CASE REPORTS IN RESIDENCY

MATHEW THOMAS
PGY-3 INTERNAL MEDICINE

OBJECTIVES

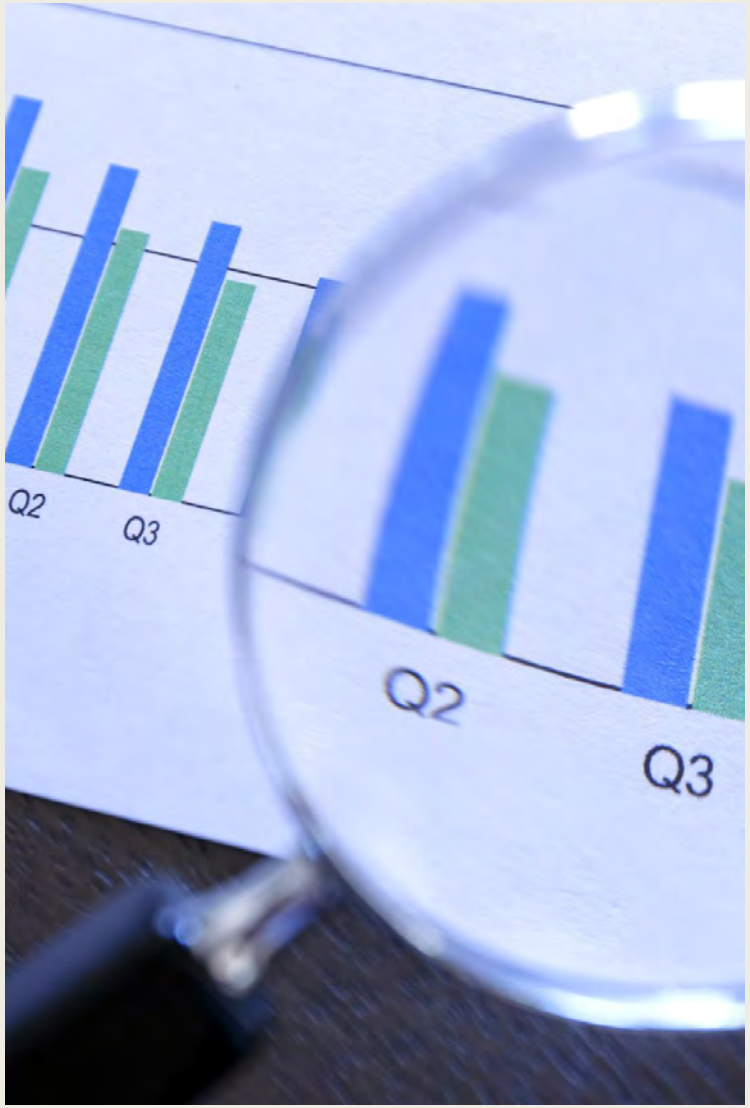
BENEFITS OF CLINICAL RESEARCH IN RESIDENCY

NAVIGATING THROUGH THE PROCESS

RESOURCES OFFERED BY UPSTATE

Financial disclosure

- None



- Strong CV
- Fellowship
- Mentorship opportunities
- Collaborate with other Departments
- Solidify our knowledge

- Research design describing the case of an individual patient

- Rare presentation, unusual findings, complications/outcomes of treatment

How to pick a case ?

An Extremely Rare Case of Paraneoplastic Acquired Hemophilia A in Small Cell Lung Cancer

Abstract

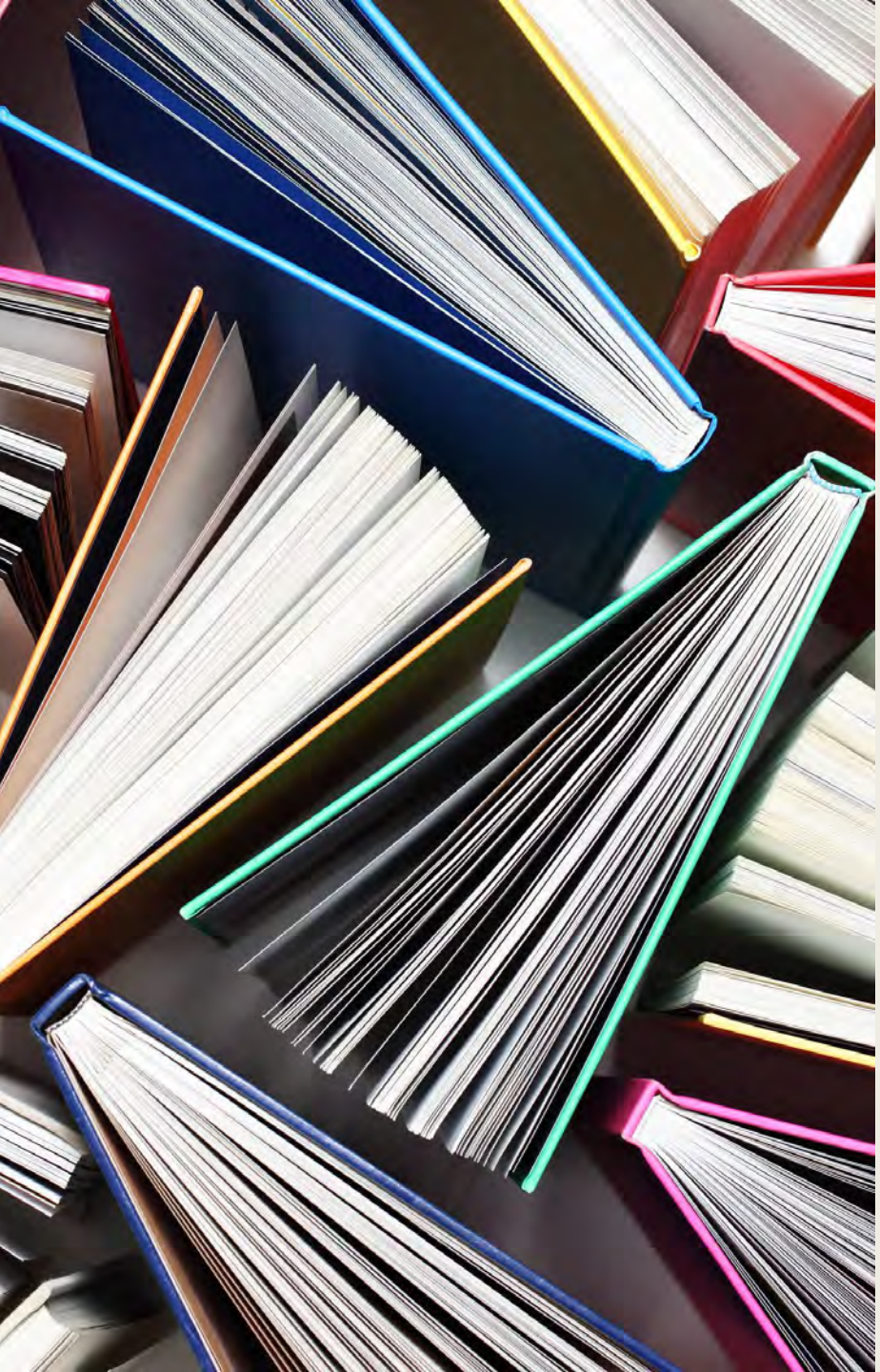
Lung cancer is the second most commonly diagnosed cancer and is the leading cause of cancer-related death. Small cell lung cancer accounts for 15 % of newly diagnosed lung cancer and is an aggressive tumor with high tendency for metastasis. Small cell lung cancer is associated with various paraneoplastic syndromes. Acquired hemophilia is an extremely rare paraneoplastic syndrome associated with small cell lung cancer.

We report the case of a 74-year-old female with extensive stage small cell lung cancer, who developed mucosal bleeding, which on further evaluation was detected to have isolated elevated aPTT levels. She was tested for coagulation factor levels and was identified to have a low Factor VIII level and elevated Factor VIII inhibitor level. As she underwent treatment for the lung cancer, Factor VIII levels improved, coupled with a decrease in the inhibitor levels. However, patient had interruption in treatment due to her complicated medical course, during which time her cancer advanced, unfortunately resulting in increasing Factor VIII inhibitor levels. Thus, this acquired Hemophilia A was attributed to a paraneoplastic manifestation of the small cell lung cancer.

Key words: small cell lung cancer, paraneoplastic syndrome, acquired hemophilia.

How to pick a case ?

- Rare presentation
- Incidence/Prevalence
- Unusual findings
- Complications/Outcomes
- Literature Review
- Discuss with the Team



Before you begin

- Know which part of the case to focus
- Literature review
- PubMed, Google Scholar, UpToDate
- Familiarize with the subject area and understand the gaps

CARE CHECKLIST

CARE
case report guidelines

HOME CHECKLIST CASE REPORTS FOR AUTHORS DOWNLOADS PUBLICATIONS

2013 CARE Checklist

1. **Title** – The diagnosis or intervention of primary focus followed by the words “case report”.
2. **Key Words** – 2 to 5 key words that identify diagnoses or interventions in this case report (including "case report").
3. **Abstract** – (structured or unstructured)
    - Introduction – What is unique about this case and what does it add to the scientific literature?
    - The patient’s main concerns and important clinical findings.
    - The primary diagnoses, interventions, and outcomes.
    - Conclusion – What are one or more “take-away” lessons from this case report?
4. **Introduction** – Briefly summarizes why this case is unique and may include medical literature references.
5. **Patient Information**
    - De-identified patient specific information.
    - Primary concerns and symptoms of the patient.
    - Medical, family, and psychosocial history including relevant genetic information.
    - Relevant past interventions and their outcomes.
6. **Clinical Findings** – Describe significant physical examination (PE) and important clinical findings.
7. **Timeline** – Historical and current information from this episode of care organized as a timeline (figure or table).
8. **Diagnostic Assessment**
    - Diagnostic methods (PE, laboratory testing, imaging, surveys).

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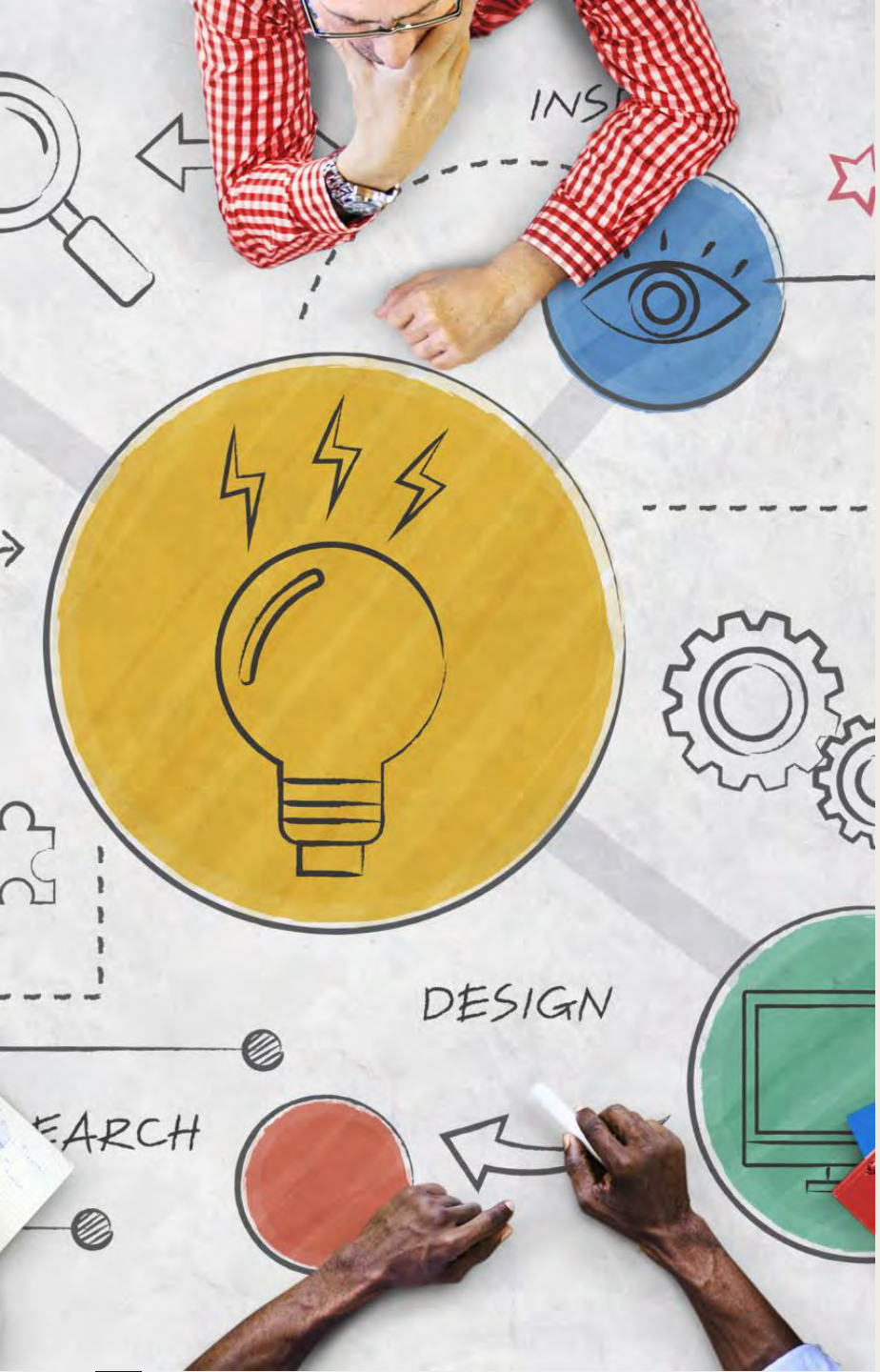
    - Diagnostic methods (PE, laboratory testing, imaging, surveys).
    - Diagnostic challenges.
    - Diagnosis (including other diagnoses considered).
    - Prognostic characteristics when applicable.
9. **Therapeutic Intervention**
    - Types of therapeutic intervention (pharmacologic, surgical, preventive).
    - Administration of therapeutic intervention (dosage, strength, duration).
    - Changes in therapeutic interventions with explanations.
10. **Follow-up and Outcomes**
    - Clinician- and patient-assessed outcomes if available.
    - Important follow-up diagnostic and other test results.
    - Intervention adherence and tolerability. (How was this assessed?)
    - Adverse and unanticipated events.
11. **Discussion**
    - Strengths and limitations in your approach to this case.
    - Discussion of the relevant medical literature.
    - The rationale for your conclusions.
    - The primary “take-away” lessons from this case report (without references) in a one paragraph conclusion.
12. **Patient Perspective** – The patient should share their perspective on the treatment(s) they received.
13. **Informed Consent** – The patient should give informed consent. (Provide if requested.)



SECTIONS

- Five main sections
  - *Title*
  - *Abstract*
  - *Introduction*
  - *Case presentation*
  - *Discussion*

Title

- Concise and relevant to the subject
- Should catch the readers attention, but should not be too artificial

Case Report

An Extremely Rare Case of Prostate and Bladder Wall Involvement of Chronic Lymphocytic Leukemia

Journal of Investigative Medicine High Impact Case Reports
Volume 11: 1–4

DOI: 10.1177/23247096231168105
journals.sagepub.com/home/hic
SAGE

Mathew Thomas[1], Ali Wazir[1], Shridevi Karikehalli[2], Michael Sandhu[1], and Aarati Poudel[2]

Abstract

Chronic lymphocytic leukemia (CLL) is the most common leukemia in adults and is characterized by monoclonal proliferation of B-cell lymphocytes which are morphologically mature, but immunologically dysfunctional. The primary sites of disease involvement include peripheral blood, lymph nodes, spleen, and bone marrow. CLL can also present locally and aggressively at extranodal sites. We describe the case of a 74-year-old gentleman with multiple medical comorbidities who was Foley catheter–dependent at baseline for bladder outlet obstruction. He was detected to have Rai stage I CLL following an inguinal lymph node biopsy and was on regular outpatient surveillance. Later, he underwent a prostate biopsy for evaluation of hematuria, results of which were consistent with CLL involvement in the prostate and urinary bladder. The patient was started on single-agent ibrutinib, and demonstrated an excellent clinical response to bladder outlet obstruction. His long-term Foley catheter was discontinued within 5 days of ibrutinib therapy. Unfortunately, 1 year later, he had disease progression, and therapy was changed to a single-agent rituximab, to which he is responding well. Our case is unique as it brings up the first reported case of prostate and bladder wall CLL.

Keywords

chronic lymphocytic leukemia, prostate cancer, bladder cancer, ibrutinib

Abstract

- Short summary of the overall case
- Usually < 250 words
- Describe the clinical significance of the case and the reason for publishing the case

Case Report

Journal of Investigative Medicine High Impact Case Reports
Volume 11: 1–4

DOI: 10.1177/23247096231168105
journals.sagepub.com/home/hic
SAGE

An Extremely Rare Case of Prostate and Bladder Wall Involvement of Chronic Lymphocytic Leukemia

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Keywords

chronic lymphocytic leukemia, prostate cancer, bladder cancer, ibrutinib

Introduction

- Summarize the background information on the topic
- Literature review
- References

Case description

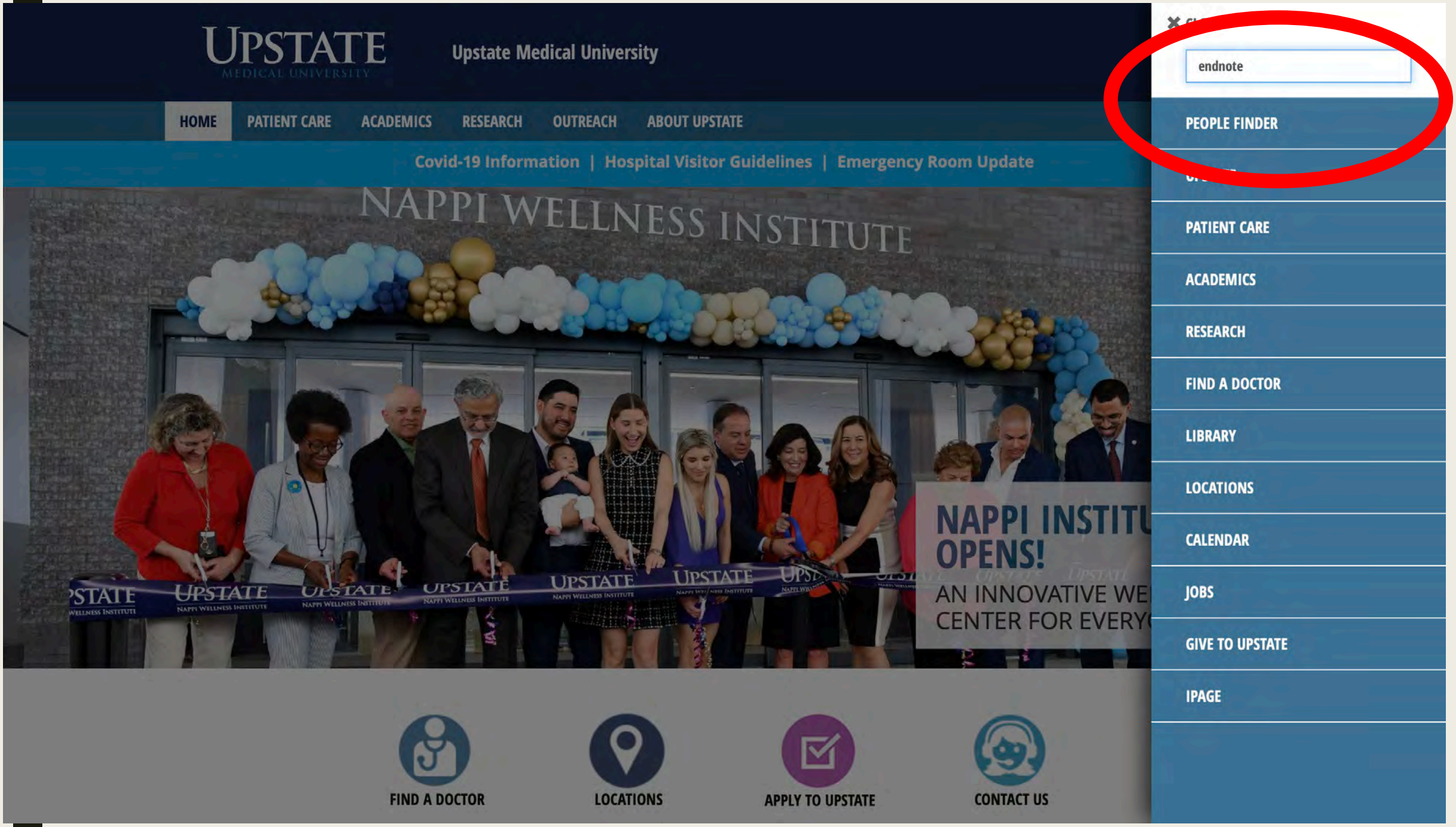
- Chronological order of events
- Relevant PMH and FH
- Differential diagnosis, investigations, results, treatments, and outcomes
- Tables, figures, pathology slides
- Normal reference values

Discussion

- Summarize and interpret the main findings of the case
- Describe the already published data and mention how the case is unique/different from them
- Add references
- Does not need a very comprehensive literature review and citations

References

- Introduction and discussion sections
- Not usually in abstract
- Journal dependent restriction on the number of references
- EndNote, Mendeley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Installation on Personal Computers

Windows

Compatibility information

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Installation Instructions:

1. Save/download the EndNote installation zip file to your PC.
   - endnote_for_pc.zip file (101MB)
2. Right-click on the file and select "extract"
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   - EN20Inst.msi
   - License.dat
4. Right-click EN20Inst.msi, and select "install"
5. If asked "do you want to run..." click the "run" button.
6. When the installer runs, use the default options. When prompted to accept the license agreement, choose to accept.
7. Click "finish" to close the installer.
8. Now you can use EndNote

NOTE: If you were using any Microsoft Office products prior to running the install, you will need to reboot your computer in order to complete the install.

Apple

1. Save/download the endnote_for_mac.dmg file (91 MB) to your computer.
2. After the file is saved, double click it.
3. Drag the Endnote application icon into applications folder to install

Rheumatoid arthritis is a chronic disease characterized by….

Review > Aust Fam Physician. 2010 Sep;39(9):626-8.

Rheumatoid arthritis

Gene-Siew Ngian [1]

Affiliations + expand

PMID: 20877764

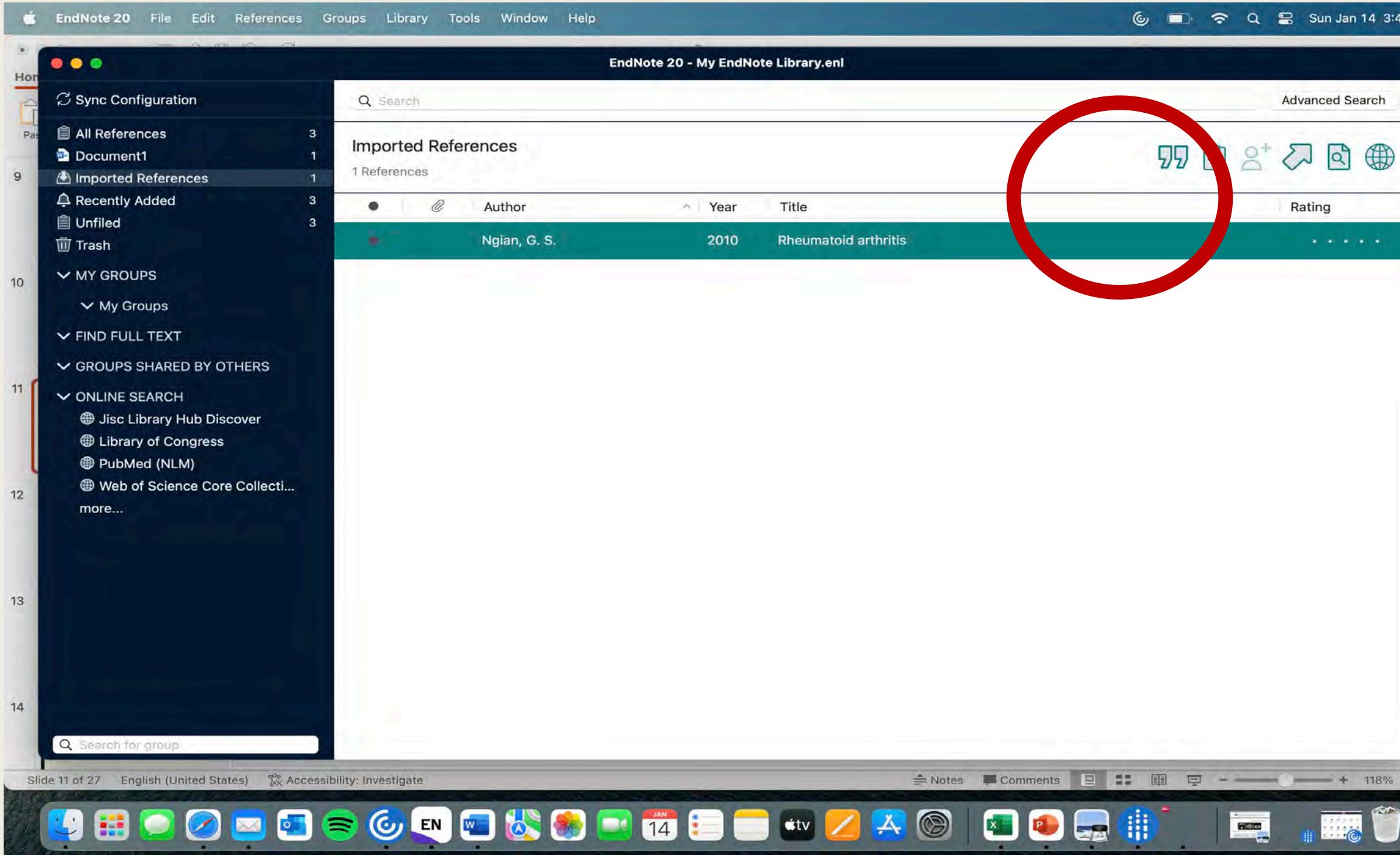
Free article

Abstract

Background: Rheumatoid arthritis is a chronic disease that can cause irreversible joint damage and significant disability. With a prevalence of 1%, it has a considerable cost to the community. Diagnosis is based on a combination of clinical and laboratory features. Patients typically present with a symmetrical polyarthritis of the small joints of the hands and feet accompanied by early morning stiffness and, occasionally, constitutional symptoms.

Objective: This review discusses the role of the general practitioner in the diagnosis and early management of rheumatoid arthritis.

Discussion: It is increasingly recognised that there is a 'window of opportunity' within which disease modifying antirheumatic drug therapy should be commenced to arrest progressive disease and joint destruction. Methotrexate is usually the first line agent in the management of rheumatoid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Slide 11 of 27
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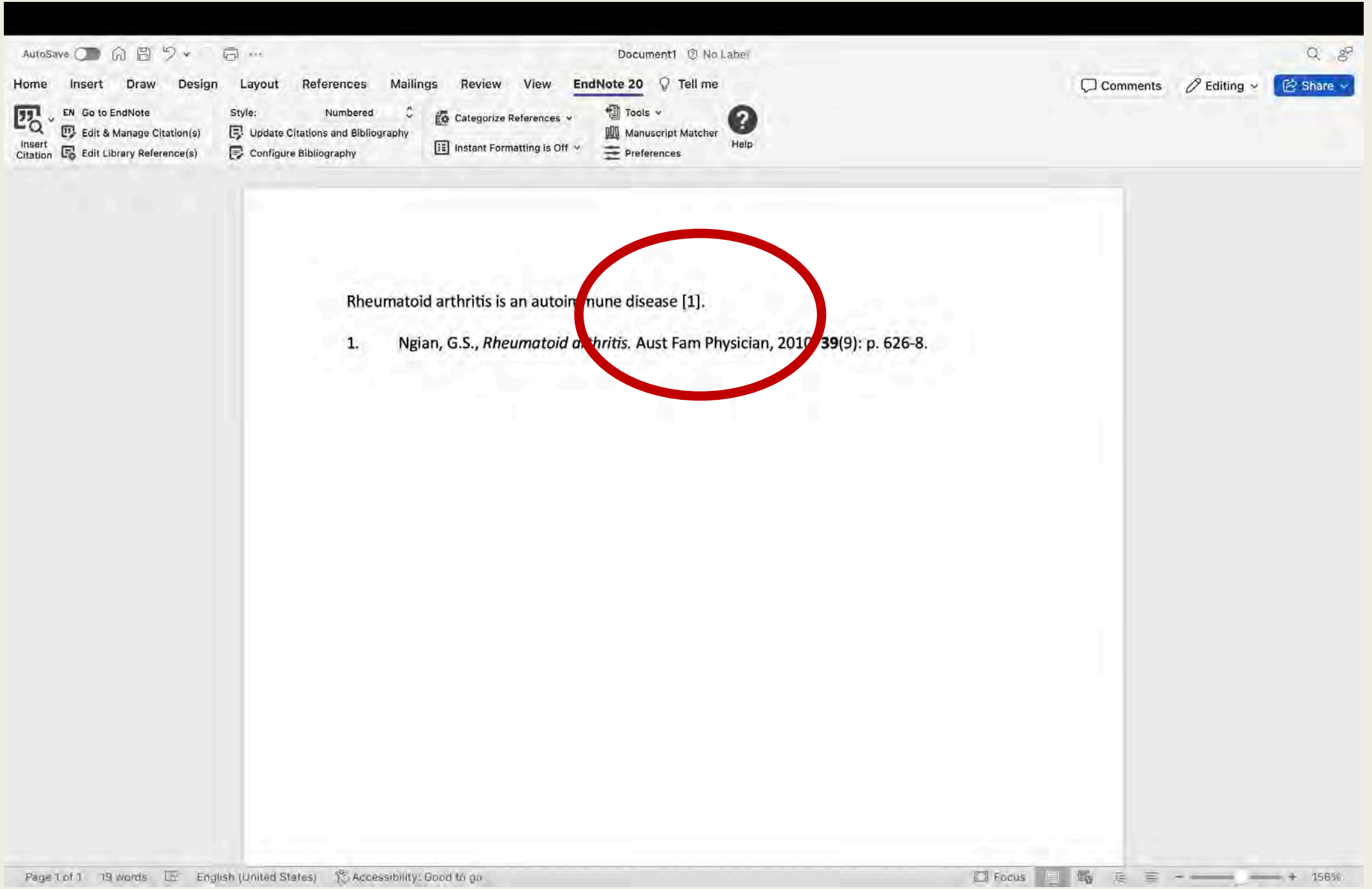
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Rheumatoid arthritis is an autoimmune disease [1].
1. Ngian, G.S., *Rheumatoid arthritis.* Aust Fam Physician, 2010. **39**(9): p. 626-8.
Page 1 of 1
19 words
English (United States)
Accessibility: Good to go
Focus
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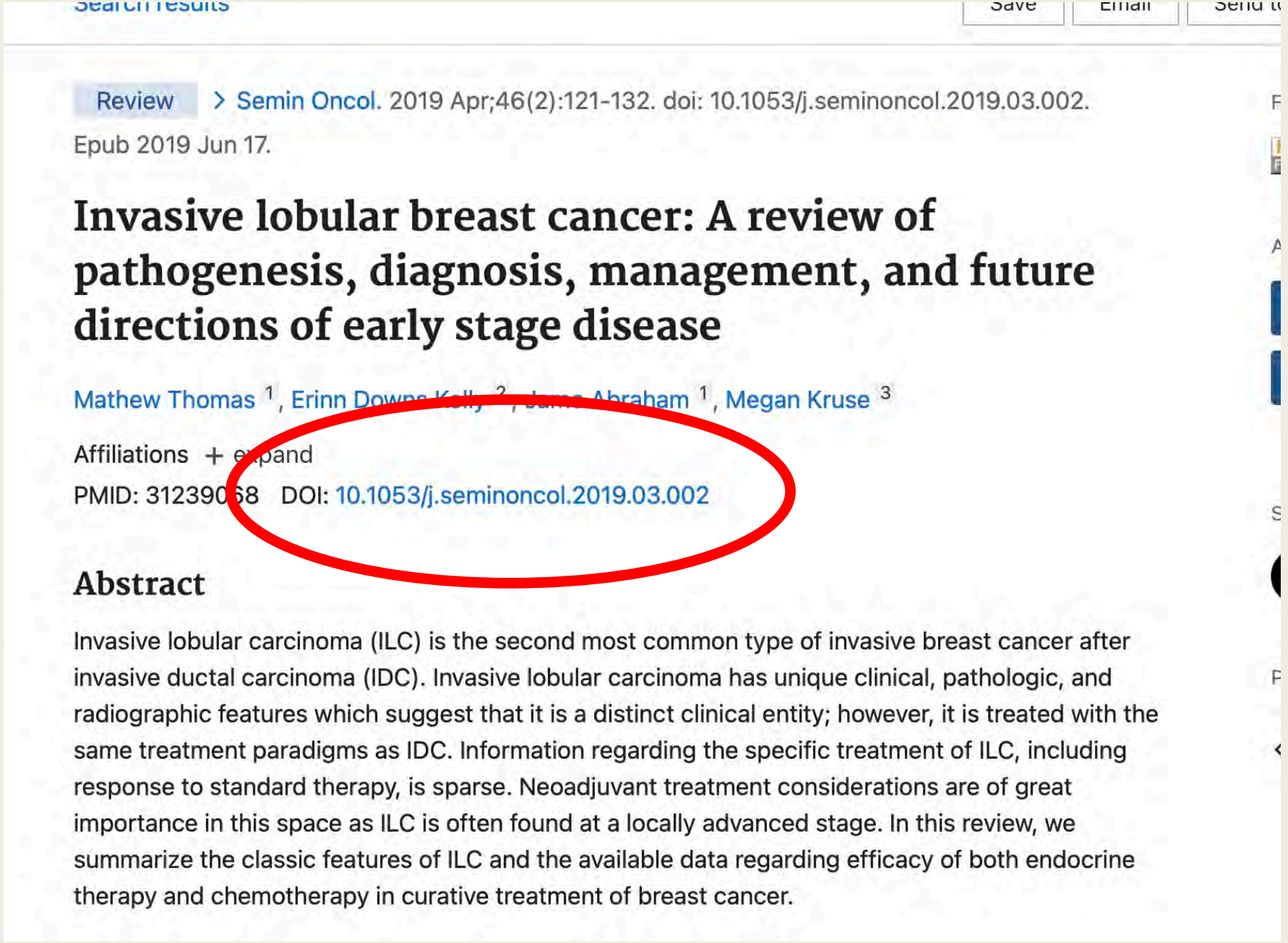
Start with

- Case presentation
- Discussion
- Introduction
- Abstract

How to get the full text?

- Upstate library resources
- SCIHUB

SCI-HUB



Search results

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Review > Semin Oncol. 2019 Apr;46(2):121-132. doi: 10.1053/j.seminoncol.2019.03.002. Epub 2019 Jun 17.

Invasive lobular breast cancer: A review of pathogenesis, diagnosis, management, and future directions of early stage disease

Mathew Thomas [1], Erinn Downs Kelly [2], Jame Abraham [1], Megan Kruse [3]

Affiliations + expand

PMID: 31239068 DOI: 10.1053/j.seminoncol.2019.03.002

Abstract

Invasive lobular carcinoma (ILC) is the second most common type of invasive breast cancer after invasive ductal carcinoma (IDC). Invasive lobular carcinoma has unique clinical, pathologic, and radiographic features which suggest that it is a distinct clinical entity; however, it is treated with the same treatment paradigms as IDC. Information regarding the specific treatment of ILC, including response to standard therapy, is sparse. Neoadjuvant treatment considerations are of great importance in this space as ILC is often found at a locally advanced stage. In this review, we summarize the classic features of ILC and the available data regarding efficacy of both endocrine therapy and chemotherapy in curative treatment of breast cancer.


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10.1053/j.seminoncol.2019.03.0
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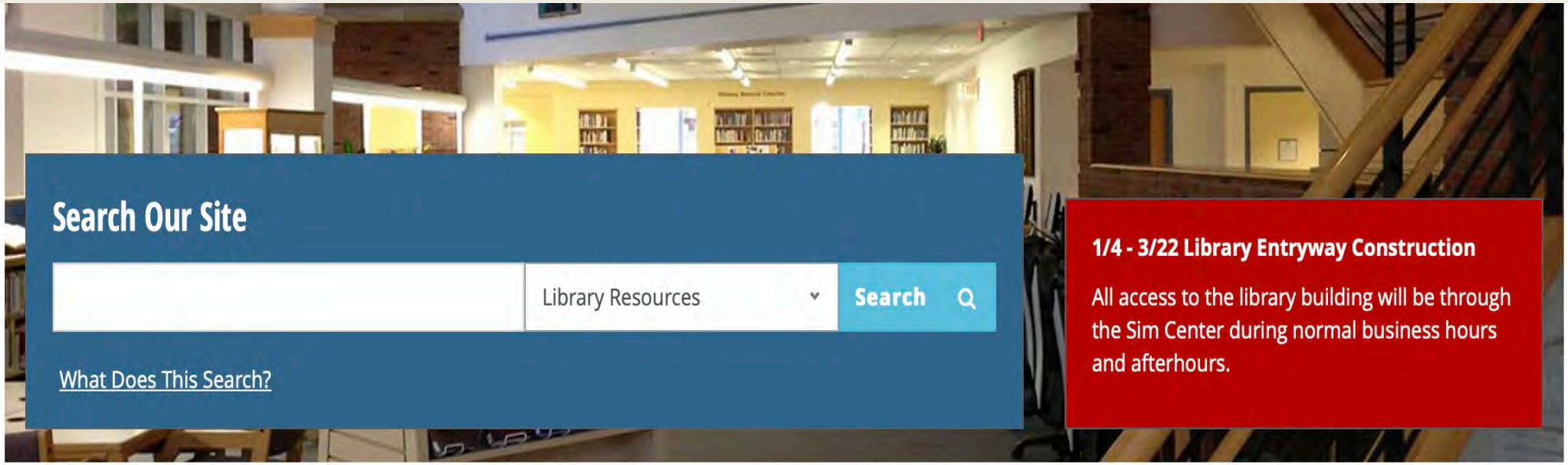

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Library Hours

Thursday, January 25, 2024

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Liaison Services	9:00am - 5:00pm
Archives and Special Collections	By Appointment

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Review > BMC Surg. 2020 Sep 23;20(1):213. doi: 10.1186/s12893-020-00872-y.

Surgery-associated acquired hemophilia A: a report of 2 cases and review of literature

Umar Zeb Khan [1], Xiangwu Yang [1], Matiullah Masroor [2], Abdul Aziz [3], Hui Yi [3], Hai Liu [4]

Affiliations + expand

PMID: 32967658 PMCID: PMC7510307 DOI: 10.1186/s12893-020-00872-y

Free PMC article

Abstract

Background: Acquired Hemophilia A (AHA) is a rare bleeding diathesis in patients with no previous personal or family bleeding history. The diagnosis of this disease often delays due to unfamiliarity of physicians with it, which leads to its high mortality rate.

Case presentation: Two cases (one 12 years old female and another 18 years old male) were admitted for right upper abdominal mass and right upper abdominal pain respectively at different times. Pre-operative diagnosis of both cases was congenital choledochal cyst. They suffered continuous gastrointestinal bleeding (hematemesis and melena) with reduced hemoglobin to 54 g/L and 60 g/L after Roux-en-Y anastomosis respectively. To investigate the exact bleeding site,

Surgery-associated acquired hemophilia A: a report of 2 cases and review of literature

BMC Surgery

Khan, Umar Zeb; Yang, Xiangwu; Masroor, Matiullah; ...

Vol. 20 Issue 1, p. 213, 2020.

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Haemophilia.

Berntorp, Erik; Fischer, Kathelijn; Hart, Daniel P; Mancuso, Maria Elisa; Stephensen, David; Shapiro, Amy D; Blanchette, Victor

ISSN: 2056-676X , 2056-676X; **DOI:** 10.1038/s41572-021-00278-x; **PMID:** 34168126

Nature reviews disease primers. , 2021, Vol.7(1), p.45

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Which journal to submit ?

EndNote Manuscript Matcher

An Extremely Rare Case of Paraneoplastic Acquired Hemophilia A in Small Cell Lung Cancer

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Insert your title and/or abstract here: (or, click here to search using keywords)

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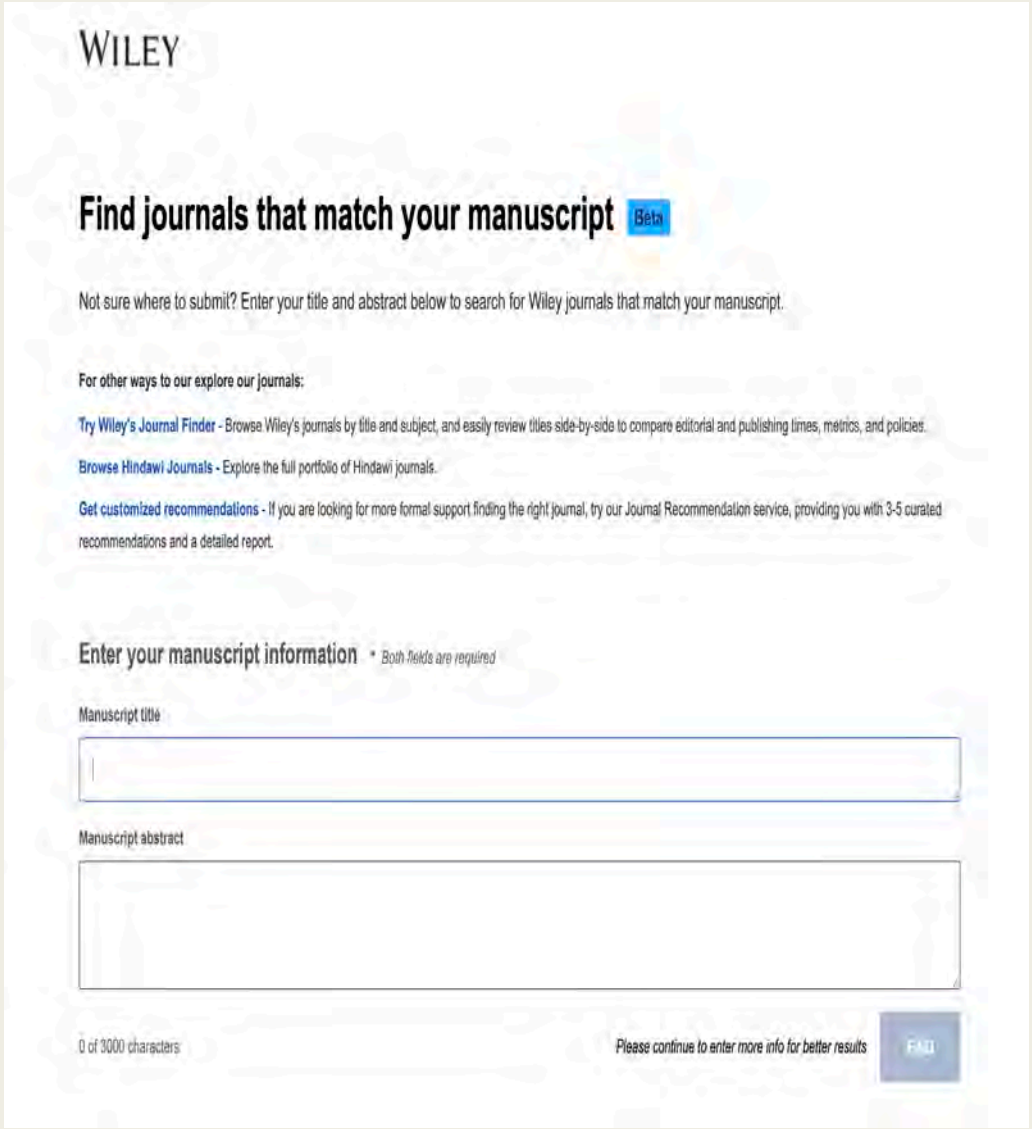
Wiley Journal Finder



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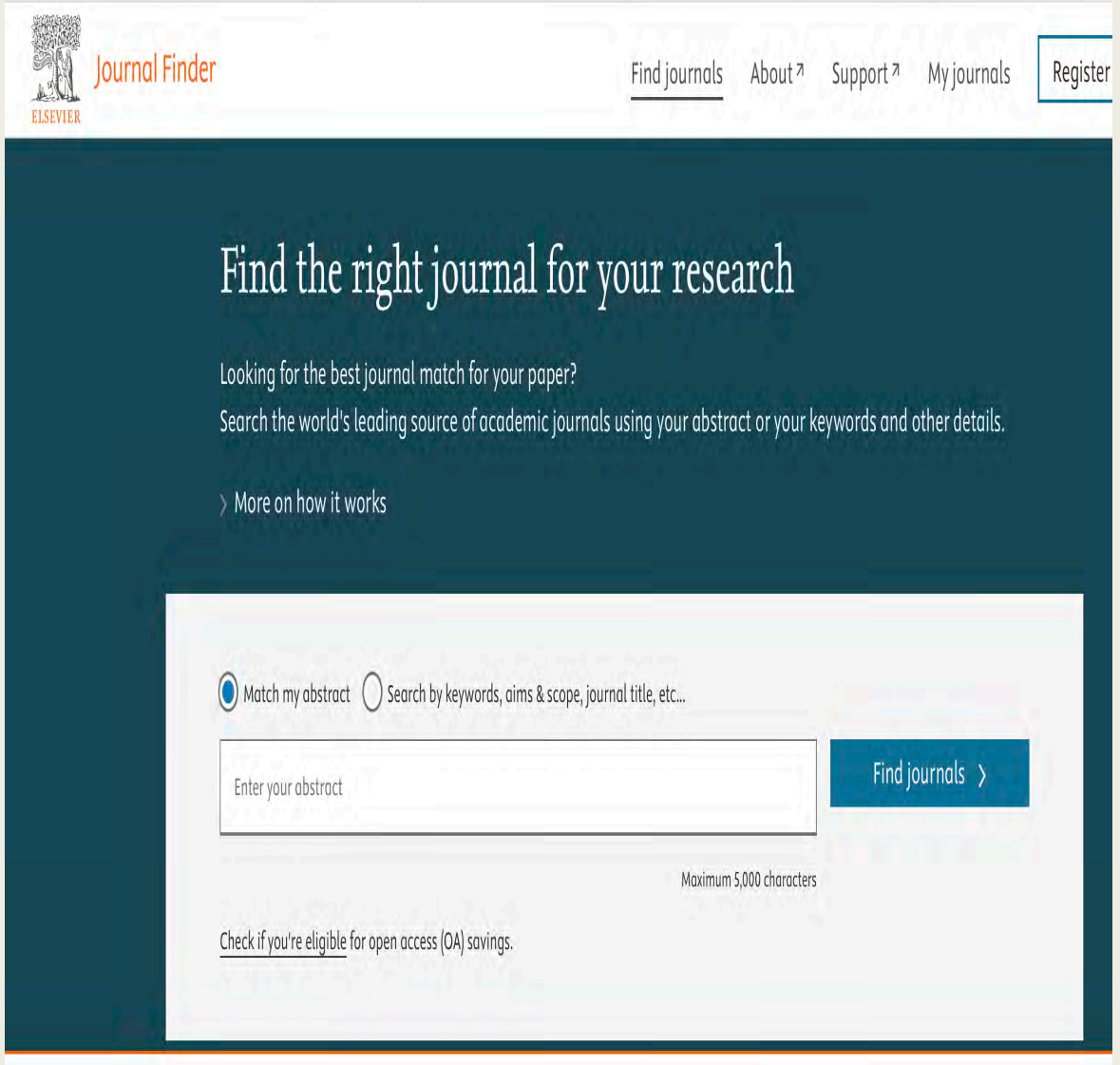


THANK YOU

Michael Sandhu, MD

Clinic Group C

QUESTIONS?