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ORAL PRESENTATIONS ABSTRACTS

Oral Presentations: Abstract #1

Abstract Title: Clinical Hypothyroidism masked biochemically due to Biotin supplements???

Authors: Yineli Ortiz MD, Astrid Aviles MD, Gabriel Mora MD, Adriana Torres MD, Hiram Maldonado & Jose M Garcia Mateo MD

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Residency Program: Hospital Damas

Abstract

Biotin (Vitamin B7) is widely available as an over the counter supplement for skin, hair and nail health. Many immunoassays use the biotin-streptavidin interaction as an immobilizing system, in which biotin can be readily incorporated into a hormone. Ingestion of high doses of biotin has been reported to cause abnormal results in thyroid function tests by this assay interference. Hereby we describe the case of a patient with clinical hypothyroidism but biochemically hyperthyroid due to biotin supplementation.

A 60-year-old female patient with past medical history of bronchial asthma was referred for further evaluation after been found with multiple bilateral thyroid nodules of low suspicion on Thyroid Ultrasound (US) by her primary care physician. Five months prior, patient had been complaining of fatigue, cold intolerance, dry skin, and muscle weakness. On initial evaluation, patient reports that her symptoms have persisted but she denies having neck pain, cough, hoarseness, odynophagia, family history of thyroid cancer or head and neck radiation exposure. Physical examination did not reveal goiter and thyroid nodules were not palpable, strength grossly intact and deep tendon reflexes slightly decreased on upper and lower extremities. Laboratory results: TSH: 0.024 mU/ml, FT4: 1.10 ng/dl and thyroglobulin antibody: 1.52IU/L. Clinical hypothyroidism was being masked by biochemical hyperthyroidism. Further questioning

Oral Presentations Abstract #2

Abstract Title Haemophagocytic syndrome as a presentation of severe CMV infection

Authors

Oral Presentations Abstract #4

Abstract Title: Ramsay Hunt Syndrome: Rare Complication of Shingles

Authors: Arnaldo Nieves Ortiz; Zulmarie Maisonet-Feliciano; Kyomara Hernandez-Moya; Ivan Rivera;

Oral Presentations Abstract # 5

Abstract Title: Catastrophic Bilateral Ischemic Stroke in COVID-19 Induced Thrombotic Microangiopathy

Authors: Gabriela Torres Torres, MD; Arnaldo Rojas Figueroa, MD; Rubén González Toledo, MD; Marangelly Delgado López, MD; Adelba Torres López, MD

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Residency Program: San Juan City Hospital

Abstract:

Thrombotic thrombocytopenic purpura (TTP) is an uncommon disease characterized by the presence of platelet-

Oral Presentations Abstract # 7

Abstract Title: Rapidly Progressing Case of Calciphylaxis in ESRD

Authors: Jessica Castillo, MD, Elizabeth Pabon, MD, Jose Rivera, MD, Dannel Diaz, MD, Bryan Pagan, MD Leandelize Soto, MD

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Residency Program: Mayaguez Medical Center

Abstract

Rapidly progressing case of calciphylaxis in ESRD

End-stage renal disease (ESRD) patients have multiple risk factors in developing complications or rapid progression of comorbidities. One of the many conditions is calcific uremic arteriolopathy. It is characterized by skin ischemia and necrosis, causing calcification and fibrosis of arterioles and capillaries in the dermis and subcutaneous adipose tissue. Patients with this condition are at risk of infection and skin ulceration, with a high risk of morbidity and mortality, especially if a female with a history of cardiovascular disease, longer dialysis vintage, warfarin use, and diabetes.

This is a case of a 61-years-old female patient with a past medical history of duodenal ulcer, lower gastrointestinal bleeding requiring blood transfusions, hypertension, insulin-dependent diabetes mellitus, and ESRD on hemodialysis. The patient presented to the emergency department due to melena of one day of evolution and was admitted to our services with the diagnose of symptomatic anemia. The patient was recently discharged home after being hospitalized due to the same complaints with findings of active duodenal ulcer bleeding requiring more than nine red blood cell transfusions. Signs and symptoms were associated with fatigue and developing skin lesions with black eschar and erythema in the thighs, posterior calf, and heels. These lesions then rapidly progress in 14 days to excruciatingly painful ischemic necrosis wounds. Calciphylaxis was suspected due to painful subcutaneous nodules, nonhealing ulcers, and cutaneous necrosis, mainly that the patient anatomically presented . The main treatment components were local wound care, pain management, and IV antibiotic treatment for infected wounds. In routine laboratories related to calciphylaxis, there were increased levels of phosphorus. A skin biopsy to confirm the diagnosis was made with necrotic findings. A syndrome characterized by rapidly progressive ischemic necrosis involving large areas of the skin and muscle and by peripheral gangrene associated with extensive vascular calcifications waf

Oral Presentations Abstract #8

Abstract Title: Rare Manifestation of Cutaneous Opportunistic Infection in Immunocompromised Patient

Authors: Frances Gonzalez-Reyes, MD, Lorna Torres Rosario MD, Jose Colón MD

E-mail: frances.gonzalez10@upr.edu

Oral Presentations Abstract #9

Abstract Title: The Hidden Suspect: Acute Aortitis as a Cause of Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia

Authors: Sosa-Castellanos Nicole K. MD; Bonano-Ríos, Amalia MD; Gutierrez-Muñez, José MD

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Residency Program: VA Caribbean Medical Center

Abstract

Aortitis is a well-known complication of the large vessel vasculitides and other rheumatologic conditions; however, the inflammation of the aortic wall may raise as sequalae of bacteremia. Aortic wall injury caused by atherosclerotic disease or aneurysmal dilation may create the perfect environment for bacterial seeding.

Herein we report the case of a 95-year-

RESEARCH ABSTRACTS

Research Posters Abstract #1

Abstract Title: Association of Gastrointestinal Symptoms and Hospitalized COVID-19 Infected Patients

Authors: Dannel Diaz Ruiz, MD; Milton Carrero MD FACP; Jeandelize Soto Rosas, MD

E-mail: dannel.diaz@gmail.com

Residency Program: Mayaguez Medical Center

Abstract

Introduction

There is clinical and pathological evidence for COVID-19 involving the gastrointestinal system. Research has shown that angiotensin-converting enzyme 2 (ACE2) is the receptor critical for cellular entry of SARS CoV, and articles have shown a 100-fold higher Ace2 in GI system compared to the lungs. Furthermore, ACE-2 most likely has a vital role in the pathogenesis of liver damage in COVID-19. This study proposed determining the most common gastrointestinal symptoms in hospitalized COVID-19 positive patients and the association of disease severity of COVID-19 infection depending on gastrointestinal symptoms.

Methods

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Research Posters Abstract #2

Abstract Title: Caffeine Consumption by Employees at Mayaguez Medical Center

Authors: Jose Rivera Sepulveda, MD; Jan P. Rosaly, MD; Karla Velez Rivera, MD

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Residency Program: Mayaguez Medical Center

Abstract Text

In 2015 the American Medical Association reported that health care professionals work approximately 40 80 hours a week. Leading to increase caffeine consumption in order to maintain productivity and efficiency. The purpose of the study is to evaluate the amount of caffeine consumption, side effects and/or withdrawal symptoms in healthcare workers of Mayaguez Medical Center, and confirm or exclude that healthcare professionals exceed the amount of healthy caffeine consumption.

Design: Cross-sectional study at Mayaguez Medical Center

Sample size: 128 subjects (Healthcare + healthcare professionals of MMC). Information was obtained from a created survey provided to the staff of Mayaguez Medical Center. Each participant was given an authorization letter. Data obtained and tabulated was a

Research Posters Abstract #3

Abstract Title: Parasitic Infection in the West side of Puerto Rico

Authors: Jose Rivera Sepulveda, MD[1]; Elizabeth Pabon Vazquez, MD[2]

E-mail: joserivera7185@gmail.com

Residency Program[1] Mayaguez Medical Center[2]

Abstract Text
On September 20th, 2017, Puerto Rico suffered the impact of Hurricane Maria. It caused a blackout of communication and essential services were affected, including access to drinkable water. In addition, many areas were flooded, and water supplies were contaminated. Two years before the atmospheric phenomenon, there were no cases of stool ova and parasites at Mayaguez Medical Center (MMC). However, 6 months after the Hurricane positive tests began to appear. The purpose of this study is to

Research Posters Abstract #4

Abstract Title: Clinical Profile of COVID-19 Patients with Fatal Outcome at Mayaguez Medical Center

Authors: Elizabeth Pabon-Vazquez MD, Miriam Padilla MD, Jose Rivera-Sepulveda MD

E-mail: elizabeth.pabon@upr.edu

Residency Program: Mayaguez Medical Center

Abstract

Background

Coronavirus disease 2019 (COVID19) is a highly contagious strain that spreads through droplets. It has become a global pandemic leading to the death of over 3.4millions of people. The estimation of outc

Research Posters Abstract #6

Abstract Title Laboratory markers and disease severity in COVID-19 pneumonia, Mayagüez Puerto Rico

Authors: Vileana Vicente Lopez, MD; Rosa Roman, MD; Milton Carrero, MD

E-mail: vileanavicente@yahoo.com

Residency Program: Mayaguez Medical Center

Abstract:

Introduction:

Coronavirus disease 2019 (COVID-19) has represented a challenge for the scientific and medical community. There is currently an urgent need for laboratory markers that allow the stratification of high risk patients, and evaluation of disease progression. The rapid spread of the disease requires immediate categorization of patients into risk groups in a readily and efficient manner. COVID-19 infection may result in an exaggerated immune response which can be associated with disease severity and development of Acute Respiratory Distress Syndrome. Identifying laboratory markers would be beneficial for the selection of clinical treatment in a timely manner.

Methods:

Our study aimed to investigate COVID-19 pneumonia cases. The objectives included the description of socio demographic and clinical variables of patients, evaluate the progression of laboratory markers across the time; and its association with disease severity. The study design consisted of retrospective cross-sectional, medical record review. Timeframe from March 2020 to December 31th, 2020. Study was conducted at Mayaguez Medical Center; the population included adults patients hospitalized with Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) confirmed by quantitative real-time reverse transcription polymerase chain reaction (RT-PCR) assay, and established diagnosis of COVID-19 pneumonia. Investigated laboratory markers included white blood cell (WBC), neutrophils, C-reactive protein (CRP), lactate dehydrogenase (LDH), ferritin, procalcitonin, d-dimer, albumin, and aspartate aminotransferase (AST).

Results:

In the studied sample, results demonstrated a median age of 62.5 years in COVID-19 pneumonia patients. Most common associated comorbidities included hypertension, diabetes mellitus type 2, and obesity. Median days with symptoms at presentation were 7 days.

ABSTRACTS

Clinical Vignettes Abstract #8

Abstract Title: A Case of Pyoderma Gangrenosum: A nearly missed diagnosis

Authors: Reyshley Ramos Marquez, MD; Giovanni Rivera Colon, MD; Jossette Axtmayer Tolosa MD

E-mail: reyshley.ramos@upr.edu

Residency Program: VA Caribbean Medical Center

Abstract:

Pyoderma Gangrenosum (PG) is a rare disorder with an estimated incidence of 3 to 10 cases per million people per year. PG often occurs in association with a systemic disease such as inflammatory bowel disease, rheumatologic diseases, hematological malignancy and occasionally with diabetes. Due to its presentation and similarities with other ulcers, it is often misdiagnosed as a soft tissue infection. We report a case of a patient with uncontrolled diabetes mellitus who presented with an ulcer initially treated as a diabetic foot infection with antibiotics until a diagnosis twist led to its discontinuation.

Case Report:

This is the case of a 44 year old male patient with medical history of HTN and uncontrolled Diabetes Mellitus Type 2 (DMT2) who presented to the emergency department with complaint of non-healing ulcer of medial area of right foot associated to copious secretions and erythema which developed rapidly after

Clinical Vignettes Abstract #9

Abstract Title: A case of severe community acquired necrotizing pneumonia: the misfortune of an infectious double-trouble

Author: Hector Oliveras Cordero MD Javier García MD, Juan Adams MD, Edilberto Ocasio MD, Noel Torres MD; Humberto Guio-Martínez MD (FACP)

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Residency Program: University District Hospital (UDH)

Abstract

Community-acquired pneumonia (CAP) is ubiquitously found in the practice of internal medicine. Empiric therapy is guided by the most common pathogens, reason for which rarer etiologies of CAP may not be covered by usual antibiotics. The morbidity y

Clinical Vignettes Abstract #10

Abstract Title: A life-threatening presentation of factor VII deficiency

Authors: Alexandra Pico-Ramirez MD, Frances Gonzalez MD, Paola Laracuente MD, Pablo Cantero MD, William Marrero MD, Jose Colon, MD

E-mail: alexandra.pico@upr.edu

Clinical Vignettes Abstract #11

Abstract Title: A Rare Case of 74-Year-Old Man with Pure Red Cell Aplasia Associated with Thymoma

Authors

Clinical Vignettes Abstract #14

Abstract Title:Acute Renal Hepatitis; This Makes No Sense!

Authors: Carlos Cedeño MD; Abbud Hayddar Angulo MD; Ernesto Muñoz Guadalupe MD; Cyndia

Clinical Vignettes Abstract #15

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Clinical Vignettes Abstract #61

Abstract Title: Status Migrainous: An Atypical Presentation of Severe Hypothyroidism

Authors: Juan Feliciano-Figueroa, Juan Santiago-Gonzalez, Ian Da Silva-Vargas, Nicolle Canales-Ramos, Milliette Alvarado, Vanessa Sepulveda-Rivera

E-mail: juan.feliciano5@upr.edu

Residency Program: University District Hospital (UDH)

Abstract

Countless etiologies of chronic headache exist, including organic causes and psychosocial stressors. The initial evaluation of chronic headache in an adult can become a strenuous challenge and may sometimes result in invasive diagnostic studies. When a secondary etiology is missed, unnecessary drugs may be prescribed with hazardous side effects and little or no resolution of the symptoms. We present a case of a patient with status migrainous as presentation of a decompensated endocrinopathy.

A 53-year-old female patient with arterial hypertension, idiopathic intracranial hypertension, and history of chronic migraine, was evaluated in the ER for severe headache that progressed over three months. The

Clinical Vignettes Abstract #17

Abstract Title: Anti-Ganglioside Antibody Negative Guillain-Barre Variant Overlap Syndrome

Authors: Pablo Lopez, Yue

Clinical Vignettes Abstract #18

Abstract Title: Atypical Chest Pain in an Obese Patient

Authors: Sheng Fong Lou, MD; Lilibet Miranda MD; Lucilo Morejon MD; Juan Rexach MD; Alex Gonzalez MD; Alvaro Aranda MD; Andres Aranda

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Residency Program: Hospital Auxilio Mutuo (Programa Internado)

Abstract

Pulmonary Langerhans Cell (LC) Histiocytosis (PLCH) is an uncommon cystic interstitial lung disease of unknown etiology characterized by the infiltration of the lungs by myeloid dendritic cells and accompanied with a solid inflammatory response. Somatic oncogenic mutations occur in the pulmonary CD1a dendritic and their progenitor cells, CD34+ mononuclear cells in the mitogen-activated protein kinase (MAPK) pathway, particularly the BRAF. The exact incidence and prevalence of the disease are unknown but affect primarily young smokers of Caucasian descent. No occupational or geographic predisposition has been reported to this date.

We present a case of a 49-year-old obese man who came to the ER complaining of left lower costal chest pain and dyspnea on exertion. Initial laboratory results and radiologic studies showed changes consistent with chronic obstructive pulmonary disease. As part of the hospitalization workup, dobutamine stress myocardial perfusion imaging revealed findings suggestive of inferolateral wall myocardial ischemia and adequate global left ventricular function at rest. Chest computed tomography angiography ruled out pulmonary embolism. Spiculated lesion biopsy was negative for malignancy. The identification of Langerhans' cell granulomas by surgical lung biopsy The patient was treated with nebulized bronchodilators, intravenous steroids, antibiotics, and supplemental oxygen. Since oxygen saturation persisted in the range of 85%-86% on room air, cardiac catheterization was performed. Pulmonary hypertension was diagnosed with a mean pulmonary artery pressure of 31

Clinical Vignettes – Abstract #19

Abstract Title: Bilateral Oculomotor Nerve Palsy: A Rare Presentation of Burkitt Lymphoma in an HIV Positive Patient

Authors: Alejandro Loyola-Velez, Pablo A. Cantero Schaffer; Isamuel J. Santos Roales

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Clinical Vignettes Abstract #20

Abstract Title: Caroli's disease and Merrit syndrome: An unusual cause of Upper Gastrointestinal Bleeding

Authors: Stephanie Ortiz-Troche, Juan C. Santiago-Gonzalez, Gabriela Negron-Orcasio, Reyshley Ramos Marquez, Jose Colon-Marquez

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Residency Program: VA Caribbean Medical Center

Abstract

Caroli's disease is a rare congenital disease (CD) characterized by diffuse polycystic dilation of intrahepatic bile ducts. The approximate incidence of this condition is one in a million in the general population. Patients could present with recurrent cholestasis and cholangitis, and they have an increased risk of liver fibrosis, portal hypertension, and cholangiocarcinoma. Variceal bleeding is one of the most dangerous complications. Here, we report a case of a 32-year-old male with Kasabach-Merritt syndrome (KMS) who presented with life-threatening gastrointestinal bleeding.

A 32-year-old male patient with a medical history of KMS, liver fibrosis with esophageal varices, and cholecystectomy presented to the emergency department with hematemesis. Upon arrival, vital signs with borderline low blood pressure and tachycardia. Physical exam with conjunctival paleness, icteric sclerae, abdominal discomfort, and decreased capillary refill. The patient has a history of multiple endoscopic band ligations for prior esophageal variceal bleed. Laboratories were remarkable for pancytopenia, transaminitis, direct bilirubin at 2.8 mg/dL, indirect bilirubin 2.73mg/dL, and alkaline phosphatase 1562 U/L, with preserved coagulation parameters. No family history of congenital disease. Intravenous hydration, antibiotics, proton pump inhibitor, and Octreotide infusion were started.

Esophagogastroduodenoscopy (EGD) showed extensive fibrotic tissue and esophageal varices, which required banding. Two days later, the patient developed another episode of hematemesis and melena with a significant drop in hemoglobin. EGD was repeated and found a large esophageal ulcer secondary to the extent of esophageal fibrotic tissue. This limited the ability to banding, as there was an increased risk of perforation. MRCP showed worsening intrahepatic duct dilation with multiple intrahepatic, extrahepatic, and intraductal calculi in addition to prominent periportal fibrosis. Due to the increased risk of cholangiocarcinoma and MELD NA score of 18, the patient was referred to liver transplant center.

CD and KMS are rare causes of liver diseases and could present challenging scenarios for acute management, as in our patient. Associated symptoms may include jaundice, ascites, pruritus, and abdominal pain. Due to the lack of specificity of clinical symptoms, the diagnosis of CD mainly relies on imaging studies, such as MRI, CT scan, or ultrasound. A comprehensive clinical examination and proper evaluation are essential in these patients. Recognizing findings related to this disease could lead to an early diagnosis, prompt management, and adequate liver transplantation referral to avoid severe complications.

Clinical Vignettes Abstract #21

Abstract Title: Deeply Superficial: A Rare Cause of Dysphagia

Authors: Orlando Rodriguez[1], Amador Mirza, Zeyn[1]; Diaz Garcia, Camille[1]; Martinez Crouss, Jaime[2]

E-mail: orodz.amador@gmail.com

Residency Program[1]: VA Caribbean Medical Center

Abstract

Esophagitis dissecans superficialis (EDS) is a rare clinical endoscopic finding characterized by sloughing of large fragments of the esophageal s318B(aill)-51 162.74J.10-5(d)3(z)4(.-i)-oT(the)-5-5(d)ajleoyof 55.-iase(ts)

Clinical Vignettes Abstract #22

Abstract Title: Dilated cardiomyopathy: an unusual case related to chronic olanzapine use

Authors: Veguilla Rivera Nahomie, MD; Rodriguez Perez, Alexandra, MD; Lopez Mas, Alejandro J., MD; Martinez Crespi, Carlos A., MD;

E-mail: nahomie.veguilla@gmail.com

Residency Program: Hospital Damas

Abstract

Dilated cardiomyopathy is a condition more commonly associated with ischemic heart disease, hypertension, viral diseases, diabetes, alcohol, pregnancy among others. Most patients present between the ages of 20-60 [illegible] Hahs, diabetes, [illegible]

Clinical Vignettes Abstract #23

Authors: Neshma Roman-Velez, MD; Arnaldo Rojas, MD; Kimberly Padilla, MD; Vanessa Fonseca, MD; Arnaldo Nieves, MD; Ivanisse Ortiz, MD; Ivan Rivera, MD; Josue Ocasio, MD; Ricardo Hernandez, MD

Clinical Vignettes Abstract #24

Abstract Title:Here It Comes Again! A Rare Case of Recurrent Lymphocytic Meningitis Caused by Herpes Simplex Virus Type 1

Authors: Camille Gonzalez Morales; Gabriel Galindez De Jesus; Hector Oliveras Cordero; Luis Vilanova Velez; Jorge Bertran Pasarell

E-mail: camille.gonzalez@upr.edu

Residency Program:

Clinical Vignettes Abstract #28

Abstract Title: I need to dialysis, I can't breathe!

Authors: Elizabeth Pabon-Vazquez,

Clinical Vignettes Abstract #2

Abstract Title: It Is a No Named Cause of Superior Vena Cava Syndrome!

Authors: Miriam Padilla, MD; Dannel Diaz Ruiz MD; Deandelize Soto Rosa, MD; Jan Paul Rosaly Martinez, MD; Milton Carrero MD FACP

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Residency Program: Mayaguez Medical Center

Abstract

A condition that results in obstruction of blood flow through the superior vena cava (SVC) is termed superior vena cava syndrome. In cancer patients, most cases are due to malignant invasion or external compression by a tumor, but increasing etiologies are due to pacemaker wires and intravascular catheters used for hemodialysis, antibiotics, or chemotherapy. Our cases describe a patient with a late diagnosis of device-related SVC syndrome managed with cardiovascular surgery.

A 73-year-old patient with a past medical history of hypertension, diabetes mellitus type 2, coronary artery disease with stent placement, permanent pacemaker (PPM) placement due to sick sinus syndrome (13 years ago) came to the emergency department (ER) due to neck swelling. Two years ago, the patient was hospitalized for PPM battery replacement, which was performed uneventfully. Then one year ago, the patient was seen by the electrophysiologist for PPM replacement and revision due to pain; the pacing wires reportedly had adequate thresholds. He had been well until approximately six months ago when he began experiencing exertional dyspnea, fatigue, and dizziness, aside from his progressive neck and upper extremities edema and dilated veins on the chest. Before the diagnosis of SVC syndrome was entertained at admission to our institution, he was seen by a nephrologist, endocrinologist, and pulmonary services for his symptoms. The patient underwent duplex scanning of the upper extremity and yielded negative for venous clots. A non-contrast chest CT scan failed to show cardiopulmonary abnormalities and showed multiple mediastinal and anterior chest wall collateral vessels. Thoracic venography was performed and demonstrated SVC syndrome and showed extensive involvement of the left-sided venous system, which suggested the PPM leads could have caused stenosis of the left innominate vein. The patient then underwent removal of pacemaker wires from innominate vein and relocation of the pacemaker to epicardial location, with also innominate vein to right atrium bypass with 10mm Dacron patch. The patient tolerated the procedure without complication with the subsequent resolution of his symptoms.

There has been an increase of 20 to 40 percent of SVC syndrome due to intravascular devices. If left untreated, the patient may develop cerebral, laryngeal edema, life-threatening symptoms, and sudden death. While SVC syndrome is rare, it is essential to understand and identify such conditions to assist in the early diagnosis and prognosis of such patients.

Reference

Rice TW, Rodriguez RM, Light RW. The superior vena cava syndrome: clinical characteristics and evolving etiology. Medicine (Baltimore) 2006; 85:37.

Clinical Vignettes Abstract #30

Clinical Vignettes Abstract #31

Abstract Title: It is not unusual to say that some strong women are born with a soft heart

Authors: Andrea San Antonio Sierra, MD; Brian Gonzalez Sanabia, MD, MHA; Edgardo Bermudez Moreno, MD

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Residency Program: Hospital San Lucas

Abstract

Non-Compaction Cardiomyopathy (NCCM) is part of a newly described myocardial disorders in the last 80 years, which comes from the failure of the left ventricle to complete embryogenesis and subsequently myocardial wall compaction from its early stages were the majority of the heart muscle is a sponge-like meshwork of interwoven myocardial fibers. This rare cardiomyopathy has been described with coupled complex congenital heart disorders and with involvement of the right ventricle as well but currently is described as uncommon isolated left ventricular cardiomyopathy. It has been given many names from ''spongy myocardium'' or ''persistent embryonal ventricular non-compaction'' or non-compaction Cardiomyopathy (NCCM). The main characteristic features have been described on imaging studies as being composed of two layers, one outer compacted epicardial layer and an inner loose or non-compacted layer with prominent trabeculations that communicate with the ventricular cavity.

We report a case of a 64-year-old female patient that presented to the emergency department reporting a two day history of chest pain associated with shortness of breath and dyspnea on exertion. Upon evaluation patient was found with typical chest pain and elevated serum troponin levels. No ST elevations nor other ischemic changes noted on EKG and due to her known past medical history and risk factors was provided guideline directed medical therapy for acute coronary syndrome and admitted for further

Clinical Vignettes Abstract #23

Abstract Title:Lemierre's Syndrome: More than Meets the Clot

Authors:Noel Torres,

Clinical Vignettes Abstract #83

Abstract Title: Methadone: "Twisting Of The Points"

Authors: Angela Torres Torres, MD; Molina, E. O. MD; Freytes, .L. MD; Torres, B.J. MD and Lopez, A. MD.

E-mail: angelamtorrestorres@gmail.com

Residency Program: Hospital Damas

Abstract
The prolonged QT interval is both widely seen and associated with the potentially deadly rhythm, Torsades

Clinical Vignettes Abstract #34

Abstract Title: Milkshake heart: A Case of Primary Chylopericardium

Authors: Paloma Lugo, Eduardo Colon-Melendez, Daniel Font-Rivera, Aihab Aboukheir, Aboukheir, Ivan Gonzalez-Cancel, Dev Boodoosingh-Casiano

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Residency Program: Hospital San Lucas

Abstract

Chylopericardium is a rare condition characterized by accumulation of triglyceride rich fluid in the pericardial cavity. Most common causes of secondary chylopericardium are malignancy, trauma, cardiac surgery, congenital lymphangiomatosis, and radiotherapy. Primary or idiopathic chylopericardium is less

Clinical Vignettes Abstract #35

Abstract Title: Miller-Fisher syndrome and Chronic Lymphocytic Leukemia Associated paraneoplastic syndrome with unique therapeutic strategies

Authors: Luis F. Font Bocanegra, MD; Luis G. Sepulveda Maldonado, MD; Jeditza Arroyo Arroyo, MD

Clinical Vignettes Abstract #37

Abstract Title: Not Your Common Pressure Ulcers: Thrombotic Vasculopathy in a COVID-19 Patient

Authors: Gabriel Galindez De Jesus, MD; Camille González Morales, MD; Jean Rodríguez Agramonte, MD; Erika Watts Oquendo, MD; Jorge Bertran Pasarell, MD

E-mail: gabriel.galindez@upr.edu

Residency Program: University District Hospital (UDH)

Abstract

Clinical Vignettes Abstract #38

Abstract Title:The Room is Not Big Enough for the Three of Us: CMV, HSV, and PCP Co-Infection in an Immunocompromised Patient.

Authors: Gabriel Galindez de Jesus, MD;

Clinical Vignettes Abstract #39

Abstract Title: Not your typical bruise: Immune Thrombocytopenia following the Moderna COVID-19 vaccine

Authors: Andino-Lebron Katira N, MD; Cáceres-Perkins, William MD and Rey-Mejías, Luis MD

E-mail: katira.andino@yahoo.com

Residency Program: VA Caribbean Medical Center

Abstract

Clinical Vignettes Abstract #40

Abstract Title: Painless Giant Cell Arteritis: A Rare Phenomenon

Authors: Lorna Torres Rosario, MD (1) Joel González Chaple, MD (1) Dahima Cintrón, MD (1) Arelis Febles Negrón, MD (1)

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Residency Program: University District Hospital (UDH)

Abstract

Clinical Vignettes Abstract #41

Abstract Title: Persistent Hiccups: A Rare Case of Acute Colitis related to COVID-19

Authors: Dr. Felix Aponte Santos, Dr. Adriana Suarez Cruz; Dr. Adelaida Ortiz Gomez

E-mail: felixaponte90@gmail.com

Residency Program: University District Hospital (UDH)

Abstract:
Most COVID-19 infections present with respiratory symptoms yet gastrointestinal symptoms have been increasingly reported prior to the onset or even in complete absence of respiratory symptoms. Common symptoms noted include loss of appetite, nausea, vomiting, abdominal pain and diarrhea. There are few cases of COVID-19 related colitis in the current literature. We present a rare case of COVID-19 Colitis-112(odaTJ E

Clinical Vignettes Abstract #43

Abstract Title: Ranolazine: A New Modality For Electrical Storm

Authors: Ángela Torres-Torres, MD; MPH; Edwin Molina, MD; Leonell Freytes, MD; Brian. J.-Torres Mercado and Dr. Helder Hernandez

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Residency Program: Hospital Damas

Abstract

Electrical storm refers to cardiac electrical instability characterized by multiple ventricular tachycardias (VT storm) or ventricular fibrillation episodes within 24 hours. There are limited options in patients with anti-arrhythmic drug-refractory VT. Ranolazine is a drug that exerts anti-anginal and anti-ischemic effects. In this case, Ranolazine appears to have beneficial roles in ventricular arrhythmias.

This is the case of a 57 y/o male with PMHx of arterial hypertension, DM type II, last A1c 10 (2020) who came to the ED complaining of dizziness, SOB, and intermittent chest pain that started a month ago. Described it as pressure-like, 15 minutes duration, worsened by exertion, improved by rest, localized, 6/10 on a scale of severity. Upon admission, EKG and troponins were negative. Resting myocardial perfusion scan and cardiac PET/CT shows a large area of a nonviable myocardial scar with perfusion defect corresponding to LAD with 33% LV mass. Finally, cardiac catheterization resulted in severe disease and underwent CABGx3. Status post-surgery day #7, the patient presents with asymptomatic sustained VT resulting in a storm. He was initially treated with cardioversion according to ACLS protocol with a temporary solution. Ranolazine was given after his third episode with complete resolution of the VT storm.

Electrical storm is generally associated with poor outcomes; most studies report a high association between the electrical storm and cardiovascular mortality. Thus, although Ranolazine is helpful in refractory angina, it should also be considered an anti-arrhythmic therapy beyond angina because it was as effective as other anti-arrhythmic drugs in drug-induced ventricular arrhythmias.

Clinical Vignettes Abstract #5

Abstract Title: 72 Years Without a Lung or a Diagnosis: A Case of Right Lung Hypoplasia in an Elderly Patient

Authors: Dr. Juan Irizarry; Dr. Joannel Vi, Dr. Maria Del Mar Torres, Dr. Samuel Fontanet

E-mail: juan.irizarry4@upr.edu

Residency Program: Hospital La Concepcion

Abstract

The majority of patients with congenital diseases are identified either at birth or in early life. Of these, cardiothoracic malformations are rarely diagnosed in advanced age due to high mortality or symptomatology early on. We present a case of asymptomatic right lung hypoplasia with complete deviation of the heart and mediastinal structures towards the right, that we diagnosed at age 72. Our patient is a 72 years old Male without prior medical conditions that presented to the emergency department with abdominal pain described as belt-like. Only associated symptom was a subjective fever. Social history is significant for 50 pack years of smoking. Notably he lives alone in a rural area of Puerto Rico and has poor medical follow up. On a physical exam he had a port wine sta

Clinical Vignettes Abstract #46

Abstract Title: Severe Multifocal Pneumonia or Acute Myeloid Leukemia? Rapid Recognition Saves Lives!

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Residency Program: VA Caribbean Medical Center

Abstract:
Regarded as the most common type of leukemia in adults, Acute Myeloid Leukemia (AML) is a rare condition accounting for 1% of cancer-related deaths in the United States. Presenting with a wide array of clinical manifestations, from completely asymptomatic to life-threatening hyper-leukocytosis, pulmonary involvement as an initial manifestation is uncommon. Mostly observed in severe stage disease, is often misdiagnosed as an acute infectious process of which treatment delay may result with unintended catastrophic consequences.

We present the case of a 31-year-

Clinical Vignettes Abstract #47

Abstract Title: So high Blood Pressure? Adrenals could be the hidden gem

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Residency Program: VA Caribbean Medical Center

Abstract
Resistant hypertension has been defined as a condition where blood pressure levels remain uncontrolled

Clinical Vignettes Abstract #48

Abstract Title: Spontaneous Resolution of Mediastinal Thymoma in Late Onset Myasthenia Gravis Patient

Authors: Frances Gonzalez Reyes, MD; Frances A. Gonzalez Reyes, MD; Amanda Doval MD, Paola Mercado Millan MD, Jose Colón MD

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Residency Program: University District Hospital (UDH)

Abstract

Myasthenia Gravis (MG) is an autoimmune disease usually mediated by acetylcholine receptor antibodies at the postsynaptic membrane of the neuromuscular junction. The literature suggests that 90% of patients with MG may present with thymus involvement, presented as thymic hyperplasia in its vast majority (70%) or less commonly presented with underlying thymoma (20%). It has been established that surgery is the treatment of choice in most cases, depending on age and comorbidities. Spontaneous regression of

Clinical Vignettes Abstract #94

Abstract Title Stronger than you think: case of status epilepticus secondary to synthetic cannabinoid use

Authors: Garcia-Santiago Steven, MD[1]; Barletta-Farias, JB, MD[1]; Adams Chahin, J, MD[1]; Diaz Gomez, A, MD[1]

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Abstract:
Synthetic cannabinoids are analogs of natural cannabinoids that are chemically synthesized to elicit clinical effects similar to natural cannabinoid intoxication. The synthetic structure of THC used and the constant changes of its components to avoid quality controls and regulatory oversight has been linked to more severe life-threatening symptoms and adverse effects that range from temporary changes in mental status to death. The current widespread abuse of synthetic cannabinoids constitutes a serious global problem to society in general and here we showcase a serious and possibly lethal adverse event to this drug.
A 55-year-old male patient with a medical history of Schizophrenia, Type 2 Diabetes mellitus, and drug abuse that was brought to the Emergency Department (ED) after presenting multiple episodes of seizures that were treated with Ativan 2mg IV at ED. The patient reported the use of synthetic cannabinoids before the onset of symptoms. The initial physical examination was unremarkable without focal neurological deficits and adequate vital signs. Afterward, the patient presented an event of refractory status epilepticus, which required Ativan, Keppra, endotracheal intubation for airway protection, and Propofol IV drip treatment.
Laboratory workup was remarkable for toxicology positive for Benzodiazepines only. CBC revealed leukocytosis (14.3) with adequate hemoglobin and platelet levels. Chemistry showed adequate renal

Abstract Title: Syncope, Atypical Presentation of Pulmonary Embolism in a Young Latin American Male

Authors: Ocasio Tapia Josue, MD; Quintana-Agesta Alexandra, MD; Santiago Juan C, MD; Barreras-Farias Jorge, MD; Ortiz-Gómez, Adelaida, MD

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Abstract

Syncope is a comprehensive yet complex sign since its etiology could range from dehydration-to life threatening conditions such as sudden cardiac death. Therefore, the process of history taking, thorough physical examination, and a high level of suspicion will always play a crucial role in reaching the proper diagnosis.

A 37-year-old male with a history of generalized anxiety disorder and obesity came to the Emergency Department (ED) complaining of loss of consciousness. Symptoms occurred after standing up from the couch, on which he suddenly blacked out and woke up on the floor minutes later. Afterward, the patient had two similar episodes during the day, for which he decided to visit the ED. Denies previous episodes and reports have been working from the house mainly for more than 4 hours straight. Reports having non-productive cough associated with dyspnea and one episode of vomits, without fever, chills, myalgias, or arthralgias. Physical examination revealed no neurological deficit, and lungs were clear to auscultation, extremities unremarkable. No murmurs or gallops were heard on cardiovascular examination. ECG showed sinus tachycardia with deep Q wave and inverted T wave in the lead III. Labs revealed elevated Pro-BNP, D-dimers markedly elevated (3,560), normal cardiac troponins, negative SARS-COVID 19 PCR, Influenza, and Mycoplasma test. 2D echo revealed impaired right ventricular systolic function with a paradoxical motion of the right ventricular septum with the hyperdynamic movement of the right ventricle consistent with McConnell's sign. Chest CTA was remarkable for extensive pulmonary artery thrombosis involving the right and left main pulmonary arterial branches expanding into the upper and lower lobes branches. The lower extremity duplex revealed extensive deep vein thrombosis of the Left leg. The patient was started in anticoagulation therapy, and workup to assess the hypercoagulable state was ordered to determine the etiology.

Pulmonary embolism (PE) is a life-threatening condition that needs to be considered part of differential diagnosis when evaluating patients with Syncope. Depending on the disease extent, it might lead to Right Heart Failure, hemodynamic instability, and even death if not treated promptly. Untreated can progress to Pulmonary Hypertension and Right Heart Failure leading to severe disability. In our patient with non-classic clinical presentation, hemodynamically stable, and Well's Score of 1.5, 2D echo and D-dimers helped narrow differential diagnosis. A few retrospective studies have [3(sd(n)3(si)124(u)1aep86.02 Tm

Clinical Vignettes Abstract #52

Abstract Title: Tainted Love: A Complication of Peripartum Cardiomyopathy

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Abstract

Peripartum cardiomyopathy (PPCM) is a rare cause of heart failure presenting toward the end of pregnancy or up to 5 months following delivery, affecting 1 in up to 4,000 people. It is considered a diagnosis of exclusion and although its etiology may be multifactorial, it remains unknown. PPCM usually presents with signs and symptoms of heart failure, however it may present with thromboembolic complications, such as ventricular thrombus, pulmonary embolus, or deep vein thrombosis.

This is the case of a 25-year-old G2P2 female patient with history of giving birth 2 months earlier, who came to the emergency room after developing shortness of breath, leg swelling, early satiety, and abdominal discomfort of one week duration. Physical exam was remarkable for jugular venous distention, bi

Clinical Vignettes Abstract #53

Clinical Vignettes Abstract #45

Abstract Title: Third Trimester Pregnancy as a cause of hypokalemia and hypertension

Authors: Hiram Maldonado, MD; Nahomie Veguilla, MD; Jessenia de Jesus Alvarez, MD; Ivell Ortiz Torres, MD

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Residency Program: Hospital Damas

Abstract

The Third trimester of pregnancy is a challenging period for medical management. Certain conditions such as preeclampsia, eclampsia, HELLP Syndrome, gestational diabetes and uncontrolled hypertension may endanger pregnancy. One impactful condition is hypokalemia and hypertension caused by changes in hormones controlling potassium handling and blood pressure. However, elevated progesterone levels typically found in the third trimester may unmask underlying conditions

Case of 22 y/o woman G1P0, intrauterine pregnancy 32/2 weeks was brought to this institution due to contractions and elevated BP of 125/90 at office. Vitals were BP: 145/92, HR: 95, RR: 18. Patient was well nourished, gravid and found with trace pedal edema. She was admitted to rule out preeclampsia. Initial laboratories showed severe hypokalemia: 2.6 mmol/L (N: 3.5

Clinical Vignettes Abstract #55

Abstract Title: Unusual Complication after a controlled ovarian stimulation presenting as ascites

Authors: Yineli Ortiz MD, Hiram Maldonado MD, Maria S Irizarry, Frisco Caraballo MD, Ixaira Colon MD, Carlos Rosario MD

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Residency Program: Hospital Damas

Abstract

Assisted Reproductive Technologies that comprise all interventions included in vitro, have become an integral element of care for women suffering from infertility. Ovarian hyperstimulation syndrome (OHSS) is the most serious complication of controlled ovarian hyperstimulation (COH) for assisted reproduction technologies (ART). Hereby we are describing the case of a patient who developed severe OHSS presenting prominent ascites who benefitted from early onset cabergoline therapy and paracentesis.

Case of 28 y/o female with past medical history of hypothyroidism and hyperprolactinemia admitted after

Clinical Vignettes Abstract #57

Abstract Title:When social determinants of health lead to cachexia: Challenges for identifying a case of Scurvy in a developed country

Authors: Luis Vilanova-Velez, Hector Oliveras-Cordero, Andrea D. Ra

Clinical Vignettes Abstract #58

Authors: Sosa Castellanos Nicole