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Comparison of Targeted Muscle Reinnervation Versus Regenerative Peripheral Nerve Interfaces in Amputation Patients - a Systematic Review

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Introduction: Major limb amputation frequently results in debilitating post-amputation neuropathic pain. Targeted Muscle Reinnervation (TMR) connects severed nerves to nearby motor branches, whereas Regenerative Peripheral Nerve Interfaces (RPNI) wrap nerve ends in free muscle grafts. This review aims to directly compare pain management between TMR and RPNI in patients undergoing amputation.

Methods and materials: A systematic search was performed on PubMed and Medscape for articles published between 2021-2026, using the key terms: „amputation”, „muscle reinnervation” and „peripheral nerve”. Included articles had $n > 30$ patients and documented neuroma formation, residual limb pain (RLP) and phantom limb pain (PLP) occurrence, and opioid usage. Excluded articles concerned overlapping studies and different reinnervation methods. Data synthesis was conducted in accordance with PRISMA guidelines. Bias risk was not evaluated.

Results: From 24 initial studies, only 13 RCT's and Meta-analyses met the inclusion criteria, encompassing a total of 3410 patients. Comparative data from Gabriyanchik et al. (2026) and Zimbulis et al. (2025) demonstrate greater neuroma elimination with RPNI than TMR (100% vs. 92%, $P < 0.01$). Valerio et al. (2022) and Yuan et al. (2024) reported a trend toward greater phantom limb pain (PLP) elimination with RPNI at 11–12 months (91.1% vs. 78.6%, CI $> 95\%$). O'Brien et al. (2021) reported residual limb pain (RLP) rates of 50–51.2% with TMR, compared with 0% severe RLP with RPNI in Lin et al. (2025). Long-term opioid use was reported at 16–22% after TMR (Lange et al., 2022) versus 0–7% at 12 months after RPNI (Gabriyanchik et al., 2026).

Conclusions: Overall, the available evidence suggests that RPNI is associated with favorable clinical outcomes compared with TMR, including greater neuroma PLP, RLP and opioid use elimination. However, because these findings are derived from separate studies, further prospective comparative research is warranted to confirm the relative effectiveness and long-term benefits of RPNI versus TMR.

Keywords: Amputation, Targeted Muscle Reinnervation, Regenerative Peripheral Nerve Interfaces

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Rectal Adenocarcinoma In Situ In A Large Sessile Lesion Treated Endoscopically: A Case Report

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Introduction: Colorectal neoplastic lesions may remain clinically silent or present without relevant laboratory or imaging abnormalities. Colonoscopy is essential for both the early detection and endoscopic treatment of selected superficial colorectal lesions. We report the case of a large sessile rectal lesion diagnosed and treated endoscopically during the patient's first colonoscopy, with histopathological examination revealing adenocarcinoma in situ.

Case presentation: A 73-year-old man with treated arterial hypertension and a history of bladder cancer managed surgically and with chemotherapy was admitted to the Gastroenterology Department for multiple daily loose stools associated with mucus and fresh rectal bleeding, predominantly at the end of defecation. He was a current smoker and an occasional alcohol consumer, with no relevant family history of colorectal disease and no previous history of colonoscopy. Laboratory evaluation and abdominal ultrasonography revealed no significant abnormalities. Total colonoscopy identified a 35-mm sessile polypoid lesion with a broad base in the rectum, approximately 10 cm from the anal verge. Following submucosal injection of diluted adrenaline (1:100,000), with adequate lifting, piecemeal endoscopic snare resection was performed. Immediate active spurting bleeding occurred during resection, and the responsible vessel was identified. Endoscopic haemostasis was successfully achieved using hot biopsy forceps coagulation, followed by clip closure of the post-resection defect. The resected fragments were retrieved for histopathological examination. The immediate post-procedural course was favourable, with no further complications. Histopathological examination established the diagnosis of adenocarcinoma in situ.

Discussion: This case highlights the detection of a large rectal neoplastic lesion during the first colonoscopic examination of an elderly symptomatic patient, despite unremarkable laboratory and ultrasonographic findings. It also illustrates the technical challenges associated with the piecemeal resection of large sessile colorectal lesions and the importance of prompt endoscopic management of intraprocedural bleeding. Current ESGE guidance supports endoscopic

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mucosal resection as a treatment approach for appropriately selected large non-pedunculated colorectal lesions.

Keywords: rectal adenocarcinoma, colonoscopy, neoplastic lesion

Multiple Pyogenic Hepatic Abscesses In A Patient With Type 2 Diabetes Mellitus: A Case Report

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Introduction: Hepatic abscess is a focal collection of purulent fluid within the liver parenchyma, most commonly bacterial in origin. Although its overall incidence is relatively low, early recognition and diagnosis are essential because untreated cases carry a high mortality rate. Frequently presenting without a clear primary source, these infections often occur in patients with diabetes mellitus, resulting in more severe clinical forms.

Case Presentation: A 57-year-old male with a medical history of type 2 diabetes mellitus and grade I obesity presented with high fever, asthenia, a dry cough, and right basal pleuritic chest pain. Because initial outpatient empirical treatment failed, the patient was admitted to the hospital for further evaluation. Contrast-enhanced ultrasound and computed tomography demonstrated hepatomegaly with approximately 7 hypodense lesions in the right hepatic lobe, with the largest measuring up to 7 cm and showing peripheral ring 3 enhancement. Laboratory tests revealed significant leukocytosis (16,300/mm³), elevated C-reactive protein (289.4 mg/L), an increased erythrocyte sedimentation rate (92 mm/h), high fibrinogen (660 mg/dL), and reactive hyperferritinemia. During hospitalization, the patient received a sequential 21-day course of systemic antibiotics, culminating in intravenous piperacillin-tazobactam. He also underwent an ultrasound-guided percutaneous needle aspiration of two dominant abscesses, which successfully evacuated about 40 mL of purulent fluid from each collection. Although microbiological cultures showed no bacterial growth (likely due to prior broad-spectrum antibiotic administration), the patient showed a great clinical response. Following these interventions, his inflammatory markers normalized (CRP dropped to 9 mg/L), and he was discharged in an improved general condition with oral step-down therapy (cefuroxime and metronidazole).

Discussion: This case illustrates the diagnostic challenges of pyogenic

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hepatic abscesses, which often present with non-specific symptoms such as fever, fatigue, and right basal pleuritic pain. Diabetes mellitus is a well-known risk factor associated with more severe forms of pyogenic liver abscesses. Management relies heavily on a combination of drainage and appropriate antibiotic therapy. For collections larger than 5 cm, image-guided catheter or needle drainage combined with targeted or broad-spectrum antimicrobials (such as beta-lactamase inhibitor combinations or carbapenems) is necessary to ensure favorable outcomes.

Keywords: Hepatic abscess, Type 2 diabetes mellitus, Ultrasound guided percutaneous aspiration

Refractory Atrial Fibrillation And Mitral Inflow Obstruction In Recurrent Left Atrial Intimal Sarcoma

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Introduction: Left atrial intimal sarcoma is a rare primary cardiac malignancy prone to local recurrence, with intracavitary extension that can occupy the atrial chamber and invade the pulmonary veins.

Case Presentation: A 79-year-old woman had MDM2-amplified left atrial intimal sarcoma, resected in 2023 with adjuvant radiotherapy, and pulmonary vein invasion at recurrence in November 2025, managed palliatively. A June 2026 Holter showed sinus rhythm, intra-atrial conduction abnormalities and very frequent supraventricular ectopy, without AF. In July 2026 she presented with dyspnea, cough and palpitations; CT showed segmental pulmonary embolism and pleural effusion, and she was treated for pneumonia and decompensated heart failure. Atrial fibrillation with rapid ventricular response, present from

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admission, remained difficult to control despite bisoprolol, amiodarone and digoxin; minutes after bisoprolol she had a peri-arrest episode (155 bpm, desaturation, obtundation, preserved blood pressure). Transesophageal echocardiography, requested before cardioversion, showed mobile masses nearly filling the atrium, mitral inflow obstruction (mean gradient ~8 mmHg) and invasion of three visualized pulmonary veins with no left atrial appendage thrombus identified, although thrombi attached to the masses could not be excluded.

Discussion: Published cases describe atrial fibrillation at initial presentation, sometimes with mitral obstruction, managed by debulking and chemotherapy. Here, sinus rhythm was documented three weeks before admission, but the cause of atrial fibrillation remains undetermined: pulmonary embolism, pneumonia, heart failure and prior radiotherapy may have contributed, while tumor-related atrial stretch and pulmonary vein invasion remain plausible mechanisms. Whatever the trigger, the masses shaped management: cardioversion was deferred after transesophageal echocardiography showed mobile masses with embolic risk, and care shifted to rate control and comfort.

Keywords: left atrial intimal sarcoma, atrial fibrillation, mitral inflow obstruction, cardio-oncology, palliative care

Sleeve Gastrectomy Versus Roux-En-Y Gastric Bypass: Which Surgical Approach Offers Better Outcomes?

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Introduction: Obesity is a major global health challenge and bariatric surgery remains one of its most effective treatments. Sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) are the most common procedures. This review aims to evaluate which surgical approach, SG versus RYGB, offers the best long-term results in obese patients.

Materials and Methods: A systematic search was conducted on PubMed, ScienceDirect and Cochrane Library for articles published between 2021 and 2026, using as key terms: “sleeve gastrectomy”, “Roux-en-Y gastric bypass” and “bariatric surgery”. Included articles were randomized controlled trials (RCTs) with $n > 30$ patients that documented the postoperative weight loss, diabetes remission and the improvement of obesity-related comorbidities. Noncomparative studies, studies comparing different bariatric surgeries. Overlap was also part of the exclusion criteria. Data extraction was conducted in accordance with the PRISMA guidelines. Bias risk was not evaluated.

Results: A total of 3622 patients were identified across 8 articles out of 16 randomized controlled trials initially selected by abstract. According to Biter et al. (2024) excess BMI loss at 5 years was greater after RYGB, 67.1% (95% CI, 62.8% to 71.4%) versus 58.8% (95% CI, 54.5% to 63.2%), $p < 0.001$. Pullman et al. (2023) reported a better result regarding diabetes remission after RYGB, 46.0% compared to 30.8% (95% CI, $p = 0.013$). Hypertension remission was superior after RYGB (8% vs 24%; $p = 0.04$), as observed by Salminen et al. (2022).

Conclusions: Although both surgical procedures achieved positive long-term results, the RYGB approach demonstrated better results in almost all aspects evaluated. Further research on this comparison should be taken into consideration.

Keywords: Obesity, Bariatric surgery, Sleeve Gastrectomy, Roux-en-Y Gastric Bypass

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Surgical Treatment for Weight Loss: Gastric Sleeve Versus Roux-en-Y Gastric Bypass - A Systematic Review

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Introduction: The obesity epidemic is spreading worldwide, more than a billion people are affected by this condition. The aim of this review is to compare two of the most common procedures used in bariatric surgery, laparoscopic gastric sleeve (LSG) and laparoscopic Roux-en-Y gastric bypass (LRYGB).

Materials and Methods: PubMed, The Lancet and Google Scholar were searched for articles published since 2020, using the keywords: "Gastric Sleeve", "Gastric Bypass" and "Roux-en-Y". The included studies contained n>100 patients, documenting the overall operating time, excess weight loss (EWL) and postoperative complications. The excluded studies didn't meet the inclusion criteria and exhibited overlap. Bias risk was not evaluated and PRISMA guidelines were used to synthesize data.

Results: A total of 2595 patients were identified in 7 out of 13 initially selected studies including RCT's. Hedberg et al. (2024) showed a faster operating time for LSG (47 min vs. 68 min ; $p<0.001$). Salminen et al. (2022) reported a higher EWL% for patients that underwent LRYGB 50.7% (95%CI) vs. LSG 43.5% (95%CI). Esophagitis was more prevalent in LSG 31% vs LRYGB 7% ($p<0.001$). Reflux symptoms and a greater intake of proton pump inhibitors were significantly more prevalent after LSG 64% vs. LRYGB 36% ($p<0.001$).

Conclusion: LSG has demonstrated a faster operating time, LRYGB yields superior outcomes by a higher rate of EWL and a lower complication rate. However more studies are needed in order to appreciate which of the procedures may be classified as more advantageous.

Keywords: Gastric Sleeve; Gastric Bypass; Roux-en-Y; Weight Loss; Quality of Life

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A Surgical Approach With Integrated Clinical Perspectives In The Treatment Of Gastric Cancer– A Case Report

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Introduction: Gastric cancer is a neoplasm of the gastric mucosa characterized by the proliferation of glandular epithelial cells with invasive and metastatic potential, often arising in the setting of precancerous lesions. Its etiology is multifactorial and involves genetic, dietary, environmental, and immunological factors. Despite therapeutic advances, surgery remains the main curative option. In Romania, the incidence exceeds the EU average (5.2% in men and 3% in women), and mortality remains high. Modern management requires accurate staging and the integration of perioperative treatments tailored to the patient's clinical condition, particularly in those with severe comorbidities.

Case presentation: A 72-year-old patient with subcardial gastric adenocarcinoma staged cT1bN1M0 and multiple comorbidities (NYHA class IV heart failure, coronary artery disease, insulin-dependent type 2 diabetes mellitus, chronic kidney disease, Child–Pugh class A liver cirrhosis, and cecal adenocarcinoma treated in 2001) presented with epigastric pain, heartburn, loss of appetite, weight loss, and progressive fatigue. Endoscopic ultrasonography and MRI revealed a subcardial tumor and perigastric lymphadenopathy. Laboratory tests showed leukopenia and thrombocytopenia, requiring preoperative hematologic treatment and cardiologic reassessment because of increased cardiovascular risk. Upper gastrointestinal endoscopy confirmed an approximately 3.5 cm cauliflower-like mass. Following optimization of the patient's clinical and laboratory status and antibiotic prophylaxis, surgery was performed: total gastrectomy with Roux-en-Y esophagojejunal anastomosis and omentectomy, as well as segmental ileal resection for a newly discovered tumor. During surgery, the patient developed nonsustained ventricular tachycardia, which was controlled with medication. The postoperative course was favorable, with return of bowel function and hemodynamic stability; the patient was discharged in good general condition.

Discussion: This case highlights the complexity of treating a patient with cancer and severe comorbidities. The surgical decision balanced operative risk against oncological benefit. The favorable outcome suggests that preoperative optimization and careful monitoring may enable radical surgery even in high-risk patients. Prognosis depends substantially on the

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patient's overall condition and control of comorbidities, while interdisciplinary collaboration remains essential for perioperative safety and appropriate care.

Keywords: gastric cancer, total gastrectomy, liver cirrhosis.

An Interdisciplinary Approach To Pediatric Splenectomy: Splenic Artery Embolization And Laparoscopic Surgery– A Case Report

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Introduction: Hereditary spherocytosis is an inherited disorder of the erythrocyte membrane characterized by hemolysis and splenomegaly. In pediatric patients requiring splenectomy, significant splenic enlargement may increase the technical difficulty of minimally invasive procedures. The particularity of this case lies in the coordinated integration of interventional radiology and minimally invasive surgery in the management of a pediatric patient with significant splenomegaly, illustrating how preoperative splenic artery embolization can be incorporated into a laparoscopic surgical pathway.

Methods: A 6-year-old female patient was diagnosed with hereditary spherocytosis (Minkowski–Chauffard syndrome), splenomegaly, and cholelithiasis following clinical and laboratory investigations. Ultrasonography revealed a spleen measuring 13.5 cm in longitudinal diameter and 5.2 cm transversely. Following preoperative evaluation and pneumococcal immunization, laparoscopic cholecystectomy and splenectomy were planned. As an adjunctive step, preoperative splenic artery embolization was performed through a right femoral arterial approach under general anesthesia, using Gelfoam particles. The patient was subsequently transferred to the operating room under the same anesthesia, where laparoscopic cholecystectomy and splenectomy were performed.

Results: The intraoperative appearance of the spleen confirmed the effect of embolization, while dissection and control of the splenic pedicle were performed laparoscopically. An accessory spleen identified intraoperatively

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was preserved, given the importance of preserving functional splenic tissue whenever possible. The postoperative course was favorable, with negligible blood loss and no transfusion requirement or complications.

Conclusions: This case highlights the value of interdisciplinary collaboration between interventional radiology and minimally invasive surgery in pediatric splenectomy. The coordinated integration of endovascular and laparoscopic procedures allowed for an individualized therapeutic approach and a favorable postoperative outcome.

Keywords: Hereditary spherocytosis, splenomegaly, splenic artery embolization, laparoscopic surgery, case report

Prevention Over Cure : Challenges, Outcomes and Limits in Pressure Ulcer Management

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Introduction: Pressure ulcers represent a significant clinical challenge associated with prolonged hospitalization, increased healthcare costs and severe patient morbidity. Prevention and understanding risk factors are critical for vulnerable patients. This study aimed to retrospectively analyze the demographic profile, therapeutic approaches and the outcomes of hospitalized patients with pressure ulcers, emphasizing the critical role of preventive measures and conservative to surgical interventions .

Materials and Methods: Data were retrospectively collected between 2018-2023 and documented on a live database accessible from the Plastic Surgery Department for a total of 44 patients. Collected data encompassed patient demographics, residence, specific preventive strategies, treatment modalities and clinical outcomes. Preventive protocols included periodic repositioning, pressure-relieving surfaces. Multimodal therapy was tailored by ulcer`s severity, combining systemic antibiotherapy, surgical debridement and negative pressure wound therapy (VAC).

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Results: Amongst patients admitted, a higher incidence was observed in male patients – 55,5%, compared to females – 44,5%. Regarding geographical residence, 54,5% originated from urban areas, while 45,5% resided in rural environments. Overall clinical outcomes revealed a favorable outcome– healed or clinically improved upon discharge in 52,4% of patients. However, the mortality rate was substantial, exceeding 30%.

Conclusions: Despite the application of advanced therapeutic modalities, including surgical debridement, targeted antibiotherapy and vacuum-assisted closure, overall outcomes remain constrained. The high mortality rate highlights that advanced interactions and limited healthcare resources are insufficient and costly once severe pressure ulcers develop. Comprehensive, systematic and early preventive strategies remain the most crucial and cost-effective approach to reduce morbidity and mortality associated with pressure injuries.

Keynotes: Pressure Ulcers, Surgical Debridement, VAC Therapy

FROM CELLULAR GRAFTS TO PARACRINE NANOTHERAPY: ADSC EXOSOMES VERSUS FAT GRAFTING IN REVERSING RADIATION FIBROSIS

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Background: Radiation-induced fibrosis (RIF) is a chronic, progressive complication of radiotherapy driven by microvascular obliteration, prolonged inflammation, and excessive extracellular matrix accumulation. While autologous fat grafting (AFG) is widely used for soft-tissue reconstruction, graft retention in hypovascular irradiated beds is unpredictable, presenting risks of lipid necrosis, oil cysts, and donor-site morbidity. Paracrine nanotherapy using adipose-derived stem cell (ADSC)-derived exosomes represents a promising acellular alternative.

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Objectives: The objective of this literature review is to compare the molecular antifibrotic mechanisms, microvascular remodeling, therapeutic efficacy, and translational safety profiles of ADSC-derived exosomes versus autologous fat grafting in reversing radiation-induced soft-tissue fibrosis under PRISMA guidelines.

Methods and materials: Following PRISMA guidelines, PubMed/MEDLINE and PubMed Central were searched for peer-reviewed studies published between 2021 and 2026 investigating ADSC-derived exosomes or autologous fat grafting in radiation fibrosis models. Inclusion criteria mandated qualitative assessment of fibrosis resolution, angiogenesis, or matrix remodeling. Non-radiation models and reviews lacking primary synthesis were excluded.

Results: Ten eligible PubMed studies published within five years were synthesized. AFG restored soft-tissue volume and improved scar pliability clinically, but unvascularized grafts suffered ischemic hypoxia, yielding variable volume retention (pooled mean ~47%) and necrosis risks. In contrast, ADSC-derived exosomes reversed fibrotic cascades without cellular metabolic requirements. Exosomes transferred miR-199a-3p to target Twist1 and inhibit the TGF- β 1/Smad3 axis, reducing alpha-smooth muscle actin and reversing epithelial-mesenchymal transition. Additionally, ADSC exosomes suppressed pro-apoptotic Cathepsin F, upregulated Bcl-2/Bcl-xL, and promoted CD31+ neovascularization via hepatocyte growth factor and vascular endothelial growth factor delivery, while eliminating donor-site trauma.

Conclusions: ADSC-derived exosomes recapitulate the key angiogenic and antifibrotic benefits of autologous fat grafting while avoiding graft ischemia, necrosis, and operative morbidity. Paracrine nanotherapy offers a standardized, cell-free strategy and potential preconditioning adjunct to cellular grafting for radiation-induced fibrosis.

Keywords: Radiation fibrosis, fat grafting

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FROM VISIBLE TUMOR TO TARGETED TUMOR: THE NEXT GENERATION OF ONCOLOGIC FLUORESCENCE

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Introduction: Fluorescence-guided surgery (FGS) enables real-time intraoperative visualization of malignant tissue, with indocyanine green (ICG) representing a widely used near-infrared (NIR) fluorophore. However, ICG lacks molecular tumor specificity, motivating the development of targeted probes that can distinguish malignant tissue from normal background. The transition from nonspecific fluorescence toward molecularly targeted imaging may represent the next generation of oncologic FGS.

Objectives: The aim of this report is to describe the evolution from ICG-based fluorescence to tumor-targeted and activatable probes and to identify emerging technologies that may improve intraoperative tumor delineation.

Materials And Methods: PubMed was searched for studies published over the last five years, using combinations of “indocyanine green”, “fluorescence-guided surgery”, “molecular fluorescence imaging”, “tumor-targeted fluorescence”, “pafolacianine”, “SGM-101”, “pegsitacianine” and “NIR-II”. Ten clinical, translational and preclinical studies were selected according to relevance to oncologic surgery, molecular targeting, intraoperative performance and reported tumor-to-background or clinical outcomes.

Results: ICG provides clinically established NIR visualization but remains nonspecific. In an experimental model of ovarian peritoneal carcinomatosis, tumor-targeted Angiostamp800 and bevacizumab-IRDye800CW enabled additional tumor resection of 9.8% and 8.5%, respectively, compared with 3.9% with ICG. SGM-101, targeting carcinoembryonic antigen, demonstrated intraoperative feasibility in colorectal cancer, while pafolacianine, targeting folate receptor- α , identified clinically significant findings in 53% of patients undergoing lung resection and additional cancer in 33% of patients with ovarian cancer. Cetuximab-800CW and bevacizumab-IRDye800CW further demonstrated target-specific fluorescence against EGFR and VEGF-A. Activatable

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imaging represents another step: pepsitacianine fluoresces under acidic tumor conditions, although its phase II lung-cancer trial showed limited sensitivity and specificity. Emerging FAP-targeted and NIR-II probes aim to combine molecular specificity with improved depth and contrast.

Conclusions: Evidence supports a conceptual shift from visualizing tumors toward molecularly identifying them. ICG remains clinically valuable, but targeted, activatable and NIR-II technologies may enable more selective and information-rich intraoperative imaging.

Keywords: fluorescence-guided surgery; indocyanine green; molecular imaging; tumor targeting; activatable probes; NIR-II.

Surgical Management Of An Ascending Aorta Aneurysm Associated With Severe Aortic Regurgitation And Bicuspid Aortic Valve: A Case Report

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Introduction: Ascending aortic aneurysms frequently coexist with bicuspid aortic valve (BAV) disease and severe valvular dysfunction, carrying a high risk of fatal complications such as acute dissection or rupture if left untreated. Prompt surgical correction is critical for long-term survival in high-risk patients.

Case Presentation: A 53-year-old male patient presented with chronic heart failure (NYHA class III), stage III essential arterial hypertension, and controlled type 2 diabetes mellitus. Preoperative transthoracic echocardiography and coronary angiography revealed a severely dilated left ventricle with moderate global systolic dysfunction, severe aortic regurgitation on a bicuspid aortic valve, and a prominent ascending aortic aneurysm. The patient was classified as ASA IV with a high-risk EuroSCORE of 6 points. He successfully underwent open-heart surgery via median sternotomy under cardiopulmonary bypass, moderate systemic hypothermia, and crystalloid-blood cardioplegic arrest. The procedure consisted of the replacement of the root and ascending aorta using a mechanical valved conduit (modified Bentall-De Bono technique,

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Carbonics Standard no. 27), alongside coronary ostia reimplantation. The postoperative recovery in the intensive care unit was uneventful, focusing on hemodynamic stabilization.

Discussion: This case illustrates the successful management of a complex cardiovascular pathology combining a bicuspid valve and an ascending aortic aneurysm in a patient with significant comorbidities. The modified Bentall procedure remains the gold standard for simultaneous root and ascending aorta replacement, yielding excellent mechanical stability and preventing future aortic events. Comparing our findings with recent literature emphasizes the importance of early diagnosis and rigorous surgical technique in high-risk cohorts.

Keywords: Ascending aorta aneurysm, Bicuspid aortic valve, Aortic regurgitation, Bentall procedure, Cardiovascular surgery.

Resected Pancreatic Ductal Adenocarcinoma of the Pancreatic Head Requiring Cephalic Pancreaticoduodenectomy with En Bloc Distal Gastrectomy - A Case Report

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Introduction: Pancreatic ductal adenocarcinoma (PDAC) located in the pancreatic head represents one of the most aggressive gastrointestinal malignancies, characterized by early locoregional invasion and poor long-term prognosis. Complete surgical resection with negative margins (R0) remains the primary curative intention; however, microscopic positive margins (R1) and lymph node involvement (N1) significantly increase recurrence risks. In such high-risk scenarios, a well-coordinated multidisciplinary approach integrating aggressive surgical resections with postoperative adjuvant chemoradiotherapy is essential to optimize disease control and patient survival.

Case presentation: A 53-year-old male presented with a pancreatic head lesion. Preoperative contrast enhanced abdominal CT revealed a 32 x 25 x 38 mm necrotizing mass in the pancreatic head, tangent to the spleno-mesenteric-portal confluence without arterial involvement, accompanied by regional lymphadenopathy (celiac and hepatic hilum, up to 15 x 12 mm). Preoperative biopsy confirmed a Grade 3 (G3) ductal

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adenocarcinoma. The patient underwent a cephalic pancreaticoduodenectomy en bloc with distal gastric resection, including pancreatico-jejunal, hepatico-jejunal, and precolic gastro-entero anastomoses. Histopathological examination confirmed a G3 ductal adenocarcinoma, staged pT1c pN1 R1, with presence of lymphovascular invasion (LVI+) and perineural invasion (PNI+). Postoperatively, the patient initiated multimodal adjuvant therapy, receiving locoregional radiotherapy (45 Gy + boost, total dose 50.4 Gy) and systemic chemotherapy. Initially started on FOLFOX, treatment was adjusted to modified FOLFIRINOX completing 4 cycles with acceptable tolerance and close clinical and radiological surveillance.

Discussion: This case illustrates the critical role of radical surgery coupled with multimodal adjuvant therapy in managing high-risk resected PDAC. Despite achieving an R1 resection with high risk histopathological features (G3, N1, LVI+, PNI+), prompt initiation of locoregional chemoradiotherapy followed by FOLFIRINOX systemic therapy offers a robust evidence based strategy for locoregional and systemic control. Adherence to CARE guidelines highlights the necessity of early multidisciplinary discussion to tailor postoperative

Keywords: oncological protocols, balancing drug toxicity with therapeutic efficacy in complex surgical oncology cases.

Revising A Short Mitrofanoff Channel With A Tubularized Bladder Flap In Pediatric Neurogenic Bladder

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Introduction: Neurogenic bladder is a storage and/or emptying disorder caused by impaired neurological control of the bladder and sphincter. In children, the most frequent cause is myelomeningocele, with bladder dysfunction in over 90% of patients. A detrusor leak point pressure above 40 cm H₂O is associated with hydronephrosis or vesicoureteral reflux in 85% of patients with myelodysplasia. The main goal is therefore a low-pressure reservoir that protects the upper urinary tract, and continence is secondary. Untreated, the condition leads to renal scarring, recurrent febrile urinary tract infections (UTIs) and chronic kidney disease. The Mitrofanoff continent diversion relies on an antireflux submucosal flap-valve tunnel of at least 2 cm.

Case presentation: A 13-year-old girl with acute urinary retention requiring catheterization was admitted for suspected neurogenic bladder. Workup included MRI, repeated cystography, cystoscopy and cystomanometry. Cystoscopy showed a “cells and columns” bladder wall, an indirect sign of chronic outflow resistance. The ureteral orifices were normal and there was no urethral obstruction. About one month later, she underwent laparoscopic Mitrofanoff vesicoappendicostomy with an initially favorable course. The Foley catheter was kept for 14 days. At 1.5 months, cystoscopy and cystostomy tube placement showed a 6 cm channel. The course was complicated by multiple readmissions for UTIs, attributed to the short appendicular channel. Surgical revision lengthened the catheterizable channel with a tubularized bladder wall flap. Postoperatively she was afebrile, and urine drained through the urethral catheter and by stoma catheterization. She was discharged on day 7 with daily sterile dressings and antibiotics; the urethral catheter was kept 4 more days and the stoma catheter 15 more days, followed by clean intermittent catheterization via the stoma.

Discussion: Neurogenic bladder in children requires early urodynamic evaluation and treatment aimed at renal protection, not only continence. The Mitrofanoff diversion is a reliable and durable option when urethral catheterization is not possible. In this case, a channel that was too short was the likely cause of recurrent UTIs. Lengthening it with a tubularized bladder flap preserved the continent principle without sacrificing an additional bowel segment, and could be considered in similar situations.

Keywords: neurogenic bladder; pediatric urology; vesicoappendicostomy

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Minimally Invasive Versus Open Liver Resection: A Systematic Review of Randomized Trials

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Introduction: Minimally invasive liver resection has shown comparable efficacy to open surgery, offering enhanced postoperative recovery while maintaining equivalent oncological safety and margin control. This study aims to evaluate and compare the clinical and oncological outcomes of minimally invasive versus open liver resection.

Materials and Methods: The study was conducted on Pubmed for articles published between 2018 and 2025, using as keywords "laparoscopic liver surgery", "robotic liver resection" and "hepatectomy,". Inclusion criteria for studies were minimally invasive liver resection (laparoscopic or robotic approach), conventional open liver resection and randomized controlled trials (RCTs) . Studies that were non-randomized clinical trials or that present ablative techniques or palliative intent were excluded. The bias risk was not evaluated and PRISMA guidelines were used for data synthesis.

Results: Out of 10 studies, 8 were selected, summing 1305 patients who participated in RCT. Fretland et al. (2018) illustrates a lower postoperative complication rate in the laparoscopic surgery group than in the open surgery group(95% CI: 1.67–21.8; P = 0.021) and an increase in the rate of quality life for patients in the first group (P = 0.001) . Robles-Campos et al. (2019) highlights a lower morbidity for minimally invasive surgery (11.5% vs. 23.7%, p = 0.025) and a shorter hospital stay (4 vs. 6 days, p < 0.001). Rate of tumor resection, blood loss and overall survival were equivalent between both groups across RCT.

Conclusions: Laparoscopic and robotic resection shows superior outcomes regarding short-term perioperative recovery, overall postoperative morbidity, and length of hospital stay, while maintaining equivalent oncological safety and long-term survival compared to open liver resection.

Keywords: laparoscopic liver surgery, robotic liver resection, hepatectomy, open liver resection, minimally invasive liver surgery

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Surgical Outcomes Following Neoadjuvant Systemic Therapy vs. Primary Surgery in Operable Breast Cancer - A Systematic Review

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Introduction: The introduction of neoadjuvant therapy has redefined treatment sequencing in breast cancer by enabling tumor downstaging and increasing breast-conserving surgery rates. Despite these advancements, determining the optimal timing for surgical intervention in relation to neoadjuvant versus adjuvant therapy remains a subject of ongoing debate. Therefore, a comparative evaluation of long-term oncological outcomes between primary surgery and neoadjuvant sequencing is essential for optimizing clinical decision-making.

Materials and Methods: A systematic search was performed on PubMed, The New England Journal of Medicine and ScienceDirect for articles published between 2023-2026, using the key terms: “breast cancer”, “neoadjuvant” and “primary excision”. Inclusion criteria followed studies that provide comparison between primary surgical resection and neoadjuvant systemic therapy(NST) prior to surgery, studies presenting data on oncological endpoints, such as Overall Survival(OS), Breast Reconstruction(BR) or Breast-Conserving Surgery(BCS) rates. Studies evaluating other outcomes were excluded. The bias risk was not evaluated and PRISMA guidelines were used for data synthesis.

Results: From 9 initial studies, only 5 RCT's and clinical case reports met the inclusion criteria, encompassing a total of 16523 patients. After NST, according to Qiu Z et al. (2026) compared with total mastectomy (TM) alone, patients who underwent TM with BR had similar OS ($P > 0.05$). Kunkler et al.(2023) recorded an incidence of local breast cancer recurrence within 10 years up to 9.5% (95% CI) in the no-radiotherapy group and 0.9% (95% CI) in the radiotherapy group. Sanne et al.(2023) observed a 10-year incidence of second primary cancers of 12.1% (95% CI) after radiotherapy and 8.3% (95% CI) after lymph node dissection.

Conclusion: While radiotherapy reduces local recurrence from 9.5% to 0.9%, surgical choices influence survival outcomes after NST. Nipple-sparing mastectomy with BR demonstrates superior OS and BCS compared to TM alone, whereas TM with BR shows no survival benefit.

Keywords: breast cancer, neoadjuvant, primary excision

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Prehospital Tourniquet Application In Traumatic Partial Lower Limb Amputation: A Case Report

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Introduction: Uncontrolled extremity haemorrhage is a leading cause of preventable trauma death. Tourniquets are first-line for life-threatening limb bleeding, but outcomes depend on how early and how correctly they are applied, particularly in rural settings with long transport times.

Case presentation: A 51-year-old female was injured by agricultural equipment, sustaining traumatic partial amputation at the right knee with active haemorrhage and two deep wounds of the left lower limb, 30 km from the nearest hospital. Response comprised a SMURD ambulance, a rescue engine and SMURD HEMS. Catastrophic haemorrhage control preceded the primary survey: a tourniquet was applied high and tight proximal to the amputation, on exposed skin, avoiding the joint, with application time recorded and handed over. <C>ABCDE assessment: airway patent; respiratory rate 25/min, SpO₂ 94–97% on oxygen; heart rate 130 bpm with weak radial pulse and pallor, consistent with Class II-III haemorrhagic shock; GCS 15/15; full exposure with hypothermia prevention. Treatment included 2 L crystalloids, 1 g tranexamic acid and 200 µg fentanyl. The left-limb lacerations bled non-arterially and were managed with compression bandaging. Haemorrhage control was confirmed on recheck; the patient remained haemodynamically stable during aeromedical evacuation to Craiova County Emergency Clinical Hospital and was transferred directly to the resuscitation area of the Emergency Department.

Discussion: The outcome supports published evidence. Kragh et al. reported 87–90% survival with prehospital tourniquet use versus none when indicated but omitted, and 90% survival when applied before shock onset against 10% afterwards; the U.S. Army Institute of Surgical Research demonstrated 100% arterial occlusion with correct application. This case adds a civilian, rural example in which pre-shock application, placement 2–3 inches proximal to the wound and off the joint, documented application time, and continuous reassessment, as recommended by TCCC 2026, preserved haemodynamic stability and enabled timely surgery.

Keywords: prehospital tourniquet; traumatic amputation; catastrophic haemorrhage; ABCDE; HEMS; trauma resuscitation

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Immediate And Persistent Effects Of Intermittent Fasting On Somatic And Hormonal Parameters In Female Rats

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Introduction: Intermittent fasting regimens (IFRs) have been investigated as alternative non-pharmacological strategies for the management of chronic diseases. However, the immediate and persistent effects of IFRs, particularly alternate-day modified fasting (ADMF), on somatic and hormonal parameters under physiological conditions remain insufficiently characterised. We hypothesised that ADMF would affect somatic and hormonal parameters in healthy female Wistar rats and that some of these effects would persist after the resumption of ad libitum feeding. This study aimed to evaluate the effects of ADMF and their long-term persistence on somatic and hormonal parameters in healthy female rats.

Materials and methods: Twenty-four female Wistar rats were randomly allocated to a control group (CG) or an alternate-day modified fasting group (ADMF) (n = 12/group), receiving a standard commercial diet either ad libitum or in a restricted amount on fasting days (15% of habitual energy intake), respectively. After 12 weeks of intervention, six animals from each group were euthanised, while the remaining rats (CG-F and ADMF-F) were followed for an additional 24 weeks under ad libitum feeding, totalling 36 weeks. Body weight, body mass index (BMI), adiposity index, sex hormone levels, and leptin levels were assessed. Comparisons between groups at the end of the intervention (CG vs. ADMF) and after the 24-week follow-up (CG-F vs. ADMF-F) were performed separately using Student's t-test or the Mann–Whitney U test, as appropriate, with statistical significance set at $p \leq 0.05$.

Results: After 12 weeks, body weight, adiposity index, and leptin levels did not differ significantly between the CG and ADMF groups ($p > 0.05$). However, the ADMF group exhibited a lower BMI ($p \leq 0.05$) and higher

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oestradiol ($p < 0.0001$), follicle-stimulating hormone (FSH; $p < 0.0001$), and luteinising hormone (LH; $p = 0.0022$) levels than the CG. After 24 weeks of ad libitum feeding, body weight, adiposity index, and leptin levels remained comparable between the CG-F and ADMF-F groups ($p > 0.05$), whereas the ADMF-F group exhibited a lower BMI and higher oestradiol levels. FSH and LH levels did not differ significantly between the groups.

Conclusion: ADMF induced changes in reproductive hormone levels in healthy female rats. The persistence of differences in oestradiol levels and BMI 24 weeks after the intervention suggests that some responses to ADMF may be long-lasting, even after the resumption of ad libitum feeding.

Keywords: intermittent fasting; gonadal steroid hormones; leptin levels; adiposity index; body weight; female rats

Achalasia Mimicking An Airway Foreign Body

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Introduction: Achalasia is an esophageal motility disorder characterized by incomplete relaxation of the lower esophageal sphincter and the absence of normal peristalsis. This can cause impaired esophageal emptying. Although the main symptom is dysphagia, severe esophageal dilatation can also compromise the airway.

Case presentation: This paper follows the case of a woman in her early seventies. The patient's medical history included previous caustic ingestion, esophageal stenosis and recurrent episodes of food impaction. Upon presenting to the emergency room, the patient reported dyspnea, orthopnea and dysphagia. A tracheal foreign body was initially suspected. Initial computed tomography showed esophageal dilation to 52 mm. Aspiration of approximately 500 mL of esophageal contents relieved dyspnea. Endoscopy and barium examination revealed dilation and impaired emptying, suggesting achalasia. There was a second episode that

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required the patient to be intubated. The computed tomography showed that the esophagus was dilated to 73 mm, causing a reduction in the trachea's diameter to 6 mm anteroposteriorly. Endoscopic food clearance restored esophageal patency. The recorded diagnosis was type II achalasia. During a subsequent admission, peroral endoscopic myotomy was performed. Two days later, the patient was discharged, tolerating semisolid food.

Discussion: Retained esophageal contents can cause distension and external compression of the adjacent trachea, producing dyspnea. Although uncommon, this mechanism can cause fatal airway obstruction. Acute respiratory distress associated with eating may resemble an airway foreign body, as initially suspected in this case. Computed tomography helps distinguish external tracheal compression from intraluminal obstruction. In this case, the symptom relief after esophageal decompression supports compression as the cause of the respiratory symptoms. This case emphasizes the importance of considering esophageal disease in patients with dyspnea and dysphagia. It also highlights the role of esophageal decompression in relieving airway compression before definitive treatment.

Keywords: Esophageal achalasia; Airway obstruction; Tracheal compression; Esophageal dilatation; Dyspnea; Case report

Diagnostic Accuracy Of Intraoperative Flow Cytometry During Stereotactic Brain Biopsy: A Retrospective Study

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Introduction: Stereotactic brain biopsy (SBB) is essential for diagnosing unresectable intracranial lesions but yields up to 5% nondiagnostic samples. Intraoperative flow cytometry (iFC) enables rapid assessment of cell cycle distribution. Hypothesising that iFC provides immediate, accurate discrimination of neoplastic specimens during needle biopsy, this study aims to determine the diagnostic concordance between the institutional iFC protocol and final histopathology.

Methods and materials: This was a single-center, retrospective observational cohort study conducted at the Department of Neurosurgery, University Hospital of Ioannina from 2020 to 2026. Eligible subjects were adult patients undergoing frame-based or frameless SBB with iFC and definitive histopathology. Patients with prior chemoradiation, open craniotomies or technical sample failures were excluded. Tissue specimens were processed via the institutional "Ioannina protocol" to quantify cell cycle distribution (G0/G1 fraction) and tumour index (TI). Agreement between iFC and histopathology, frequency of nondiagnostic biopsies, and quantitative iFC parameters were evaluated. Written patient consent was obtained and all data were fully anonymised.

Results: Among eight patients (mean age 62.5 years), iFC identified tumour tissue in six cases, normal tissue in one, and produced one nondiagnostic result. Final histopathology confirmed tumour in seven patients and normal parenchyma in one, corresponding to an overall iFC accuracy of 87.5%. Tumour samples showed TI values of 25–78%, while normal tissue demonstrated a TI of 4% and G0/G1 of 96%. The nondiagnostic iFC case involved a diffusely infiltrative gliomatosis cerebri with low cellular yield.

Conclusion: Intraoperative flow cytometry demonstrates high diagnostic concordance with final histopathology, offering a fast, cost-effective tool to minimise nondiagnostic stereotactic brain biopsies. Although limited by the small sample size and lack of a control cohort, the high concordance with histopathology underscores iFC's diagnostic utility. Prospective studies with larger cohorts are needed to externally validate these diagnostic thresholds.

Keywords: Ioannina, iFC, stereotactic brain biopsy

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Crush Injury In An Adolescent Complicated By Arterial Thrombosis And MRSA Infection: A Case Report

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Introduction: Agricultural injuries to the upper extremity are often severe: in one series, 21% of affected patients sustained a mangled extremity, 62% of them from farm machinery [1]. We report an adolescent with a crush-avulsion injury of the right upper limb complicated by early arterial thrombosis and MRSA infection.

Case summary: A 16-year-old male presented after his right upper limb was crushed by a threshing machine. Findings included an avulsion-amputation wound of the hand, open fractures of both forearm bones, open carpal dislocation, radial neurovascular bundle transection, and hemorrhage with anemia. Initial surgery (day 0) comprised a tegumentary longitudinal incision and decompression fasciotomy, followed by radial artery repair, radical debridement and skeletal stabilization with K-wires and a radial metacarpian external fixator, with delayed skin closure. On day 2, compartment syndrome and thrombosis proximal to the anastomosis were noted, requiering Fogarty thrombectomy and heparinization. MRSA was isolated on day 13; therapy was adjusted per antibiogram. Necrosis of digits III–V led to necrectomies and split thickness skin grafting.

Discussion: Reconstruction was preferred over amputation because of the patient's age, anticipated long-term reliance on the limb, and the psychological consequences of amputation; multidisciplinary input was required [1]. Following Macrì et al. [2], digital preservation was prioritized over early amputation. Proximal thrombosis developed about 48 hours after repair, when most early vascular occlusions occur. Vessel wall injury was the likely cause: crush-avulsion can extend intimal damage beyond visible disruption, exposing thrombogenic subendothelium and complicating anastomosis to healthy vessels [3]. Fasciotomy-requiring forearm compartment syndrome and important edema may have added local stasis. Mild coagulation abnormalities were noted. MRSA followed a 10-day ICU stay, a recognized predictor of acquisition in trauma patients [4], with a contaminated open fracture, devitalized tissue, retaining hardware, repeated surgery, and grafting. Empirical therapy was adjusted according to the antibiogram to gentamicin and linezolid, with topical rifampicin.

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Acute Flaccid Tetraparesis With An Apparent Sensory Level and Subsequent Electrodiagnostic Evidence Of Multifocal Neuropathy

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Introduction: Acute weakness accompanied by a sensory level and bladder dysfunction raises concern for spinal cord disease. When imaging does not identify a corresponding lesion, serial examination and peripheral nerve studies may change the diagnostic localisation.

Case summary: A 58-year-old woman developed rapidly progressive weakness and sensory disturbance. The initial clinical account described complete lower-limb paralysis (Medical Research Council grade 0/5), reduced sensation below approximately T2–T3, a T2–T4 band of hyperaesthesia, and upper-limb impairment. At hospital admission on 14 August 2026, examination documented flaccid tetraparesis, predominantly affecting the lower limbs (2/5), bilateral upper-limb weakness, reduced or absent tendon reflexes, sensory abnormalities, and urinary dysfunction. Transverse myelitis was initially suspected, and high-dose intravenous methylprednisolone (1 g/day) was administered. Cervical and thoracic magnetic resonance imaging showed no explanatory spinal cord lesion; reported cervical degenerative changes did not account for the presentation. Brain imaging was likewise non-explanatory. Cerebrospinal fluid findings were interpreted as suggestive of polyradiculoneuropathy, whereas electrodiagnostic assessment was reported as favouring a multifocal peripheral neuropathy pattern. A repeat study approximately two weeks later reportedly supported the same interpretation. Intravenous immunoglobulin produced no clear additional clinical improvement, and oral corticosteroids were continued for approximately 30 days. Strength and upper-limb movement improved progressively, but independent standing remained impossible. The treating team reported persistent widespread pain and paraesthesias, with marked nocturnal exacerbations, at approximately 50 days.

Discussion: The initial sensory level and urinary dysfunction favoured a spinal localisation, while areflexic flaccid weakness, unrevealing cord imaging, and the reported serial electrodiagnostic findings prompted reconsideration of a peripheral process. Mononeuritis multiplex is a possible electrodiagnostic interpretation, but the available summary does not provide nerve-by-nerve results or establish its cause. Clinical

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improvement after corticosteroids cannot independently confirm either localisation. The particularity of the case lies in the fact that, given the clinical onset pointing clearly toward transverse myelitis, but with an overly rapid improvement of symptoms under corticosteroid therapy, the final diagnosis ultimately turned out to be mononeuritis multiplex—a condition with a low incidence.

Keywords: mononeuritis multiplex, transverse myelitis, acute polyradiculoneuropathy, corticosteroid therapy, immunoglobulins, ataxic tetraparesis

Myocardial Revascularization: Coronary Artery Bypass Grafting Versus Angioplasty - Which Approach Offers Better Outcomes?

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Introduction: Coronary artery disease remains one of the leading causes of morbidity and mortality worldwide, and myocardial revascularization plays a central role in its treatment. Coronary artery bypass grafting (CABG) and percutaneous coronary intervention (PCI/angioplasty) are the two main revascularization strategies. This review aims to evaluate which of the two approaches offers the best long-term results in patients with coronary artery disease.

Materials and Methods: A systematic search was conducted on PubMed, Eur Heart J. and Cochrane Library for articles published between 2020 and 2026, using the key terms: “coronary artery bypass grafting”, “percutaneous coronary intervention” and “myocardial revascularization”. Included articles were Randomized Controlled Trials with $n > 30$ patients that documented survival, major adverse cardiovascular events (MACE) and angina recurrence. Noncomparative studies and studies lacking the inclusion criteria were excluded. Data extraction was conducted in accordance with the PRISMA guidelines, and the risk of bias was assessed using the Cochran Risk of Bias tool.

Results: Six randomized controlled trials were included, comprising a total of over 11,000 patients. In the SYNTAX trial, at 10 years, mortality was similar between the two strategies in patients with intermediate coronary complexity, but CABG showed superior benefit in patients with complex disease (SYNTAX score > 33). In the FREEDOM trial, in diabetic patients, major cardiovascular events were significantly reduced after CABG (18.7% versus 26.6%; $p = 0.005$), including mortality (10.9% versus 16.3%; $p = 0.049$). In

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contrast, in the EXCEL trial, focusing on proximal left main coronary artery stenosis, 5-year mortality was comparable between the two groups, although repeat revascularization was more frequent after PCI.

Conclusions: Although both revascularization methods achieved favorable results, CABG appears to offer superior benefits in patients with complex coronary disease and in those with diabetes mellitus, while PCI remains a valuable alternative in patients with less complex coronary anatomy. The choice of the optimal strategy should be individualized, within a multidisciplinary Heart Team discussion, and further research is needed for patients with multiple comorbidities.

Keywords: Coronary artery disease, Myocardial revascularization, Coronary artery bypass grafting, Coronary angioplasty, PCI, CABG.

Manic And Hypomanic Phenomena During Deep Brain Stimulation For Refractory OCD

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Background: Deep brain stimulation (DBS) is an investigational neuromodulatory intervention for highly selected patients with severe treatment-refractory obsessive-compulsive disorder (OCD). By modulating limbic and associative cortico-striato-thalamo-cortical circuitry, DBS may produce stimulation-dependent neuropsychiatric effects alongside anti-obsessional benefit. Reported manifestations include euphoria, behavioural activation, reduced sleep requirement, disinhibition, hypersexuality, hypomania and, rarely, syndromal mania [1-3].

Objectives: To systematically characterize manic, hypomanic and related affective phenomena following DBS for refractory OCD, emphasizing clinical phenotype, neuroanatomical target, temporal association with programming, stimulation-response characteristics, reversibility and potential vulnerability factors.

Methods and materials: A focused systematic review was conducted according to PRISMA 2020 principles. PubMed was searched using combinations of terms related to OCD, DBS, mania, hypomania, euphoria,

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mood elevation, disinhibition and hypersexuality. Primary human studies were eligible when they reported mania, hypomania, hypomania-like states or clearly stimulation-associated affective activation during DBS for OCD. Reviews, non-OCD DBS populations and studies without relevant affective outcomes were excluded. Backward and targeted citation searching supplemented the database strategy. Because of heterogeneity in study design, stimulation targets, adverse-event definitions and overlapping cohorts, findings were synthesized narratively rather than pooled quantitatively.

Results: Thirteen primary reports met inclusion criteria, including case reports, prospective and controlled studies, registry analyses and observational cohorts. Affective adverse events occurred after VC/VS, ALIC/NAc-region, vALIC, BNST and STN stimulation. Several reports demonstrated close temporal coupling between stimulation initiation or parameter escalation and emergence of hypomanic or manic symptoms, followed by attenuation after amplitude reduction, contact modification or reprogramming [1,3]. Particularly compelling within-patient evidence included voltage-dependent hypomania with hypersexuality and symptom resolution after stimulation reduction [2]. A reliable pooled incidence estimate was not possible because of small samples, selective reporting, heterogeneous diagnostic thresholds and cohort overlap. These effects may constrain therapeutic programming.

Conclusions: DBS-associated mania and hypomania in OCD represent a reproducible but phenotypically heterogeneous form of stimulation-related affective dysregulation. Temporal association, apparent dose-response relationships and dechallenge responses support a direct neuromodulatory contribution in at least a subset of cases [1-3]. Prospective studies using standardized mania scales, systematic adverse-event phenotyping and precise stimulation mapping are required to define incidence, anatomical correlates, susceptibility factors and optimal management.

Keywords: obsessive-compulsive disorder; deep brain stimulation; hypomania; mania; neuromodulation; adverse effects

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Previous and Repeat Ovarian Surgery and Ovarian Reserve in Endometriosis: A Systematic Review and Meta-Analysis

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Background: Ovarian endometriomas are common manifestations of endometriosis and may negatively affect ovarian reserve. Although conservative ovarian surgery is frequently required for symptom control or fertility management, it may inadvertently damage healthy ovarian tissue. The additional impact of previous or repeat ovarian surgery on ovarian reserve remains insufficiently quantified.

Objectives: In order to systematically evaluate the association between previous or repeat ovarian surgery and ovarian reserve we used serum anti-Müllerian hormone (AMH) as the primary outcome and antral follicle count (AFC) and assisted reproductive technology outcomes as secondary outcomes.

Methods and Materials: We included studies comparing women with previous ovarian surgery with those without previous surgery and women undergoing repeat surgery with an appropriate comparator. Seven primary studies met the eligibility criteria. Random effects meta-analyses were performed when outcomes and study designs were sufficiently comparable. Risk of bias was assessed using the Newcastle–Ottawa Scale.

Results: Three studies were included in the primary AMH meta-analysis. Previous ovarian surgery was associated with significantly lower AMH levels (pooled mean difference [MD] -0.90 ng/mL; 95% confidence interval [CI] -1.18 to -0.62 ; $I^2=15.5\%$). AFC was also lower (MD -1.69 follicles; 95% CI -2.64 to -0.75 ; $I^2=0\%$). Secondary analyses suggested fewer mature metaphase II oocytes (MD -1.47) and embryos (MD -1.26). Oocytes retrieved were also lower (MD -1.93), although the confidence interval crossed zero and heterogeneity was substantial. Direct repeat-surgery studies consistently reported lower AMH, AFC, ovarian volume, or ovarian response; however, methodological heterogeneity precluded a dedicated pooled estimate.

Conclusions: Previous ovarian surgery in women with endometriosis is associated with lower AMH and AFC, while direct evidence suggests additional ovarian-reserve impairment following repeat surgery. Available evidence indicates reduced ovarian reserve and quantitative ovarian

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response rather than clearly impaired intrinsic oocyte quality. Further prospective studies with standardized outcomes and adequate adjustment for disease severity and baseline ovarian reserve are required.

Keywords: Ovarian endometriomas, endometriosis, ovarian surgery, antral follicle count, anti-Müllerian hormone

An Unusual Pathogen In An Unusual Site: Enterococcus Faecalis Infection Of Paratubal Cysts Causing Peritonitis

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Introduction: Paratubal and paraovarian cysts are benign extraovarian adnexal lesions, often asymptomatic and discovered incidentally. Although recognized complications include torsion, haemorrhage and rupture, secondary infection is rarely reported. When infected, these cysts may develop complex imaging features that mimic pyosalpinx, tubo-ovarian abscess or other pelvic inflammatory masses, making anatomical origin difficult to establish. We present an unusual case of an infected Müllerian paratubal cyst associated with mesothelial cysts and peritubal endometriosis, complicated by generalized peritonitis.

Case presentation: A 55-year-old woman with a history of uterine leiomyoma, obesity and type 2 diabetes mellitus presented with four days of fever, chills, left iliac fossa pain and pollakiuria. Transvaginal ultrasonography and contrast-enhanced computer tomography revealed a large multiloculated pelvic mass with enhancing walls, initially raising suspicion of bilateral pyosalpinx and a left adnexal mass. CA-125 was moderately elevated, while HE4 was within reference range. Culdocentesis and subsequent ultrasound-guided drainage yielded purulent fluid, from which *Enterococcus faecalis* was isolated. Despite antimicrobial therapy adjusted according to susceptibility testing and drainage procedures, the patient developed persistent systemic inflammation and suspected sepsis. Repeat imaging demonstrated persistent complex cystic lesions containing gas and inflammatory changes. Exploratory laparotomy revealed an infected cystic mass with generalized peritonitis. Left adnexectomy, en bloc excision of the lesion, peritoneal lavage and drainage

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were performed. Histopathological examination demonstrated a benign Müllerian paratubal/paraovarian cyst with ulceration and granulation tissue, associated mesothelial cysts and peritubal endometriosis. Recovery was slowly favorable.

Discussion: Secondary infection of paraovarian or paratubal cysts is rarely reported compared with torsion, haemorrhage or rupture. The multiloculated inflammatory appearance closely resembled tubo-ovarian inflammatory disease, illustrating the limitations of imaging in severely infected adnexal lesions. Although *E. faecalis* was identified from purulent aspirates, the route of infection could not be definitively established, though hematogenous seeding or ascending translocation remains highly probable. Because Enterococci exhibit intrinsic resistance to standard cephalosporins frequently used in empiric treatments, delayed target coverage can worsen prognosis. Consequently, the failure of initial antimicrobial therapy and percutaneous drainage emphasized the critical importance of definitive surgical source control when an infected structural lesion persists. Histopathology was also essential in establishing the final diagnosis.

Keywords: paratubal cyst; paraovarian cyst; Müllerian cyst; Enterococcus faecalis; adnexal mass; endometriosis

The Future of Colorectal Cancer Surgery: Robotic or Laparoscopic?

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Introduction: Colorectal cancer(CRC) surgery has evolved significantly with widespread adoption of minimally invasive techniques, especially laparoscopic and robotic approaches. Robotic surgery was introduced to overcome the limitation of laparoscopy. This study aims to compare robotic and laparoscopic surgery for colorectal cancer.

Material and Methods: A systematic search was performed on PubMed, Scientific Online Resource System, Cochrane Library for articles published between 2020-2026, using the key terms: “Rectal cancer”, “Robotic”, “Laparoscopic” and “Colorectal cancer”, . The Included articles were randomized controlled trials(RCTs), and systematic reviews. The studies included more than 70 patients(n>70) and evaluated several outcomes, circumferential resection margins(CRM), conversion rates, intraoperative blood loss and readmission time in patients undergoing CRC resection,

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excluded articles concerned noncomparative studies and different surgical techniques; using two minimally invasive approaches: laparoscopic-assisted (LP) and robotic-assisted(RP). Data extraction was conducted in accordance with the PRISMA guidelines. Bias risk was not evaluated.

Results: Out of a total of 30 studies, 10 met the eligibility criteria and were included in the final analysis, comprising 6 RCTs and 4 systematic reviews. Overall, 70,952 patients were evaluated, with an approximately 1:1 ratio between the RP and LP groups. Emile et al. (2026) reported that the RP and LP groups had similar rates of positive CRM(10.5% vs. 9.4%, $p=0.072$). However, the RP group demonstrated significantly lower intraoperative blood loss (55.2–29.8mL vs. 109.5–58.5mL; $p<0.05$). Furthermore, Hancock et al. (2022) found that readmission rates were significantly lower in the RP group compared with the LP group (4.1% vs. 10.6%, $p=0.04$).

Conclusions: In conclusion, both approaches have distinct strengths, but robotic surgery demonstrates superior outcomes across most evaluated parameters. Further research is warranted to confirm these findings.

Keywords: Colorectal cancer, Colorectal Surgery, Minimally Invasive, Laparoscopic, Robotic

