

CASE REPORTS

Plumbism or Lead Intoxication Mimicking an Abdominal Tumor
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The clinical presentation of lead intoxication may vary widely and in the absence of a high clinical index of suspicion, the diagnosis may be missed. The effects of lead on mitochondrial oxidative phosphorylation and its interaction with calcium-mediated processes explain the heterogeneous presentation. In this case report, the diagnosis was finally made when bilateral wrist drop developed on top of abdominal cramps and anemia. Before, ascites raised the suspicion of a tumor. Therefore, each element of the triad of unexplained anemia, abdominal cramps and bilateral wrist (or foot) drop should lead any physician to consider the diagnosis of lead intoxication. This case also illustrates the importance of a careful and meticulous social history in patient management.

KEY WORDS: lead intoxication; plumbism; ascites.

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Dysphonia as First Symptom of Late-Onset Myasthenia Gravis
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Myasthenia gravis (MG) is an autoimmune disorder of the neuromuscular junction that causes muscle weakness and fatigue. Fluctuating fatigue of skeletal muscles is the key clinical feature. Late-onset MG is more frequent in elderly men and is often misdiagnosed. While involvement of oropharyngeal musculature has been described with symptoms of dysphagia and slurred speech, the presence of fluctuating dysphonia as the first symptom of late-onset MG has not been emphasized. The case of an elderly man, who demonstrated voice changes and later swallowing impairment with weight loss, is reported. This case presentation of late-onset MG emphasizes that this form of the disease should be considered in the differential diagnosis of acute onset dysphonia in elderly persons.

KEY WORDS: myasthenia gravis; dysphonia; dysphagia; late-onset myasthenia; aged.

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Chest Pain in a Young Basketball Player
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A 32-year-old man was elbowed in the chest while fighting for a rebound in a recreational basketball game. He fell to the ground and his chest ached from the blow. Four days later he developed more severe chest pressure with dyspnea and came to the hospital. His chest wall was tender and his pulse slow, but the remainder of his physical examination was normal. Electrocardiogram showed sinus bradycardia, first-degree atrioventricular (AV) block, and occasional isorhythmic AV dissociation, but no ischemic ST-T changes. Cardiac troponin I rose to 1.74 ng/mL (normal <0.50). The patient therefore underwent coronary angiography, showing spiral dissection of the right coronary artery with extensive thrombus filling the distal portion of the vessel. Stenting was unsuccessful in restoring flow. This case highlights the potential dangers of blunt chest trauma in recreational sports and shows how angiography can distinguish myocardial contusion from coronary artery dissection.

KEY WORDS: coronary artery dissection; coronary artery injury; blunt chest trauma; blunt cardiac trauma.

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Iodine-Induced Thyrotoxicosis after Ingestion of Kelp-Containing Tea
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Complementary medication is en vogue and an increasing number of patients consume herbal medicine without reporting their use to physicians. We report a case of iodine-induced hyperthyroidism due to the ingestion of a kelp-containing tea. A 39-year-old woman with multinodular goiter presented with typical signs of hyperthyroidism, which was confirmed by endocrine tests. She was not exposed to iodinated radiocontrast media and did not take medications containing iodine, such as amiodarone. However, a detailed medical history revealed that she had been treated for a period of 4 weeks by a Chinese alternative practitioner with a herbal tea containing kelp because of her enlarged thyroid. The consumption of the tea was discontinued and an antithyroid drug therapy was initiated. Physicians should advise patients with underlying thyroid disease to avoid all complementary or alternative medications containing iodine.

KEY WORDS: iodine-induced hyperthyroidism; thyrotoxicosis; iodine; kelp.

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Supplementary Material

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