associated thyroid disorders. This case confirms that a concomitant thyroid disorder can exist in a single patient with thyroid hemiagenesis just as it for a normally developed thyroid gland.

HYPOTHYROIDISM PRESENTING AS PSYCHOSIS: MYXEDEMA MADNESS REVISITED

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Introduction: Hypothyroidism (HYPO) is a common medical condition in the general population. It has multiple somatic complaints and a variety of psychological disturbances. A variety of central/peripheral nervous system and psychiatric manifestations are common. The realization that HYPO might be the potential etiology of an assortment of symptoms is critical in the identification and treatment of the hypothyroid patient. In many cases, the neuropsychological manifestations occur in conjunction with the systemic features and may be noted only incidentally. However, signs and symptoms of neurologic dysfunction may be the presenting feature in some patients and can contribute significant disability. Once HYPO is identified, symptoms usually respond to appropriate thyroid hormone supplementation.
Aims: Review about neurological/psychiatric manifestations of HYPO.
Methods: Consult of patient medical file.
Results: Caucasian male, 79 years old with HBP. Admitted for psychosis, confusion, and disorientation (7 days). Neurological Examination: GCS=13, disorientation, echolalia, visual hallucinations. Laboratory tests: normocytic normochromic anemia, creatine kinase=1970U/L. Brain Computed Tomography, Magnetic Resonance and lumbar puncture were normal. Ulterior laboratory tests: TSH=8.13UI/L with normal unbound T4. The diagnosis of Myxedema Madness was done. The response to thyroxine (0,1mg/day) replacement was excellent, with complete resolution neuropsychiatric disorder and normalization of TSH levels.
Conclusions: Patients with thyroid dysfunction frequently experience a wide variety of neuropsychiatric presentations and their subtle manifestations make HYPO a diagnosis that is easy to miss. As a result, it is imperative to remember that many patients presenting with psychiatric disorders may have alterations in endocrine function.

BEHCET'S DISEASE: AN OLD ILLNESS WITH A NEW TREATMENT?

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Background: Behcet's disease is a systemic illness that presents itself by mouth and genital ulcerations, eye disease, skin lesions and might have gastrointestinal, neurologic, vascular and joint involvement. Described by Hulusi Behcet in 1937, it's distributed throughout countries of the ancient Silk Road. Hyperbaric oxygen therapy (HBOT) is a 50-year old therapeutic technique, able to provide oxygen to tissues at an elevated atmospheric pressure and with recognized indications (i.e. carbon monoxide poisoning and decompression sickness). It's also been used in the resolution of cutaneous lesions, namely in diabetic ulcers.
Methods: The authors describe the case of a 36 year-old patient, bearer of Behcet's disease and attending our Internal Medicine Consultation since 2004.
Results: The patient is HLA-B51+, had recurrent oral and genital ulcers, uveitis, multiple skin lesions, but had been stable with prednisone 5 mg daily. On August 2010, the patient was admitted to the ER Department with a maculopapular skin lesion, abscessed and partially ulcerated, located on the tibial surface. It had already been treated with flucloxacillin, then oral cefuroxime and drained surgically, without improvement. The patient was then admitted to our hospital, the abscess was drained and a combination of endovenous meropenem and sessions of HBOT was instituted. Her condition improved and the skin ulcer ameliorated. No microorganism was isolated from obtained swabs.
Conclusion: The authors present this case in order to raise awareness to the expanding indications of HBOT and demonstrate its benefits in skin ulcers of the most diverse etiology, including those of systemic inflammatory nature.

SEVERE AUTOIMMUNE HEMOLYTIC ANEMIA – RETROSPECTIVE ANALYSIS OF 19 CASES ADMITTED INTO AN INTERNAL MEDICINE INTERMEDIATE CARE UNIT

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Background: Autoimmune hemolytic anemia (AIHA) is a rare disease characterized by an immune-mediated destruction of red blood cells. No treatment guidelines are established and the approach of severe cases is based on clinical experience since few case-series have been reported. We aim to review our unit experience.
Methods: Retrospective study (2003-2010) based on data from patients admitted into an Intermediate Care Unit with severe AIHA (Hb ≤6g/dL and/or symptomatic).
Results: 19 patients were included (17 female), with a mean age of 52 years. Mean (±SD) Hb level on admission was 6 (±2.8) g/dL, with a hematocrit inferior to 15% in 6 cases. A viral etiology was presumed in 3 cases and 2 were probably drug-induced. Warm-type AIHA (W-AIAH) was diagnosed in 15 patients: 8 secondary to an autoimmune disease (5 cases of systemic lupus erythematosus) and 6 idiopathic. Eleven patients needed blood transfusion. Steroids were administered to all patients; 68% were additionally treated with intravenous immunoglobulin (IVIG) based on clinical severity and/or lack of response. A 64% response rate was observed in 11 W-AIAH IVIG-treated patients with no difference between idiopathic or secondary types. Splenectomy was performed in 2 non-responders to immunosuppressive therapy. Mean hospital stay was 25 days and 3 patients (with secondary AIHA) died.
Conclusions: Severe AIHA is a life-threatening condition and its successful management demands an experienced medical team. Further research regarding other therapeutic options, such as Rituximab or plasma exchange, is warranted.

CLINICAL AND PATHOLOGIC DESCRIPTION OF PRIMARY RETROPERITONEAL TUMORS IN THE GENERAL HOSPITAL DE SEGOVIA, SPAIN

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Background: Primary retroperitoneal tumors (PRT) are those originated in nonparenquymal structures of the retroperitoneal space.
Methods: We conducted a retrospective review of the patients histologically diagnosed of PRT in the General Hospital of Segovia between January 1995 and May 2010. We reviewed 1181 histories (CIE9: 158.0, 197.6, 211.8). Finally we included a total of 9 cases.
Results: The average age of patient group was 66.33± 16.8, and 77.8% were women. 66.7% of the tumors found were malignant, being the most frecuent type liposarcoma (55.5%). The diagnosis was casual in 3 of the patients (33.3%). In the physical examination abdominal mass was detected in all patients, accompanied by pain and abdominal defense (44.4%). The pre surgery radiological diagnosis was attained in 88.9% of the cases, and the average tumoral size was 22.28 cm (± 5.31cm) as measured by CAT. Resection was practiced in 7 patients (77.8%). Global mortality was 44.4% with a median survival of 19 weeks since diagnosis (CI 95%. 3.32-34.68 weeks).

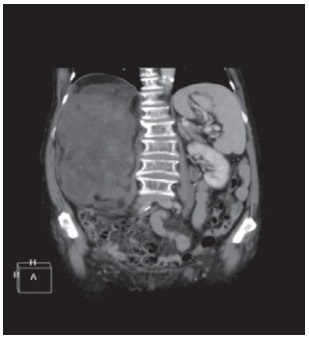

Fig. 1. CAT abdominal. We see a Primary retroperitoneal tumor of 30 x 27 cm. The image is characteristic of liposarcoma.