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Clinical Image **Published Date:- 2017-09-22**

Andy Gump deformity

A 63 year old gentleman presented with ulcer over the lower alveolus for the past 4 months duration. The patient also had pain, loose lower central incisors and occasional bleeding from the ulcer while brushing. On examination an ulceroproliferative growth was seen involving lower alveolus along with adjoining mucosa of the lower lip with mobile central incisors. There was associated bilateral submandibular area lymphadenopathy.

Case Report **Published Date:- 2017-04-25**

Secondary Onychomycosis Development after Cosmetic Procedure-Case Report

The authors describe the unusual case of subungual onychomycosis, due to fluconazole and itraconazole resistant Candida albicans after using the hybrid and acrylic lacquers and nail tips. The etiology of these atypical changes was supported by isolation of the fungus from the nail lesions, and its consistent identification by means of morphological and molecular diagnosis. In the presented case, topical treatment with ciclopirox 8% nail lacquer allow to fight the pathogenic fungus but did not restore the natural appearance of the nails.

Research Article **Published Date:- 2017-03-27**

Magnetic Resonance Imaging Can Detect Symptomatic Patients with Facet Joint Pain. A Retrospective Analysis

Background: Low back pain has recently been reported as the leading cause for disability worldwide. The diagnostic value of imaging has been estimated low. Led by own positive experience, however, we hypothesized that MRI can detect signs of facet joint pain.

Methods: 15 patients and 15 controls were retrospectively assessed by two readers. They compared de-identified T2 weighted lumbar spine MRI scans. Facet joint size, shape, angle, joint space signal and degeneration were rated. Pain aetiology was proven with the diagnostic gold standard of medial branch blocks.

Results: Facet joint angles and joint diameters were significantly larger in symptomatic patients, who also showed significantly higher grades of degeneration but no difference in joint space distances or shape or signal intensity.

The readers were able to correctly identify symptomatic patients with good interrater reliability (kappa 0.5, sensitivity and specificity 0.87-0.93), positive (LR+= 6.7-7.2) and negative likelihood ratios (LR-=0.15).

Conclusion: Contrary to recent publications, we could demonstrate differences between asymptomatic and symptomatic subjects showing the latter to have larger joints and more signs of degeneration.

One can conclude from the strong LR+ and LR- values that MRI is a useful investigation to rule in or rule out facet pain.

Research Article **Published Date:- 2017-03-23**

[The Risk Factors for Ankle Sprain in Cadets at a Male Military School in Iran: A Retrospective Case-control Study]

Introduction: Ankle sprain is a widespread impairment in sport groups; this impairment leads to an absence from the workplace. The ankle sprains incidence rates are induced by height, weight, BMI, physical fitness, level of match, classification of sport, and personal exposure to sport.

Methods: A longitudinal case-control study was executed to verify the outcome of risk factors for ankle sprain at a Military Male School between 2012 and 2013 of 4987 people at risk for ankle sprain, a total of 234 cadets sustained new ankle sprains during the study, 432 non-injured cadets randomly selected as the control group.

Results: Regarding to the total people at risk in our study the incidence rate was approximately 5/1000 ankle sprain-years. Cadets with ankle sprains had higher weight, BMI and higher scores in Army Physical Fitness test than the control group. Ankle sprain occurred most commonly during athletics (51.4%). Ankle sprain incidence rate did not significantly vary from different athletic competitions after controlling for athlete-exposure. Soccer and Ball Games had the highest ankle sprain incidence rate.

Conclusion: Higher weight, increased BMI, greater physical conditioning and athlete exposure to selected sports were all risk factors for ankle sprain.

Case Report **Published Date:- 2017-01-30**

[Tumours of the Uterine Corpus: A Histopathological and Prognostic Evaluation Preliminary of 429 Patients]

A histopathological review preliminary of 429 patients diagnosed with tumours of the uterine corpus (TUC) cancer between 1984- 2010 in the Vigo University Hospital Complex (Spain) were evaluated prospectively for over 5 years. Of these 403 (93.9%) were epithelial tumours: 355 (82.7%) were adenocarcinomas of the endometrioid type, 5 (1.1%) mucinous adenocarcinoma, 10 (2.3%) serous adenocarcinoma, 17 (3.9%) clear cell carcinomas, 11 (2.5%) mixed adenocarcinoma, 4 (0.9%) undifferentiated carcinomas and 1 (0.2%) squamous cell carcinomas. A total 20 (4, 6%) were mesenchymal tumours: 4 (0.9%) endometrial stromal sarcoma, 7 (1.6%) Leiomyosarcoma, 9 (2%) Mixed endometrial stromal and smooth muscle tumour. A total 1 (0.2%) were mixed epithelial and mesenchymal tumours: (0.2%) Adenosarcoma 1. And 5 (1.1%) were Metastases from extragenital primary tumour (3 carcinomas of the breast, 1 stomach and 1 colon). The mean age at diagnosis from total series were 65, 4 years (range 28-101 years). Age was clearly related to histologic type: Endometrial stromal sarcoma 46.0 years, Leiomyosarcomas 57.1 years, Adenocarcinomas of the endometrioid type 65.4 years, Clear cell carcinomas 70.1 years and mixed endometrial stromal and smooth muscle tumours 71.2 years. Five-year disease-free survival rates for the entire group were: Endometrial stromal sarcoma 50%, Leiomyosarcomas 28.6%, Adenocarcinomas of the endometrioid type 83.7%, Clear cell carcinomas 64.7% and mixed endometrial stromal and smooth muscle tumours 44.4%. The 5-year disease-free survival rates of patients with Adenocarcinomas of the endometrioid type tumors were 91.4% for grade 1 tumors, 77.5% for grade 2, and 72.7% for grade 3.

In conclusion, we describe 5-year histological and disease-free survival data from a series of 429 patients with TUC, observing similar percentages to those described in the medical literature. The only difference we find with other published series is a slightly lower percentage of serous carcinomas (ESC) that the Western countries but similar to the 3% of all ESC in Japan. Our investigation is focus at the moment on construct genealogical trees for the possible identification of hereditary syndromes and to carry out germline mutation analysis.

Case Report **Published Date:- 2017-01-30**

[Recurrent Peripheral Ameloblastoma of the Mandible: A Case Report]

Ameloblastoma is the second most common odontogenic tumor being back only for the odontoma. An unusual case of recurrent peripheral ameloblastoma in the mandible from the site of previous occurrence, reducing oropharyngeal space due compression by lesion. Panoramic radiography not showed presence of lesion, except one step in left side of mandible angle. Multislice CT scans revealed presence of hypoattenuated image, well-defined, histopathological exam suggesting Ameloblastoma Follicular.

Clinical Image **Published Date:- 2017-01-30**

Pulmonary Infarction Mimicking An Aspergilloma In A Heart Transplant Recipient

his patient (male, 59 years old) underwent cardiac re-transplantation for chronic rejection. Prior to re-transplantation, the patient was in NYHA class IV, with a clear chest x ray. On 14th postoperative day, he presented hemoptysis. On chest x-ray, a left lower lobe opacity was seen. Therefore, a chest CT scan was done and it showed a round mass within a pulmonary cavity surrounded by airspace in proximity of the pulmonary artery.

Case Report **Published Date:- 2017-01-20**

Cystic Micronodular Thymoma. Report of a Case

Micronodular thymoma is a rare subtype of thymoma with less than 20 cases published in the English literature. These tumours have been reported with thymoma or thymic cyst. The authors describe a new case of micronodular thymoma in a 68-year-old-patient which is well documented and particular by its cystic degeneration which hasn’t been described yet. Micronodular thymoma is a rare variant of thymoma with a challenging diagnosis. Clinicians must be aware of this entity in order not to confuse it with a thymic cyst.
