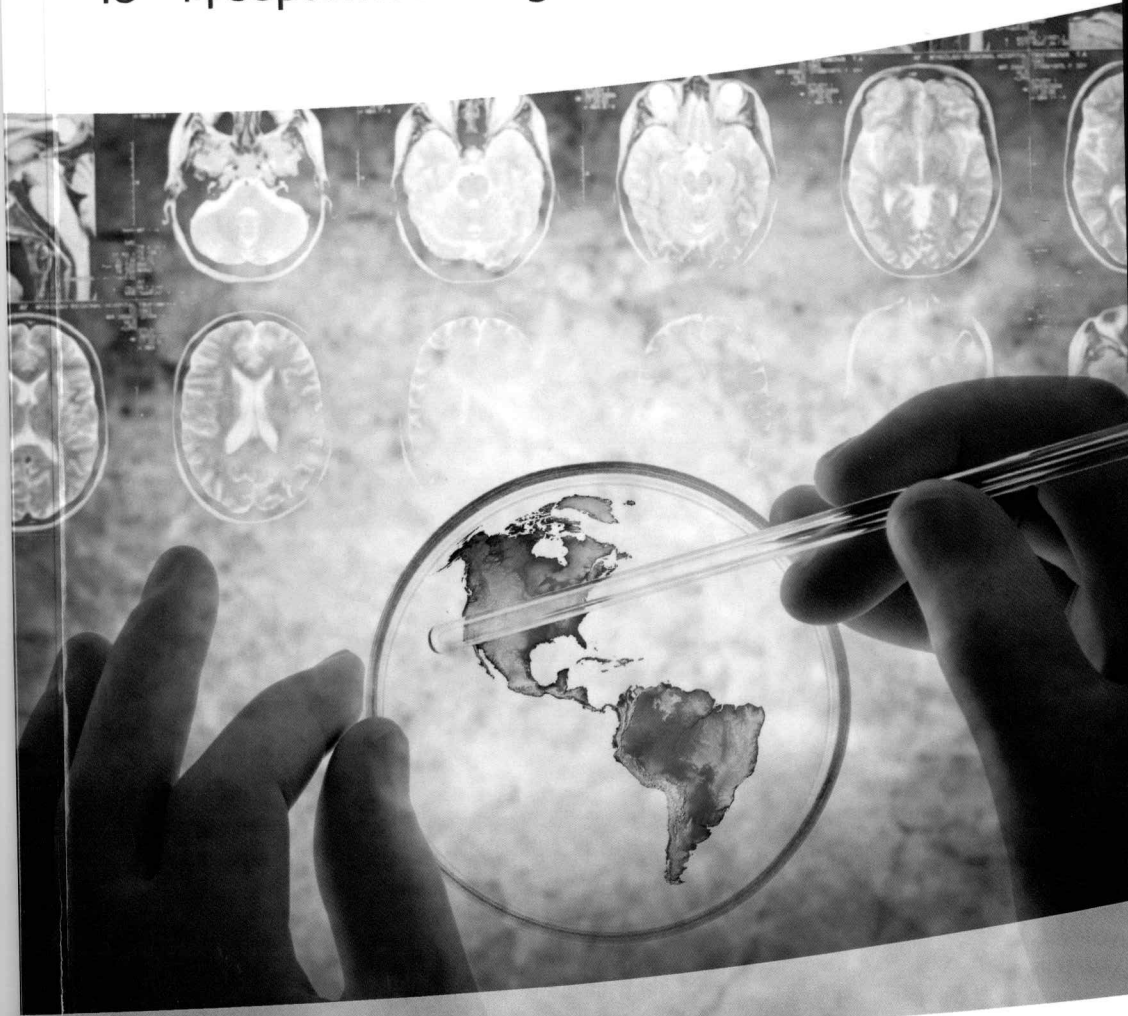


# ABSTRACTBOOK

Antwerp Medical Students' Congress

10 - 14 september 2019



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Title Langerhans cell histiocytosis complicated by fungal infection

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Co-author(s) Iuliia Shynkaruk, Oleg Iaremenko, Dmytro Fedkov

Scientific coordinator -

### Introduction.

D.M., 29-year old man presented with dyspnea, productive cough, fever 37.5 °C, fatigue, hemoptysis, dull sound over upper lobe of the left lung.

### Case history and investigations.

In 2006 the patient had 3 episodes of bilateral tension pneumothorax. A thoracoscopy with bulla coagulation, pleurodesis, lung biopsy (polymorphic granulomas with a predominance of histiocytes) and drainage of pleural cavities were performed. The diagnosis "Histiocytosis" was established. Till 2018 the patient complained only about dyspnea on exertion and weight loss (25 kg). He received Symbicort 160 mg b.i.d. by inhalation. In August 2018 chest pain and fever appeared. According to computed tomography scan, he was diagnosed with left-sided lobar pneumonia. The treatment included augmentin 500 mg/day, clarithromycin 500 mg b.i.d. orally, moxifloxacin 400 mg/day, cefepime 1 g b.i.d., amikacin 500 mg intravenously. After the council physicians decided that pneumonia led to the exacerbation of histiocytosis and prescribed methylprednisolone 32 mg/day orally. Despite that, the disease progressed (hemoptysis) and in 3 months the chemotherapy was started (cytarabine 150 mg + methylprednisolone 125 mg orally). In the sputum culture *Aspergillus fumigatus* was identified. Therefore the patient started to take voriconazole 400 mg/day orally with methylprednisolone tapering until discontinuation. This led to rapid deterioration of the patient's condition: fever 39,5 °C, cough, dyspnea and acute respiratory failure (SpO<sub>2</sub> 72%). The patient was hospitalized to the intensive care unit.

### Treatment.

The changes in disease management: oxygen, discontinuation of antibiotics, methylprednisolone (12 mg/day), voriconazole 400 mg/day 12 weeks, amlodipine 5 mg orally, Symbicort 160 mg twice a day by inhalation. 2 weeks follow up: normal temperature, *Aspergillus* is not detected in the sputum, SpO<sub>2</sub> 93%, dyspnea on exertion, cough with gray sputum.

### Discussions.

Reason for life-threatening condition deterioration in patients with histiocytosis could be fungal infection, that has no specific symptoms and requires immediate prescription of antifungal therapy.

**References:** Girschikofsky M., Arico M., Castillo D., et al. Management of adult patients with Langerhans cell histiocytosis: recommendations from an expert panel on behalf of Euro-Histio-Net. Orphanet J Rare Dis. 2013. David W Denning, Jacques Cadranel, Catherine Beigelman-Aubry, et al. Chronic pulmonary aspergillosis: rationale and clinical guidelines for diagnosis and management. European Respiratory Journal 47 (1), 45-68, 2016. Cadena J et al. Invasive Aspergillosis: Current Strategies for Diagnosis and Management. Infect Dis Clin North Am. 2016.

### Abstract 113

Title The spontaneous triplet pregnancy after the laser treatment of conjoined twins – case report

Author Klaudia Wilk, Iwona Szymusik MD PhD

Co-author(s) Kinga Żebrowska, Martyna Rożek

Scientific coordinator -

### Introduction:

J.B, 29 y.o, female, abnormal ultrasound examination

### Case history:

A patient was referred at 15 weeks of gestation to the clinic because of suspicion of conjoined twins and an apparently normal fetus in a triplet pregnancy. The ultrasound examination revealed the presence of connected thoracic chests with a single common heart. Due to the high risk of death of conjoined twins and subsequent death or neurological sequelae in a single fetus at a later stage of pregnancy, the patient was offered selective reduction at 15 weeks of pregnancy. During the procedure the vessels in the thoraxes of unseparated fetuses were coagulated - the procedure was performed without complications. The postoperative ultrasound examination did not show the flow within the common heart. The heartbeat of the single fetus was normal. The patient remained under the care of the clinic experts. At 39 weeks, the patient delivered living infant in a good general condition. A course of childbirth was free of complications. The patient with her son were discharged home on the 4th day.

### Investigations:

Conjoined twins (thoracopagus) in a triplet pregnancy

### Treatment/results:

Selective reduction of conjoined twins using laser fiber/further development of pregnancy proceeded without complications

### Discussions/Differential Diagnosis:

The conjoined twins is a rare appearing complication in triplet monochorionic-diamniotic pregnancies with the frequency about 1 on 1 000 000 deliveries. They occur after the incomplete division of the embryonic disk after 12. day from the fertilization. The monochorionic in case of triplet pregnancies with conjoined twins additionally complicate the course of pregnancy. Early and proper prenatal diagnosis facilitate detection of congenital abnormalities and make the best decisions about the future of pregnancy at the right time. The early detection increases the chance of survival of a healthy fetus.