Role of Gabapentin in treatment of Wernicke's encephalopathy following hyperemesis gravidarum: A case report

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ABSTRACT
Introduction: Wernicke’s encephalopathy (WE) is a medical emergency resulting from the depletion of Vitamin B1 (Thiamine) that requires prompt diagnosis and timely administration of thiamine. A pregnant lady with refractory hyperemesis gravidarum is at risk developing WE as a result of depletion in thiamine.

Case Description: A case of a 34-year-old pregnant lady at 12 weeks of gestation presented with a triad of confusion, ocular sign, and ataxia which previously has multiple inpatient admissions for hyperemesis gravidarum. There was a palpable uterine mass at 18 weeks which was firm-to-hard in consistency. Pelvic examination revealed an elongated fleshy mass per vagina measuring 5 x 5 cm, protruding through the cervical os with irregular border, highly vascularized, cystic-to-hard in consistency. Rectal examination noted an anterior mass. Biopsy suggested an endometrial stromal sarcoma or a rhabdomyosarcoma. Patient subsequently had a massive prolapsed of the mass. Computed tomography of the thorax, abdomen, and pelvis found a uterine prolapse with mass lesion. Staging laparotomy, total abdominal hysterectomy and bilateral salpingo-oophorectomy, resection of prolapsed endometrial sarcoma, omentectomy, pelvic lymph node biopsy and bilateral internal iliac artery ligation were performed. Histopathological examination revealed uterine adenosarcoma stage 1b with sarcomatous overgrowth. She remained healthy and well to date, six months post-surgery.

Discussion: Clinicians should embody high suspicion of malignancy in a bleeding polyoidal mass per vagina in the presence of constitutional symptoms, even in a young patient. To the best of our knowledge, this is the first reported case of uterine malignancy in a 31-year-old lady manifesting with prolapsed inversion per vagina. Given the rarity of the case, challenges in therapeutic and surgical approaches warrant for skilled and expert deliberations on the best treatment options.

Prolapsed inversion of uterine adenosarcoma in a young lady: A rare case report

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ABSTRACT
Introduction: Uterine adenosarcoma is rarely observed and diagnosed in clinical setting, even more so when presented with prolapsed, non-puerperal uterine inversion.

Case Description: We present a case of a 31-year-old lady with a history of irregular menstruation, post-coital bleeding, constitutional symptoms and a gradual protrusion of polyoidal mass per vagina. There was a palpable uterine mass at 18 weeks which was firm-to-hard in consistency. Pelvic examination revealed an elongated fleshy mass per vagina measuring 5 x 5 cm, protruding through the cervical os with irregular border, highly vascularized, cystic-to-hard in consistency. Rectal examination noted an anterior mass. Biopsy suggested an endometrial stromal sarcoma or a rhabdomyosarcoma. Patient subsequently had a massive prolapsed of the mass. Computed tomography of the thorax, abdomen, and pelvis found a uterine prolapse with mass lesion. Staging laparotomy, total abdominal hysterectomy and bilateral salpingo-oophorectomy, resection of prolapsed endometrial sarcoma, omentectomy, pelvic lymph node biopsy and bilateral internal iliac artery ligation were performed. Histopathological examination revealed uterine adenosarcoma stage 1b with sarcomatous overgrowth. She remained healthy and well to date, six months post-surgery.

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