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CASE REPORT CONGRESS**

BOOK OF ABSTRACTS

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Welcome Note

Dear esteemed colleagues and friends,

It is a great honor and pleasure to welcome you to the abstract book of the 4th International Case Report Congress, organized by the Macedonian Medical Association.

This Congress once again brought together healthcare professionals from diverse backgrounds, providing a platform for the exchange of clinical experiences, innovative approaches, and valuable insights. The presented case reports reflect the dedication, expertise, and commitment of medical professionals to advancing patient care and medical knowledge.

I am proud of the role this Congress continues to play in fostering scientific discussion, encouraging research, and strengthening international collaboration. The knowledge shared throughout this event contributes meaningfully to the ongoing development of clinical practice and medical education.

I would like to express my sincere gratitude to all participants, distinguished speakers, and the organizing committee for their efforts in making this Congress a success.

May the outcomes of this Congress continue to inspire progress and collaboration in healthcare.

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Contents

Welcome Note	2
Reproductive Health Session	11
A Rare And Complex Prenatal Phenotype With A Normal Karyotype: A Case Report Of A Fetus With Agenesis Of The Corpus Callosum, Ventriculomegaly And Cleft Palate	12
Multisystem Recovery In An Adolescent Endurance Athlete With Relative Energy Deficiency In Sport (Reds): Case Report	13
Autosomal Recessive Polycystic Kidney Disease In Fetus- The Role Of The Early Diagnosis - Case Study	14
Prenatal Diagnosis And Clinical Management Of Bilateral Congenital Cystic Adenomatoid Malformation: A Case Report	15
Successful Pregnancy In A Patient With Classical Congenital Adrenal Hyperplasia	16
Nonimmune Hydrops Fetalis: A Case Report	17
Clinicopathological Features Of Cln Iii Associated With High-Risk Hpv 16	18
Giant Adult-Type Granulosa Cell Tumor Of The Right Ovary Presenting With Endometrial Hyperplasia, Postmenopausal Bleeding And Secondary Anemia : A Case Report	19
Meckel – Gruber Syndrome	20
Diagnosis Of Malignant Uterine Perivascular Epithelioid Cell Tumor: A Case Report Of Life-Threatening Ileus Due To Peritoneal Metastases	21
Fetal Bronchopneumonia As A Cause Of Fetal Death And Spontaneous Abortion In The Second Trimester	22
Cystic Fibrosis – Associated Obstructive Azoospermia: A Case Report	23
Prevalence Of Streptococcus Agalactiae Among Pregnant Women Tested At The Public Health Center - Kochani	24
Mucinous Cystadenocarcinoma Of The Ovary Identified During Pregnancy And Managed At Cesarean Section: A Case Report	25
Pregnancy After Kidney Transplantation	26
Pregnancy With Severe Hypothyroidism	27
First Trimester Medical Abortion In Patient With Eisenmenger Syndrome	28
Twin Reversed Arterial Perfusion (Trap) Sequence In A Monochorionic Diamniotic Twin Pregnancy: A Case Report	29
Case Report: Vanishing Twin Syndrome Diagnosed At 7 Weeks Of Gestation With Placental Confirmation At Term	30
True Knot Of The Umbilical Cord As A Cause Of Fetal Death	31
Giant Adult-Type Granulosa Cell Tumor Of The Right Ovary Presenting With Endometrial Hyperplasia, Postmenopausal Bleeding And Secondary Anemia : A Case Report	32
Pregnancy In A Patient With A Kidney Transplant	33
Diagnostic Challenge Of Elevated Ca-125 And Adnexal Cyst In Early Pregnancy In A Patient With Endometriosis: A Case Report	34
Giant Bilateral Ovarian Serous Cystadenofibroma Mimicking Ovarian Malignancy In A Postmenopausal Woman: A Case Report	36
Appendiceal Mucinous Adenocarcinoma Presenting As An Ovarian Mass: Diagnostic Pitfall Between Primary Ovarian Tumor And Metastatic Disease – A Case Report	37
Primary Ovarian Leiomyoma Mimicking A Solid Ovarian Neoplasm: A Rare Case Report	38
Successful Cesarean Delivery For Placenta Previa Totalis In A Patient With Previous Whipple Procedure: A Case Report	39
Emergency Hysterectomy After An Induced Abortion	40
Rectus Sheath Block For Open Hysterectomy-Case Report	41

Caesarean Section In A Patient With Myasthenia Gravis _____	42
Rare Case Of Skene’s Gland Cyst With Non -Invasive Treatment During Pregnancy - A Case Report _____	43
Successful Conservative Treatment Of Pyometra Post-Myomectomy _____	44
Extreme Obesity In Pregnancy-A Clinical Case Report And Management Challenges _____	45
A Rare Case Of Pathogenic De Novo Duplication Of Chromosome 9 (Partial Trisomy 9p) In Multimalformation Syndrome ____	46
Amnioreduction Prior To Rescue Cerclage In A Unicornuate Uterus - An Eight-Week Prolongation _____	47
Sudden Maternal Cardiorespiratory Arrest Following Cesarean Section: A Case Report And Differential Diagnostic Challenge _	48
Rescue Cerclage In 27 Gw: A Case Report _____	49
Acute Postpartum Peripheral Facial Nerve Palsy In An Adolescent With Pregnancy-Induced Hypertension: A Case Report ____	53
Management Of Pregnancy And Delivery In A Pregnant Woman With A Corrected Congenital Heart Anomaly _____	54
Cellular Angiofibroma In A Perimenopausal Patient _____	55
Klippel-Feil Syndrome In A Pregnant Woman. Challenges And Expectations For Elective Cesarean Delivery _____	56
Endometrial Carcinoma In A Young Woman With Obesity And Polycystic Ovary Syndrome: A Case Report _____	57
High-Grade Serous Ovarian Carcinoma Presenting With Non-Specific Abdominal Symptoms: A Case Report _____	58
Cervical Dysplasia Detected Only By Hpv Testing With Normal Cytology: A Case Report _____	59
Twice Metastatic Leiomyosarcoma In A 56-Year-Old Woman After Total Abdominal Hysterectomy _____	60
Mesonephric Cyst In A 45-Year-Old Woman _____	61
Total Abdominal Hysterectomy In A 55-Year-Old Woman Due To The Presence Of A Broken Surgical Needle In The Cervix After Suture Of The Cervix _____	62
Lipoleiomyoma Of The Uterus : A Rare Case Report _____	63
Recurrent Extramammary Paget’s Disease Of The Vulva In A Postmenopausal Woman: A Case Report _____	64
Title: Intrahepatic Cholestasis Of Pregnancy In A Primigravida With Hereditary Spherocytosis: A Complex Clinical Case ____	65
Adnexal Torsion In Prepubertal Child _____	66
A Diagnostic Challenge In An Adolescent Patient: Does The Hymen Matter? _____	67
Vaginal And Vulvar Varices In Term Pregnancy: A Rare Case With Favorable Outcome Despite Significant Postpartum Anemia	68
Surgery Session _____	69
Application Of Autologous Platelet-Rich Fibrin For Hemostasis And Wound Healing After Maxillary First Molar Extraction In A Patient Receiving Dual Antiplatelet Therapy _____	70
Title: Autologous Fat Grafting And Targeted Nerve Regeneration In The Management Of Complex Post-Burn Scarring In A Teenager _____	71
Challenges In The Management Of Polytrauma In A Patient With Hemophilia A: A Case Report _____	72
From Crash To Recovery: Emergency Surgical Response To Polytrauma Patient _____	73
Choosing The Right Tool For The Job _____	74
Periosteal Chondrosarcoma In A 30 Year-Old-Woman: Surgical Management Of An Extremely Rare Malignancy With Concomitant Sarcoidosis Mimicking Metastatic Disease _____	75
“One Operation, Two High-Risk Carcinomas” – Radical Cystoprostatectomy In A Patient With Prostate And Bladder Cancer ____	76
Efficacy Of Multimodal Analgesia With Local Infiltration In A Patient Undergoing Total Knee Arthroplasty With Contraindications For Regional Anesthesia _____	77

First Alt Free Flap For Distal Leg Hardware Exposure In North Macedonia _____	78
Surgical Resection Of A Jugular Foramen Paraganglioma Following Preoperative Embolization: A Case Report _____	79
Lipograft Induced Regeneration – A Promising Future For Stubborn Chronic Wounds _____	80
Autologous Fat Grafting For Facial Asymmetry In En Coup De Sabre _____	81
Reconstruction Of A Complex Scalp Defect With Local Flap And Skin Graft _____	82
Rheumatoid Nodules Of The Dorsum Of The Hand Mimicking Soft-Tissue Tumors With Concomitant Radial Nerve Neuroma Of The Forearm: A Case Report _____	84
Successful Treatment Of Recurrent Deep Necrotizing Cellulitis Due To Mssa Susceptibility Profile Initially Misdiagnosed As Necrotizing Fasciitis _____	85
Surgical Aortic Valve Replacement After Infective Endocarditis Of Tavi Valve _____	86
Surgical Management Of Isolated Left Atrial Metastasis From Lung Adenocarcinoma: A Case Report _____	87
Base Skull Meningioma Found And Operated After Imaging For Cranial Injury _____	88
Complex Distal Sub/Proximal Diaphyseal Fracture Solved With Intramedullary Nail _____	89
Breaking Barriers: Ds-Rpni Transforms Neuroma Pain Management _____	90
Custom Endovascular Strategy In Chronic Type B Dissection: Tevar With In-Situ Fenestration For Left Subclavian Preservation _____	92
Femoral Neck Fracture In A Patient With Charcot–Marie–Tooth Disease _____	93
Neural Fibrolipoma Of A Digital Nerve Of The Index Finger, A Rare Case Report _____	94
Management Of Epulis Fissuratum In Mandible _____	95
Malignant Leydig Cell Tumor Of The Testis In A 64-Year-Old Man: A Rare Case _____	96
Multinodular Thyrotoxic Goiter: A Case Report _____	97
Early Primary Care Intervention Preventing Chronic Ulcer Formation In An Elderly Patient With Chronic Venous Insufficiency _____	98
Necrotizing Fasciitis Of The Femoral Region In A Female Patient: Life-Threatening Soft Tissue Infection _____	99
Superior Lumbar Triangle (Grynfeltt) Hernia In A Patient With Discopathy And Quadriparesis: A Rare Case Report _____	100
Treatment Of Osteonecrosis Of The Jaw Associated With The Use Of Bisphosphonate Therapy _____	102
Life-Threatening Hematuria After In Vitro Fertilization: Emergency Endoscopic Management Of Bladder Tamponade _____	103
Recurrent Giant Retroperitoneal Well-Differentiated Liposarcoma With Multiorgan Involvement: A Case Report _____	104
Dermatology Session _____	105
Long-Term Clinical Evolution Of Autosomal Dominant Epidermolysis Bullosa Simplex Type 1b Associated With A Heterozygous Pathogenic Krt14 P.Arg125cys Variant: A Case Report _____	106
Nd:Yag Laser As An Effective Alternative To Sclerotherapy For Reticular Veins: A Case Report _____	107
Treatment Of Lichen Sclerosus With Erbium Yag Laser - Case Series _____	108
Internal Medicine Session _____	109
Acute Atrial Fibrillation Following Hajj Pilgrimage In A Patient Receiving Hemodialysis _____	110
Acute Right Ventricular Failure During Lvad Implantation In Ischemic Cardiomyopathy: Importance Of Right Coronary Revascularization – A Case Report _____	111
Acute Urinary Retention As An Initial Manifestation Of Acute Prostatitis In A 40-Year-Old Male _____	112
Differential Diagnosis Of Hepatocellular Carcinoma Versus Cavernous Hemangioma. A Case Report _____	113
Incidental Endosonographic Finding Of Portal Vein Thrombosis In A Patient With Liver Cirrhosis _____	114

Sigmoid Volvulus Successfully Treated With Colonoscopy _____	115
Pulmonary, Renal And Brain Involvement In A Patient With A Rare Disease -Tuberous Sclerosis Complex (Tsc) _____	116
Antithrombotic Therapy Modification For Simultaneous Management Of Critical Coronary Stenosis And Imminent Abdominal Aortic Aneurysm Rupture: A Case Report _____	117
Exercise Stress Test–Induced Ventricular Tachycardia Unmasking Underlying Critical Coronary Stenosis _____	119
Kounis Syndrome Following Tetanus Vaccination _____	120
Silent But Dangerous - Left Ventricular Thrombus In Advanced Ischemic Dilated Cardiomyopathy _____	121
Early-Onset Multifocal Insulinomas Revealing Multiple Endocrine Neoplasia Type 1 (Men1): A Case Report _____	122
Periannular Abscess In Prosthetic Aortic Valve Endocarditis: Timing Of Surgery Determines Survival _____	123
Valsalva Manoeuvre For Emergency Treatment Of Paroxysmal Supraventricular Tachycardia (Psvt) Authors: Valentina Mitreska1, Goran Mitreski2 _____	124
Emergency Approach In Complete Atrioventricular Block In Elderly Person _____	125
Warfarin-Induced Upper Gastrointestinal Bleeding: A Case Report _____	126
Rabeprazole Therapy In Gerd Associated With Chronic Nsaid And Corticosteroid Use – A Case Report _____	128
Ultrasound Assessment With An Internist Approach In Malignant Renal Lesions _____	129
“Bilateral Parotitis And Acute Pancreatitis As Fatal Clinical Manifestations Of Systemic Lupus Erythematosus In Pregnancy: A Case Report” _____	130
When A Cervical Mass Imitates Malignancy: A Case Report Of Struma Nodosa In Hemodialysis Patient _____	131
Fatal Simultaneous Superior Vena Cava Syndrome And Bilateral Pulmonary Embolism As The Initial Presentation Of Metastatic Lung Adenocarcinoma: A Case Report Of A 52-Year-Old Non-Smoker _____	133
When Gastrointestinal Symptoms Mask A Cardiac Emergency: A Diagnostic Challenge Of Acute Myocardial Infarction _____	135
Rupture Of Mitral Chordae Tendineae: An Echocardiographic Case Presentation _____	136
Toxic Myasthenic Syndrome Following Vipera Ammodytes Envenoming _____	137
Wolff–Chaikoff Effect In Amiodarone-Treated Atrial Fibrillation _____	138
The Effect Of Rosuvastatin In Lipid Plaque Regression In Carotid Artery Disease (Cad): A Case Study _____	139
Echocardiographic Evaluation Of Heart Failure With Preserved Ejection Fraction: Identification Of The Most Relevant Diagnostic Parameter In A Cohort Of 100 Patients _____	141\
Real-World Effectiveness Of Allergen Immunotherapy In Polysensitized Patients: A Retrospective Study Of 260 Cases _____	144
Title: Venous Thrombosis Mimicking Acute Arterial Ischemia As Initial Manifestation Of Advanced Malignancy – A Case Report _____	146
Psoas Abscess Mimicking Malignancy Recurrence In A Patient With Prior Bladder Cancer: A Case Of Tuberculous Lymphadenitis _____	147
Histopathological Examination Confirmed Tuberculous Lymphadenitis (Tuberculosis Lymphoglandulorum), With No Evidence Of Urothelial Carcinoma Recurrence. Following Diagnosis, The Patient Was Referred To A Specialized Tuberculosis Center For Further Management And Initiation Of Tuberculostatic Therapy. _____	147
Family Medicine Session _____	149
Wound Management In Home Care _____	150
Medication Use In Pregnancy: Practical Decision-Making For Primary Care Physicians _____	152
Health Law _____	153

From Biochemical Targets To Symptom-Oriented Care In Advanced Metastatic Colon Cancer: A Palliative Care Case Report	158
Successful Management Of Complete Av Block Via Antibiotherapy In A Young Adult With Lyme Carditis	159
A Rare Achromobacter Wound Infection In A Family Medicine Wound Care Unit	160
The Effect Of The Combination Of Miconazole, Zinc, And Fish Oil In Candida-Related Skin Infections	161
The Global Heart Paradox: Managing Cardiometabolic Risks In Developing Countries Through Primary Care Excellence	163
Suspected Autoimmune Polyglandular Syndrome Type 4 In A Patient With Type 1 Diabetes Mellitus: A Family Medicine-Based Palliative Care Experience	166
Ankle-Brachial Index As A Decisive Diagnostic Tool In Early Peripheral Arterial Disease	167
Title: Unmasking Renovascular Disease Through Routine Preventive Screening – A Case Report	168
Herpes Zoster In A Young Adult In Primary Care	169
The Importance Of Reviewing Medication Use In Patients With Bullous Pemphigoid-Like Cutaneous Eruptions: Observations From Four Cases	170
Comprehensive Management Of High-Risk Pregnancy In Primary Care: A Case Of Hereditary Coagulation Factor Deficiency	172
Late-Onset Mania And Alzheimer-Type Dementia: A Case Report	174
Unilateral Parotitis Following Mmr Vaccination In An Adult: A Case Report	175
Case Report: Management Of Severe Oral Mucositis And Neutropenia Resulting From Methotrexate Toxicity	176
Challenges In The Continuity Of Chronic Disease Management Within Primary Care: "The Influence Of Media"	177
"A Rare Phenomenon In Spinal Cord Injury: Widespread Flushing"	178
A Case Of Tert, Ary Hyperparathyro, D, Sm: A Pall, At, Ve Care Approach To	179
Palliative Management Of Peritonitis Carcinomatosa And Malignant Fistula In	181
Palliative Management And Respiratory Optimization Of A Stroke	183
Suicide Rates In Türkiye	185
Autolytic Debridement And Topical Treatment Practices In Primary Care: "Pediatric Traumatic Wound Management"	187
Varia Session	188
Microbial Transgression: "When <i>Salmonella</i> Crosses Vaginal Microenvironment Boundaries"	189
Upper Extremity Deep Vein Thrombosis Following Intravenous Therapy Post Ventral Hernia Repair: A Case Report	190
Postpartum Cardiovascular Collapse In A Parturient With Von Willebrand Disease: Possible Psychogenic And Vasovagal Mechanism	191
Kinesitherapy In The Treatment Of Periarthritis Humeroscapularis	192
Life-Threatening Autoimmune Hemolytic Anemia With Panreactive Crossmatch: Transfusion Challenges In An Emergency Setting	193
Amaurosis Fugax In The Context Of Anemia And Hypotension: The Importance Of Systemic Evaluation – A Case Report	195
Bertolotti's Sy: A Case Report	196
Trochanteric Bursitis – Conservative Treatment: A Case Report	197
Transforming Outcomes In Metastatic Triple-Negative Breast Cancer: A Case Of Prolonged Response To Pembrolizumab	199
Hypertriglyceridemia-Induced Acute Pancreatitis With Normal Amylase: A Metabolic–	200
Snri (Serotonin-Norepinephrine Reuptake Inhibitor) In The Treatment Of Chemotherapy-Induced Peripheral Neuropathy	201
Late Posttraumatic Seizure	202

Classification And Treatment Options Of Tongue-Tie – A Case Report _____	203
Direct Oral Anticoagulants And Their Importance In The Prevention Of Recurrent Thrombophlebitis _____	204
Discordant Laboratory Findings Leading To Diagnosis Of A Rare Enzyme Defect _____	205
Heat Stroke With Multi-Organ Involvement: The Diagnostic Role Of Laboratory Findings _____	206
The Role Of Rehabilitation In A Patient With Upper Extremity Burns – Case Report _____	207
Parathyroid Adenoma Diagnosed By Pth Measurements In Fine Needle Aspiration Biopsy After Prior Right Thyroid Lobectomy: A Case Report _____	208
Long-Term Disease Control With Nivolumab In Metastatic Clear Cell Renal Cell Carcinoma _____	209
A Case Report Of Psychogenic Non-Epileptic Seizures _____	210
Combined Approach With Extracorporeal Shock Wave Therapy And Kinesiotherapy In Acute Adductor Strain In A Young Athlete: A Case Report _____	211
Satb2-Associated Syndrome: Case Report _____	212
Immunological Profile And Pulmonary Function In Bakery Workers _____	213
Occupational Health Importance Of Early Detection Of Uncontrolled Type 2 Diabetes In High-Risk Work Environments: A Case Report _____	214
Jealous Delusion And Cognitive Decline In Alcohol-Related Brain Damage _____	215
Recurrent Erysipelas – A Case Report _____	216
Pediatrics Session _____	218
Acute Postinfectious Glomerulonephritis Triggered By Pansinusitis In A 6-Year-Old Boy _____	219
A Rare Case Report: Miller Fisher Syndrome _____	220
Cerebral Venous Sinus Thrombosis As The First Presentation Of Homocystinuria In A Child _____	221
Treatment Of Lisinopril Tablet Intoxication In A Two-Year-Old Child – Case Report _____	222
Beyond Gastroenteritis: Enteric Pathogens In A Five-Year-Old Child With Acute Pancreatitis _____	223
Eczema Herpeticum In A 2-Year-Old Without Atopic Background _____	224
Case Report Of Fetomaternal Transfusion And Severe Anemia In The Newborn _____	225
A Case Of Bronchiolitis As A Complication Of Infection With Influenza A And Respiratory Syncytial Virus In A Three-Month-Old Infant _____	226
Spina Bifida In A Newborn _____	227
Severe Systemic Toxicity After Multiple Wasp Stings In A 21-Month-Old Child With A Favourable Course _____	228
Radiology Session _____	229
Late-Onset Myasthenia Gravis After Thymoma Resection: A Multidisciplinary Case _____	230
A Butterfly In The Mediastinum: Incidental Thoracic Butterfly Vertebra On Chest Ct _____	231
Complex Lumbar Spondylodiscitis With Iliopsoas And Thigh Abscesses: Mri And Ct Findings: A Case Report _____	232
When X-Ray Speaks First: Ovarian Teratoma As An Unexpected Finding _____	233
Ct Angiography Findings In A Giant Ruptured Infrarenal Abdominal Aortic Aneurysm With Dissection And Active Extravasation: A Case Report _____	234
Metastatic Renal Cell Carcinoma Presenting With Brain Metastases, Renal Vein Thrombosis, And Vertebral Osteolysis: Ct Findings _____	235

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INTERNAL MEDICINE SESSION

Wolff–Chaikoff Effect in Amiodarone-Treated Atrial Fibrillation

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Case Presentation: A 50-year-old man with a history of paroxysmal atrial fibrillation was referred for assessment of progressive fatigue and unintended weight gain. He had been treated with amiodarone at a maintenance dose of 200 mg daily for six months for rhythm control, resulting in effective rhythm control. There was no prior documented history of thyroid disease and baseline thyroid function tests had not been obtained prior to initiation of amiodarone therapy.

Biochemical evaluation revealed a markedly elevated thyroid-stimulating hormone level (TSH 40 mIU/L) with reduced free thyroxine concentrations, consistent with overt hypothyroidism. Thyroid autoantibody testing was positive, suggesting underlying autoimmune thyroid disease. Thyroid ultrasonography demonstrated glandular enlargement with a macronodular pattern. Collectively, these findings supported the diagnosis of amiodarone-induced hypothyroidism, most likely resulting from iodine-induced inhibition of thyroid hormone synthesis due to failure to escape the Wolff–Chaikoff effect in the predisposed thyroid gland. Following multidisciplinary evaluation, amiodarone therapy was discontinued and levothyroxine replacement was initiated. The patient experienced progressive symptomatic improvement, accompanied by normalization of thyroid function tests over a six-month follow-up period. Cardiac rhythm remained stable and no recurrence of atrial fibrillation was documented.

Amiodarone-induced hypothyroidism represents a frequent and clinically relevant adverse effect, particularly in patients with underlying thyroid autoimmunity. Management requires individualized decision-making, balancing the need for effective arrhythmia control against endocrine complications. This case emphasizes the importance of baseline thyroid evaluation and regular monitoring during amiodarone therapy. Early recognition and appropriate management of thyroid dysfunction are essential to optimize both cardiovascular and endocrine outcomes in patients with atrial fibrillation.

Keywords:

Amiodarone; Atrial fibrillation; Hypothyroidism; Wolff–Chaikoff effect; Thyroid dysfunction