmetrical Drug-Related Intertriginous And Flexural Exanthema In 2-Year-Old Boy _____	263
Successful Management Of Her2-Positive Early Breast Cancer At The University Clinic For Radiotherapy And Oncology, North Macedonia _____	264
Psychiatric Challenges In The Diagnosis Of Frontotemporal Dementia: Navigating Overlapping Symptomatology _____	265
A 16 Year Old Boy With Systematic Juvenile Idiopathic Arthritis _____	266
A Complex Case Of Dependent Personality Disorder With Co-Morbid Agoraphobia, Panic Disorder, And Depression: An Icd-11 Perspective _____	267
Patient With Thrombophilia And Pulmonary Embolism _____	268
The Golden Hour: How Rapid Tpa Administration Led To A Remarkable Stroke Recovery _____	269
Tuberculous Meningitis: An Old Enemy Still Looming _____	270
The Course Of Bipolar Affective Disorder During Vulnerable Life Periods _____	271
Prosthetic Treatment With Digital Cad-Cam Technology Of Traumatic Dental Injury In Frontal Maxillary Region _____	272
Prosthetic Therapy Of Dental Erosion In Patient With Gastroesophageal Reflux Disease. Case Report _____	273
Accidental Firearms Fatalities During Hunting _____	274
Dress Sy Report And Literature Review _____	275
Scleroderma-Like Lupus Erythematosus Panniculitis Rare Subtype Of Rare Variant Of Cutaneous Lupus _____	276
Beyond The Intestinal Gluten- Intolerance: A Clinical Case Of Dermatitis Herpetiformis (Morbus Duhring) In A Young Boy _____	277
Efficacy Of Pulse Dye Laser (Pdl) In The Treatment Of Recalcitrant Plantar Hpv Warts _____	278
Treatment Of An Individual With Down Syndrome In A Palliative Care Center _____	279
Subcutaneous Dirofilaria Of The Eyelid: A Case Report _____	280
Delayed Diagnosis Of Graves Ophthalmopathy _____	281
A Romani Child Adopted By A White English Family: The Impact Of Early Adoption, Relocation, And Cultural Displacement On Aggression And Emotional Dysregulation _____	282
Ineffectiveness Of Family And Social Services Support – Path To Induced Hospitalism In A 17-Year-Old Adolescent _____	283
A Review Of Three Cases Of Laparoscopic Sacroiliac Ligament Dissection In The Treatment Of Chronic Pelvic Pain In Women. _____	285

Recurrence Of High-Grade Cervical Intraepithelial Neoplasia (Cin Iii) With A Rare Type Of Human Papillomavirus (Hpv) Type 82 _____	286
Severe Post-Procedure Hemorrhage Following Co2 Laser Vaporization In A Person With Factor Xi Deficiency _____	287
Preference Of Delivery Type Of Pregnant Women And The Factors Effecting Them _____	288
Reduction Mammoplasty With The Inferior Pedicle Technique For Treatment Of Gigantomastia _____	289
Frozen Elephant Trunk (Fet) For Stanford Dissection Type A, After Bentall Procedure In Marfan Syndrome _____	290
Dellon Decompression For Diabetic Neuropathy – A Case Report _____	291
The Impact Of Chronic Illnes On Mental Health _____	293
When Air Escapes: A Holistic Approach To Severe Tracheal Rupture Management _____	294

## **ANESTHETIC CONSIDERATIONS IN A PATIENT WITH CERVICAL SPINE SURGERY HISTORY UNDERGOING LAPAROSCOPIC CHOLECYSTECTOMY**

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This case report presents the anesthesiological management of a 68-year-old male patient undergoing laparoscopic cholecystectomy for recurrent acute cholecystitis. The patient has a significant surgical history, including a cervical spine operation in 2022, following a diagnosis of quadriparesis, spinal stenosis (C4-C5), and polydiscopathy of the cervical region. The previous surgery involved anterior decompression, C5 corpectomy, C4 hemicorpectomy and hemiforaminectomy, transpedicular fixation from C4-C6, and the application of a MESH. Despite the successful operation, the patient continued to experience paresthesia in both the upper and lower extremities, requiring the use of crutches for mobility. A subsequent neck x-ray revealed ventral marginal osteophytes of the cervical vertebral bodies. Given the patient's cervical spine pathology and residual neurological deficits, particular caution was necessary during the anesthesiological evaluation and planning for intubation. The patient had a Mallampati score of 2, a thyromental distance greater than 6 cm, and no significant dental abnormalities. Neck mobility was preserved, and there were no additional contraindications for standard intubation techniques. However, the residual paresthesia and history of spinal surgery warranted close monitoring and careful positioning during anesthesia to avoid potential spinal cord or nerve impingement.

This case underscores the importance of thorough preoperative assessment and tailored anesthesiological strategies in patients with complex spinal histories, particularly when surgical procedures are being performed in anatomically and neurologically sensitive regions.

**Keywords:** anesthesia, cervical spine surgery, intubation