Treatment Program for patients with Pulmonary Arterial Hypertension, the management of these patients by providing specific treatment, resulted in an increase in life expectancy, quality of life, and the ability to resume some casual activities.

Keywords: COPD, Pulmonary Hypertension, SARS-CoV-2, severe tricuspid insufficiency

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CHALLENGES OF INTESIVE CARE PRACTITIONERS – DANGEROUS ASSOCIATION BETWEEN UNKNOWN SUBSTANCES INTOXICATION, HEPATIC CIRRHOSIS AND SEVERE DILATATIVE CARDIOMYOPATHY

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Introduction: Intensive care specialists navigate a treacherous terrain, where the convergence of multiple pathologies presents formidable challenges. This paper aims to underscore the importance of prompt recognition, comprehensive evaluation, and aggressive management of critically ill patients presenting with complex and multi-system pathology **Case Report:** Our case report presents a 49-year-old patient admitted to the emergency department accusing diffuse abdominal pain refractory to opioid administration. He was transferred to the intensive care unit in a critical state, being hemodynamically unstable, cold, pale , cyanotic teguments and bilateral edema of the lower limbs, . The handover diagnosis comprised of toxic hepatic cirrhosis, severe metabolic acidosis, unknown substance intoxication and dilatative cardiomyopathy with severely depressed ejection fraction (25%). He was orotracheally intubated , double inotrope positive and vasoactive maximal doses of medication (Dobutamine 250mg/50ml, Noradrenaline 16mg/50ml) were administrated and . A central venous catheter and a dialysis catheter were placed in the right jugular vein and femoral vein, the patient undergoing emergency dialysis. **Discussions :** Each of these diagnoses presents significant challenges and complications on its own, and their convergence in this case amplifies the complexity of the clinical scenario. Unknown substance intoxication, with its erratic manifestations aggravates the preexisting hepatic cirrhosis, also representing the main cause of sever metabolic acidosis. Amidst this confluence of ailments, severe dilatative cardiomyopathy emerges as a formidable adversary, its relentless assault on the cardiovascular system exacerbating the precarious state of the patient. The decision to perform emergency dialysis reflects the urgency in addressing the underlying metabolic derangements and renal insufficiency contributing to the patient's clinical deterioration. This intervention aims to mitigate the systemic consequences of severe metabolic acidosis and renal dysfunction, potentially stabilizing the patient's condition and improving overall prognosis. **Conclusions:** For the intensive care specialist, the management of such cases requires a blend of expertise, empathy, and unwavering vigilance. Each decision is fraught with the weight of

Keywords: toxic hepatic cirrhosis, dilatative cardiomyopathy, intensive care

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A RARE ASSOCIATION OF ORGAN IMPLICATION FOR MULTIPLE ENDOCRINE NEOPLASIA TYPE 1

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Introduction: Multiple endocrine neoplasia type 1 (MEN1), an autosomal-dominantly inherited tumor syndrome, is classically defined by tumors arising from the "3 Ps": Parathyroids, Pituitary, and the endocrine Pancreas. The majority (>95%) of MEN1 patients will develop parathyroid tumors, 35% to 75% of patients will develop neuroendocrine tumors of the pancreas, <30% will have pituitary adenomas, and □□□□– will develop other endocrine tumors such as adrenal adenomas and carcinomas. This case study seeks to emphasize the significance of accurately determining the underlying cause of basic signs such as hypoglycemia and conducting an in-depth examination of the patient to detect potential correlations between latent conditions. **Case Report:** This is the case of a 42-year-old female patient who presented at Akdeniz Hospital complaining of fatigue and hyperphagia. The patient's past medical history shows that she had surgical excision of an insulinoma in 2007 and had experienced weakness, fainting, and polyfagia over the previous three years. Blood testing showed low vitamin D levels, high calcium and PTH levels, and low glucose levels linked to high insulin and C-peptide levels. Computer tomography and parathyroid SPECT confirmed the results, which point to endocrine pancreas and

parathyroid dysfunction. The patient was admitted for further investigations, including genetic testing for MEN1 syndrome. **Discussions :** Four smooth-bordered focal lesions were identified on the CT scan of the pancreatic tail section, the largest measuring 29x24 mm in size, compatible with Insulinoma. Additionally seen on the CT scan are bilateral nodular lesions on the adrenal glands, which raise the suspicion of pheochromocytoma. This led to the testing of catecholamine metabolites, which exhibited normal values for normetanephrine (37,1 ug/24 h) and metanephrine (12,7 ug/24 h). The Parathyroid SPECT detected lesions in the inferior commissure of both thyroid lobes, through an increased MIBI uptake in a hypo-isoechoic and heterogeneous area on the ultrasonography scan. A DEXA scan was conducted to assess bone density in the hip and lumbar spine due to the discovery of parathyroid dysfunction; both findings were conclusive for osteoporosis with a T-score of less than -2.5. **Conclusions:** The patient appears to have all the signs and symptoms of an uncommon case of MEN1 syndrome, which includes adrenal adenomas, pancreatic insulinoma, and parathyroid dysfunction. MEN1 is a complex disorder predisposing to more than 20 benign and malignant endocrine and nonendocrine neoplasms, still incompletely understood.

Keywords: Insulinoma, MEN1, Parathyroid dysfunction, Adrenal adenoma

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PARANEOPLASTIC PEMPHIGUS AS THE INITIAL PRESENTATION OF MYELODYSPLASTIC SYNDROME

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Introduction: Myelodysplastic syndromes (MDS) are hematopoietic disorders characterized by ineffective hematopoiesis, resulting in morphologic dysplasia in hemopoietic elements and cytopenia. Although up to 10-30% of MDS patients are reported to be developing autoimmune reactions, paraneoplastic pemphigus (PNP) is a rather uncommon condition. With a poor prognosis overall, patients typically present with painful and widespread mucosal and cutaneous involvement. The focus of this case report is to highlight the importance of using a multidisciplinary approach, involving dermatologists, hematologists/oncologists, and other specialists, to diagnose paraneoplastic symptoms. **Case Report:** This case study features a 69-year-old female patient who was transferred to the Internal Medicine Clinic of Akdeniz University Hospital by ambulance from an external center in September 2023. She presented with widespread hemorrhagic bullos lesions and erosions on the skin surface that were spread out bilaterally over the dorsal portion of the hands and feet. Along with skin lesions, involvement of mucous membrane caused crusty hemorrhagic lesions measuring 2*4 cm on her lower lip. Apart from a rheumatic heart disease the patient had in her childhood, she had no other known illnesses. Following an initial diagnosis of anthrax, the patient was started on broad-spectrum antibiotic therapy, but no progress was observed. When the patient was brought in, the suspicion of a hematological neoplasia was raised, while anthrax was ruled out due to her serology results: Hgb of 8.3 g/dl, WBC of 84,000/mm3, platelet count of 28,000/mm3, NEU of 78,000/mm3, monocyte count of 2670, and CRP of 200. Bone marrow aspiration and biopsy of the skin lesions were performed during hospitalization. **Discussions :** The biopsy from the skin lesions revealed paraneoplastic pemphigus, which was treated with prednisolone after the skin lesions were heavily debrided. The results of the bone marrow biopsy revealed Myelodysplastic Syndrome (Refractory anemia with excess blasts (RAEB)). Decitabine therapy was therefore initiated for the patient, with a total of 6 cycles of Decitabine administered. The skin lesions significantly improved after the second cycle. The patient was discharged and placed under hematology follow-up. **Conclusions:** Overall, while PNP complicating MDS presents unique challenges, early recognition, prompt diagnosis, skillful differential diagnosis and coordinated management are essential for optimizing outcomes and improving the quality of life for affected individuals.

Keywords: Paraneoplastic Pemphigus, Myelodysplastic Syndrome, bullos lesions, Decitabine

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