

Giant Cerebral Cavernoma: A Case Study

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Abstracts

Background: Cavernoma is known as cavernous malformation or cavernous angioma. It accounts for 0.5% of brain mass lesions. Giant cavernomas of the central nervous system is quite rare, only 65 cases of cerebral giant cavernous angioma have been included in literature over the last 62 years. They are more common in children and may be misdiagnosed as other intracranial neoplasms. This study presented a very rare giant cavernoma extended from right basal ganglia to the sylvian fissure in a 7-year-old female.

Case description: A 7-year-old female presented with the new onset of recurrent attacks of seizures, with progressive left-sided hemiplegia for the last month. The clinical examination showed that the patient was sleepy and had left-sided hemiplegia. A non-contrast CT scan revealed a spherical slightly hyperdense intraaxial lesion at the right basal ganglia extended to the sylvian fissure measuring 5x4.5x5 cm surrounded by moderate perifocal edema. A brain CT scan, with contrast, revealed slight patchy enhancement. MRI revealed a single large lesion occupying the right basal ganglia extended to the sylvian fissure measuring 5x4.5x5 cm and showed a patchy enhancement. The patient underwent craniotomy through the right fronto-temporal and transsylvian approach, under surgical microscope, with total en bloc resection of lesion. The histopathologic examination revealed cavernous hemangioma (cavernoma). After surgery, she was conscious alert, with no new neurological deficit apart from the pre operation Left-sided hemiplegia. The postoperative follow-up was uneventful with a significant improvement in her left-sided hemiplegia after 3 months.

Conclusion: Pediatric giant cavernous angioma is a rare intracranial lesion that may be best diagnosed with MR/CT, but sometimes, confirmation requires histopathological examination. It should always be included in the differential diagnosis of spontaneous intracerebral hemorrhages or large tumor. The best outcomes correlate with surgical excision, but may be, limited by eloquent tumor location.

In our case, we report a rare case of giant cavernoma that was completely removed by microsurgical treatment. This case provides important points for the practicing neurosurgeon to consider when making a differential diagnosis of large intracranial tumors. Since imaging

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appearance of giant cavernoma is variable, the possibility of cavernoma should be considered in the case of a large tumor.

Efficacy of Oral Isotretinoin in Combination with Desloratadine in the Treatment of Acne Vulgaris at Al-Thawra General Hospital, Sana'a, Yemen

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Abstracts

Background: Acne vulgaris is one of the most common skin problems in adult life, especially in adolescents.

Objective: This study aimed to evaluate the efficacy of oral isotretinoin in combination with desloratadine in the treatment of acne vulgaris at Al-Thawra General Hospital, Sana'a.

Methods: The study was designed as a prospective comparative clinical trial carried out in the Department of Dermatology, Al-Thawra General Hospital, Sana'a during the period from Jan. to June 2019. The data were collected from each patient after verbal consent. All patients (60 pt.) were randomized into 2 equal groups (study group and control group). The mean age of the study group was 27.47 ± 4.249 year while 24.07 ± 3.393 year of the control group. Both groups were treated with isotretinoin 20mg per day for 16 weeks. The study group (combined treatment) received 5mg desloratadine daily in 16 weeks. The follow-up was carried in weeks (2, 4, 8, 12, 16) for acne lesion, GAGS score, side effects of drugs and outbreak of acne.

Results: This study found that females were more affected than males and acne lesion at 16 weeks was 16.7 % in the study group in contrast to 40.0 % in the control group. After 16 weeks of treatment, GAGS score showed that both groups had good outputs response to therapy with 86.7% excellent and 13.3% good in the study group compared to 56.7%, excellent, and 40 % good response to therapy. Whereas at 16 weeks most patients had no outbreak (86.7 % in the study group and 53.3 % in the control group), 3% in the study group and 46.7 % in the control group had mild outbreak with > 5 nodules. This study observed only minor side effects of desloratadine among the study group, such as headache and self-limited infection. Side effects of isotretinoin declined more rapidly when desloratadine was added. **Conclusion:** This study showed that adding oral desloratadine to the oral isotretinoin provides a better outcome and advantage in terms of efficacy and tolerability than isotretinoin treatment alone.

**Prevalence of psoriatic arthritis in psoriatic patients attended
AL-Thawra Teaching General Hospital in Sana, a, Yemen**

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Abstracts

Background: Psoriatic arthritis is a chronic inflammatory arthropathy that occurs in individuals with psoriasis.

Aim: To determine the prevalence of psoriatic arthritis in psoriasis patients attending AL-Thawra Teaching hospital in Sana'a, Yemen.

Methods: 206 patients with psoriasis were enrolled in across sectional study for one year. Details of demographic factors, history, clinical types and location of the psoriasis were all recorded. Severity of the disease were assessed by using the psoriasis area and severity index (PASI). Patients were examined for signs of arthropathy and the rheumatoid factor and radiological investigations were carried out in suspects cases.

Results: 17(8.25%) out of 206 suffered from psoriatic arthritis (PsA) with higher in males (58.82%). Family history in (29.41%) of PsA versus (10.63%) of psoriasis without PsA with P-value(0.001). Nail involvement significantly associated with PsA in (88.24%). Chronic plaque psoriasis the most common type associated with PsA and with higher PASI in PsA. Asymmetric oligoarthropathy was the most common features in PsA. Skin lesions precede arthropathy in all patients with psoriatic arthritis.

Conclusions: Dermatologist the first physician who should establish the diagnosis of psoriatic arthritis and start treatment to prevent the progression of the articular damage.

**Effect of Pulse Steroid Therapy on Visual Acuity and Fundus
Picture in Cases of Vogt Koyanagi Harada Syndrome in
Yemen: Case Series Study**

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Abstracts

Vogt-Koyanagi-Harada syndrome (VKHS) is a rare systemic disease with severe bilateral panuveitis associated with cutaneous, neurological, and auditory abnormalities. This study aims to evaluate the effect of pulse steroid therapy on the visual acuity and fundus picture of cases of VKHS presented at Maghrabi Eye Hospital in Yemen. Method: This retrospective case series was followed up for three years between (2007-2010) for three female patients who presented by bilateral hand motion and complained with headache, neck stiffness and difficulty in hearing. Results: After pulse steroid therapy, the best corrected visual was improved with resolution of optic disc swelling and serous retinal detachment detected by optical coherence tomography (OCT). One eye had complication as sunset glow and suprarational fibrosis. Conclusion: VKHS is uncommon disease in Yemen and affects mostly female. Urgent intervention with pulse steroid therapy and systemic corticosteroid and early diagnosis decrease the complications and improve the visual acuity.

Key words: Vogt Koyanagi Harada syndrome, pulse steroid therapy, visual outcome, Yemen.

**The Effect of Having Hemorrhoids and Hemorrhoidectomy
on the Sexual Activity of Yemeni Male Patients Prospective
study of 600 Cases**

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Abstracts

Introduction: Haemorrhoids and Erectile dysfunction (ED) are a highly prevalent conditions among men in Yemen. Both are associated with undiagnosed medical diseases as chronic pelvic pain and obstructive defecation.

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Objective: The purpose of this study was to study the prevalence of having haemorrhoids and erectile dysfunction and the out come post surgical hemorrhoidectomy on sexual function in those adult men patients.

Materials and Methods: In cross sectional and prospective study, we studied the prevalence of having both haemorrhoids and erectile dysfunction and the effect of surgical hemorrhoidectomy on erectile function. Prospective study of 600 male patients, with mean age 39 years (18-50). We divided them in to 2 groups,300 each. Test group(1) having haemorrhoids and ED selected for surgery and control group (2) having haemorrhoids and ED selected for non surgical treatments. 136 patients were excluded from 1st group and 140 patients were excluded from 2nd group. 164 patients were remained from 1st group and 160 patients were remained from the 2nd group. Hemorrhoidectomy was carried out in 164 patients with clinical hemorrhoids grade 3 or 4 associated with ED (Group 1) and compared with 160 patients without operative intervention (Group 2; control) with the same age group. The primary efficacy variables was done by interviewing the patients at 3 and 6 months interval post haemorrhoidectomy in term of sexual function (SF), orgasmic function, sexual desire, intercourse satisfaction , and overall satisfaction.

Results: Almost all patients having haemorrhoids also reported some sort of ED. In Group 1, the complain of erectile dysfunction improved significantly after hemorrhoidectomy ($P < 0.001$). 103 patients (61.6%) showed improvement of EF compared to 5.3% in the control group ($P < 0.001$).

Conclusions: Both haemorrhoids and ED are highly prevalent among Yemeni Patients. In the first instant, most adult men patients with haemorrhoids are seeking surgical treatments when they have ED or decrease sexual function in order to improve their sexual activity. We concluded that surgical haemorrhoidectomy is clearly related to improvement of EF in male hemorrhoid patients with ED.

Keywords: Erectile dysfunction, erectile function, haemorrhoidectomy

**Beyond TME for Locally Advanced and Recurrent Rectal
Cancer; A Retrospective Study In 24 Patients**

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Abstracts

Introduction: There have been significant advances in the surgical management of locally advanced and recurrent rectal cancer in recent decades. Patient with advanced rectal cancers involving adjacent organs and neurovascular structures, beyond the traditional mesorectal planes, who would have traditionally been considered irresectable at many centres, now undergo surgery by pelvic exenteration routinely. While high rates of morbidity and mortality were reported by the pioneers of pelvic exenteration (PE) in early literature, this is now considered historical data. As a result, Pelvic Exenteration (PE) is now performed routinely at increasing rate offering our patients a chance of long-term survival with acceptable morbidity and quality of life. This paper describes the surgical techniques that we have been performed for radical multivisceral pelvic resections and their outcomes regarding only rectal cancers, excluding those with distant metastases or other pelvic cancers.

Methods and Results; Retrospective study for our 24 Patients who underwent Pelvic Exenteration (PE) for advanced or recurrent rectal cancer in 5, public and private, hospitals between the period June 2008 to June 2023. The majority were male patients with locally advanced cancers. Majority of our females' patients underwent PE were recurrent rectal cancer post abdominoperineal resection were done in our site centers for mucinous signet ring primary adenocarcinomas. Clear R0 were achieved in almost all cases. All cases were axial or central without lateral pelvic involvement.

We got reasonable rates of long-term survival (up to 60 % at 5 years) and acceptable morbidity and quality of life.

Conclusions: Patients with locally advanced or recurrent rectal cancers beyond TME or with multi visceral pelvic involvement without distant metastases are candidates for pelvic exenteration surgery. Achieving R0 resection with acceptable morbidity has become the ultimate goal of curative exenterative surgery and demonstrated to be the most important factor in predicting both long-term survival and postoperative quality of life.

Keywords: Pelvic exenteration (PE); locally advanced rectal cancer; recurrent rectal cancer; posterior vaginectomy.
