

Malignant Frailty-an Uncommon Reason for Pancytopenia in a Paediatric Patient

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Introduction

Vitamin B12, or cobalamin, is a supplement that is fundamental for metabolic capability. The secretion of intrinsic factor by parietal cells in the stomach is necessary for the absorption of ingested B12. Autoantibodies against intrinsic factor or an intrinsic factor deficiency are the root causes of pernicious anemia. Antibodies against parietal cells have the potential to kill parietal cells and cause an intrinsic factor deficiency. Megaloblastic anemia is caused by a lack of vitamin B12 in both. Fatigue, paleness, tingling sensation, depression, changes in vision and smell, urinary incontinence, psychotic episodes, and weakness are typical signs of pernicious anemia. B12 administered intramuscularly is the most effective treatment for pernicious anemia. A 27-year-elderly person with a background marked by vitiligo introduced to the Crisis Division (ED) with two-sided lower limit shortcoming, ungainliness, deadness, and shivering. A physical examination revealed hyperreflexia in lower extremities, ataxia, and no sensation below her umbilicus. In the emergency department, a complete blood count revealed low hemoglobin and hematocrit levels as well as an elevated mean corpuscular volume, which suggested pernicious anemia. Upon admission to an inpatient facility, additional laboratory testing revealed a low vitamin B12 level and parietal cell antibodies in the blood. Intramuscular vitamin B12 injections were used to treat the patient's pernicious anemia, which resulted in a near-complete alleviation of her symptoms. If not treated promptly, gastric volvulus is a rare medical emergency that can result in death. Its unique case makes it very testing to analyze however deferring in finding and treatment can prompt deadly entanglements. As a result, careful evaluation and a broader range of diagnoses are essential. The most prevalent type of gastric volvulus is called organoaxial volvulus, and it mostly affects older adults and infants. Organoaxial volvulus involves the stomach rotating 180 degrees around its long axis. A 17-year-old male with severe upper abdominal pain and postprandial vomiting presented to a Bangladeshi low-resource hospital with acute organoaxial gastric volvulus. Introductory appraisal uncovered extreme epigastric delicacy and gentle drying out.

Locally Intrusive Odontogenic Cancer

A plain abdominal x-ray revealed a thoracic herniation of the stomach and a massively distended bowel with a single air fluid

level. After being revived, the patient was taken to the operating room for an immediate laparotomy and sleeve gastrectomy with anterior gastropexy. The patient survived thanks to the success of the treatment. Ameloblastoma is a harmless locally intrusive odontogenic cancer. The most prevalent odontogenic tumor is this one. It typically occurs more frequently in the middle-aged population in the mandible, with approximately 5–20% occurring in the maxilla. We report an instance of maxillary unicystic ameloblastoma in a 3.5-year-old young lady. Which clinically manifested as a significant facial swelling that resulted in severe facial deformation and pressure symptoms on the left eye? A CT scan revealed that the swelling reached the orbital floor. After the lesion was found and confirmed by incisional biopsy, it was successfully treated with a maxillectomy and immediate fat pad reconstruction. After a year, there were no more complaints and no recurrences. This rare but possible serious side effect should be made known to all patients taking these medications by healthcare professionals. Tamsulosin is an effective treatment for BPH-related Lower Urinary Tract Symptoms (LUTS) as well as the medical removal of distal ureteric calculi. However, its use may occasionally be linked to priapism. As a result, healthcare providers should be aware of this possibility in order to warn patients about this serious but rare side effect and encourage them to seek immediate medical attention. Female of 75 years old was the patient. For her left breast cancer, she had undergone resection and radiotherapy 15 years earlier. The ulcer grew from the subclavian to the xiphoid levels six years ago, exposing the lung and pericardium. A histopathological examination was conducted without looking at the pericardium or lung. The diagnosis was inflammation. A pedicled rectus abdominis flap was used in our reconstruction of the chest wall. After eighteen months, three verrucous tissue-lined fistulas framed. SCC was clearly differentiated during a histological examination. A half year after the fact, the patient passed on from gigantic draining from a fistula. We were referred to a 46-year-old woman with obstructive jaundice. A hypo vascular mass with multiple para-aortic lymph nodes and a swollen Virchow's node was found on a CT scan of the pancreas' head. Adenocarcinoma was confirmed by tumor biopsy at the biliary stenotic site, where the serum CA 19-9 level was 71795.1 U/mL. She was found to have distant metastases of PDAC. A CT scan revealed that the CA19-9 level returned to almost normal levels after ten courses of FOLFIRINOX and four courses of FOLFIRI. The distant lymph node swellings had also disappeared. Eight months after beginning chemotherapy, she underwent a

pancreaticoduodenectomy with the dissection of para-aortic lymph nodes.

Upper Gastrointestinal Endoscopy

Neither the pancreas nor the lymph nodes showed any signs of residual adenocarcinoma on the pathology report. S-1-based adjuvant chemotherapy was given for six months, and four years after surgery, there has been no recurrence. The DNA of the patient did not contain any BRCA1/2 mutations. Dysphagia caused a 63-year-old man to visit our hospital. 13 years prior to his visit to our hospital, he had been diagnosed with an esophageal diverticulum at a nearby hospital. An esophageal diverticulum and structural stenosis on the anal side of the diverticulum were discovered by upper gastrointestinal endoscopy at the lower thoracic oesophagus. A 54-millimeter esophageal diverticulum at the lower thoracic oesophagus was detected by computed tomography. The structural stenosis required an esophagectomy. He had chronic obstructive pulmonary disorder in his medical history. Therefore, in order to avoid a respiratory problem, we chose the mediastinal approach. Esophagogastrostomy and mediastinoscopic esophagectomy were carried out *via* the retrosternal route. The

postoperative course was great. There were no symptoms at nine months after the operation. After being diagnosed with juvenile idiopathic arthritis (JIA) and beginning treatment, the 9-month-old girl presented to the orthopaedic service referred from the paediatric rheumatology clinic, as described in this case report. During her clinical and radiological evaluation, bilateral neglected Developmental dysplasia of the hip (DDH) - International Hip Dysplasia Institute (IHDI) type 4- was found, which necessitated surgical management after controlling her juvenile idiopathic arthritis (JIA). This report also provides a comprehensive description of the surgical procedure as well as its clinical and radiological outcomes more than four years after her treatment. A condition known as compartment syndrome occurs when an increase in pressure in one compartment causes a decrease in blood flow to that compartment, preventing nutrients and blood supply from reaching nerve and muscle cells. Local and systemic manifestations can result from ongoing physiological cascades. A case of subclinical compartment syndrome with contracture and muscle necrosis is described in this article. More specifically, the management of a complex and understudied case of subclinical compartment syndrome resulting in a fixed equines deformity is the focus of this article.