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Risk of Prostate Cancer in U.S. Veterans With Rheumatoid Arthritis

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Giant Hemorrhagic Adrenal Pseudocyst in a Postpartum Mother

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Mentor: Sara Despain

Program: Family Medicine

Type: Case Report

Background: Adrenal cysts occur more frequently in females than males, hemorrhagic adrenal cysts coinciding with parturition are exceedingly rare. These cysts often present with few or vague symptoms but are important to recognize for management as rupture could result in peritoneal seeding of cancerous tissue or even exsanguination.

Case: A 30-year-old on postpartum day one with left sided abdominal pain, a palpable mass, and 2 gram drop in serum Hgb with no typical source of postpartum hemorrhage. Ultrasound demonstrated a large fluid collection, identified as a hemorrhagic adrenal cyst on CT (Figure 1). The patient was transferred to for potential intervention including aspiration vs surgical removal. After observation her hemoglobin improved, the cyst was deemed stable, and she was scheduled for outpatient biopsy. However, it spontaneously ruptured, and the patient underwent aspiration of free serosanguinous abdominal fluid. She recovered without incident; unfortunately, the cyst reformed and ultimately, she underwent adrenalectomy.

Adrenal cysts are a rare incidental finding of 0.06 - 0.18% of individuals, the

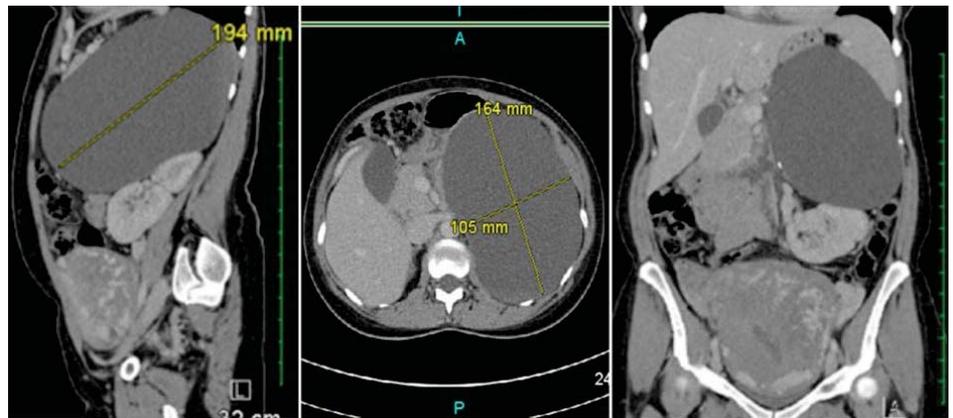


Figure 1. Giant hemorrhagic left adrenal cyst displacing left kidney inferiorly on CT scan PPD1.

overwhelming majority of which are female by a ratio of 3:1. Giant hemorrhagic adrenal cysts in pregnancy are astonishingly rare. Identification and proper management are paramount, because parturition represents an unpredictable situation with a potentially predictable course. Derangements of internal organs during or after delivery could result in rupture or hemorrhage. Recognizing this anticipated disturbance in pregnancy would aid in predicted course and management.

Conclusion: Hemorrhagic adrenal cysts present a difficult conundrum when it comes to management, given the lack of guidance

secondary to their rarity. Conservative treatment is possible; however, providers need to continue monitoring of the cyst for complications, including rupture in the setting of labor and hemorrhage as in this postpartum complication. Primary care providers, especially those in resource poor setting should consider transfer to higher level of care. ■

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Risk of Prostate Cancer in U.S. Veterans With Rheumatoid Arthritis

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Type: Original Research

Background: Patients with rheumatoid arthritis (RA) are at a small, but significantly increased risk of cancer compared with the general population. This risk varies by cancer type, with findings relative to prostate cancer conflicting. Recognizing the male predominance and large number of cases

available in the Veterans Health System, we estimated the risk of prostate cancer in a national population of male US Veterans with RA.

Methods: We identified male patients with RA within the VA Corporate Data Warehouse (1/1/2000-4/1/2018) using an algorithm adapted based on large systematic reviews. Prostate cancer and prostate cancer death were identified from the VA Oncology Raw Domain (ORD) and the National Death Index (NDI). Prostate cancer incidence rates (IR; per 1,000 pt-yrs) and 95% CIs were

calculated from the index. SIR and 95% CI were calculated from the Surveillance, Epidemiology, and End Results Program (SEER).

Results: There were 56,764 RA patients included in analysis. Over 406,013 pt-yrs of follow-up, there were 1,433 incident prostate cancers (IR 3.53; 95% CI 3.35-3.72 per 1,000 pt-yrs). Relative to SEER rates, SIR of prostate cancer in RA was 0.93 (95% CI 0.88-0.98).

Conclusion: In one of the largest studies of prostate cancer in RA, we estimated prostate cancer rates to be similar in a national Veteran population with RA to those in the general population. The small difference may be accounted for by cases not captured within ORD. This study was limited by the indirect standardization of prostate cancer rates to SEER. There is need for future research with direct standardization to US Veterans. ■

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New Finding of Multiple Inflamed Follicular Cysts in Two Patients With CANDLE Syndrome: A Case Report

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Program: Oral and Maxillofacial Surgery

Type: Case Report

Background: CANDLE Syndrome (Chronic Atypical Neutrophilic Dermatitis with Lipodystrophy and Elevated Temperature) is an autoinflammatory disease. Characteristics include: recurrent fevers, organ inflammation, skin lesions, anemia, lipodystrophy, basal ganglion calcifications, and delayed physical development. Orofacial manifestations include facial lipodystrophy, swollen eyelids, thick lips, macroglossia, generalized microdontia, and jaw osteopenia. We describe novel cases of two patients, diagnosed with CANDLE syndrome, who presented with radiolucent mandibular lesions associated with displaced permanent molars and mandibular bony expansion.

Methods: Patient 1: A 9-year-old male with CANDLE Syndrome was referred to our clinic for evaluation of a left mandibular radiolucency. After appropriate work-up, the lesion was surgically removed, found to be cystic in characteristic, measured 2x2x0.5cm and filled with a dark-brown turbid fluid. Two-years later, the patient returned with complaint of movement of his teeth. Repeat imaging showed a recurrent 3x2x1cm lesion.

Patient 2: A 10-year-old male with CANDLE Syndrome was referred to our clinic for

radiographic findings of a right mandibular radiolucency. Computed tomography imaging showed a 4x3x1cm lesion and an additional 1x1x1cm lesion of the left mandibular body (Figure 1).

Results: Histopathologic analysis of all four lesions revealed cysts of follicular odontogenic origin with intense inflammatory cell infiltrate.

Conclusions: To our knowledge, there has not been a previously described case of patients

with CANDLE Syndrome presenting with inflammatory odontogenic follicular cysts. The inflammatory cell infiltrate coincides with the inflammatory dysregulation of disease and organ inflammation seen globally. The new finding of radiolucent mandibular cystic lesions provides further insight into the extent and characterization of the Syndrome. ■

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Figure 1. Orthopantomogram demonstrating right and left lesions of the mandible with associated displaced mandibular right second molar and mandibular left first molar, respectively. Additional CT imaging identified right posterior mandibular lesion dimensions of 4x3x1cm and left mandibular body lesion of 1x1x1cm.