

## EDITORIAL

# Generating Evidence, Bit by Bit

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This is the second issue of European Journal of Medical Case Reports (EJMCR). There is a good news that journal has got its ISSN identification (2520-4998). Our next target is to bring our nascent journal in medical index list. We have started a new section, "The letters to editor". Very first letter in this newly added section is being published in this issue by Dr. Samarth Burle from Doncaster Royal Infirmary, Doncaster, Yorkshire, United Kingdom [1]. It is an interesting communication regarding managing risk of Reye's syndrome. This comprehensive report highlights vigilance of use of aspirin in pediatric patients with a viral diseases and those going through vaccination. An important statement is quoted from Centers for Disease Control (CDC) "Take caution when vaccinating children who are receiving salicylates. However, no adverse reactions have been reported." This recommends to create general awareness among caregivers. It would be useful to have standard guidelines in place to manage pediatric patients in given situations.

Professor BB Sharma [2] reported a case of rectovestibular fistula. Multi-staged surgical procedures are required to correct this anomaly. Accurate anatomical details are always required for planning such surgical procedures. This report highlights the optimal use of correlative imaging to completely understand the anomalous anatomy before corrective surgical procedure.

Dr. Al Fadhil [3] reported a case of non-epileptic paroxysmal eyelid movements (PEM) associated with generalized epilepsy. This case signifies the differential of PEM from the epileptic seizures. Epileptic patients with abnormal ocular movements, particularly in the presence of photo-paroxysmal responses can pose a significant problem in the management. PEM actually is a non-epileptic phenomenon that may be linked to epilepsy. There can be a problem in accurately assessing seizure burden in children with epilepsy who present with PEM. In such cases anti-epileptic medications may be increased

in dosage if PEM is not clearly differentiated from epileptic attacks. That may lead to all the consequences including higher risks of adverse effects. In such cases EEG recording may help to confirm an electro-clinical diagnosis of these episodes.

Dr. M S Afzal [4] reported cases of hepatocellular carcinoma which showed increased retention of bone scanning agent (methyl diphosphonate) in the renal parenchyma. Patients had normal renal functions on serum biochemistry. This adds a new D/D of "hot" kidneys to already existing list of nephrocalcinosis, hypercalcemia, hyperparathyroidism, chemotherapy, sickle cell disease and acute renal injury. Altered metabolism and hemodynamic changes in body due to HCC might be a cause of the finding. This observation signifies the care to exert in use of bisphosphonates in these patients. These agents may have prolong renal parenchymal retention parallel to these bone seeking agents. Nuclear physician may have to keep this in mind while setting optimal display of bone scan for evaluation of skeletal metastasis. High uptake of tracer in kidney may undermine the presence of any other osteoblastic lesion in the vicinity.

Professor BB Sharma [5] reported two cases of juvenile nasopharyngeal angiofibromas. These tumors are locally invasive and originate from superior margin of sphenopalatine fossa and posterior part of the middle turbinate. These tumors may lead to symptoms of nasal obstruction and frequent episodes of epistaxis. Contrast enhanced CT is the mainstay in diagnostic battery of investigations for proper categorization of staging of these tumors. Authors recommend pre-operative angiography to minimize bleeding during surgery.

Amybel Taylor [6] reported a case with drug reaction with eosinophilia and systemic symptoms (DRESS) syndrome who was successfully treated with plasmapheresis. Main stay of treatment in such cases is systemic administration

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of steroids. This is one of rare cases where plasmapheresis has been used to treat potentially morbid condition of sero-negative encephalitis associated with DRESS. Authors have suggested to keep plasmapheresis as one valid option for such a morbid condition if faced in hospital wards.

Professor BB Sharma [7] reported another case of Monorchism cryptorchidism. Cryptorchidism is actually the absence of testicle(s) at its normal place in the scrotal sac. The embryonic development of testis starts in the abdominal cavity and come to lie in inguinal canal and then further descends to scrotum till 40th weeks of gestation. There can be various congenital entities due to anomalous descent during developmental period. Orchidopexy is a surgical procedure performed to bring down the testicle(s) in the scrotal sac. This helps to preserve normal functions, and most important to avoid future malignancy. This report signifies proper use of diagnostic imaging tools to localize the ectopically placed testicle(s). Ionizing radiation should be avoided for incrementing risk of malignancy in such cases. Ultrasonography equipped with Doppler should be used to start with investigating such cases. DWI of MRI has got higher diagnostic value and should certainly be used in difficult cases.

Dr. Almodihesh [8] contributed a very special case of Anti NMD encephalitis who actually presented in emergency department with psychiatric manifestations. A 6 years old girl presented with symptoms of being fearful, restlessness and anxious. She progressed to autonomic instability and decreased level of consciousness in the following few days. Case was correctly diagnosed as of Anti NMDA receptor encephalitis on measuring levels of anti-NMDA antibodies. The patient was treated with monoclonal antibody (rituximab). Full recovery was witnessed on follow up. Anti NMD encephalitis is a treatable medical condition if properly diagnosed with optimal battery of tests. Importance lies in high suspicion during workup of any such patients.

Dr. N Rubab [9] presented a case of osteoid osteoma at a rare location of acromion of scapula. This mimicked with shoulder arthritis pain. Since clinical presentation was typical of osteoid osteoma, worsening of pain at night and better response to NSAIDs, further work up was mandated. SPECT/CT accurately localized the lesion for further management.

EJMCR has started playing a role in providing evidence based information to medical community. It has started generating evidence albeit bit by bit. We are delighted

to see variety of cases from many different specialties. It is evolving like a true clinico-pathological conference (CPC). Management of EJMCR is thankful to all those who are contributing and helping us to take successive successful steps in bringing EJMCR to mainstream medical journalism.

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