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PURPOSE: To demonstrate the consequences and the treatment difficulties of neglected slow transit chronic constipation.

MATERIALS and METHODS:

BACKGROUND: The slow transit chronic constipation (STC) is a disease that represents 15 to 30% of constipated patients. When the diagnose is affirmed and the medical management has failed, there are several treatment options. Biofeedback, sacral nerve stimulation, segmental colectomy, and subtotal colectomy with various anastomoses have all been used. Of those treatment options, a subtotal colectomy with ileorectal anastomosis is the most efficacious in severe situations, with the data to support its use.

CASE REPORT: A 31 year old man underwent total colectomy with right side ileostomy due to neglected slow transit chronic constipation. The disease was started a decade ago with repeated hospitalization in gastroenterological clinic due to persisted constipation, serious fecal retention and nutrition disorders. Several months later, the patient was not complied with all the conservative treatment and finally he refused surgery. This resulted in patient's return with abdominal venous istention, edema anasarca and acute abdomen, due to possible bowel rupture, which lead him to surgery. Due to his weary general condition, postoperative complications were appeared, such as abdominal wound disruption and automatically drained abdominal abscess. These complications were effectively treated and the patient is alive and in good health condition three months after the operation.

Review of the literature, regarding the treatment of slow transit chronic constipation.

RESULTS: Failure to early conservative treatment of slow transit chronic constipation can lead to life - threatening situation for the patient requiring surgical restoration.

CONCLUSION: Surgical treatment is the last resort for slow transit chronic constipation and must be selected only for the very neglected situations.

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SENSITIZATION OF HEALTH PROFESSIONALS TO MENTAL ILLNESS AND STIGMA

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BACKGROUND: The community's sensitization is a very important task of Social Psychiatry and its success depends on committed and systematic efforts by mental health professionals, and especially on the creative imagination and originality of such professionals.

AIM: Mental health professionals' impact on sensitizing community's attitude concerning mental illness and stigma.

METHOD: We devised an innovative method to sensitize these professionals: we invited them to a painting exhibition. The 251 General Air Force Hospital hosted the first painting exhibition titled "Mental Disorder and Art", with works of patients who have been treated in the Hospital's Psychiatric Clinic.

RESULTS: The exhibition's objectives included:

Promotion of the ability to express the mental world through the Art of Painting. Provision of information to and training of health professionals as regards mental illness and stigma. Sensitization of health professionals to mental illness and stigma. The message of the painting exhibition can be summarized in four sentences: Let's talk about mental illness openly. Let's get familiar with it. Let's come closer to it. Let's feel it through its creations.

CONCLUSIONS: Information, training and sensitization of health professionals in General Hospitals aim to change their attitude towards mental illness and make them help, either voluntarily or as part of their job, the efforts of prevention, treatment and rehabilitation of mental patients.

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SEPTIC SHOCK WITH TENSION FECOTHORAX DUE TO PERFORATION OF A STRANGULATED INTRATHORACIC COLON, AS A DELAYED PRESENTATION OF A GUNSHOT DIAPHRAGMATIC RUPTURE

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PURPOSE: Diaphragmatic rupture after thoracoabdominal trauma has a reported rate of 0.8 to 5% and up to 30% of diaphragmatic hernias accompanied with delayed diagnosis. The diaphragmatic rupture occurs after high-energy blunt or penetrating (stab or gunshot wounds)

trauma. The purpose of this paper is to analyze the diaphragmatic rupture, its clinical presentation, complications and possible causes of the delay in diagnosis, whilst recording a rare interesting case.

MATERIAL and METHODS: A 44-year-old moribund male with a 15-year history of paraplegia, presented to the emergency department with a clinical presentation of extremely severe respiratory distress. Chest X-ray showed the colon present in the left hemithorax. The onset of symptoms was 48 hours previously, resulting in hemodynamic instability and severe sepsis condition.

RESULTS: Emergency left thoracotomy and laparotomy were carried out. A rupture of the left hemidiaphragm was found as well as intrathoracic presence of colon, incarcerated and perforated, feces and omentum, also incarcerated and necrotic. There were dense adhesions between the ectopic viscera and the thoracic structures. The necrotic parts of the colon and the omentum were mobilized, then resected. The viable parts of the colon were laboriously reintroduced into the intraperitoneal cavity.

CONCLUSION: Late diagnosis is crucial to the morbidity and mortality after diaphragmatic rupture. The course and the kinetic energy of bullets determine the extent of the wound and the size of the diaphragm rupture. The diagnosis of rupture of the diaphragm after penetrating trauma is sometimes difficult and delay can lead to life threatening complications.

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A RARE CASE OF PRIMARY OMENTAL ABSCESS WITH CLINICAL PRESENTATION OF ACUTE ABDOMEN AND THE RISE OF CARCINOEMBRYONIC ANTIGEN IN THE ABSCESS FLUID

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PURPOSE: About 80% of the intra-abdominal abscesses usually occur as a consequence of a visceral organ's infection. Primary omental disease especially infection or abscess rarely occurs. We emphasize the rarity of this case

in association with other similar cases in literature as primary omental torsion, paracolic pseudotumor omentitis, actinomycosis, foreign body reaction etc. We also documented the difficult preoperative diagnosis and the presence of high concentration of the tumor marker CEA in the abscess fluid, which, to our knowledge, represents a unique report.

METHODS: A 59-year-old white male presented to the emergency Department with symptoms and clinical signs of peritonitis. The preoperative imaging revealed a large cystic formation 5x4x6.5cm, with thickened wall inside the peritoneal cavity, but it was unable to estimate the diagnosis.

RESULTS: During exploratory laparotomy a sizable abscess with pseudocapsule was found inside the greater omentum, with no other concomitant surgical finding as foreign body or surgical material associated with antecedent surgery. Omentectomy with culture of the abscess fluid and pathology identification of this intra-abdominal inflammatory mass was the ultimate surgical intervention.

CONCLUSION: The differential diagnosis of inflammatory masses in the sense of acute abdomen should take into account the presence of primary omental abscess. Serum concentrations of tumor markers (for example, CEA, CA 19-9, and CA 125) were elevated in several patients with abdominal cysts and inflammatory fluids, especially in bronchial secretions.

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A CLINICAL COMPARISON OF ULTRASOUND BONE SURGERY VERSUS TRADITIONAL SURGICAL EXTRACTION IN LOWER THIRD MOLAR

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PURPOSE: To investigate the results and compare clinical treatment and postoperative rehabilitation in surgery extractions of lower third molar with ultrasound devices versus conventional rotary instruments.

PATIENTS AND METHODS: Thirty extractions of bilateral mandibular third molars were performed in (with) 15 volunteers (8 women, 7 men; 18 to 28 years old). The extractions of all the patients' left lower third molars were made by the conventional rotary instruments. The right lower third molars received treatment with the ultrasound bone surgery. All the procedures were performed by the same surgical team. Trismus, pain, cheek swelling have been evaluated at the first-, third-, and seventh