CAMC Research Day

Thursday
April 16, 2026

CAMC Center for Learning and Research
3044 Chesterfield Avenue
Charleston, WV

Institute for Academic Medicine
Vandalia Health

RESEARCH DAY

April 16, 2026

Charleston Area Medical Center

Center for Learning and Research (CLAR First Floor
3044 Chesterfield Avenue, Charleston WV 25304

Sponsored By:

Charleston Area Medical Center (CAMC),
CAMC Foundation and the CAMC Institute for
Academic Medicine

Agenda
8:00 am – 5:00 pm

7:30am-8:00am: Registration/Continental Breakfast Lobby CLAR Building First Floor

8:00am: Opening Remarks Room 130 CLAR First Floor

Original Research and Case Report Oral Presentations
Conference Room 130 CLAR (First Floor)

E-Poster/In-Person Presenters (CLAR First Floor)
Case Reports: Rooms125/127
Original Research: Rooms 124/126

4:15-4:45 pm Guest Speaker: Amy Deipolyi, MD, PhD
Topic: Choosing Your Path in Academic Medicine: Practical Strategies for Success

4:45-5:00 pm – Awards/Closing Remarks –
Conference Room 130 (CLAR: First Floor)

RESEARCH DAY:
Research Day was initiated in 1980 and was preceded by a similar event entitled Alumni-Education Day. This event has traditionally been planned to showcase research work completed by residents, fellows, medical students, pharmacy students/residents, and nursing students.

This year's program continues to feature collaborative efforts of residents, fellows, and student presentations with faculty/medical staff/professional staff preceptors. Research Day Awards will be presented at the conclusion of today's program recognizing outstanding presenters of these research projects in each of the four categories (oral original, oral case, poster original, poster case).

Objectives:
Upon completion of this program, attendees should be able to:
1) Describe ongoing original research in the CAMC, WVU/Charleston and WV School of Osteopathic Medicine medical community.
2) Discuss case reports and their role in clinical practice.
3) Encourage principal investigators/preceptors, residents, fellows, and students in their pursuits around excellence in clinical research.
4) Express options for integrating new knowledge gained from research presentations into clinical practice

Credit:
Continuing Education credits for Physicians, Nurses, Pharmacists, Psychologists, and Medical Imaging. Participants are available for attendance of this event at any/all portions of the program.

"Thank You" to the following:

Research Day Planning Co-chairs: Mary Emmett PhD, Corporate Director and Elaine Davis Mattox EdD, Director, CAMC Health Services and Outcomes Research

Research Day Abstract Selection Committee: Elaine Davis Mattox BSN, EdD, Scott Dean PhD, Mary Emmett PhD, Dan Lucas PharmD, Frank Annie PhD, Jennifer Collins, PhD, Michael Whitler BS.

CAMC IRB: Chris Terpening, PhD, PharmD (CHAIR); Atul Singh, DO (VICE CHAIR), Jennifer Gorrell, PharmD, Jessica Luzier, PhD, ABPP, CED-S, Melanie Whelan, PhD, FNP, RN, Jessica Sop, DO, Ebubekir Daglilar, MD, Edward Nehus, MD, Mohamad Badawi, MD, Marciano B. Lee, MD, Rayan Ihle, MD, Samuel Deem, DO, Stephen Bush, MD, Zachary AbuRahma, DO, Heidi Edwards, MSN, Christina Thompson, MSN, Richard Michael Martin, Amy Hunt, DO, Frank Huggins, PharmD, Jillian Keener, PsyD, Matthew Friend, MDIV, MAL, Meridith Todd, PharmD, Michael Boyd, MS
CAMC ISRB: Scott Fields, PhD (CHAIR), Mary Ann Maurer, DO (VICE CHSIR), Patrick Kerr, PhD. Byron Calhoun, MD, Nathan Hale, DO, Cassandra Simpkins, PharmD, Suzanne Crandall, DO, Katherine Atassi, PhD, RN, OCN, NE-BC, CNE

A Special Thanks: To all preceptors, mentors, and research staff that may have formally or informally assisted our learners with their research endeavor

Disclosure and Mitigation

The CAMC Institute for Academic Medicine controls the content and production of this CE activity and attempt to ensure the presentation of balanced, objective information. In accordance with the Standards for Integrity and Independence in Accredited Continuing Education established by the ACCME, faculty, abstract reviewers, paper presenters/authors, planning committee members, staff and any others involved in planning the educational content must disclose any relationship they or their co-authors have with ineligible companies which may be related to their content. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 24 months that create a conflict of interest. All presenters, planning committee and faculty have declared no financial interest with an ineligible company for this conference

ACCREDITATION STATEMENT

In support of improving patient care, CAMC Institute for Academic Medicine is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE) and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the healthcare team.

Physicians-The CAMC Institute for Academic Medicine designates this live activity for 8 AMA PRA *Category 1 Credit(s)™.* Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nurses The CAMC Institute for Academic Medicine is an approved provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This offering has been approved for 8 contact hours (JA0026-26-CE1104) .

Psychology- 8 Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibly for the content of the programs.

Pharmacy - The CAMC Institute for Academic Medicine is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. To receive credit,

participants must complete the sign-in sheet, attend each session, and complete an evaluation. ACPE credits will be posted online to the *CPE Monitor* within six (6) weeks following the activity. This knowledge- based activity provides 8 contact hours JA0006133-0000-26-127-L99-P.

Radiologic Technologists-This conference has been approved by the American Society of Radiologic Technologists (ASRT) Radiology Continuing Education Credit CATEGORY A Approval and Reference Number will be assigned.

Thanks to our Judges/Moderators and Staff Assisting

Oral Original Research
Adam Crawford, DO (Judge)
Edward Nehus, MD (Judge)
Kristi Lucus, PharmD (Judge)
Shadi Abu-Halimah, MD (Judge)
Dinchen Jardine, MD (Moderator)
Arthur Rubin, DO (Moderator)

Oral Case Reports
Heidi Edwards, MSN, RN (Judge)
Anthony Uy, MD (Judge)
Scott Fields, PhD (Judge)
Shelda Martin, MD (Judge)
L. Michael Robie, DO (Moderator)
Pamela S. Brown, MSHRM (Moderator)

Poster Original Research
Brandon Radow, MD (Judge)
Jess Luzier, PhD, ABPP, CED-S (Judge)
Sandeep Kashyap, MD (Judge)
Krishna Umapathi, MD (Judge)

Poster Case Reports
Brian Hendricks, PhD (Judge)
Evonne Richards, M.ED., MPH (Judge)
Amy Bruce, DNP, MSN, NE-BC (Judge)
Kathleen Bors, MD (Judge)

Judge Liaisons: Adam Belcher, PhD and Stephanie Thompson, PhD

Poster Session Moderators: Original Research: Lisa Calderwood, MPH and Kerry Drabish, PhD, APRN; Case Reports: Morgan Koontz, MS, Sharon Hill, DrPH

Awards Coordinators: Sonya Dunlap, MA, MS and Talia Alexander, MS

AGENDA

7:30 Registration/Sign-In: Lobby, Center for Learning and Research (CLAR)

8:00 am Welcome – Dinchen Jardine, MD, Associate Chief Academic Officer for GME/DIO

CLAR Conference Rooms: 130 B,C,D-Oral/Podium Presentations

Session I – ORIGINAL RESEARCH
Moderator: Dinchen Jardine, MD, Associate Chief Academic Officer for GME/DIO

8:15 am **ORIGINAL RESEARCH:** Understanding Breast Cancer Diagnosis in West Virginia: A Patient-Reported Analysis
Presenter: Haris Sohail, MD
Preceptor: Ahmed Khalid, MD

8:30 am **ORIGINALRESEARCH:** Esophageal Cancer: Trends, Treatments, and Outcomes in Three Databases
Presenter: Natalie Neville, Medical Student. WVSOM
Preceptor: Ahmed Khalid, MD

8:45 am **ORIGINAL RESEARCH:** Improving Tdap Vaccine Uptake During Pregnancy: A Five-Year Analysis at a Regional Center
Presenter: Nicole Perry Bryce, DO
Preceptor: Byron Calhoun, MD

9:00 am **ORIGINAL RESEARCH:** Value in Action: A Residency Curriculum for High Value Care
Presenter: Farzan Salehi, MD
Preceptor: Amna Anees, MD

9:15 am **ORGINAL RESEARCH:** Right Ventricular Failure and Post-Transplant Outcomes in Patients Bridged With LVAD: A Multicenter Cohort Study
Presenter: Mohamed S. Mahmoud, MD
Preceptors: Frank Annie, PhD and Marciano Lee, MD

9:30 am **ORIGINAL RESEARCH:** Impact of Tumor Location on PSA Nadir, Outcomes, and Complications Using Partial-Gland High-Intensity Focused Ultrasound Ablation of Prostate Cancer
Presenter: Ross Knaub, DO
Preceptor: Samuel Deem, DO

9:45-10:15 am **BREAK**

Session II - CASE REPORTS
Moderator: L. Michael Robie, DO, MBA, Vice President Ambulatory Services

10:15 am **CASE REPORT:** Melkersson-Rosenthal Syndrome Presenting with Dysautonomia and Postural Orthostatic Tachycardia Syndrome (PoTS): Expanding the Clinical Spectrum
Presenter: Fatima Tuz Zahra, MD
Preceptor: James Russel, MD

10:30 am **CASE REPORT:** Plasmablastic Lymphoma with Gynecologic Involvement Initially Suspected as Primary Ovarian Neoplasm: A Case Report
Presenter: Ryan J. Blake, Medical Student WVU
Preceptor: Courtney J. Nail, DO

10:45 am **CASE REPORT:** First Successful Treatment of Pediatric Refractory Granulomatous Acute Interstitial Nephritis With Anti-Thymocyte Globulin
Presenter: Egor Cherkasov, MD
Preceptor: Edward Jerome Nehus, MD

11:00 am **CASE REPORT:** The Triple Threat: Pancreaticogastric Fistula, Splenic Abscess, and Invasive Adenocarcinoma Arising from Main Duct IPMN
Preceptor: Saman Hamid, MD
Preceptor: Molly John, MD

11:15 am **CASE REPORT:** When Limb Swelling Is Not Benign: A Case of High-Grade Soft Tissue Sarcoma with Lipogenic Differentiation
Presenter: Thomas O'Rourke, Medical Student WVSOM
Preceptor: Amna Anees, MD

11:30 am **CASE REPORTS:** Catastrophic Hemorrhagic Transformation After Tenecteplase in Probable Cerebral Amyloid Angiopathy
Presenter: Khalid Uddin, MD
Preceptor: Kirvia Williams. DO

12:00 Noon-12:45pm Lunch - Provided

Session III: ORIGINAL RESEARCH
Moderator: L. Pamala S. Brown, MSHRM, Lead Organizational Development Consultant, CAMC University

12:45 pm **ORIGINAL RESEARCH:** Dietary Directed Care of Hypertension in the Ambulatory Setting
Presenter: Reagan Sharp, Medical Student WVU
Preceptor: Kathleen Bors MD

1:00 pm **ORIGINAL RESEARCH:** Exploring the Association Between PEG Tube Replacements and Area Deprivation Index in WV
Presenter: Ty Bayliss, MD
Preceptor: Richard Umstot, MD

1:15 pm **ORIGINAL RESEARCH:** Effect of Calcification Morphology on Early and Late Outcomes in TCAR
Presenter: Kory Dees, MD
Preceptor: Ali AbuRahma, MD

1:30 pm **ORIGINAL RESEARCH:** Interventional Radiologist-Led Ketamine Sedation Shortens Room Turnover Without Compromising Analgesia in Biliary Drainage
Presenter: Bradford Dugan, Medical Student, WVU
Preceptor: Amy Deipolyi. MD, PhD

1:45 pm **ORIGINAL RESEARCH:** Superior Sedation and Patient Experience with Ketamine/Midazolam Compared with Fentanyl/Midazolam in Interventional Radiology: A Prospective Randomized Study
Presenter: Ashraf Ahmad, MD
Preceptor: Amy Deipolyi, MD, PhD

2:00 pm **BREAK**

Session IV: CASE REPORTS
Moderator: Arthur Rubin, DO, West Virginia School of Osteopathic Medicine

2:15 pm **CASE REPORT:** Bickering with the Nervous System: Polyneuropathy from Bickerstaff Encephalitis
Presenter: Farwah Fatima, MD
Preceptor: Suzanne Crandell, DO

2:30 pm **CASE REPORT:** A Familial Case of an Anorectal Anomaly
Presenter: Marissa Della-Giustina, Medical Student WVU
Preceptor: Byoun Jin Kwon Hwang, MD

2:45 pm **CASE REPORT:** CT Myelogram Associated Seizure: A Rare Complication With Diagnostic and Educational Value.
Presenter: Abdullah Khalid, MD
Preceptor: Suzanne Crandall, DO

3:00 pm **CASE REPORT:** Rare Coexistence of Immune and Genetic Kidney Disorders: IgA Nephropathy with ADPKD and FSGS
Presenter: Anab Rehan Taseer, MD
Preceptor: Manzar Hussain, MD

3:15 pm **CASE REPORT:** Plasmablastic Lymphoma of the Left Ovary and Thigh Presenting in an Immunocompetent Young Female
Presenter: Muhammad Yousaf, MD
Preceptors: Mohammad Alamgir, MD

3:30pm-3:45pm **BREAK**

Introduction of Guest Speaker: Mary Emmett, PhD, Corporate Director, Health Services and Outcomes Research

3:45 pm **Guest Speaker (Thomas W. Mou, MD Lectureship): Amy Deipolyi, MD, PhD**
"Choosing Your Path in Academic Medicine: Practical Strategies for Success

4:15 pm **Awards/Evaluations**
Mary S. Emmett, PhD, Corporate Director, Health Services and Outcomes Research

- **Participant Awards**
- **Special Recognition Award**

MODERATED POSTER SESSIONS – DUAL LOCATION SCHEDULE
E-Poster/Presentations Original Research Room 124/126
E-Poster/Presentations Case Reports Room 125/127

If you would like to hear a presentation on the named research, plan to attend the judging session for each poster noted below. ***Presenters will have up to 8 minutes to summarize their E-poster with 2-3 minutes of Q and A from judges/audience.***

Poster Session I: BLOCK TIME ONE 8:30AM-10AM

CASE REPORTS (Rooms 125-127)
Moderator: Morgan Koontz, MS

Poster #1
CASE REPORT: Delayed post-traumatic hepatic abscess due to Parvimonas micra presenting as severe sepsis
Presenter: Eric Johnson, MD
Preceptor: Amna Anees, MD

Poster #2
CASE REPORT: Non-Opioid Anesthesia with a Ketamine-Lidocaine-Dexmedetomidine-Magnesium Infusion for Lumbar Interbody Fusion in a 46-Year-Old Obese Female
Presenter: Martin Nguyen, Medical Student WVSOM
Preceptor: James Hruschka. MD

Poster #3
CASE REPORT: Look, Then Look Again: Physical Examination Revealing Occult Testicular DLBCL in Ocular Lymphoma
Presenter: Farzeen Fatma Syed, MD
Preceptor: Ahmed Khalid. MD

Poster #4
CASE REPORT: Traumatic Pneumothorax Related to Permanent Epicardial Pacemaker Lead Placement.
Presenter: Robert Stawicki, DO
Preceptor: Marc Dotson, DO

Poster #5
CASE REPORT: Rice Bodies in a 15 year old Male with Juvenile Idiopathic Arthritis
Presenter: Ahmad Al Tumizi, D.O.
Preceptor: Matt Justice M.D.

Poster #6
CASE REPORT: Lipoma Arborescens Mimicking Juvenile Idiopathic Arthritis in a Pediatric Patient: A Diagnostic Pitfall
Presenter: Umar K. Bazai, M.D.
Preceptor: Matt Justice M.D.

Poster #7
CASE REPORT: Hepato-cardiorenal syndrome seen in late effects of Transposition of the Great Arteries
Presenter: Luke Adkison, DO
Preceptor: Katherine White, MD

Moderated Poster Session I: BLOCK TIME ONE 8:30AM-10AM

ORIGINAL RESEARCH (Rooms 124-126)
Moderator: Lisa Calderwood, MPH

Poster A
ORIGINAL RESEARCH: Metformin Reduces the Risk of New-Onset Autonomic Neuropathy (AN) in Type-2 Diabetes Mellitus (DM2) and Reduces the Risk of Mortality in Patients with AN and DM2 or Prediabetes
Presenter: Kiran Kumari, MD
Preceptor: James Russell, MD

Poster B
ORIGINAL RESEARCH: Association of GLP-1 Receptor Agonist Use With Overall Survival in Patients with Colorectal Cancer and Type 2 Diabetes: A Multicenter Real-World Study
Presenter: Baqir Hasan Jafry, MD
Preceptor: Amir Kamran. MD

Poster C
ORIGINAL RESEARCH: Smoking History and Survival Across Treatment Modalities in ACC
Presenter: Abbas Gain, MD
Preceptor: Amir Kamran MD

Poster D
ORIGINAL RESEARCH: Stage-Specific Comparative Effectiveness of Locoregional Therapies in Early-Stage Hepatocellular Carcinoma: A Global Real-World Analysis.
Presenter: Love Kumar. MD
Preceptor: Amir Kamran, MD

Poster E
ORIGINAL RESEARCH: "Magnesium Boluses for Post Operative Atrial Fibrillation (POAF) Prevention"
Presenter: Alyssa Mills, PharmD
Preceptor: Bradley Troyer, PharmD

Poster F
ORIGINAL RESEARCH: Bacterial Vaginosis Positivity Among Emergency Department Patients Diagnosed with Sexually Transmitted Infections
Presenter: Christiane Messerli, PharmD
Preceptor: Kaitlyn Czupryn, PharmD

10:00-10:15am BREAK

Moderated Poster Session II: BLOCK TIME TWO 10:15AM-11:45AM

CASE REPORTS (Rooms 125-127)
Moderator: Morgan Koontz, MS

Poster #8
CASE REPORT: Renal artery salvage by reverse Iliac branch stent during thoracoabdominal aortic aneurysm repair with TAMBE
Presenter: Robert Cragon, MD
Preceptor: Shadi Abu-Halimah, MD

Poster #9
CASE REPORT: Li-Fraumeni Syndrome: A Rare Hereditary Cancer Syndrome in a Rural Family Medicine Setting
Presenter: Kayla Young, Medical Student WVU
Preceptor: Kathleen Bors, MD

Poster #10
CASE REPORT: The Woman Who Mistook Her TV for a Fence: Visual Hallucinations in Charles Bonnet Syndrome in a Rural Family Medicine Setting
Presenter: Patrick Duffy, Medical Student WVU
Preceptor: Kathleen Bors, MD

Poster #11
CASE REPORT: An Eye for an Eye Will Make You Blind
Presenter: Nathan Rollings, DO
Preceptor: Kristen Babiak, DO

Poster #12
CASE REPORT: Beyond the Common Cold: An Unusual Cause of Oral and Ocular Lesions
Presenter: Muhammed Ceesay, MD
Preceptor: James Campbell, MD

Poster #13
CASE REPORT: When Energy Drinks Aren't So Energizing: Grapefruit-Mavacamten Interaction Leading to Reduced Ejection Fraction
Presenter: Ahmed N. Mohamed MD
Preceptor: Ahmad Elashery, MD

Poster #14
CASE REPORT: Two Antibodies, One Catastrophic Presentation: Double-Antibody ANCA and Anti-GBM Disease
Presenter: Christlyn Blessing-Ujomor, MD
Preceptor: Yamini Sachan, MD

Moderated Poster Session II: BLOCK TIME TWO 10:15AM-11:45AM

ORIGINAL RESEARCH (Rooms 124-126)
Moderator: Lisa Calderwood, MPH

Poster G
ORIGINAL RESEARCH: GLP-1 Receptor Agonists Decrease the Rate of Rupture, Cardiac Events, and Death in Patients with Abdominal Aortic Aneurysms
Presenter: Ana Clara M. Alcantara, Medical Student WVSOM
Preceptor: Catherine C. Go, MD

Poster H
ORIGINAL RESEARCH: Minimally Invasive Hiatal Hernia Repair in Patients with Class II or III Obesity: A Propensity Matched Analysis
Presenter: Hayley Harman, Medical Student WVU
Preceptor: Sandeep Kashyap, MD

Poster I
ORIGINAL RESEARCH: Retrograde Ureteral Stent vs Antegrade Percutaneous Nephrostomy Tube Placement in the Setting of Advanced Gynecologic Malignant Obstructive Uropathy: Factors Affecting Failure Rate, Conversion, and Long-Term Success
Presenter: Gabrielle Potter, Medical Student MU
Preceptor: Jacqueline Fannin, PhD, Samual Deem, MD, Kyle Ames, DO

Poster J
ORGINAL RESEARCH: Specialty-Based Variations in Sacrocolpopexy: Assessing One Year Outcomes, and Patient Demographics Between Urology and Gynecology
Presenter: Darshan Sangani, Medical Student MU
Preceptor: Joshua Lohri, DO

Poster K
ORIGINAL RESEARCH: Country Roads and Cancer Care: Comparing Measures of Travel Burden Among Patients with Bladder Cancer
Presenter: Oran Andrew Trimble, Medical Student WVSOM
Preceptor: Samuel Deem, DO

11:45am-12:45pm LUNCH BREAK

Moderated Poster Session III: BLOCK TIME THREE 12:45PM-2:00 PM

CASE REPORTS: (Rooms 125-127)
Moderator: Sharon Hill, DrPH

Poster #15
CASE REPORT: A Curious Case of Cutaneous Metastasis of Endometrial Cancer
Presenter: Savanna Patterson, DO
Preceptor: Michael Schiano, MD

Poster #16
CASE REPORT: From Anxiolysis to Psychosis: Neuropsychiatric Toxicity of Long-Term Benzodiazepine Therapy
Presenter: Kelsea Kangas, MD
Preceptor: Adina Bowe, MD

Poster #17
CASE REPORT: Electroconvulsive Therapy in a Patient with an Implanted Hypoglossal Nerve Stimulator- A Case Report
Presenter: Victoria Peruski, DO
Preceptor: James Griffith MD

Poster #18
CASE REPORT: The Warning Before the Infarcts: Recurrent Transient Deficits Heralding Multifocal Lacunar Stroke in Cryptococcal Meningitis Without Known Immunosuppression
Presenter: Shanza Faridi, MD
Preceptor: Braydon Leigh Dymm, MD

Poster #19
CASE REPORT: As The Head Turns: Bow Hunter Syndrome in the Setting of Chronic Vertebral Artery Occlusion
Presenter: Shealyn Falbo, MD
Preceptor: Braydon Dymm, MD

Poster #20
CASE REPORT: Scar Beneath the Surface: Malignant Ventricular Tachycardia in Cardiac Sarcoidosis
Presenter: Shahzeb Saeed, MD
Preceptor: Nadew Sebro Simone MD

Moderated Poster Session III: BLOCK TIME THREE 1:00PM-2:45 PM

ORIGINAL RESEARCH: (Rooms 124-126)
Moderator: Kerry Drabish, PhD

Poster L
ORIGINAL RESEARCH: Exploring Behavioral Health No-Show Rates in a West Virginia Family Medicine Clinic
Presenter: Olivia Glasgow, MS
Preceptor: Scott Fields, PhD

Poster M
ORIGINAL RESEARCH: "Lip Tie", and Frenectomies: Prevalence and Management in the United States, 2016-2022
Presenter: Fatou Conteh, MD
Preceptor: Elizabeth Copenhaver, MD

Poster N
ORIGINAL RESEARCH: Adverse Reactions Related to Body Mass Index in Patients Receiving Dexmedetomidine
Presenter: Dellani Fix, PharmD
Preceptor: Brian Hodges, PharmD

Poster O
ORIGINAL RESEARCH: Immune Checkpoint Inhibitor Related Adverse Events in Solid Organ Tumor Patients with and without CLL: A Retrospective Study
Presenter: Yazmin Ramos Barbosa, MD
Preceptor: Nisar Amin, MD

Poster P
ORIGINAL RESEARCH: Gastrointestinal Outcomes Following Button Battery Ingestion: A Multicenter Retrospective Analysis of Endoscopic Versus Non-Endoscopic Management
Presenter: Patrick M Farry II, Medical Student WVSOM
Preceptors:: Nisar Amin, MD

Poster Q
ORIGINAL RESEARCH: Association of Cardiac Rehabilitation Participation with Clinical Outcomes After Transcatheter Aortic Valve Replacement: A Retrospective Cohort Study Using a Federated Electronic Health Record Network
Presenter: Emily Pack, Medical Student WVU
Preceptor: Frank Annie, PhD

Poster R
ORIGINAL RESEARCH: Positive Margin after Radical Prostatectomy: What role does post-prostatectomy specimen handling play in positive margin rate?
Presenter: Jared Zopp, DO
Preceptor: Nathan Hale, DO

Moderated Poster Session IV: BLOCK TIME FOUR 2:30 -3:30PM
CASE REPORTS: (Room 125-127)
Moderator: Sharon Hill, DrPH

Poster #21
CASE REPORT: Endovascular Management for a Rupture of a Previously Ligated Popliteal Artery Aneurysm Following Redo Revascularization: A Case Report
Presenter: H Riley Caudill, DO
Preceptor: Andrew Lee MD

Poster #22
CASE REPORT: Jaw in the Skull; Case Report of a Mandibular Dislocation Extending into the Middle Cranial Fossa
Presenter: Bryson Parker, Medical Student WVU
Preceptor: Calvin Whaley, DO

Poster #23
CASE REPORT: Bilateral Renal Lymphangiomatosis: A Case Report
Presenter: Jenny Kaiser, DO
Preceptor: Michael Stencel, DO

Poster #24
CASE REPORT: A Rare Case of Ureteroinguinal Hernia Causing Hydroureteronephrosis
Presenter: Shelby Deynzer, DO
Preceptor: Joshua Lohri, DO

Poster #25
CASE REPORT: Open Partial Nephrectomy for Renal Cell Carcinoma in Transplanted Kidney
Presenter: Cody Fuller, DO
Preceptor: Michael Stencel, DO

Poster #26
CASE REPORT: Neurofibroma of the Ovary
Presenter: Sarah Mitchem, MD
Preceptor: Stephen Bush II, MD

BREAK

<u>Introduction of Guest Speaker:</u> Mary Emmett, PhD, Corporate Director, Health Services and Outcomes Research

3:45 pm **<u>Guest Speaker (Thomas W. Mou, MD Lectureship):</u> Amy Deipolyi, MD, PhD**
"Choosing Your Path in Academic Medicine: Practical Strategies for Success

4:15 pm **<u>Awards/Evaluations</u>**
Mary S. Emmett, PhD, Corporate Director, Health Services and Outcomes Research

- **Participant Awards**
- **Special Recognition Award**

Adjournment

<u>EVALUATION</u>

Oral Original Research

Understanding Breast Cancer Diagnosis in West Virginia: A Patient-Reported Analysis

Haris Sohail, MD

Background

West Virginia has among the highest breast cancer incidence and mortality rates in the United States. Delays in symptom recognition and screening may contribute to advanced-stage diagnosis.

Methods We evaluated patient-reported diagnostic pathways and barriers among adults aged ≥40 years in the CAMC service area. A patient list was obtained from the CAMC cancer registry and then narrowed to meet study criteria. Survey questions were developed for ease of readability and were similar to those reported in the literature. Surveys were then sent via the US postal service.

Results A total of 561 adults aged ≥40 years from CAMC and Mon Health were included. The median age was 65 years, and most respondents were White (95.0%). Nearly two-thirds had at least some college education, and 38.1% reported annual household income <$40,000. At diagnosis, 52.6% reported early-stage disease (stage 0–I), 18.8% stage II, 5.47% stage III, and 2.6% stage IV, while 20.6% were uncertain of their cancer stage. Cancer was most commonly detected by routine screening mammography (64.2%); however, 35.8% were diagnosed through non-screening pathways. Prior to diagnosis, 86.0% reported routine mammography and 72.0% performed breast self-examinations. Most respondents (77.0%) reported no symptoms before diagnosis, with fatigue (16.4%) and nonspecific symptoms (10.2%) being the most frequently reported among symptomatic individuals. Factors associated with non-screening pathways of cancer discovery included age ≤ 55 OR=2.5 (95% CI: 1.5-4.4; p<.001, income <$40,000 OR=2.4 (95% CI:1.5-3.9; p<.001 and not having routine mammography OR=4.1 (95% CI:2.2-7.9; p<.0001).

Conclusion Overall, while most cancers were detected through routine screening, more than one-third were diagnosed outside of mammography, with significantly higher rates of non-mammogram detection among younger patients (≤55 years), those with lower household income (<$40,000), and those not receiving routine screening highlighting persistent gaps in symptom recognition and timely diagnostic evaluation in this West Virginia population.

IRB number 26-1369
Presenter: Natalie Neville, Medical Student WVSOM
Preceptor: Ahmed Khalid, MD

Esophageal Cancer: Trends and Outcomes in Three Databases

Introduction
With the availability of data sources increasing, trends and survival rates are available without the inclusion of the specifics about the origin of the information. Databases can yield different results when information is incomplete. However, investigators can compare their centers' data with large datasets to identify potential differences.

Methods
This study compared esophageal cancer trends and outcomes between three databases including the CAMC tumor registry, TriNetX (research network), and Surveillance Epidemiology and End Results (SEER). Comparisons between the databases were completed using SAS 9.4.

Results
With initial inclusion there were 131,894 from TriNetX, 127,598 from SEER, and 495 from CAMC. The proportion of females was 24% in TriNetX, 23% in SEER, and 19% at CAMC ($p < .001$). For patients <90 years, TriNetX patients had a mean ± standard deviation of 74 ± 12, SEER 67 ± 12, and 66 ± 12 for CAMC patients ($p<.001$). The percentages of Caucasian patients in TriNetX, SEER, and CAMC were 58%, 76%, and 96%, respectively ($p<.001$). For patients who were diagnosed with stage III disease, adenocarcinoma histology, and had surgery and chemotherapy, the 5-year survival was 55% in TriNetX, 41% in SEER, and 32% at CAMC.

Conclusion
Though comparisons in demographics between TriNetX, SEER, and CAMC were possible. The survival from TriNetX was higher and did not reflect the known survival rate for esophageal cancer at the stage, histology, and treatments known even within a clinical trial setting. This may be due to TriNetX's inability to track oncology patients between health care organizations. Investigators should recognize the inherent differences in how these datasets collect information. When comparing results across datasets, one should use caution, especially if the outcomes in one set are markedly different from those in another.

Nicole Perry Bryce	Improving Tdap Vaccine Uptake During Pregnancy: A Five-Year Analysis at a Regional Center	Objective: To evaluate tetanus, diphtheria, and acellular pertussis (Tdap) vaccination rates among pregnant patients before, during, and after the COVID-19 pandemic and identify demographic and care-related factors associated with vaccine uptake at our tertiary-care medical center in Southern West Virginia. Methods: We conducted a retrospective cohort study of pregnant patients age 18 years or older with viable pregnancies through 36 weeks of gestation from January 11, 2019, to June 30, 2024 at a single tertiary-care medical center. Patients were categorized into pre-COVID-19, during-COVID-19, and post-COVID-19 cohorts. Vaccination uptake was analyzed using ANOVA, and additional bivariate analyses were conducted to identify demographic and clinical factors associated with Tdap receipt during pregnancy. Results: Among 2513 patients, 1705 (67.8%) received Tdap vaccination, which was higher than the national average of 56.6% in 2022-2023. Vaccination rates did not differ across 3 different phases relative to the COVID-19 pandemic (p=.97). Tdap vaccination was more common among patients who were married as compared with unmarried patients (70.4% vs 65.8%, p=.016), white versus non-white patients (68.9% vs 62.5%, p=.011), and patients receiving care in private-practice-based clinics versus hospital-based clinics (76.6% vs 65.6%, p<.001). No statistically significant difference was noted when stratified by insurance type (p=0.24) or advanced maternal age (≥35 years)(p=0.35). Conclusion: Tdap vaccination rates at our institution exceeded national averages and remained stable throughout the COVID-19 pandemic. Persistent disparities by race, marital status, and care setting highlight vaccination inequities and support the need for targeted interventions for patient and provider sub-groups.

Farzan Salehi, MD	Value in Action: A Residency Curriculum for High Value Care	Healthcare in the United States is becoming an increasingly costly industry. Per fact sheets from the Centers for Medicare & Medicaid Services, the federal government spent $4.5 trillion, or $13,493 per person, on healthcare in 2022. For educators and resident physicians, ACP has developed a curriculum that teaches how to steward healthcare resources. While these topics are discussed during case presentations, there was not yet a formal curriculum that reviewed high-value care (HVC) in the Internal Medicine (IM) Residency Program at Charleston Area Medical Center (CAMC). We evaluated IM faculty and residents' understanding of HVC prior to and after attending a HVC didactic curriculum in the CAMC IM Residency Program. A survey developed by the project investigators was used to assess residents' and faculty's understanding of HVC. After obtaining the presurvey, IM residents and faculty attended five noon lectures over the course of five months with objectives pertaining to learning about and provision of HVC. The lectures are modeled after ACP's High Value Care Curriculum for Educators and Residents and taught by CAMC faculty. Post surveys were collected from IM faculty and residents to evaluate their understanding of HVC. 22 participants completed the presurvey and 19 participants completed the post survey. The pre-survey and post-survey contained the same questions to allow for direct comparison. Mann-Whitney U testing showed statistically significant difference ($p<0.05$) in all 10 questions where respondents rated their own abilities and understanding regarding HVC. For all 5 lectures, one-tailed Mann-Whitney testing showed that post-survey self-ratings were greater than pre-survey self-ratings ($p<0.05$). The program's in-training exam percentile score in high-value care content improved from 56% in 2024 to 65% in 2025. The survey data reflects significant improvement in residents' and educators' self-perceived understanding of HVC. Investigators plan to continue this curriculum as part of the program's annual didactics.

Mohamed S. Mahmoud	Right Ventricular Failure and Post-Transplant Outcomes in Patients Bridged With LVAD: A Multicenter Cohort Study	Background Left ventricular assist devices (LVADs) are frequently used as a bridge to heart transplantation (HTx). While LVAD support improves survival to transplant, its impact on post-transplant right ventricular (RV) failure and long-term outcomes remains incompletely defined. We evaluated 1-year post-HTx outcomes in patients with and without prior LVAD support using a large, multicenter electronic health record network. Methods We conducted a retrospective cohort study using the TriNetX Research Network, including adults aged 18-75 years who underwent HTx between January 2016 and December 2025. Patients were stratified by pre-transplant LVAD exposure and matched 1:1 using propensity scores incorporating demographics, comorbidities, and peri-transplant medications and hemodynamic support variables, yielding 1,373 patients per group. One-year outcomes included RV failure, all-cause mortality, acute rejection, need for continuous renal replacement therapy (CRRT), repeat transplantation, and transplant-related complications. Associations were assessed using time-to-event analyses and Kaplan-Meier methods. Results Baseline characteristics were well balanced after propensity matching. At 1 year, there were no significant differences in RV failure (9.2% vs 8.1%; HR 1.14, 95% CI 0.89-1.48; p = 0.41), mortality (6.6% vs 5.8%; HR 1.15, 95% CI 0.85-1.56; p = 0.36), or CRRT use (16.2% vs 15.2%; HR 1.07, 95% CI 0.89-1.30; p = 0.86). However, LVAD recipients had higher rates of acute rejection (64.7% vs 61.6%; HR 1.12; p = 0.02), repeat transplantation (7.8% vs 4.0%; HR 1.97; p = 0.001), and transplant-related complications (74.1% vs 71.7%; HR 1.13; p = 0.03). Conclusions Pre-transplant LVAD support was not associated with increased 1-year mortality or RV failure after HTx but was linked to higher rejection, repeat transplantation, and transplant-related complications, suggesting persistent post-transplant risk in LVAD-bridged patients. These findings underscore the need for enhanced immunologic risk stratification and targeted peri- and post-transplant management in this population.

Ross Knaub	Impact of Tumor Location on PSA Nadir, Outcomes, and Complications Using Partial-Gland High-Intensity Focused Ultrasound Ablation of Prostate Cancer	High Intensity Focused Ultrasound (HIFU) is being utilized as an ablative treatment in select patients with prostate cancer. Data is limited in determining ideal candidates for partial-gland ablation with limited literature on PSA nadir, adverse outcomes, and functional outcomes. This study aims to investigate if location of lesions treated with partial-gland HIFU is associated with PSA nadir and functional outcomes. Retrospective review of prospective data was performed on 52 patients with intermediate risk prostate cancer identified by MRI guided standard template biopsy that underwent partial-gland HIFU ablation and completed 12-month follow-up. Patients were separated by tumor location by anterior, posterior, and mid-gland lesions. Percent change in PSA, PSA nadir, and functional IPSS and SHIM scores were calculated at 3-month intervals after HIFU. Continuous variables were reported as median with range and tested using Kruskal-Wallis tests for significance. Chi-square test was used to determine significance for categorical variables. A significance value of 0.05 was used. Of 52 patients, 4 were not included for lapse in follow-up. Age at treatment was 69.5+/-5.7 years. Intermediate risk Gleason scores included 3+3 (n=4), 3+4 (n=36), and 4+3 (n=8). Median pre-treatment PSA was 8.5+/-3.7ng. Median PSA nadir was 2.7+/-2.5. Mean initial IPSS score was 10.4+/-7.2 and 8.8+/-6.7 at 12 months. Median SHIM score was 16.8+/-8.9 and 14.7+/-8.2 at 12 months. Mid-gland lesions (n=14) had a greater percent decrease to PSA nadir (median 1.3ng/dL, 94%) compared to anterior (n=21, median 2.0 ng/dL, 68.8%) p <0.001 and posterior (n=12, median 1.6ng/dL, 74%) p <0.001. 6 patients required either urethral dilation or TURP after treatment and lesion location was not significant. Our results of partial-gland ablation with HIFU reveal a greater likelihood of achieving a lower PSA nadir with lesions located in the mid-gland of the prostate relative to posterior and anterior lesions.

Reagan Sharp	Dietary Directed Care of Hypertension in the Ambulatory Setting	Purpose: The purpose of this study is to assess rates of dietary counseling during primary care visits to aid providers with dietary goal setting in patients with hypertension. With a better understanding of the patient population and adherence rates, providers will be able to encourage healthy dietary choices, such as those aligning within the Mediterranean diet - one proven to be associated with a reduction in mortality - to lower rates of hypertension. Methods: An IRB-approved retrospective chart review of 300 ambulatory visits was completed to assess the frequency which providers discussed diet with patients diagnosed with hypertension. Each chart was reviewed in Cerner for variables including gender, age, race, BMI, prescriptions, blood pressure, comorbidities, and if dietary habits were discussed during the visit. Subsequently, a MEDAS (Mediterranean Diet Adherence Screener) was mailed to patients whose records indicated a dietary discussion had occurred. Results: Of 300 patient charts reviewed, only 161 had documented discussions about diet. There were statistically significant associations between "having a dietary discussion documented" and the visit being a Medicare Wellness visit ($p<.0001$) or if the patient had a BMI >30 ($p=0.0173$). 16 of 161 surveys were returned, and yield an average MEDAS score of 4.0, indicating low adherence. Conclusion: Forty-six percent of the patient charts had no documentation of diet discussion, even though diet modulation is recommended therapy in hypertension. The exception was patients who had comorbid BMI >30 or were at a Medicare Wellness visit, which are indicators for discussion about diet. The average MEDAS score of 4.0 indicates that the population who completed the surveys have a "low adherence" to the Mediterranean diet. After accounting for documentation bias, the data may imply that providers are not discussing diet, not documenting discussions, or do not have adequate training to discuss dietary changes in patients with hypertension

Ty Bayliss	Exploring the Association Between PEG Tube Replacements and Area Deprivation Index in WV	Percutaneous endoscopic gastrostomy (PEG) tube placement is one of the most common methods used to achieve enteral access. In some cases, subsequent PEG tube replacements are required due to complications. However, despite the frequency of PEG tube replacements, the role of social determinants of health (SDOH) in these outcomes remains poorly understood. In this context, the Area Deprivation Index (ADI) represents a potentially valuable yet underutilized metric for assessing SDOH. This study leverages ADI to more comprehensively evaluate how neighborhood-level socioeconomic disadvantage influences the risk of PEG tube replacement. This descriptive retrospective study examined adult patients who underwent initial PEG tube placement at CAMC between January 2017 and December 2023. Patients with open gastrostomy tubes were excluded. Patients were identified using the institutional data warehouse and supplemental data were collected through chart review. A total of 265 patients had an initial PEG tube placement during the study period. Of these, 75 patients (28.30%) returned for replacements with a total of 106 replacements. The average replacement was 1.41 per patient with a range of 1 to 8. The most common reasons for replacements were PEG tube malfunction (31.13%), removal by patients (18.87%) and PEG dislodgement (11.32%). Areas with most-disadvantaged ADI were significantly associated with a higher incidence of replacement visits ($p = 0.041$). This study demonstrates that ADI may serve as an indicator for increased risk of PEG tube replacement and identifies a critical area for improvement in the care of patients undergoing PEG. Currently, at CAMC, there is no standardized process for post-procedural patient education beyond verbal instruction. The findings of this study highlight the need for targeted institutional interventions to mitigate this risk, including the standardized use of post-operative abdominal binders and the systematic distribution of written

Kory Dees	Effect of Calcification Morphology on Early and Late Outcomes in TCAR	Transfemoral carotid stenting is associated with increased risk in heavy calcified lesions. Therefore, this study analyzes the effect of calcium burden on TCAR outcomes. This is a retrospective review of prospective patient data in patients receiving TCAR in our institution. Preoperative CTAs were reviewed to determine circumferential calcification, thickness, and lesion length. Primary outcome was 30-day perioperative stroke/death rate. Secondary outcome included 30-day stroke, death, and MI rate. Late outcome included stroke/death rate and in-stent restenosis. Kaplan Myer Analysis was used to estimate freedom of stroke, stroke and death, and ≥50% restenosis rates. This study analyzed 313 procedures with a mean age of 71 years and mean follow-up of 29.4 months. Circumference calcification: 0-50% in 62% and 51-100% in 38%; calcification thickness: ≤2mm in 49% and >2mm in 51%, calcification length: <20mm in 50%, and ≥20mm in 50%. The 30-day perioperative stroke rate was 2.0% and stroke/death/MI of 3.5%. The 30-day perioperative stroke rate according to calcium circumference (≤50% vs >50%) was 1.7% vs 2.9% (p 0.674); length (<20mm vs ≥20mm) was 2.1% vs 2.2% (p 1); and thickness (≤2mm vs >2mm) was 1.5% vs 2.9% (p 0.6841). Combined stroke rates for calcium circumference (≤50% vs >50%): 4.2% vs 4.9% (p 0.771); length (<20mm vs ≥20mm) 6% vs 3% (p 0.242); and thickness (≤2mm vs >2mm): 3.8% vs 5.2% (p 0.599). Rates for >50% restenosis for calcium circumference (≤50% vs >50%) 7.9% vs 8.8% (p 0.821); length (<20mm vs ≥20mm) 7.5% vs 9.0% (p 0.663); and thickness (≤2mm vs >2mm) 7.6% vs 8.8% (p 0.825). Kaplan Myer Analysis showed similar rates of freedom from stroke, stroke and death, and ≥50% restenosis at 1, 2, and 3 years according to calcification circumference, thickness, and length. This study showed no significant effect of calcium burden on TCAR early and late outcomes.

Bradford Dugan, BS	Interventional Radiologist-Led Ketamine Sedation Shortens Room Turnover Without Compromising Analgesia in Biliary Drainage	Purpose: Traditional interventional radiology (IR) opioid/benzodiazepine sedation is often inadequate for the exquisite pain of biliary drainage procedures. Nationwide anesthesiology shortages may delay or limit access to timely intervention. IR-administered ketamine-based sedation provides deeper sedation without anesthesia support. This study evaluated the impact of IR-led procedural sedation versus anesthesia on room turnover times for primary biliary drainages and assessed whether ketamine use affected postoperative narcotic requirements. Materials and Methods: All primary biliary drainages performed by two IRs at a single academic institution were identified via the Picture Archiving and Communication System. Procedural details, sedation type, and pain medications were abstracted from medical records. Pre-procedure turnover was defined as the interval from the last image of the prior case to the first image of the drainage; procedure duration between the first and last drainage images; and post-procedure turnover between the last drainage image and the first image of the subsequent case. Comparisons were performed using Mann-Whitney U tests. Results: Ninety biliary drainages (49 internal-external, 11 external, 30 primary stents) were performed in 78 patients (30 women, 48 men; mean age 66 years). Procedural sedation was used in 43 cases, including ketamine in 30 (mean dose 70 mg), whereas 47 cases were managed by anesthesiology (45 general anesthesia, 2 monitored anesthesia care). Anesthesiology-managed cases had significantly longer median pre-procedure (110 [IQR: 92-138] vs 66 [IQR: 51-93] minutes, $p<0.001$) and post-procedure (98 [IQR 72-124] vs 58 [IQR 54-69] minutes, $p<0.001$) turnover times, while procedure duration was similar (43 [IQR: 25-60]vs 37 [IQR: 21-55] minutes, $p=0.274$). Postoperative pain scores and 24-hour opioid requirements did not differ between groups. Conclusion: Anesthesiology involvement in primary biliary drainage was associated with longer pre- and post-procedure turnover times without improved pain outcomes. Incorporating ketamine into IR-led sedation may improve efficiency while maintaining comparable postoperative analgesia.

Ashraf Ahmad	Title: Superior Sedation and Patient Experience with Ketamine/Midazolam Compared with Fentanyl/Midazolam in Interventional Radiology: A Prospective Randomized Study	Purpose: To compare analgesia, respiratory safety, and patient-reported experience between ketamine/midazolam and fentanyl/midazolam sedation during Interventional Radiology (IR) procedures . Materials and Methods: In this institutional review board-approved, single-center, single-blinded, prospective, randomized study, patients undergoing abscess drainage and lung and bone biopsy were randomized to receive either intravenous fentanyl/midazolam or ketamine/midazolam sedation administered by IR providers without anesthesiology involvement. Demographics, medical history, and vital signs were collected at baseline; medications, vital signs, Richmond Agitation-Sedation Scale (RASS) scores, and Numeric Rating Scale pain scores were collected before, during, and after procedures; and post- procedure recovery data included final RASS and pain scores, adverse events, biopsy adequacy, and responses to the Heidelberg peri-anesthetic questionnaire. Data are presented as median (interquartile range) or mean (standard deviation) and compared using Wilcoxon rank-sum, χ^2, or Fisher exact tests. Results: Among 264 procedures in 260 participants, ketamine/midazolam produced significantly lower pain scores during (0 [0-0] vs. 0 [0-3], $p<0.001$) and after (0 [0-0] vs. 0 [0-2], $p=0.004$) the procedures. Ketamine/midazolam produced deeper procedural sedation (-4 [-4-(-3)] vs. -2 [-3-(-1)], $p<0.001$) by RASS, less procedural memory (1 [1-1] vs. 4 [3-4], $p<0.0001$) and greater satisfaction with procedural sedation (4 [4-4] vs. 4 [3-4], $p<0.0001$). Fentanyl/midazolam caused lower oxygen saturation (96 [93-98] vs. 97 [95-99] %, $p=0.0048$) and systolic blood pressure (117 [106-126] vs. 130 [117.5-147.5] mm Hg, $p<0.0001$) during the procedures. Both regimens were safe, with no patients experiencing sedation-related adverse events and similar procedural complications and biopsy specimen adequacy. Conclusions: IR-administered ketamine/midazolam sedation was superior to fentanyl/midazolam in hemodynamic stability, depth of sedation, intra- and post- procedure pain scores, and patient-reported procedural experience. Treatment effects were consistent across procedure types, supporting ketamine/midazolam as a valuable addition to IR sedation practice.

Poster Original Research

Kiran Kumari	Metformin Reduces the Risk of New-Onset Autonomic Neuropathy (AN) in Type-2 Diabetes Mellitus (DM2) and Reduces the Risk of Mortality in Patients with AN and DM2 or Prediabetes	Background: Autonomic neuropathy (AN) is a significant yet underrecognized complication of type 2 diabetes mellitus (DM2), affecting an estimated 20-30% of individuals over time. Although AN contributes to increased all cause mortality through arrhythmias, blood pressure instability, and impaired organ regulation, it is not captured as a primary cause of death in national datasets. In DM2, AN is associated with a threefold higher risk of cardiovascular events and mortality, yet only symptomatic treatments exist. Preclinical evidence suggests metformin may enhance baroreflex sensitivity-which helps stabilize cardiac function-and reduce systemic inflammation through AMPK-dependent protective pathways, offering a potential disease modifying effect. Methods: This retrospective cohort study used the TriNetX Research Network to evaluate adults ≥18 years with prediabetes or controlled DM2 between January 1, 2003, and December 31, 2023, assessing new onset AN over up to 20 years of follow-up. Individuals with conditions independently causing neuropathy or systemic inflammation were excluded. Patients received either no antidiabetic therapy or metformin monotherapy. Propensity score matching controlled for demographic, metabolic, and cardiovascular risk factors. Results: In DM2, metformin significantly reduced the relative risk of new onset AN by year 5, with benefits persisting through 20 years ($p = 0.0005$) compared with untreated individuals. All cause mortality was consistently lower across all DM2 metformin groups ($p < 0.0001$). Among those with prediabetes, AN incidence remained minimal (0.05%) and did not appear until year 5; however, metformin significantly reduced all cause mortality at every interval (<0.0001). Conclusion: Long-term metformin use reduces the risk of autonomic neuropathy and mortality in DM2 and confers meaningful survival benefits in prediabetes compared with no therapy. These findings align with metformin's known early protective effects in metabolic disease.

Baqir Hasan Jafry	Association of GLP-1 Receptor Agonist Use With Overall Survival in Patients with Colorectal Cancer and Type 2 Diabetes: A Multicenter Real-World Study	Background: Colorectal cancer (CRC) is closely linked to obesity and type 2 diabetes mellitus (T2DM), conditions associated with worse oncologic outcomes. Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) improve glycemic control, but their association with survival after CRC diagnosis remains unclear. We evaluated the association between GLP-1 RA exposure and overall survival (OS) in patients with CRC and T2DM. Methods: We performed a retrospective cohort study using the TriNetX research network (2010-2024). Adults (≥18 years) with incident CRC and T2DM were identified. Patients receiving GLP-1 RAs were compared with patients receiving other antidiabetic therapies, including metformin, insulin and insulin analogues, sodium-glucose cotransporter 2 (SGLT2) inhibitors, sulfonylureas, and dipeptidyl peptidase-4 (DPP-4) inhibitors. Propensity score matching (1:1) was performed using demographics, comorbidities, and baseline laboratory values. Overall survival was assessed using Kaplan-Meier methods and Cox proportional hazards models. Results: After matching, 1,485 CRC patients remained in each group. In the matched cohort, the mean age was 67.7 years; 55% were male and 45% female. Most patients had colon cancer (77%), and the cohort was predominantly White (68%). Baseline metabolic profiles and comorbidities were well-balanced between groups. Among non-GLP-1 RA users, the most common antidiabetic therapies included metformin (54%), followed by insulin or insulin analogues (35%), SGLT2 inhibitors (27%), sulfonylureas (22%), and DPP-4 inhibitors (7%). GLP-1 RA use was associated with improved overall survival. One-year OS was 92.7% in the GLP-1 RA group versus 90.2% in the non-GLP-1 group (log-rank p=0.017; HR 0.73, 95% CI 0.56-0.95). At the longest duration of sufficient follow-up, 5-year OS was 78.6% versus 72.0%, respectively (log-rank p=0.0003; HR 0.72, 95% CI 0.60-0.86). Conclusions: In this large multicenter real-world cohort of patients with colorectal cancer and type 2 diabetes, GLP-1 receptor agonist use was associated with significantly improved short- and long-term overall survival.

Abbas Gain	Smoking History and Survival Across Treatment Modalities in ACC	Background This study evaluates the effect of smoking history on survival outcomes across different ACC treatment modalities to identify treatment-specific risk modification. Methods A retrospective cohort study was performed using the TriNetX database, including adults (≥18 years) diagnosed with ACC between 2005 and 2024. Patients were stratified by documented smoking history prior to treatment initiation and grouped non-mutually exclusively based on receipt of immune checkpoint inhibitors (ICIs), adrenalectomy, radiotherapy (RT), or etoposide-doxorubicin-cisplatin (EDP) chemotherapy. One-to-one propensity score matching was conducted using age, sex, race, metastatic status, prior treatments, and selected comorbidities. Overall survival (OS) and 1-year survival were evaluated using Kaplan-Meier analysis and log-rank testing. Sensitivity analyses excluding smoking-related comorbidities were performed to reduce overadjustment bias. Results In the ICI cohort, after matching (205 patients per group), smokers demonstrated inferior outcomes, with lower median OS (17.7 vs 27.7 months at 3 years; p = 0.049) and reduced 1-year survival (56% vs 70%; p = 0.004). In contrast, the adrenalectomy cohort showed no significant differences between smokers and non-smokers, with identical 3-year OS (79% vs 79%; p = 0.894) and 1-year survival (90% vs 90%; p = 0.893). Similarly, in the matched EDP chemotherapy cohort (134 patients per group), smokers had slightly lower median OS (17.3 vs 19.9 months), but differences were not statistically significant (p = 0.517), with comparable 1-year survival. Conversely, in the RT cohort (210 patients per group), smokers had significantly worse outcomes, including lower OS (39% vs 50%), shorter median survival (17.4 months vs not reached; p = 0.005), and reduced 1-year survival (53% vs 70%; p = 0.001). Sensitivity analyses excluding smoking-related comorbidities yielded consistent result. Conclusions Smoking history is associated with worse survival in ACC patients treated with ICIs and RT, but not with adrenalectomy or EDP chemotherapy.

Love Kumar	Stage-Specific Comparative Effectiveness of Locoregional Therapies in Early-Stage Hepatocellular Carcinoma: A Global Real-World Analysis.	Background Locoregional therapies are central to the management of early-stage hepatocellular carcinoma (HCC) in patients who are not candidates for surgical resection. Transarterial chemoembolization (TACE), transarterial radioembolization (TARE), and thermal ablation (radiofrequency or microwave ablation; RFA/MWA) are widely used, yet comparative, stage-specific real-world effectiveness data remain limited. Methods We conducted a retrospective comparative effectiveness analysis using the TriNetX global research network. Adults with early-stage HCC treated with TACE, TARE, or ablation as first locoregional therapy were stratified by tumor stage (T1 vs T2). Propensity score matching was performed within each head-to-head comparison to balance demographics, liver disease severity, comorbidities, and baseline characteristics. Overall survival (OS) was the primary endpoint. Results T1 tumors: After matching, 224 patients per group were included for TACE versus TARE. Three-year OS was significantly lower with TACE compared with TARE (62% vs 75%, p = 0.0076). Ablation versus TACE included 236 patients per group, with 1-year OS of 89% versus 83% (p = 0.0595) and 3-year OS of 69% versus 63% (p = 0.1063). Ablation versus TARE included 233 patients per group, with 1-year OS of 90% versus 89% (p = 0.7288) and 3-year OS of 69% versus 71% (p = 0.7925). T2 tumors: After matching, 157 patients per group were analyzed for TACE versus TARE, with 3-year OS of 59% versus 66% (p = 0.0579). Ablation versus TACE included 108 patients per group (1-year OS 86% vs 89%; p = 0.6608; 3-year OS 57% vs 58%; p = 0.7989). Ablation versus TARE included 114 patients per group (1-year OS 85% vs 80%; p = 0.3342; 3-year OS 59% vs 58%; p = 0.2089). Conclusions In T1 HCC, stage-specific survival differences were observed, with TARE and ablation demonstrating superior survival compared with TACE and no significant difference between TARE and ablation. No survival differences were identified among T2 patients, likely reflecting limited statistical power due to smaller sample sizes. Larger prospective studies are needed to more definitively

Alyssa Mills	"Magnesium Boluses for Post Operative Atrial Fibrillation (POAF) Prevention"	Title: "Magnesium Boluses for Post Operative Atrial Fibrillation (POAF) Prevention" Authors: Alyssa Mills PharmD, Bradley Troyer PharmD, BCCCP, and Brian Burton, MS. Purpose: This study evaluated the use of magnesium boluses in addition to standard of care to prevent POAF after coronary artery bypass surgery (CABG). Methods: Medical records of 290 postoperative CABG patients admitted to Charleston Area Medical Center Memorial Hospital between January 1st, 2021, and March 21st, 2025 were reviewed. The first cohort received standard of care atrial fibrillation prophylaxis with amiodarone and beta-blockers while the other received magnesium boluses in addition to standard of care to maintain magnesium levels above 3mg/dL. Results: When analyzing the difference between patients who received magnesium boluses vs standard of care, there was no significant difference in the rate of POAF occurrence between the two cohorts (77% vs 52%, P=0.0552). For secondary outcomes, there was no difference between hours of vasopressors, hospital length of stay, or stroke occurrence. When examining compliance with the magnesium replacement protocol in the bolus cohort, 90% of patients had a low magnesium day and only 31% of those patients received adequate replacement. Conclusions: It is unclear whether the occurrence rate of POAF is due to magnesium having no effect on prevention or the lack of magnesium levels consistently staying above 3mg/dL in the bolus cohort. The number of replacements given after surgery varied even when the levels were below goal. This could have been due to our institution's protocols not appropriately being followed. A lack of appropriate documentation in the standard of care group may have also been a significant confounder. Further robust and prospective studies will be needed to assess appropriate magnesium replacement and effectiveness of therapy.

Christiane Messerli	Bacterial Vaginosis Positivity Among Emergency Department Patients Diagnosed with Sexually Transmitted Infections	Purpose: Bacterial vaginosis (BV) infection is known to increase the risk of acquiring sexually transmitted infections (STIs). The purpose of this study is to evaluate the prevalence of BV co-infection among patients diagnosed with Chlamydia trachomatis and/or Neisseria gonorrhoeae, and to assess associated clinical outcomes, including recurrence and need for antibiotic regimen modification. Methods: This retrospective study included adult female patients diagnosed with chlamydia, gonorrhea, or both who were evaluated and discharged from three Charleston Area Medical Center (CAMC) emergency departments (EDs) between August 1, 2022, and June 31, 2025, and had a vaginitis panel obtained. Patients younger than 18 years were excluded. The primary outcome was the proportion of patients with chlamydia and/or gonorrhea, who also tested positive for BV. Secondary measurements included 7-day ED revisits, pelvic inflammatory disease (PID) diagnosis, infection recurrence ≥ 4 weeks, and post-ED contact for antibiotic adjustment. Results: Among 212 patients included, most were nonpregnant (76.9%) and tested positive for chlamydia (85.4%). Overall, 68.4% tested positive for BV. No significant differences were observed in PID diagnoses or 7-day ED revisits. Patients with BV were more likely to experience infection recurrence ≥ 4 weeks (37.9% vs 20.9%, $p = 0.0138$) and require post-ED contact for antibiotic adjustment (83.8% vs 16.2%, $p < 0.0001$). Conclusion: BV was frequently identified among patients diagnosed with chlamydia and/or gonorrhea and associated with higher rates of infection recurrence and antibiotic adjustments. Concurrent BV evaluation may support more targeted therapy and reduce recurrent infections.

Ana Clara M	GLP-1 Receptor Agonists Decrease the Rate of Rupture, Cardiac Events, and Death in Patients with Abdominal Aortic Aneurysms	Objective Abdominal aortic aneurysm (AAA) is a degenerative condition involving inflammatory changes leading to progressive dilatation and eventual rupture of the aorta. Glucagon-like peptide-1 receptor agonists (GLP-1RA) are frontline treatments for type 2 diabetes mellitus and have been validated as compelling anti-inflammatories and cardiovascular protectants. The aim of this study is to examine the effect of GLP-1RA on patients with AAA. Methods Utilizing TriNetX research network, we identified patients with AAA undergoing 6-month surveillance from 2010 to 2024. Group 1 contained patients treated with GLP-1RA while Group 2 patients were not. Propensity-score-matching was used in a 1:1 fashion using age, sex, smoking, hypertension, cardiac disease, and pulmonary disease as covariates. Primary outcomes were aneurysm rupture or repair. Secondary outcomes include mortality and major adverse cardiac events (MACE). Standard statistical methods were used as appropriate. Results For both groups (n=10,127) the average age was 68 ± 9 years; roughly 68% were men, 85% had diabetes, 92% had hypertension, 57% had coronary artery disease, and 30% had heart failure. Group 1 exhibited significantly fewer ruptures (1.6% vs 2.3%, P<.01) and fewer elective repairs (1.9% vs 3.1%, P<.01) at five. Group 1 experienced significantly fewer five-year MACE (45% vs 53%, P=.01) and all-cause mortality (11.8% vs 21.2%, P=.01). On multivariate analysis, GLP-1RA significantly reduced the risk of rupture (HR 0.741, 95% CI [0.574-0.956], P=.021), MACE (HR 0.921, 95% CI [0.857-0.989], P=.024), and all-cause mortality (HR 0.697, 95% CI [0.620-0.785], P<.001). Conclusions This is the first investigation evaluating the role of GLP-1RA in AAA-an inflammatory and degenerative vascular pathology. In a large retrospective review of over 10,000 matched patients, these medications are associated with fewer AAA ruptures, elective repairs, and improved rates of MACE and death. Prospective studies are needed to further elucidate their impact on vascular outcomes.

Hayley Harman	Minimally Invasive Hiatal Hernia Repair in Patients with Class II or III Obesity: A Propensity Matched Analysis	Introduction: Obesity is associated with hiatal hernia (HH), gastroesophageal reflux disease (GERD), and recurrence after HH repair or anti-reflux surgery (ARS). Bariatric surgery is recommended for all patients with class II or III obesity (BMI 35-39.9 and ≥ 40 kg/m^2), because weight loss may improve comorbidities, symptoms, and outcomes. Many eligible patients do not pursue bariatric surgery, however, and symptomatic HH and GERD must be managed through alternative approaches. This study compared outcomes after laparoscopic HH repair and ARS across BMI categories to better understand if minimally invasive repair and ARS are appropriate choices in patients with obesity. Methods: Adults who underwent laparoscopic HH repair or ARS after a diagnosis of HH or GERD from 2016 through 2024 were identified using the TriNetX Research Network. Patients with bariatric surgery or open repair were excluded. Two 1:1 propensity-matched comparisons were performed: BMI 18-34.9 vs 35-39.9 and BMI 18-34.9 vs ≥40. Kaplan-Meier analysis evaluated repeat HH repair or ARS within 5 years. Acute postoperative outcomes and prescription of anti-reflux medication (PPIs) in the year after surgery were also assessed. Results: After matching, 3405 patients remained per cohort to compare BMI 18-34.9 vs 35-39.9. Five-year freedom from repeat surgery was 92% in each group (p=0.97). Postoperative complications and PPI use were similar (64%, p=0.46). For the BMI ≥ 40 comparison, 1347 matched patients remained per cohort. Similarly, no significant differences were observed in 5-year freedom from repeat surgery (92% vs 94%, p=0.16), PPI use (65% vs 67%, p=0.27), or postoperative complications. Conclusion: Patients with class II or class III obesity had similar postoperative outcomes, one-year PPI requirements, and reoperation rates as patients with lower BMI. These findings suggest that minimally invasive HH repair and ARS can achieve acceptable short-and mid-term outcomes in selected patients with severe obesity.

Retrograde Ureteral Stent vs Antegrade Percutaneous Nephrostomy Tube Placement in the Setting of Advanced Gynecologic Malignant Obstructive Uropathy: Factors Affecting Failure Rate, Conversion, and Long-Term Success.

Gabrielle Potter, Medical Student, MU

Abstract

Introduction: Obstructive uropathy is a common and serious complication in patients with gynecologic malignancy. Management of this condition typically involves placing either a retrograde ureteral stent (US) or an antegrade percutaneous nephrostomy tube (PCN). There is limited consensus on the comparative efficacy of these devices.

Methods: A retrospective cohort study was conducted of patients diagnosed with cervical, ovarian, or uterine cancer-related obstructive uropathy and treated with US or PCN from 2017 to 2022. Key outcomes included treatment failure, conversion rates, and long-term device success, with stratification by cancer stage and device size. Statistical analyses included chi-square tests and logistic regression using SPSS 29.0, with significance set at $p<0.05$.

Results: A total of 66 patients with gynecologic malignancy–related obstructive uropathy were analyzed, including cervical (55%), ovarian (32%), and uterine (15%) cancers. Ninety-two diversion devices were placed (65 ureteral stents [US], 27 percutaneous nephrostomy tubes [PCN]). Device success was higher with PCN than US (72% vs 55%, $p=0.18$). PCNs had higher dislodgement rates (61% vs 2%, $p<0.001$), while US had higher occlusion rates (40% vs 4%, $p<0.001$). Twenty-four patients required conversion from US to PCN. US were associated with higher odds of diversion failure compared with PCN (OR 6.8, 95% CI 1.5–31.5, $p=0.01$). On multivariable logistic regression adjusting for malignancy type and stage, US remained associated with increased odds of device failure (OR 7.9, 95% CI 1.5–41.7, $p=0.014$), while cancer type and stage were not significant predictors.

Conclusion: In patients with gynecologic malignancy-related obstructive uropathy, both US and PCN provide comparable duration of function; however, PCNs were associated with higher functional success, lower failure, and occlusion rates. Device selection should be guided by individual patient factors, cancer type, and clinical goals, with PCNs favored in cases of advanced disease or prior stent failure.

Abstract Word Count: 300

Darshan Sangani	Specialty-Based Variations in Sacrocolpopexy: Assessing One Year Outcomes, and Patient Demographics Between Urology and Gynecology	Introduction: Pelvic organ prolapse (POP) occurs when pelvic structures descend into the vaginal canal due to weakened pelvic floor support. As the population continues to age, the prevalence of pelvic floor disorders is expected to rise, and a notable percentage of women will require surgical intervention. Sacrocolpopexy (SCP) is a key surgical option for apical prolapse and is performed by both urologists and gynecologists. However, increasing demand and workforce shortages may disproportionately affect rural communities with limited access to specialty care. This study compares patient demographics and outcomes of SCP between specialties to identify best practices and inform referral and policy decisions. Methods: A retrospective observational study was conducted comparing SCP procedures for POP performed by urologists and gynecologists from January 2017 to December 2024. Patients were identified using ICD-10 codes for POP (N81) and CPT code 57425 for SCP. Patients were grouped by surgical specialty and by inpatient versus outpatient status. A subgroup analysis was performed for patients undergoing concurrent supracervical hysterectomy with bilateral salpingo-oophorectomy. Patient demographics, length of hospital stay, complication rates, readmissions, recurrence, and duration of follow-up were analyzed for both the gynecology and urology cohorts. Results: Patients who underwent SCP by urology were more likely to have stage 3 POP (47% vs. 21%, $p<0.001$), symptomatic (99% vs. 37%, $p<0.001$), outpatient (79% vs. 11%, $p=0.03$), and SCP without supracervical hysterectomy (54% vs. 8%, $p<0.001$) compared to gynecology performed procedures. No significant differences were observed in length of stay, complication rates, readmissions, or recurrence rates in either inpatient or outpatient procedures for each specialty. Conclusion: These findings suggest that SCP can be safely and effectively performed by both specialties, with favorable perioperative and short-term outcomes regardless of inpatient or outpatient status.

Oran Andrew Trimble	Country Roads and Cancer Care: Comparing Measures of Travel Burden Among Patients with Bladder Cancer	Introduction: Travel distance affects access to care and clinical outcomes, but measurement methods vary. We aimed to evaluate the accuracy of ZIP code centroid-based travel distance estimates compared with actual travel distances to medical center and their association on patient characteristics and management in NMIBC. Methods: We retrospectively identified patients diagnosed with NMIBC by transurethral resection of bladder tumor from 2018-2022. Demographic and clinical data were abstracted from charts. Travel distance from resident to the medical was estimated using ZIP code centroids (ArcGIS) and network-based routing (Google Maps), with agreement assessed by Bland-Altman analysis. Misclassification by centroid-based distances was evaluated by quartile shifts related to network-based distances and patient characteristics and management were compared using chi-square or Fisher's exact tests, with $p<0.05$ considered significant. Results: A total of 376 patients were identified. Network- and centroid-based distance estimates differed by a mean of 38.5% (95% CI, 34.3-42.7), with poor agreement and proportional bias on Bland-Altman analysis (median difference, 5.8 miles; range, 2.4-88.9). In comparing NMIBC patients that were (n=59), 16% or total patients) and were not misclassified by Centroid-based measures (n=317), rural patients had higher odds of being misclassified (OR 5.0 CI 1.2-21.0, p=0.03). Conclusion: Centroid-based distance estimates often misclassify travel burden compared with network-based routing, disproportionately affecting rural patients and those with delayed care. More accurate travel measures at CAMC could identify patients at risk for delayed surveillance, repeat TURBT, guide follow-up strategies, inform transportation support, and help reduce geographic disparities in NMIBC outcomes in West Virginia and Appalachia. Word count: 298

Author's Name	Presentation Title	Abstract (300 Word Limit)
Olivia Glasgow	Exploring Behavioral Health No-Show Rates in a West Virginia Family Medicine Clinic	Purpose: Research on no-show rates in community mental health clinics indicates that many patients are missing their psychological appointments. Suggestions are given to reduce these no-show rates; however, there is much less information available on factors that can improve behavioral health no-show rates in integrated primary care settings. The current study aims to investigate components that predict patient no-show rates for their first and second behavioral health appointments in a West Virginia Family Medicine clinic. Methods: This IRB-approved retrospective study included analysis of variables (e.g. health and behavioral health diagnoses, distance from clinic, insurance status, etc.) extracted from the charts of 300 patients who were scheduled for an initial and/or follow-up behavioral health appointment with the family medicine psychologist during the time period of December 1, 2023-December 1, 2025. This data will be analyzed to reveal relationships between patient factors and no-shows to their first two behavioral health appointments. The results will include continuous variables presented as means and standard deviations and categorical variables will be reported as frequencies and percentages. Categorical data will be compared using Chi Square, or if appropriate, Fisher's exact tests. A p value of <.05 will be used to determine statistically significant findings. Results: Preliminary analysis indicates that 11.64% of the patients scheduled with the psychologist during the two-year period no-showed their appointment, while 16.05% cancelled their behavioral health appointment. While this rate is comparatively low to existing outpatient data, further analyses will describe factors that may contribute to patients missing their behavioral health appointments. Conclusions: This information can then be used to educate providers on patient characteristics that may influence their likelihood of attending behavioral health sessions. Having this information allows providers to problem-solve barriers to treatment attendance with patients before their missed appointment, which could increase access to care and improve patient outcomes.

FATOU CONTEH	"Lip Tie", and Frenectomies: Prevalence and Management in the United States, 2016-2022	Background: Ankyloglossia (tongue-tie) and lip-tie have been increasingly recognized among infants with feeding difficulties. While frenectomy procedures became more common, evidence supporting their long-term benefits remained limited. Previous national analyses through 2016 demonstrated rising lingual frenectomy rates; however, more recent rates, particularly regarding lip-tie, were not well characterized. Methods: A retrospective cross-sectional study was conducted using the Healthcare Cost and Utilization Project National Inpatient Sample from 2016-2022. Infant discharges (≤1 year) with a diagnosis of ankyloglossia (Q38.1) and those who underwent lingual (0CNKXZZ) or lip (0CNJXZZ) frenectomy were identified. Frequencies and annual prevalences were used to quantify demographic and temporal trends. Multivariate binomial logistic regression was performed to identify independent predictors of frenectomy while controlling for potential confounders. Adjusted odds ratios (ORs) with 95% confidence intervals (CIs) were reported. Results: From 2016 to 2022, inpatient diagnoses of ankyloglossia increased by 41.8% (70,455 to 99,945 infants). Lingual frenectomy procedures rose from 25,625 to 27,070 cases, while lip-tie frenectomy procedures remained stable (550 to 565 cases per year). Feeding-related diagnoses in infants with ankyloglossia increased by 27.6% (9,185 to 11,720), while the total number of births decreased by 7.9% during the same period. Labial and lingual frenectomies occurred less often in teaching hospitals (OR 0.92; 95% CI 0.90-0.95), while rural hospitals performed frenectomies more often than urban hospitals (OR 1.94; 95% CI 1.85-2.02). Conclusion: The prevalence of ankyloglossia continued to rise among U.S. infants through 2022. Inclusion of lip-tie data provided an updated perspective on national management patterns. Persistent demographic and hospital-level disparities suggested that non-clinical factors influenced surgical decisions. These findings underscored the need for standardized, evidence-based guidelines for diagnosis and management of ankyloglossia and lip-tie.

Dellani Fix	Adverse Reactions Related to Body Mass Index in Patients Receiving Dexmedetomidine	Title: Adverse Reactions Related to Body Mass Index in Patients Receiving Dexmedetomidine Authors: Dellani Fix, PharmD; Brian Hodges, PharmD, BCCCP, BCNSP; Brian Burton, MS Purpose: To compare rates of hypotension (systolic blood pressure < 90 mmHg or mean arterial pressure < 65 mmHg) and bradycardia (heart rate < 55 beats per minute) in obese patients (body mass index (BMI) > 30 kg/m2) versus non-obese patients (BMI < 30 kg/m2) in intensive care unit (ICU) patients receiving dexmedetomidine. Methods: This retrospective, single-center cohort study evaluated electronic medical records of ICU patients who received continuous dexmedetomidine sedation for at least 24 hours between January 1, 2022, and January 1, 2023. Patients were required to be hemodynamically stable upon dexmedetomidine initiation. Exclusion criteria include age < 18 years, transfer from an outside facility on dexmedetomidine, cirrhosis, alcohol use disorder, mechanical circulatory support, pacemaker use, or procedural-sedation only. Of 639 patients screened, 147 met inclusion criteria: 82 obese and 65 non-obese patients. The primary outcomes were incidences of bradycardia and hypotension. Secondary outcomes included ICU length of stay and initiation of vasopressor therapy within one hour of infusion. Results: Maximum dexmedetomidine dose was similar between the two groups. Bradycardia occurred in 21.95% of non-obese patients and 18.46% of obese patients (p=0.6021). Hypotension was observed in 62.2% of non-obese patients and 49.23% of obese patients (p=0.1151). No statistically significant differences were observed in either secondary outcome. Conclusions: In this retrospective cohort study, obesity was not associated with increased hemodynamic adverse events or altered ICU clinical outcomes in patients receiving dexmedetomidine infusions. These results suggest that total body weight-based dosing may be safely applied to patients with obesity.

Yazmin Ramos Barbosa	Immune Checkpoint Inhibitor Related Adverse Events in Solid Organ Tumor Patients with and without CLL: A Retrospective Study	Introduction: Patients with chronic lymphocytic leukemia (CLL) often have immune dysregulation and an increased risk of secondary malignancies. Patients with concurrent CLL are generally excluded from immune checkpoint inhibitor (ICI) clinical trials, resulting in limited data on immune-related adverse events (irAEs) in this population. This study evaluates the incidence of irAEs. Methods: We conducted a retrospective cohort study using the TriNetX Research Network to identify adults (≥18 years) with solid organ malignancies treated with PD-1/PD-L1 inhibitors between 2014 and 2024. Patients were stratified by the presence or absence of CLL. Propensity score matching (1:1) was performed to balance demographics, cancer types, comorbidities, body mass index, and ICI exposure. Outcomes within 365 days of ICI initiation included immune-related colitis, hypothyroidism, dermatologic toxicity (rash or vitiligo), and immune-mediated diabetes. Risk analyses with z-tests were performed, with statistical significance defined as $P < 0.05$. Results: The study analyzed 168,650 patients with solid tumors without CLL and 1041 patients with solid tumor and preexisting CLL. After propensity score matching, 1,041 patients were included in each cohort. The incidence of immune-related colitis was similar between patients with and without CLL (7.3% vs. 7.7%; risk ratio [RR] 0.95, $P = 0.739$). Rates of hypothyroidism (25.3% vs. 24.3%; RR 1.04, $P = 0.612$), dermatologic toxicity (13.5% vs. 13.6%; RR 0.99, $P = 0.949$), and immune-mediated diabetes (1.5% vs. 1.7%; RR 0.89, $P = 0.729$) were also comparable. Conclusions: In this large retrospective analysis, patients with preexisting CLL receiving ICIs for solid organ malignancies did not experience higher rates of immune-related adverse events than patients without CLL. These findings suggest the safe use of ICIs in selected patients with underlying CLL, though prospective studies are needed to confirm long-term outcomes.

Title: Gastrointestinal Outcomes Following Button Battery Ingestion: A Multicenter Retrospective Analysis of Endoscopic Versus Non-Endoscopic Management

Authors: Patrick M Farry II, OMS-IV., Nisar A. Amin, MD., Morgan B. Koontz, MS., Harleen K. Chela, MD., Ebubekir S. Daglilar, MD.

Purpose: Button-battery ingestion is a dangerous yet under-recognized cause of gastrointestinal injury in pediatrics and remains a public health concern. Given the known limitations of retrospective database studies, this aims to increase awareness of complications associated with button-battery ingestion via real-world outcomes in patients managed endoscopically versus conservatively across a large multicenter network.

Methods: We conducted a retrospective cohort study using the TriNetX Global Collaborative Network. Patients with battery ingestion were categorized into those undergoing endoscopy within 14 days of presentation (Endo) and those managed without intervention (NoEndo). Outcomes were evaluated up to 30 days post-index. The primary outcome was gastrointestinal bleeding or perforation. Measures of association, Kaplan–Meier survival analysis, and number-of-instances analyses were performed without propensity score matching.

Results: A total of 2,738 patients were included (Endo-n=599 [21.88%]; NoEndo-n=2,139 [78.12%]). The primary outcome occurred more frequently in the Endo cohort compared with the NoEndo (2.5% vs 1.1%). Endoscopic management was associated with an increased risk of primary outcome (RD 1.4%, 95% CI 0.1–2.8%; RR 2.33; OR 2.36). Kaplan–Meier analysis demonstrated lower event-free survival in the Endo cohort (96.7% vs 98.6%; p=0.016), with a hazard ratio of 2.19 (95% CI 1.14–4.19). Among patients experiencing the primary outcome, the NoEndo cohort demonstrated a higher mean number of outcome instances (2.39 vs 1.13; p=0.025).

Conclusion: Endoscopy following button-battery ingestion was associated with higher rates of gastrointestinal bleeding and perforation, likely reflecting confounding by indication, as patients with severe presentations are more likely to undergo intervention. Injury from ingestion can occur within two-hours, emphasizing the need for rapid recognition and evaluation. Button-batteries are found in remotes, toys, watches, hearing aids and key fobs, increasing the risk of unintentional pediatric exposure. Early recognition and evaluation, improved warning labels and increased awareness are critical in preventing injury and improving outcomes.

Emily Pack	Association of Cardiac Rehabilitation Participation With Clinical Outcomes After Transcatheter Aortic Valve Replacement: A Retrospective Cohort Study Using a Federated Electronic Health Record Network	Background Cardiac rehabilitation (CR) is recommended following major cardiovascular interventions, yet its real-world impact after transcatheter aortic valve replacement (TAVR) remains incompletely characterized. We evaluated whether sustained participation in outpatient CR is associated with improved outcomes after TAVR. Methods We performed a retrospective cohort study using the TriNetX Research Network (109 healthcare organizations). Adults undergoing TAVR between 2016 and 2025 were identified using CPT codes 33361-33369. The exposure cohort included patients completing ≥12 temporally distinct outpatient CR sessions within 90 days of TAVR, defined using CPT/HCPCS codes (93797, 93798, G0422, G0423) occurring in sequential weekly time windows. Patients without CR served as controls. The index event was TAVR, and outcomes were assessed from day 1 through 1,095 days (3 years). Propensity score matching (1:1) balanced demographics and comorbidities, yielding 562 patients per cohort. Primary outcome was all-cause mortality. Secondary outcomes included major adverse cardiovascular events (MACE), inpatient hospitalization, ICU admission, and pacemaker implantation. Results During 3-year follow-up, CR participation was associated with lower all-cause mortality (11.0% vs 18.3%; absolute risk reduction 7.3%; HR 0.59, 95% CI 0.43-0.80; log-rank p=0.001). Survival probability at 3 years was 84.1% in the CR group versus 75.4% in controls. All-cause inpatient hospitalization occurred less frequently among CR participants, as did ICU admissions. Permanent pacemaker implantation was also significantly reduced. MACE demonstrated a favorable but non-significant trend after exclusion of prior events. Conclusions Completion of ≥12 structured outpatient cardiac rehabilitation sessions following TAVR was associated with significant reductions in mortality and healthcare utilization over 3 years. These findings suggest that sustained engagement in rehabilitation rather than brief exposure is associated with meaningful long-term benefit and support systematic integration of CR into post-TAVR care pathways.

Jared Zopp	Positive Margin after Radical Prostatectomy: What role does post-prostatectomy specimen handling play in positive margin rate?	Title: Positive Margin after Radical Prostatectomy: What role does post-prostatectomy specimen handling play in positive margin rate? Introduction: Radical prostatectomy (RP) remains an essential management option for localized, clinically significant prostate cancer. A positive margin of resection after RP plays an integral part in patient prognosis, often prompting additional treatment as well as increased surveillance and patient anxiety. Historically, factors including surgeon experience and surgical technique have been shown to have a significant impact on the positive margin rate (PMR). However, less attention has been given to assessing the role post-operative specimen handling, pathologic processing, and microscopic interpretation play in PMR after RP. Methods: A single institution, retrospective review of 469 patients who underwent RP over a 5-year period from January 2018 to December 2023 was performed. The medical professionals involved in handling the specimen were then divided into groups based on their volume of cases. The pathology technician caseloads were sorted into low-volume (<100 cases) and high-volume (≥100 cases). Pathologists were also sorted by caseloads: 0 to 29 cases, 30 to 59 cases, and ≥60 cases. The odds of detecting a positive margin were then calculated for each medical professional and compared to the overall PMR for all patients in the study. Results: A total of 469 adult patients underwent RP with an overall positive margin rate of 33%. Evaluation of the PMR within the pathology technician group revealed odds ratios of 0.8 (CI 0.18-3.64) and 1.0 (CI 0.29 - 3.47) for low- and high-volume caseloads, respectively. The odds ratios for the pathologist groupings with increasing caseloads were 2.13 (CI 0.62 - 7.43), 1.0 (0.03 - 8.08), and 0.72 (CI 0.19 - 0.69). Conclusion: Post-operative specimen interpretation by pathologists plays a clinically significant role in the rate of positive margin of resection in prostatectomy patients. The data suggests that having

ORAL/PODIUM CASE REPORTS

Fatima Tuz Zahra	Melkersson-Rosenthal Syndrome Presenting with Dysautonomia and Postural Orthostatic Tachycardia Syndrome (PoTS): Expanding the Clinical Spectrum	Introduction: Melkersson-Rosenthal Syndrome (MRS) is a rare neuro-mucocutaneous disorder characterized by recurrent facial palsy, orofacial swelling, and fissured tongue. It affects approximately 0.08% of the general population, with the complete triad in only 8-25% of cases, contributing to underdiagnosis. Although dizziness has been described, autonomic dysfunction has not been well defined. The etiology is hypothesized to be neurovascular and immune-mediated. This case expands the clinical spectrum by demonstrating an associated dysautonomia as part of the syndrome. Case Presentation: A 45-year-old woman was evaluated in our clinic for orthostatic symptoms starting at age 15 years, including near-syncope within 1-2 minutes of standing, episodic tachycardia, and syncope in adulthood. She had multiple episodes of Bell's palsy with partial recovery, associated with recurrent facial swelling at the stylomastoid foramen, causing residual facial weakness. Examination revealed mild bilateral facial weakness and a fissured tongue, leading to the clinical diagnosis of MRS. Electromyography demonstrated preserved facial motor Compound Muscle Action Potentials and blink responses with chronic residual neurogenic motor potentials in facial innervated muscles bilaterally. Autonomic testing was consistent with PoTS with a >30 BPM increase in heart rate within 1 minute of 70-degree upright tilt. Cardiovagal, adrenergic, and sudomotor function was otherwise normal. Cardiac evaluation, echocardiogram, brain Magnetic Resonance Imaging, and autoimmune workup were unremarkable. Intervention: PoTS symptoms are being treated with increased hydration, electrolyte intake, and a recumbent aerobic exercise program to improve autonomic reflexes, with significant improvement in symptoms. Fludrocortisone was avoided due to lower extremity swelling. Midodrine was deferred as symptoms are manageable with conservative measures. Episodic Bell palsy or orofacial swelling in MRS responds to steroids. Conclusion: Although dizziness is associated with MRS, which is a rare disorder, this is the first described case with detailed neuroautonomic testing showing symptoms are related to PoTS. The PoTS respond to therapeutic intervention.

Ryan J. Blake	Plasmablastic Lymphoma with Gynecologic Involvement Initially Suspected as Primary Ovarian Neoplasm: A Case Report	Introduction: Plasmablastic lymphoma is a rare, highly aggressive subtype of diffuse large B-cell lymphoma, classically associated with immunosuppression and extranodal disease. Involvement of gynecologic organs, particularly the ovary, is exceedingly uncommon, which may mimic primary gynecologic malignancies, thus, creating a diagnostic challenge. Case Report: A 20-year-old immunocompetent female initially presented with progressive abdominal distension, pain, unintentional weight gain, and unilateral lower extremity edema. Imaging revealed an adnexal mass, measuring approximately 18-20 cm with surrounding ascites. Laboratory measurements were notable for elevated cancer markers, specifically CA-125, and lactate dehydrogenase, concerning for primary ovarian malignancy. Exploratory laparotomy discovered a hemorrhagic ovarian mass with additional bowel involvement. Histopathologic evaluation of the abdominal cavity demonstrated malignant, undifferentiated small round blue cells affecting the ovaries, uterus, and small bowel. Additional immunohistochemical and molecular studies were performed. The malignant cells were found to express multiple plasma cell markers such as CD138, CD38, MUM1, and MYC rearrangements with absence of CD20, most consistent with plasmablastic lymphoma or plasmablastic myeloma. PET-CT following initial surgical exploration showed extensive skeletal involvement to the femur and humerus. Medical oncology was consulted, and the patient was initiated on dose-adjusted etoposide, prednisone, vincristine, cyclophosphamide, and doxorubicin chemotherapy with the addition of bortezomib, a proteasome inhibitor. Discussion: This case represents a rare presentation of plasmablastic lymphoma in a young, immunocompetent patient. The initial ovarian mass, skeletal metastasis, and histologic characteristics favored a tumor of mesenchymal origin, specifically a sarcoma. However, these features may obscure the underlying hematologic etiology with potential for delaying appropriate treatment. Clinicians should maintain a high index of suspicion for lymphoma in atypical locations, including the gynecologic organs. Early multidisciplinary collaboration and prompt immunophenotyping are crucial for establishing a diagnosis and implementing timely and aggressive therapy.

Egor Cherkasov	First Successful Treatment of Pediatric Refractory Granulomatous Acute Interstitial Nephritis With Anti-Thymocyte Globulin	Acute interstitial nephritis (AIN) is an important cause of acute kidney injury in children and is most commonly associated with drug hypersensitivity, autoimmune disease, infection. Management involves withdrawal of the offending agent and corticosteroids, with additional immunosuppression reserved for refractory cases. Rarely, AIN remains treatment-resistant and progresses to chronic kidney disease. We report a case of refractory granulomatous AIN associated with Crohn's disease that demonstrated histologic improvement only after anti-thymocyte globulin (ATG) therapy. A 13-year-old male with Crohn's disease, eosinophilic esophagitis, and severe eczema presented with progressive kidney dysfunction with a serum creatinine of 1.9 mg/dL. Kidney biopsy revealed severe, diffuse granulomatous tubulointerstitial nephritis with marked lymphocytic tubulitis and interstitial inflammation. Despite high-dose corticosteroids and withdrawal of potential offending medications, renal function worsened, and repeat biopsies demonstrated persistent active and chronic tubulointerstitial nephritis. Escalation of immunosuppression with mycophenolate mofetil and tacrolimus failed to produce improvement on serial biopsies, and his creatinine remained elevated at 1.7 mg/dL. Given refractory disease, the patient received five doses of ATG. One month after completion of therapy, repeat biopsy demonstrated marked reduction in interstitial inflammation, tubulitis, and chronicity (interstitial fibrosis). A subsequent surveillance biopsy confirmed continued improvement, with only mild residual tubulitis. The patient was treated with a short course of corticosteroids, and tacrolimus was continued for maintenance immunosuppression. His creatinine, 6 months following treatment with ATG, improved to 1.2 mg/dL. Granulomatous AIN is a rare extrarenal manifestation of Crohn's disease and may occur independent of medication exposure. This case demonstrates severe, treatment-resistant AIN refractory to corticosteroids and multiple immunosuppressive agents, with clear histologic response following ATG therapy. This represents the first reported pediatric case of AIN successfully treated with ATG. This case highlights the importance of early recognition of AIN in children with inflammatory bowel disease and suggests a potential role for ATG in refractory cases.

Saman Hamid	The Triple Threat: Pancreaticogastric Fistula, Splenic Abscess, and Invasive Adenocarcinoma Arising from Main Duct IPMN	Background Intraductal papillary mucinous neoplasms (IPMNs) are the most prevalent mucinous cystic neoplasms of the pancreas. Fistula formation from IPMN to adjacent organs is rare, occurring in only 1.9-6.6% of patients.[1,2] We report an exceedingly rare case of main duct IPMN presenting with concomitant pancreaticogastric fistula, splenic abscess formation, and invasive adenocarcinoma. Case Presentation An 82-year-old male with known main duct IPMN, presented with sepsis and abdominal pain. CT abdomen revealed gas within the pancreas, a new 3.6-cm cystic-solid mass in the pancreatic tail, and splenic abscess with pancreaticogastric communication. Diagnostic endoscopic ultrasound with fine-needle biopsy confirmed a pancreaticogastric fistula. Cyst fluid analysis demonstrated markedly elevated carcinoembryonic antigen (CEA) of 1807 ng/mL (highly suggestive of mucinous neoplasm) and amylase of 133 U/L (consistent with ductal communication). Cytology revealed strips of mucinous epithelium with atypia favoring mucinous neoplasm. Pathology of the pancreatic tail mass was suspicious for invasive adenocarcinoma. The patient ultimately underwent distal pancreatectomy and splenectomy with drainage of splenic abscess. Final surgical pathology confirmed the diagnosis of IPMN-associated invasive adenocarcinoma. Discussion This case represents an extraordinarily rare presentation. Among the 83 total cases of IPMN with fistula formation described in current literature, splenic involvement accounts for just 2% of affected organs. [3] Fistula formation in IPMN is associated with much higher rates of malignant transformation, with invasive carcinoma occurring almost three times more frequently than in IPMNs without fistulas.The majority (67%) of IPMN fistulas occur from mechanical penetration by mucin buildup rather than malignant invasion. This case demonstrates an exceedingly unusual complication of main duct IPMN and underscores the substantial malignancy risk associated with fistula development. The combination of pancreaticogastric fistula, splenic involvement with abscess, and invasive adenocarcinoma in an elderly patient with considerable comorbidities offered unique challenges, underscoring the importance of aggressive surveillance in main duct IPMN.

Thomas O'Rourke	When Limb Swelling Is Not Benign: A Case of High-Grade Soft Tissue Sarcoma with Lipogenic Differentiation	Soft tissue sarcomas are rare, malignant tumors of mesenchymal origin. Their clinical heterogeneity and nonspecific presentations often delay diagnosis. Presentation with unilateral limb enlargement, more commonly attributed to other benign etiologies, increases the risk of missed or delayed recognition of malignancy. We report a case of a high-grade sarcomatous neoplasm in a 72-year-old male who presented with unilateral limb enlargement of uncertain duration. Symptoms included throbbing pain radiating along the entire length of the affected limb, and progressive functional decline from an already non-ambulatory baseline. Review of systems revealed unintentional weight loss and decreased appetite. Physical examination revealed marked asymmetry of the lower extremities with firm enlargement, and pain on passive movement, without overlying skin changes. Laboratory studies demonstrated leukocytosis, thrombocytosis, and iron deficiency anemia. Contrast-enhanced CT of the right femur prior to admission revealed a large intramuscular biceps femoris mass, concerning for malignancy such as pleomorphic liposarcoma (PLS). Over the following week, MRI confirmed no osseous involvement. Biopsy was suggestive of liposarcoma with nonspecific immunohistochemistry. After a multidisciplinary evaluation and discussion, the patient was deemed a poor surgical candidate due to tumor burden and comorbidities. He was treated with palliative radiation therapy for symptom control and tumor reduction. This case highlights unilateral limb enlargement as an atypical initial presentation of a soft tissue sarcoma and reinforces the need for early imaging when preliminary evaluation may be unrevealing. Especially unique to this case is that the tumor size at presentation, 34x13x18 cm, falls above the upper limit of what is typically seen in the literature for PLS. Prompt recognition, multidisciplinary collaboration, and individualized management are critical to optimizing patient outcomes, pain control, and quality of life in patients with advanced sarcomatous disease. Clinicians must maintain a broad differential for unilateral limb enlargement, particularly in the setting of progressive symptoms.

Khalid Uddin	Catastrophic Hemorrhagic Transformation After Tenecteplase in Probable Cerebral Amyloid Angiopathy	Catastrophic Hemorrhagic Transformation After Tenecteplase in Probable Cerebral Amyloid Angiopathy Background: Cerebral amyloid angiopathy (CAA) is a well-established risk factor for hemorrhagic transformation following intravenous thrombolysis, particularly in patients with lobar microbleeds or cortical superficial siderosis (cSS) - the strongest imaging predictor of future CAA-related hemorrhage, increasing sICH risk nearly 4-fold (adjusted OR 3.88 per additional affected sulcus).[2] A January 2026 Stroke analysis of the AcT trial confirmed that cSS burden was the dominant imaging marker associated with sICH, mortality, and worse functional outcomes after thrombolysis.[2] Tenecteplase is rapidly supplanting Alteplase in acute ischemic stroke protocols, demonstrating comparable overall sICH rates.[1] During stroke alerts, prior imaging in the system - particularly MRI GRE or SWI sequences - may reveal lobar microbleeds or other CAA markers; however, the 2026 AHA/ASA guidelines acknowledge that even patients with extensive microbleeds (≥10) represent challenging scenarios without absolute contraindications, emphasizing individualized risk-benefit assessment rather than categorical exclusion.[3] Case/Methods: A 65-year-old woman presented with acute aphasia and headache (NIHSS 4). Subtle cognitive decline affecting attention and processing speed over the preceding months - a recognized clinical indicator for CAA suspicion in patients aged ≥50 - was identified only on retrospective family interview. Initial non-contrast CT was negative. No prior diagnosis of dementia or coagulopathy was documented, and standard pre-thrombolysis workup did not include formal cognitive screening. The patient received intravenous Tenecteplase (0.25 mg/kg) within the therapeutic window. Results: Within hours of Tenecteplase administration, she developed acute neurological deterioration. Post-thrombolysis MRI revealed multifocal bilateral lobar intraparenchymal hemorrhages with convexity subarachnoid hemorrhage, satisfying Boston Criteria v2.0 for probable CAA when combined with the retrospective cognitive history. Critically, even if pre-thrombolysis MRI had been performed, the v2.0 criteria's low sensitivity (28.6%) in non-ICH presentations means most patients with occult CAA lack sufficient imaging markers to meet diagnostic thresholds - leaving them unidentified

69	Farwah Fatima	"Bickering with the Nervous System: Polyneuropathy from Bickerstaff Encephalitis"	Purpose: We present a case of Bickerstaff brainstem encephalitis with classic brain MRI findings. We shed light on the significance of early recognition and management, preventing long-term morbidity and mortality. Background: Bickerstaff brainstem encephalitis is a rare variant of GBS with an incidence of 8 in 100 million. It is characterized as a subacute inflammatory autoimmune demyelinating polyneuropathy. It is often associated with an antecedent gastrointestinal or respiratory infection, which is hypothesized to trigger an immune response against the central and peripheral nervous systems Result: A 38-year-old woman presented with headache, left ptosis, facial droop, and gaze palsy, initially diagnosed as Bell's palsy and treated with steroids and acyclovir. Despite treatment, her symptoms progressed to lower extremity weakness, bilateral ptosis, ophthalmoplegia, ataxia, and dysarthria. The examination showed oculobulbar weakness, facial diplegia, left-sided weakness, and generalized brisk reflexes. Nerve conduction studies reported superior peroneal sensory neuropathy. CSF revealed isolated lymphocytosis. Autoimmune, rheumatological, infectious, and botulism workup was grossly unremarkable. MRI showed a 3.5 mm hyperintense lesion of left pons. Her clinical presentation and imaging findings raised a strong suspicion of Bickerstaff encephalitis. We initiated treatment with IVIG, resulting in rapid improvement within 48 hours and full recovery by day 5. She relapsed with perioral and limb numbness; repeat MRI was unchanged. A second IVIG course achieved complete recovery. By that time her GQ1b IgG came back elevated, confirming the diagnosis. The patient did not have any further symptoms after her second round of IVIG. Follow-up MRIs at 5 months and at 1 year showed complete radiographical resolution Conclusion: Bickerstaff encephalitis presents with alarming symptoms but has a favorable prognosis. Clinicians must promptly recognize Bickerstaff encephalitis signs to enable timely diagnosis and treatment, potentially averting invasive measures that could worsen patient outcomes.

Marissa Della-Guustina	A Familial Case of an Anorectal Anomaly	Introduction: Imperforate anus is frequently an isolated finding. It is rarely caused by an identifiable genetic mutation. Case Report: A female infant born at 39 weeks to a 27-year-old G3P2 mother after induction for oligohydramnios. Pregnancy was notable for THC use and rubella non-immunity; other prenatal screening was negative. Delivery was vaginal with reassuring APGAR scores. On examination, the infant had an imperforate anus with a rectovaginal fistula, low-set overfolded ears with a right pre-auricular pit, elongated thumbs and toes, and a sacral dimple. Family history was notable for the father having an anorectal anomaly, dysplastic ears, and elongated thumbs; additionally, he had a previous child with similar anomalies. The father had no history of genetic testing. Whole-exome sequencing of the infant and father revealed a pathogenic SALL1 gene mutation; a rare autosomal dominant congenital disorder known as Townes-Brocks Syndrome (TBS). A second MIP gene mutation associated with cataracts was also detected. The infant underwent a perineal posterior sagittal anorectoplasty after initial fistula dilations with good postoperative recovery. Discussion/Conclusion: Imperforate anus often occurs in isolation or as part of an association such as VACTERL. TBS is a rare genetic disorder characterized by a triad of anorectal malformations, auricular dysplasia, and thumb malformations. Other renal and cardiac anomalies have been commonly reported. Its incidence is 1 in 500,000 live births and fewer than 200 cases have been reported in the medical literature. Expressivity can vary substantially within families, making recognition of syndromic features and family history critical. Early diagnosis enables anticipatory screening for renal, cardiac, and auditory abnormalities. At recent follow-up, the infant is meeting age-appropriate developmental milestones and continues serial anal dilations without complications, including anal stricture or functional constipation.

Abdullah Khalid	CT Myelogram Associated Seizure: A Rare Complication With Diagnostic and Educational Value.	Introduction: CT myelography with modern non-ionic intrathecal contrast is generally safe. Seizure is a rare complication that may be under-recognized. Intra-theca contrast in the subarachnoid space can radiographically mimic subarachnoid haemorrhage, creating diagnostic uncertainty for frontline teams. We report a CTM-associated new-onset seizure with supportive EEG and serial CT findings, and we highlight practical management considerations. Case Report/Case History A 71-year-old man with no prior seizures underwent CTM for spine evaluation. Within 12 hours, his wife found him unresponsive with generalized tonic-clonic movements (1-2 minutes) and postictal confusion; a right-sided tongue laceration was noted. Initial head CT demonstrated diffuse hyperdensity throughout subarachnoid and intraventricular spaces, initially raising concern for SAH; repeat imaging the next day showed interval reduction in hyperdensity and ventricular size, favouring redistribution and resorption of intrathecal contrast from the recent CTM. Routine EEG obtained during hospitalisation showed intermittent rhythmic slowing over the left temporal region without epileptiform discharges. He was started on levetiracetam 500 mg twice daily as a short prophylactic course. At outpatient follow-up, he reported drowsiness and mild confusion thought to be medication-related; levetiracetam was tapered to 250 mg twice daily and weaned off. He remained seizure-free. Follow-up head CT showed near-complete resolution of prior hyperdensities; subsequent EEG demonstrated normal with no epileptiform activity. At last contact he was back to baseline cognition without recurrent events. Conclusion This case illustrates a likely provoked seizure temporally related to intrathecal contrast administration, with CT findings that can mimic SAH before redistributing. CTM-associated seizure, while uncommon, warrants specific awareness. Recognition of the SAH mimic on CT, early supportive seizure management, and individualised, time limited ASM use can lead to excellent outcomes.

Anab Rehan Taseer	Rare Coexistence of Immune and Genetic Kidney Disorders: IgA Nephropathy with ADPKD and FSGS	INTRODUCTION The expanding use of comprehensive genetic testing has revealed that overlapping hereditary nephropathies are more common than previously recognized. Mutations in TRPC6, which encodes a podocyte channel protein, are associated with autosomal dominant focal segmental glomerulosclerosis (FSGS), while IFT140, a ciliary transport gene, is linked to autosomal dominant polycystic kidney disease (ADPKD). The coexistence of these two genetic disorders with IgA nephropathy (IgAN) is exceedingly rare. METHODS A 41-year-old Caucasian man with long-standing hypertension, borderline diabetes, and a family history of chronic kidney disease was evaluated for subnephrotic-range proteinuria. Laboratory studies revealed a serum creatinine of 1.1 mg/dL, urine protein-to-creatinine ratio of 1.3 g/g, and an elevated serum IgA level of 357 mg/dL. Urinalysis showed normal red blood cells. Renal ultrasound demonstrated multiple bilateral cysts. Kidney biopsy revealed IgA nephropathy with moderate podocyte foot-process effacement. Comprehensive genetic testing (Renasight® panel) identified a heterozygous likely pathogenic TRPC6 variant consistent with autosomal dominant FSGS, and a heterozygous pathogenic IFT140 variant associated with ADPKD. RESULTS The coexistence of TRPC6-related FSGS, IFT140-associated ADPKD, and IgA nephropathy highlights a rare example of multigenic kidney disease involving both podocyte and ciliary injury pathways. The interplay between these genetic and immune mechanisms may explain the early onset of significant proteinuria despite preserved renal function. Genetic testing provided diagnostic clarity, enabled family screening, and guided counseling and management. CONCLUSION This case broadens the recognized spectrum of hereditary kidney disorders and underscores the importance of early genetic evaluation in patients presenting with proteinuria and a family history of chronic kidney disease. Identification of multigenic nephropathies can facilitate individualized management and guide prognosis.

Muhammad Yousaf	Plasmablastic Lymphoma of the Left Ovary and Thigh Presenting in an Immunocompetent Young Female	Background: Plasmablastic lymphoma (PBL) is a rare, aggressive non-Hodgkin B-cell lymphoma with an incidence of approximately 0.07 cases per 100,000 persons in the United States (~230 new cases annually). Although classically associated with immunodeficiency states, particularly HIV infection, PBL is increasingly recognized in immunocompetent individuals. Ovarian involvement is exceptionally rare, particularly in a young patient. Case Presentation: We report a 21-year-old immunocompetent woman who presented with progressive abdominal distension, abdominal pain, and left lower extremity swelling. Imaging revealed a 10-cm ovarian mass concerning for gynecologic malignancy with an elevated CA-125 of 1025.7. Surgical exploration with total abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, and small bowel resection was performed. Pathologic evaluation demonstrated a malignant undifferentiated small round cell neoplasm with immunophenotypic features consistent with plasmablastic lymphoma, including CD38, CD138, MUM1, and CD56 expression with strong MYC overexpression (~95%) and lambda light-chain restriction. CD20 and EBER were negative. PET/CT revealed extensive extranodal disease involving the left thigh, bulky left pelvic lymphadenopathy, peritoneal involvement, and osseous involvement of the right humerus. Bone marrow biopsy confirmed marrow involvement. The clinical course was complicated by deep vein thrombosis and pulmonary embolism. Results: Treatment was initiated with dose-adjusted EPOCH plus bortezomib (DA-EPOCH-V) and CNS prophylaxis with high-dose methotrexate, with consolidative radiation therapy to the left thigh. After four cycles, significant peripheral neuropathy necessitated regimen modification to DA-EPOCH with daratumumab. The patient is planned to complete six cycles of therapy followed by assessment for consolidative autologous stem cell transplantation. Conclusion: This case highlights diagnostic challenges due to overlapping morphologic and immunophenotypic features with other lymphoproliferative disorders. Recognition requires a high index of suspicion and appropriate immunophenotypic evaluation. To our knowledge, plasmablastic lymphoma with ovarian involvement in an immunocompetent young patient without oral disease remains extraordinarily rare and contributes to the limited literature describing this unusual presentation.

Poster Case Reports

Eric Johnson	*Delayed post-traumatic hepatic abscess due to Parvimonas micra presenting as severe sepsis*	Hepatic abscess is a very rare and sometimes delayed consequence of previous blunt-trauma injury. Common organisms identified in hepatic abscess include Klebsiella, E. coli, anaerobes, and Streptococcus species. Although occasionally, rare organisms cause infection as well. We present a case of an unusual oral anaerobe, Parvimonas micra (P. micra), causing hepatic abscess and presenting as severe sepsis. To our knowledge, this is the first case of blunt-trauma hepatic abscess secondary to P. Micra. A 72-year-old woman with past medical history of coronary artery disease, tobacco use, and recurrent HSV infections presents to the ED with confusion and slight slurring of words over the previous few days. On initial evaluation, she was hypotensive, tachypneic, with leukocytosis and acute kidney injury, consistent with severe sepsis. Blood cultures were obtained and were negative. CT of the abdomen revealed a multi-loculated abscess inferiorly in the right hepatic lobe. Upon review of outside records, imaging of the abdomen from 4 weeks prior demonstrated an area of fat necrosis in the same area of the liver, occurring after a mechanical fall. IR was consulted for CT-guided percutaneous drainage of the abscess and placement of a drain. Cultures of the abscess grew P. micra, and the patient was put on ampicillin-sulbactam. Soon afterwards, the patient began improving clinically, supported by follow-up CT imaging showing shrinkage of the abscess, and arrangements were made for patient follow-up with the infectious disease clinic. The incidence of hepatic abscess is about 2.3 per 100,000 people annually, mostly attributable to biliary disease and hematogenous spread. However, abscesses secondary to trauma are rarely reported in the literature. Our case also highlights the rare organism Parvimonas as the causative agent. Treatment for multiloculated abscesses is centered on source control and targeted therapy, as the mortality rate for untreated hepatic abscess is 15%.

Author's Name	Presentation Title	Abstract (300 Word Limit)
Martin Nguyen	Non-Opioid Anesthesia with a Ketamine-Lidocaine-Dexmedetomidine-Magnesium Infusion for Lumbar Interbody Fusion in a 46-Year-Old Obese Female	Introduction Opioids, the cornerstone of perioperative analgesia, pose risks of variable efficacy, adverse effects, dependency, and addiction, particularly amid the U.S. opioid crisis. The Enhanced Recovery After Surgery (ERAS) Society advocates minimizing opioids in obese patients to reduce postoperative complications. Opioid-free anesthesia (OFA) using multimodal agents is a promising alternative for spine surgery. Case Presentation A 46-year-old obese female (BMI 41.2) with hypertension, hyperlipidemia, osteoarthritis, depression, and L4-L5 spondylolisthesis underwent posterior lumbar interbody fusion. She presented with chronic back pain and bilateral leg tingling/numbness, worsened by activity and relieved by rest. Past surgeries included sleeve gastrectomy, cholecystectomy, and cesarean delivery. Preoperative medications included aspirin 81 mg daily, losartan-hydrochlorothiazide 100/12.5 mg daily, and tramadol 50 mg as needed. MRI showed multilevel spondylosis, moderate L4-L5 central canal stenosis, and bilateral foraminal stenosis. Intraoperatively, she received a 50 mL infusion (0.25 mL/kg/hour) of lidocaine 2% (500 mg), ketamine (500 mg), dexmedetomidine (50 µg), and magnesium sulfate (5 g) in a single syringe. Postoperative analgesia included fentanyl 50 mcg (IV bolus), hydromorphone 2 mg (IV drip), oxycodone 25 mg (PO over 48 hours), and ketorolac 30 mg (IV bolus). She reported comfort with minimal opioid use during her hospital stay. Discussion Opioid-free anesthesia (OFA) supports rapid recovery and reduces opioid-related risks. Dexmedetomidine, an α2 agonist, lowers pain and opioid use, though it may cause hypotension or bradycardia. Ketamine, an NMDA receptor antagonist, mitigates hyperalgesia, enhancing analgesia. Lidocaine provides sustained pain relief, and magnesium potentiates ketamine, reducing opioid needs. A 2024 spine surgery trial showed dexmedetomidine and lidocaine reduced 24-hour morphine (17.28 vs. 27.96 mg, $p<0.05$) and postoperative nausea/vomiting, despite longer PACU stays (114.1 vs. 89.96 min, $p<0.05$). Pharmacy-prepared infusions (50 cc, 4-day stability), combining four medications in one syringe, enable cost-effective use across multiple surgeries and proving effective in this lumbar fusion case with minimal opioid use.

Farzeen Fatma Syed	*Look, Then Look Again: Physical Examination Revealing Occult Testicular DLBCL in Ocular Lymphoma*	In immune-privileged compartments such as eye and testis, diffuse large B-cell lymphoma (DLBCL) may present or recur despite guideline-based therapy. In older adults who present with intraocular lymphoma, a meticulous physical examination can uncover clinically silent disease that imaging or specialty-focused evaluations may miss. A man in his early seventies presented in 2021 with progressive vision loss. Vitreous biopsy showed B-cell lymphoma (CD45 and CD20 positive, lambda restricted); cerebrospinal fluid studies were negative. On comprehensive oncology intake, a directed genital examination prompted urgent scrotal ultrasonography that demonstrated left intratesticular masses. Left radical orchiectomy confirmed DLBCL, activated B-cell subtype, Ki-67 about 90-95 percent, without MYC rearrangement. He received rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CHOP) for six cycles intercalated with five cycles of high-dose methotrexate and achieved complete remission. He declined prophylactic radiation to the contralateral testis. From 2022 to mid-2025 he remained asymptomatic with negative brain magnetic resonance imaging and a benign right-testis ultrasound. In October 2025 he developed unilateral intraocular relapse. Vitreous fluid again showed a lambda-restricted B-cell population, now CD5 positive with MYD88 positivity. Positron emission tomography-computed tomography and orbital magnetic resonance imaging revealed no systemic disease. Current therapy includes intravitreal methotrexate with rituximab, systemic rituximab, and temozolomide 150 mg per square meter on days 1-5 every 28 days. Left-eye visual acuity is 20/40; the right eye has complete vision loss. A small diffusion/FLAIR focus in the left posterior frontal lobe is indeterminate and is followed with interval imaging. This case spotlights the diagnostic yield of a thorough physical examination. In older adults with intraocular lymphoma, routine genital inspection and palpation with low-threshold scrotal ultrasonography can reveal an otherwise occult testicular primary. Long-term ophthalmic and central nervous system surveillance is warranted after remission.

Robert Stawicki	Traumatic Pneumothorax Related to Permanent Epicardial Pacemaker Lead Placement.	Permanent epicardial pacemakers are used when transvenous pacing is contraindicated or not feasible and account for a small minority of permanent pacing systems in adults.1 Complications differ from transvenous systems, and pneumothorax is uncommon because epicardial leads typically do not traverse the pleural space.2,3 We report a case of traumatic pneumothorax after a mechanical fall in a patient with a permanent epicardial pacemaker, where imaging suggested the lead course contributed to the injury. An 86-year-old male presented to the emergency department with palpitations and concern for permanent pacemaker malfunction after a mechanical fall. He reported losing his footing and denied syncope or head trauma. He endorsed chronic shortness of breath and used 3 L/min supplemental oxygen at baseline. Prehospital personnel noted a "knocking" sound on chest auscultation, which was confirmed on examination. Chest radiograph showed hyperinflated lungs without acute abnormality. Given concern for occult intrathoracic injury, computed tomography (CT) of the chest with contrast was obtained, which demonstrated an acute left pneumothorax with associated pneumomediastinum. Further review of CT imaging revealed pacemaker leads connected to a generator in the left chest wall that then entered the thoracic cavity and terminated in the pericardium, consistent with a permanent epicardial pacemaker system. A separate intravascular lead traversed the superior vena cava but was not connected to a generator. Cardiothoracic surgery was consulted, and a tube thoracostomy was performed. The patient was discharged after radiographic resolution of the pneumothorax, with the pacemaker system left in place. In this case, CT imaging suggested an atypical epicardial lead trajectory was associated with a traumatic pneumothorax, an unusual complication for epicardial systems.4 This finding highlights the importance of carefully assessing the pacer wire course and position on cross-sectional imaging when evaluating traumatic intrathoracic pathology and considering early specialty consultation when hardware-related injury is suspected.4

Ahmad Al Tumizi, D.O.	Rice Bodies in a 15 year old Male with Juvenile Idiopathic Arthritis	Rice bodies are discrete, fibrinous intra-articular or synovial loose bodies that resemble polished grains of rice and are an extremely rare manifestation in juvenile idiopathic arthritis (JIA). Rice bodies are thought to arise as a nonspecific result of chronic synovial inflammation, hyperplasia, and secondary degeneration. This case report highlights a case of juvenile idiopathic arthritis presenting as rice bodies in the knee joint of a 15 year old male. A 15-year-old male presented to the rheumatology clinic with two-year history of recurrent right knee effusion requiring repeat joint aspiration. The patient had previously undergone arthroscopy of the knee where diffuse synovitis and multiple synovial loose bodies were noted. Magnetic resonance imaging (MRI) of the knee showed extensive synovitis with joint effusion and a popliteal cyst along with cartilaginous loose bodies consistent with JIA with rice bodies. Synovial fluid analysis revealed 1,181 WBCs/mcl without crystals consistent with an inflammatory effusion. Serological evaluation was negative for ANA, rheumatoid factor, CCP antibodies, HLA-B27 and Lyme disease. The patient was subsequently treated with intra-articular injection of triamcinolone and NSAIDs for oligo-articular juvenile idiopathic arthritis. In the pediatric population, rice bodies are most frequently identified in the knee joint on MRI, appearing as numerous diffuse millimetric structures within joint effusions. The majority of cases have been associated with JIA. Histopathologically, rice bodies largely consist of fibrin with variable collagen and inflammatory cell infiltration; some reports note lymphoid aggregates and acidophilic tissue consistent with chronic inflammatory synovitis. Management ranges from conservative observation with treatment of the underlying condition to surgical synovectomy. Rice body presence has not been definitively linked to worse long-term joint outcomes in JIA.

Umar K. Bazai, M.D.	*Lipoma Arborescens Mimicking* Juvenile Idiopathic Arthritis in a Pediatric Patient: A Diagnostic Pitfall	Recurrent monoarticular knee effusion in the pediatric population is commonly attributed to juvenile idiopathic arthritis. However, disorders of the synovial lining may closely mimic inflammatory arthritis. Lipoma Arborescens (LA) is a rare benign proliferative synovial lesion of an unknown etiology that primarily affects the knee joint, and most often described in middle-aged adults. LA is infrequently considered in children presenting with recurrent chronic knee pain and effusions. We describe a 13-year-old female with a three-year history of recurrent, self-limited right knee swelling associated with minor trauma and occasional preceding febrile illnesses. Each episode resolved spontaneously, and she was without systemic symptoms. During her most recent flare, physical examination revealed a large right knee effusion with restricted flexion. Laboratory evaluation demonstrated normal inflammatory markers and negative infectious and rheumatologic testing, aside from a low-titer antinuclear antibody. Coagulation studies were also within normal limits. Arthrocentesis was hemorrhagic, and synovial fluid analysis revealed 5,395,000 RBC/mcl and a total nucleated cells of 36,000 cells/mcl, more concerning for pigmented villonodular synovitis. MRI of the knee demonstrated synovial nodules within the suprapatellar recess with associated marrow edema but lacked typical synovitis consistent with juvenile idiopathic arthritis. Thus, the patient was subsequently referred to orthopedic surgery for further evaluation of the synovial nodules. The patient was evaluated by orthopedic surgery and ultimately underwent arthroscopy with synovectomy, and the histopathologic evaluation of the specimen was consistent with lipoma arborescens. Following synovectomy, the patient experienced complete resolution of symptoms and returned to full athletic activity without recurrence at follow-up. Lipoma arborescens is a rare benign synovial lesion. Awareness of it as an important diagnostic consideration in children with recurrent monoarticular knee effusions is essential for early diagnosis and treatment. This underscores the importance of maintaining a broad differential and pursuing tissue confirmation to differentiate it from inflammatory monoarthritis.

Luke Adkison	Hepato-cardiorenal syndrome seen in late effects of Transposition of the Great Arteries	Transposition of the great arteries is a congenital heart disease in which the aorta arises from the morphological right ventricle and the pulmonary artery arises from the morphological left ventricle. The Mustard procedure involves excision of the atrial septum and placement of a synthetic baffle to redirect venous blood flow, effectively switching the functional roles of the ventricles. Long-term complications secondary to the procedure include systemic RV dysfunction and a high association with valvular abnormalities, as the RV is required to function as the systemic ventricle. The patient is a 48-year-old male with history of transposition of the great arteries (TGA) status post Mustard procedure as a child, chronic right-sided heart failure, pulmonary hypertension, atrial fibrillation/flutter with right-sided ICD/pacemaker, cirrhosis, and diabetes mellitus who was admitted on 10/17/2025 for congestive heart failure exacerbation and pneumatosis intestinalis (managed conservatively). His hospital course was complicated by progressive decompensated right ventricular failure and decompensated liver failure secondary to congestive hepatopathy with cirrhosis and ascites. The patient developed worsening acute kidney injury raising concern for hepatorenal syndrome and was transferred to the ICU for multifactorial shock requiring vasopressor support. Shock was felt to be both Cardiogenic and distributive. Multidisciplinary care was provided by cardiology, nephrology, and critical care. The patient presented diffuse anasarca requiring aggressive diuresis and electrolyte replacement, while still requiring significant vasopressor support for shock and HRS. Given complex congenital anatomy, advanced heart failure and liver failure, transfer to tertiary center for possible combined heart and liver transplant was completed. The constant systemic interactions seen in this patient between the heart, liver, and kidneys fit a relatively newly studied syndrome termed hepato-cardiorenal syndrome, suggesting the heart plays a primary role in hepatorenal syndrome development.

Robert Cragon	Renal artery salvage by reverse Iliac branch stent during thoracoabdominal aortic aneurysm repair with TAMBE	Endovascular repair of thoracoabdominal aortic aneurysms (TAAA) has advanced with the introduction of the Gore Thoracoabdominal Branch Endoprosthesis (TAMBE), an off-the-shelf device with four branches to preserve visceral and renal perfusion while excluding the TAAA. Failure to cannulate branch vessels can result in significant morbidity, including dialysis dependence and mesenteric ischemia. We describe a novel bailout technique for challenging renal artery anatomy encountered during TAMBE repair. An 87-year-old man with a 5.8-cm extent III TAAA and no significant comorbidities underwent endovascular repair using TAMBE. The stenting of the celiac, superior mesenteric, and right renal arteries was uncomplicated. The left renal artery (LRA) was cannulated through the branch portal; however, due to a steep anterior takeoff and significant tortuosity, advancement of a bridging stent was unsuccessful despite multiple attempts. The LRA was subsequently cannulated from below via groin access outside the TAMBE device. After full deployment of the TAMBE, repeated attempts at antegrade stenting and various techniques to "shuttle" the wire into the distal LRA were unsuccessful. As a salvage strategy, a Gore Iliac Branch Endoprosthesis (IBE) was deployed in an inverted configuration. The main body was placed in the left common iliac artery, one branch was connected to the TAMBE, and the second branch was extended retrograde to create a reverse branch into the LRA using femoral access. The native TAMBE LRA portal was then occluded with an Amplatzer plug. Completion angiography demonstrated patency of all four target vessels with a type IIIc endoleak at the renal plug. The patient was discharged following a prolonged hospitalization. At 6-week follow-up, the reverse iliac branch stents periscope remained patent. To our knowledge, this represents the first reported use of an inverted IBE to create a reverse iliac branch stent as a bailout during TAMBE repair.

Kayla Young	Li-Fraumeni Syndrome: A Rare Hereditary Cancer Syndrome in a Rural Family Medicine Setting	Background: Li-Fraumeni syndrome (LFS) is a rare, highly penetrant hereditary cancer syndrome caused by germline TP53 mutations and characterized by early-onset and multiple primary malignancies. Individuals with LFS have an estimated lifetime cancer risk of approximately 90%, rising to nearly 100% in women, largely due to early-onset breast cancer. Pathogenic TP53 variants occur in approximately 1 in 5,000 individuals in U.S. and European populations. Despite its low prevalence, this case was encountered in a rural family medicine clinic in Clay County, West Virginia, where limited subspecialty access can complicate surveillance and survivorship care. Case: We present a 54-year-old woman whose first malignancy was diagnosed at age 28, followed by multiple additional primary cancers over the ensuing decades, including invasive ductal breast carcinoma, renal cell carcinoma, malignant melanoma, cervical cancer, and high-grade vulvar intraepithelial neoplasia. With her most recent diagnosis of invasive breast cancer at age 53, genetic testing identified a pathogenic TP53 mutation, establishing LFS. Her prior malignancies had been diagnosed and treated without recognition of an underlying hereditary predisposition. Her mother died of lung cancer at age 52. Conclusion: She established care in rural family medicine one month after her LFS diagnosis. She required close monitoring for treatment-related complications, assistance with durable medical equipment, and coordination of multiple specialty appointments. Although LFS is classically associated with sarcomas, acute leukemia, and adrenocortical carcinoma, this patient presented with multiple non-classic primary malignancies across organ systems. In this resource-limited rural setting, primary care served as the central point of continuity for complex oncologic and survivorship management. This case emphasizes the importance of reassessing cumulative malignancy and family history for hereditary cancer syndromes and highlights the essential role of rural primary care in coordinating lifelong surveillance and multidisciplinary care for medically complex patients.

Patrick Duffy	The Woman Who Mistook Her TV for a Fence: Visual Hallucinations in Charles Bonnet Syndrome in a Rural Family Medicine Setting	Background: Charles Bonnet Syndrome is characterized by visual hallucinations in individuals with visual impairment with preserved insight. Decreased sensory signals lead to a compensatory hyperexcitability within the visual cortex which produces the hallucinations. The compensation occurs through increased amplitude of miniature excitatory postsynaptic currents (mEPSCs) and dendritic spine size, elevated neuronal membrane excitability, and rapid disinhibition of inhibitory circuits. Case: This patient is an 84-year-old female with macular degeneration who presented to the emergency department (ED) endorsing a 4-day history of visual hallucinations consisting of a red chain link fence that extended beyond the television; dots; a woman rising from her seat, but the dress she was wearing remained in her seat; people's clothing switch; and images of her deceased daughter. Ocular ultrasound, brain magnetic resonance imaging (MRI), and neurological exam were grossly unremarkable. Given the absence of acute imaging and physical exam findings, the diagnosis of Charles Bonnet Syndrome was made. She followed with her rural Family Medicine physician and did not report visual hallucinations. Discussion: Charles Bonnet Syndrome has a prevalence of 0.5% in the general population, 10.2% in those with visual impairments, and 24.6% in those attending specialty vision clinics. There is no current specific guideline-based management, but general recommendations are to provide reassurance to patients. The importance of diagnosis is to rule out potentially serious causes of hallucinations including psychiatric disorders, cerebrovascular accidents (CVA), and seizure disorders. Given the atypical presentation related to visual hallucinations, medical professionals becoming more familiar with the diagnostic criteria can allow for appropriate diagnosis and reassurance for patients. One study found that 54.7% of family physicians were unaware of the condition. Providing peace of mind that these hallucinations are not a product of a life-threatening or psychotic disease process can significantly alleviate patients' anxiety.

Nathan Rollings	An Eye for an Eye Will Make You Blind	66 year old male who presented the Emergency Department with a chief complaint of a gunshot wound to the face with associated vision loss. He stated he was cleaning his shotgun and placed it on the table when an accident caused him to discharge the loaded shell into his left face. Exams in the department showed extensive soft tissue involvement, complete hyphema of the left eye with associated orbital swelling, tenderness, and light insensitivity. The right eye had conjunctival hemorrhage and decreased vision throughout all visual fields. Imaging revealed a single pellet within the corpus callosum, left globe rupture, fracture of the left maxillary sinus, and numerous pellets within the left maxillofacial structure. Ophthalmology, amongst other services, was consulted and was concerned for sympathetic ophthalmia (SO); the patient was started on Unasyn and Moxifloxacin eyedrops and transferred to higher level of care. Sympathetic Ophthalmia, a delayed autoimmune reaction following penetrating injury to one eye that may lead to the opposite eye's involvement. Research has elucidated T cells are involved in mounting a granulomatous inflammatory response leading to uveitis and vision loss if untreated. This type IV hypersensitivity reaction has limited treatment options, ultimately prompt corticosteroids administration may aid in limiting the inflammatory reaction and definitive emergent enucleation of the damaged eye. A high degree of clinical suspicion should be suspected of SO following any penetrating globe injury (traumatic or surgical) when a patient presents with vision disturbances in the non-effected eye. Immediate consultation with Ophthalmology with a plan for enucleation should be sought, in order to preserve the vision in the remaining eye.

Muhammed Ceesay	Beyond the Common Cold: An Unusual Cause of Oral and Ocular Lesions	Background: Mycoplasma pneumoniae-induced rash and mucositis (MIRM) is a distinct clinical entity characterized by prominent oral, ocular, or urogenital mucositis with minimal cutaneous involvement. It most commonly affects children and adolescents but can also occur in adults. Unlike Stevens-Johnson syndrome and erythema multiforme, MIRM follows a respiratory illness and presents with severe mucosal inflammation, often accompanied by systemic symptoms, but carries a more favorable prognosis. Case Description: A 27-year-old man with no significant past medical history presented with severe painful oral ulcers and odynophagia that developed two days after resolution of an upper respiratory tract infection treated with azithromycin. He reported no prior history of oral or genital ulcers. Examination revealed multiple oral ulcers and conjunctivitis without genital involvement. Laboratory studies demonstrated leukocytosis (11.5 $\times 10^3/\mu L$), elevated CRP (18.8 mg/L), and a positive Mycoplasma pneumoniae IgM antibody; HIV, syphilis, viral panel, and rapid strep testing were negative. Differential diagnosis included Stevens-Johnson syndrome, pemphigus vulgaris, Behçet syndrome, and infectious etiologies. ENT obtained an oral biopsy, and ophthalmology confirmed conjunctivitis without uveitis. Given clinical features and serology, Mycoplasma-induced rash and mucositis (MIRM) was the most likely diagnosis. The patient was managed with intravenous corticosteroids, transitioned to an oral taper, supportive pain control, and ocular lubricants, with marked improvement in mucosal lesions. He was discharged in stable condition. Discussion: Mycoplasma-induced rash and mucositis (MIRM) is a rare and recently described entity distinct from Stevens-Johnson syndrome and erythema multiforme, typically presenting with prominent mucositis and minimal cutaneous involvement. Recognition is important because prognosis is generally favorable with supportive therapy and corticosteroids, in contrast to the higher morbidity of SJS/TEN. This case highlights the need to consider MIRM in young patients presenting with severe mucositis following a recent respiratory infection, even in the absence of classic skin findings.

Ahmed N. Mohamed	When Energy Drinks Aren't So Energizing: Grapefruit-Mavacamten Interaction Leading to Reduced Ejection Fraction	Background: Mavacamten, a cardiac myosin inhibitor for obstructive hypertrophic cardiomyopathy (oHCM), is metabolized by CYP2C19 and CYP3A4. Grapefruit inhibits CYP3A4 and can markedly increase medication exposure, predisposing to left ventricular systolic dysfunction. This is the first known documented case report of a real-world mavacamten interaction with a CYP450 inhibitor. Case: A 57-year-old male with oHCM, hypertension, hyperlipidemia, coronary disease post PCI, and high PVC burden was started on mavacamten after persistent dyspnea despite maximally tolerated beta blocker and calcium channel blocker therapy. Baseline transthoracic echocardiography (TTE) showed a left ventricular ejection fraction (LVEF) of 55-60% and a severe left ventricular outflow tract (LVOT) gradient of 157 mmHg. After 2 months, symptoms improved and the LVOT gradient reduced to 28 mmHg. At 6 months, EF declined to 45-50% despite clinical stability. Patient remained compliant with the medication. Detailed dietary history revealed daily consumption of energy drinks containing grapefruit juice for the preceding two months. Mavacamten and the beverages were stopped. Discussion: The patient had a TTE 1 month after discontinuing the energy drinks and mavacamten, which showed normalization of LVEF at 55-60%. The mavacamten was restarted, and the LVEF remained at 55-60% after several months of monitoring. The temporal association strongly suggested a medication-food interaction causing transient systolic dysfunction. Conclusion: This case highlights the importance of patient counseling regarding dietary interactions with novel cardiovascular therapies. Grapefruit juice inhibits CYP3A4, markedly increasing mavacamten levels, and the patient's otherwise stable LVEF rapidly declined only after consuming these beverages. Mavacamten carries a boxed warning for systolic dysfunction, making avoidance of such interactions critical. Clinicians should educate patients on hidden sources of contraindicated substances and maintain vigilance with routine echocardiographic monitoring when initiating or resuming therapy.

Christlyn Blessing-Ujomo	Two Antibodies, One Catastrophic Presentation: Double-Antibody ANCA and Anti-GBM Disease	Goodpasture's disease, also known as anti-glomerular basement membrane disease, and ANCA-associated vasculitis (AAV) are both rare conditions that affect both lungs and kidneys, with incidence of less than 2 million and 20 million per year, respectively. Although uncommon, patients may have antibodies for both, referred to as "double-antibody positive disease." This is a case of a 67-year-old male with history of congestive heart failure (CHF) who was hospitalized for acute renal failure and acute respiratory failure. His workup was significant for anti-myeloperoxidase (anti-MPO) and anti-glomerular basement membrane (anti-GBM) antibodies, suggestive of AAV and Goodpasture's disease overlap. Renal biopsy during admission was significant for diffuse necrotizing, crescentic glomerulonephritis with immunofluorescence positive for linear glomerular basement membrane IgG staining suggestive of anti-GBM antibodies seen in Goodpasture. Additionally, bronchoscopy confirmed diffuse alveolar hemorrhage. Pulse dose corticosteroids, plasmapheresis, cyclophosphamide, and intermittent hemodialysis were initiated on admission. Due to hematuria and concern for bladder toxicity, he was switched to rituximab and discharged with plans for out-patient hemodialysis and follow up with rheumatology and nephrology. This case highlights the importance of a thorough workup for glomerulonephritis; the presence of one condition does not exclude the possibility of another. Furthermore, accurate diagnosis helps with prognosis and treatment. Goodpasture's disease is not usually recurring, but there is a higher risk of relapse with positive ANCA antibodies. Patients with double disease are more likely to have severe renal disease with progression to end stage renal disease. In addition to immediate treatment with plasmapheresis, systemic glucocorticoids, cyclophosphamide or rituximab, "double-antibody positive" disease is treated with prolonged immunosuppression. Accurate diagnosis with biopsy and recognition of this risk can help guide the prognosis and long-term management to minimize the need for renal replacement therapy.

Savanna Patterson	A Curious Case of Cutaneous Metastasis of Endometrial Cancer	Endometrial cancer is the fourth most common cancer in women in the United States. Metastasis of any internal carcinoma to the skin; however, is a relatively rare occurrence, with only a reported 0.7-9% incidence. When specifically considering cutaneous metastasis of endometrial cancer, there have only been a few case reports of this occurring with a reported prevalence of 0.8% making this a very rare presentation. In this case, the patient was a 77-year-old female with recurrent endometrial cancer who was admitted to the hospital for failure to thrive after undergoing a chemotherapy regimen of carboplatin and Taxotere. The patient was initially diagnosed with endometrial cancer in 2011 and had a total abdominal hysterectomy, bilateral salpingo-oophorectomy and surgical staging at that time. She also received adjuvant vaginal brachytherapy. Recurrent disease found in 2018 in a right groin mass and she completed five cycles of paclitaxel and carboplatin and well as stereotactic radiotherapy in 2022. In 2023, the patient was found to have recurrent disease in the right groin again, now with disease noted in the right retroperitoneal lymph nodes. At time of admission, the patient was noted to have a rapidly progressing rash over her abdomen, involving her groin area and extending on to her proximal thighs. The onset of the rash corresponded with the start of her new chemotherapy regimen and was originally thought to be a Taxol hypersensitivity reaction; however, it did not improve with topical or oral steroids. The patient's symptoms continued to worsen, and infectious disease and allergy were consulted for further evaluation. The differential diagnosis included HSV infection, fungal infection, and chemotherapy related reaction. A skin biopsy was performed, and the pathology was squamous epithelium and dermis with metastatic poorly differentiated carcinoma likely representing de-differentiation of her original endometrial cancer.

Kelsea Kangas	From Anxiolysis to Psychosis: Neuropsychiatric Toxicity of Long-Term Benzodiazepine Therapy	Benzodiazepines are frequently prescribed in older adults for anxiety and insomnia; however, long-term use is associated with adverse neuropsychiatric outcomes, including paradoxical agitation, delirium, and, less commonly, psychosis. The risk may be amplified with polypharmacy and prolonged exposure, though reports of benzodiazepine-induced psychosis remain limited. We present the case of a 72-year-old female with a remote history of a brief, self-limited psychotic episode six years prior who developed acute psychotic symptoms in the setting of chronic dual benzodiazepine therapy. The patient had been prescribed both diazepam and temazepam for several years for anxiety and insomnia. She presented with new-onset paranoia, auditory hallucinations, disorganized thought processes, and behavioral changes. Comprehensive neurologic, infectious, metabolic, and structural evaluations did reveal some abnormalities in thyroid hormone levels; however, these findings were not consistent with the severity, acuity, or temporality of the patient's psychiatric presentation. Given lack of alternative etiologies, benzodiazepine-induced psychosis secondary to long-term dual therapy was suspected. Benzodiazepines were gradually tapered and discontinued with close monitoring. The patient demonstrated marked improvement in psychotic symptoms following dose reduction, with complete resolution of symptoms after cessation, requiring no long-term medication and supporting a medication-induced etiology. This case highlights the potential for benzodiazepines-particularly when used long term and in combination-to precipitate psychosis in elderly patients. Age-related pharmacokinetic changes, central nervous system sensitivity, and cumulative exposure likely contribute to this risk. Clinicians should maintain a high index of suspicion for medication-induced psychosis in older adults presenting with acute psychiatric symptoms. Long-term benzodiazepine therapy may be an underrecognized cause of reversible psychosis in geriatric patients. Careful prescribing practices, regular medication review, and early consideration of deprescribing are essential to prevent adverse neuropsychiatric outcomes.

Victoria Peruski	Electroconvulsive therapy in a patient with an implanted hypoglossal nerve stimulator- a case report	Background: Hypoglossal nerve stimulation is a recently developed method of treating obstructive sleep apnea. Electroconvulsive therapy (ECT) is used to treat refractory depression and other mental illnesses. We describe the successful use of electroconvulsive therapy in a patient with a newly implanted hypoglossal nerve stimulator, with no deleterious effects upon the functionality of the implant. Ours is the third published case of successful and safe use of electroconvulsive therapy in such patients. 2,3 Case Presentation: This is a case of a 63-year-old female patient who is being treated for Treatment-Resistant Major Depressive Disorder with Electroconvulsive Therapy (ECT) after undergoing the placement of a hypoglossal nerve stimulator device for Obstructive Sleep Apnea. She had received ECT prior to the placement of the nerve stimulator and tolerated it well. Per the manufacturer's recommendations, the nerve stimulator was turned off during the procedure. Post-procedure, the nerve stimulator continued to successfully treat the patient's obstructive sleep apnea. She is planned to continue ECT for treatment of her Major Depressive Disorder. Discussion: Obstructive sleep apnea (OSA) is considered a 'critical medical comorbidity' among patients with depression according to established treatment guidelines.1 As of the end of 2023, over 60,000 patients had received an implanted hypoglossal nerve stimulator for the management of their OSA.4 In light of the frequent co-occurrence of depression and OSA, and the increasing use of the hypoglossal nerve stimulator, it is likely that psychiatrists will encounter patients in need of ECT who have such devices in place. Our case demonstrates that ECT can be safely administered to such patients without any deleterious effect upon the hypoglossal nerve stimulator, and adds to the small amount of medical literature addressing this emerging issue. References upon request

Shanza Faridi	*The Warning Before the Infarcts:* Recurrent Transient Deficits Heralding Multifocal Lacunar Stroke in Cryptococcal Meningitis Without Known Immunosuppression	BACKGROUND: Cryptococcal meningitis is a life-threatening fungal infection classically associated with immunosuppression but can rarely occur in immunocompetent individuals, often presenting with nonspecific symptoms that delay diagnosis. This is clinically important because the disease may rapidly progress to catastrophic complications, including ischemic stroke. Although transient focal neurologic symptoms have occasionally been described, recurrent transient deficits preceding widespread infarction remain exceedingly rare. Recognition of this prodromal pattern may provide a critical window for earlier diagnosis and intervention before irreversible neurologic injury. CASE PRESENTATION: A previously healthy 38-year-old man presented with several days of severe headache, photophobia, nausea, and recurrent brief episodes of transient unilateral numbness and weakness. Initial brain MRI showed no acute infarction, and he was discharged after transient improvement. Over the ensuing week, headache persisted with multiple recurrent, self-resolving focal neurologic episodes, at times affecting alternating sides,prompting repeated presentations and eventual admission. Repeat MRI revealed a small punctate infarct. Within hours, he acutely deteriorated with altered mental status and persistent hemiparesis, prompting emergent lumbar puncture. Opening pressure was markedly elevated, and serum and cerebrospinal fluid testing were positive for cryptococcal antigen, with yeast visualized on Gram stain; cultures confirmed Cryptococcus neoformans. Diffusion-weighted imaging subsequently demonstrated innumerable acute lacunar infarcts involving the bilateral anterior cerebral artery territories, basal ganglia, and cerebellum. Induction therapy with liposomal amphotericin B and flucytosine was initiated, along with serial therapeutic lumbar punctures and ventriculoperitoneal shunting. CONCLUSIONS: To our knowledge, this is one of the most extensively documented cases of recurrent transient ischemic-like episodes preceding multifocal stroke in cryptococcal meningitis without known immunosuppression. This transient phase may represent a narrow diagnostic window in which earlier lumbar puncture and prompt intracranial pressure-directed therapy could mitigate irreversible ischemic injury. We speculate these episodes reflected dynamic cerebral hypoperfusion from severe intracranial hypertension, possibly compounded by inflammatory small-vessel vasculopathy.

Shealyn Falbo	As The Head Turns: Bow Hunter Syndrome in the Setting of Chronic Vertebral Artery Occlusion	Objective: To highlight a case of recurrent, positionally triggered vertebrobasilar symptoms occurring in the setting of chronic vertebral artery occlusion, illustrating the pathophysiologic and diagnostic considerations of Bow Hunter syndrome (BHS). Background: Bow Hunter syndrome is a rare dynamic vascular disorder characterized by reversible, position-dependent compression of the vertebral artery, most often induced by head rotation. Mechanical compression typically occurs at the atlantoaxial or subaxial cervical spine due to osteophytes, cervical spondylosis, fibrous bands, or congenital anomalies. In patients with vertebral artery hypoplasia or chronic occlusion, rotational compromise of the remaining artery can lead to transient vertebrobasilar insufficiency. Symptoms commonly include vertigo, diplopia, imbalance, or ataxia triggered by neck positions. Because symptoms are intermittent and standard imaging may be unrevealing, diagnosis is frequently delayed. Design/Methods: We report a 44-year-old man with recurrent dizziness, imbalance, and transient visual disturbance consistently triggered by sustained rightward head rotation. He denied recent trauma or cervical manipulation. On presentation, his National Institutes of Health Stroke Scale score was 2 due to ataxia and hemianopsia, prompting evaluation for posterior circulation ischemia. Results: Brain magnetic resonance imaging showed no acute infarction, and cervical MRI revealed no structural lesion causing compression. Computed tomographic angiography demonstrated chronic occlusion of the right vertebral artery. Although symptoms were not reproduced during examination, the positional triggers and unilateral vertebral artery occlusion raised concern for dynamic compromise of the contralateral vertebral artery consistent with BHS. The patient was managed conservatively with antiplatelet therapy and activity modification, with no recurrent ischemic events during follow-up. Conclusions: This case highlights dynamic vertebrobasilar insufficiency occurring in the setting of chronic vertebral artery occlusion, an underrecognized mechanism of BHS. Recognition of positional symptoms and vascular anatomy is essential, as routine imaging may be normal. Conservative therapy may be appropriate in selected patients, while surgical decompression remains an option.

Shahzeb Saeed	Scar Beneath the Surface: Malignant Ventricular Tachycardia in Cardiac Sarcoidosis	Introduction: Cardiac sarcoidosis is a potentially fatal manifestation of systemic sarcoidosis, characterized by granulomatous myocardial inflammation that may lead to conduction abnormalities, ventricular arrhythmias, and sudden cardiac death. Cardiac involvement may present with malignant ventricular tachyarrhythmias even in the absence of left ventricular systolic dysfunction. Cardiac magnetic resonance (CMR) plays a central role in identifying myocardial inflammation and fibrosis. Early recognition is essential, as sustained ventricular tachycardia (VT) confers a high risk of recurrent life-threatening arrhythmias. Case Presentation: A 51-year-old male with pulmonary sarcoidosis, chronic kidney disease, and prediabetes presented with acute chest pain and was found to be in sustained VT on electrocardiogram. He was treated with intravenous amiodarone and successfully cardioverted. High-sensitivity troponin remained normal; Transthoracic echocardiography demonstrated preserved systolic function with an ejection fraction of 55-60% and no structural abnormalities. Given unexplained VT in the setting of systemic sarcoidosis, stress CMR was obtained. Imaging revealed a nonischemic pattern of late gadolinium enhancement with myocardial edema, consistent with active cardiac sarcoidosis. Rheumatology initiated systemic corticosteroid therapy with prednisone. Sustained VT in cardiac sarcoidosis carries substantial risk of recurrence even with preserved ventricular function thus the patient underwent implantable cardioverter-defibrillator (ICD) placement for secondary prevention. He was discharged in stable condition with outpatient follow-up for ICD interrogation and repeat imaging (FDG-PET ± CMR) to assess inflammatory activity and guide immunosuppression. Discussion/Conclusion: This case illustrates that life-threatening ventricular arrhythmias may be the presenting feature of cardiac sarcoidosis despite normal troponin levels and preserved ejection fraction. CMR was essential in establishing the diagnosis and identifying active myocardial involvement. Early immunosuppressive therapy combined with ICD placement remains central to reducing the risk of recurrent arrhythmia and sudden cardiac death.

H Riley Caudill	Endovascular Management for a Rupture of a Previously Ligated Popliteal Artery Aneurysm Following Redo Revascularization: A Case Report	Introduction Popliteal artery aneurysms (PAA) are the most common peripheral aneurysm with an incidence of 1% in the general population. PAAs commonly present with ischemic symptoms, with rupture being rare (2% incidence). In this case report, we discuss a unique rupture of a previously bypassed and ligated PAA after a redo common femoral-posterior tibial (CFA-PT) artery bypass. History 76-year-old male presented with acute-on-chronic limb ischemia of the right lower extremity (RLE). He was found to have a 1.4 cm thrombosed PAA with 2 vessel runoff. Therfore, he underwent ligation/exclusion of the aneurysm, with right superficial femoral-below knee popliteal artery bypass. Years later, he presented with worsening recurrent symptoms. His bypass was found to be occluded. He underwent CFA-PT artery bypass for redo-revascularization. Two months later, he re-presented due to RLE swelling and pain. He underwent duplex testing which showed a mass with arterial flow in the popliteal fossa. CTA was obtained which showed patent CFA-PT bypass and contrast extravasation from the PAA. Intervention The patient underwent angiogram and was noted to have a rupture of the previously thrombosed PAA with active extravasation. The patient underwent coil embolization of the major feeding vessel. All anti-platelets and anti-coagulation were held post-operatively. Discussion This case describes a unique situation in which a thrombosed PAA previously treated with aneurysm exclusion/ligation and bypass, not only grew substantially in size, but became symptomatic with rupture two months after a redo revascularization. Rupture of a PAA is rare as evidenced by the paucity of literature surrounding this complication. However, this appears to be the first report of a ruptured PAA after redo revascularization following a previous bypass and ligation years prior. This case demonstrates the presentation, diagnosis, and successful utilization of endovascular evaluation and intervention with coil embolization as a treatment modality for this clinical scenario.

Bryson Parker	Jaw in the Skull; Case Report of a Mandibular Dislocation Extending into the Middle Cranial Fossa	Mandibular head dislocations that fracture through the glenoid fossa into the intracranial compartment are rare injuries. From a limited review, about half require open reduction and about half can be reduced in closed reduction without surgery. A 34-year-old female presented to the emergency department after tripping over her dog and hitting her chin. She sustained bilateral mandibular fractures and dislocated the right head of the mandible superiorly through the glenoid fossa of the right temporal bone into the intracranial compartment. Exam revealed the inability to open the jaw to phonate, but otherwise she was without neurological deficit. Initially, closed reduction was attempted to reduce the condyle of the mandible. After this failed, an open reduction of the mandibular fracture became necessary. The patient underwent a right temporal craniotomy to allow for a window to reduce the mandibular fracture from the middle cranial fossa from above. After several gentler methods failed, the mandible condyle was reduced via intracranial force applied above and traction below. Reconstruction of the middle cranial fossa was carried out with a temporalis sling and skull fragments. A temporalis flap was created to serve as a barrier between the middle cranial fossa floor and the mandible. The bone from the middle cranial fossa was reinserted and covered with a piece of dural graft matrix to ensure a second barrier between the dura and temporalis muscle. The temporal bone craniotomy flap was re-affixed to the skull using cranial plates and screws. The patient recovered well and was discharged three days after surgery. Utilizing a craniotomy after attempted closed reduction represents a strategy seen in only 5 other case reports. This strategy allows for superior reduction and the ability to assess adequate retraction from the cranial fossa. Additionally, the dura can be inspected for laceration or potential cerebrospinal fluid leak.

Jenny Kaiser	Bilateral Renal Lymphangiomatosis: A Case Report	Renal Lymphangiomatosis Masquerading as Polycystic Kidney Disease: A Case Report Introduction: Lymphangiomatosis is a rare benign abnormality characterized by dilated lymphatic ducts with multiloculated cysts most commonly found in the head, neck, lungs, neck and axillary region while rarely involving abdominal and pelvic organs. As of 2025, only 111 cases of renal lymphangiomatosis have been documented, leading to a lack of guidance for practitioners when managing this process as there is currently no gold standard of care. Patients typically are asymptomatic and diagnosis is made off of incidental imaging findings. Although RL is benign, is important to be aware of as it often is mistaken for a more harmful disease process such as hydronephrosis, malignancy or Polycystic Kidney Disease. Case presentation: We present a 40 year old patient who was referred to our clinic for new findings of bilateral hydronephrosis. One year prior, she had been diagnosed with Polycystic Kidney Disease. She was asymptomatic with normal renal function and urinalysis. She had undergone multiple imaging studies over the past 10 years which revealed similar findings, however now more progressed. She underwent CT Urogram and MRI at the time of her referral which was concerning for a possible diagnosis of renal lymphoma. She was presented at multidisciplinary tumor board and ultimately diagnosed with renal lymphangiomatosis. Following the recommendations of the tumor board along, the patient is currently on surveillance with annual imaging as she remains asymptomatic. Conclusion: Renal lymphangiomatosis is rare with only 111 documented cases as of 2025. A review of the literature shows a high misdiagnosis rate, often with a more harmful diagnosis. Overall documentation of this case is important as it aids in supporting the current literature of how to manage patient diagnosed with renal lymphangiomatosis as there currently is no gold standard of care.

Shelby Deynzer	A Rare Case of Ureteroinguinal Hernia Causing Hydroureteronephrosis	Inguinal hernias are common, particularly in men; however, ureteroinguinal hernias-defined as herniation of the ureter into the inguinal canal-are exceedingly rare, with fewer than 150 cases reported in the literature. We present the case of a 64-year-old man with a medical history significant for peripheral vascular disease and abdominal aortic aneurysm who underwent computed tomography angiography (CTA) of the abdomen and pelvis. Imaging incidentally revealed a ureteroinguinal hernia associated with severe (grade IV) right hydroureteronephrosis, mild right renal atrophy, and dilation of the distal ureter extending into the inguinal canal and scrotum, resulting in distal ureteral obstruction. Given the degree of obstruction and risk of progressive renal dysfunction, surgical intervention was pursued. The patient underwent robotic-assisted laparoscopic right ureteroneocystostomy with ureteral stent placement without complication. He tolerated the procedure well and subsequently underwent cystoscopic stent removal one month postoperatively. A follow-up CT urogram at six weeks post-procedure is planned to assess resolution of hydroureteronephrosis. This case underscores a rare cause of obstructive uropathy and contributes to the limited literature by demonstrating successful minimally invasive surgical management of ureteroinguinal hernia.

Open Partial Nephrectomy for Renal Cell Carcinoma in Transplanted Kidney

Cody Fuller, DO

Background:

Renal cell carcinoma (RCC) arising in a renal allograft is rare, with a reported incidence of <1%. Management is challenging because preservation of graft function is essential in transplant recipients. Nephron-sparing surgery is increasingly favored for localized tumors in transplanted kidneys, although surgical exposure and vascular control can be technically complex due to prior transplantation and altered anatomy.

Case/Methods:

We present a 59-year-old male with end-stage renal disease secondary to polycystic kidney disease who underwent a deceased-donor right pelvic kidney transplant in 2020 followed by bilateral native nephrectomies in 2021. Donor imaging before transplantation demonstrated no renal masses. Five years post-transplant, surveillance CT identified a lesion in the renal allograft. MRI revealed a 4.8 cm heterogeneously enhancing mid-pole mass suspicious for malignancy. Ultrasound-guided biopsy confirmed clear cell RCC, and staging chest imaging showed no metastatic disease. The patient underwent open partial nephrectomy via a Gibson incision with selective renal artery clamping, renal hypothermia using ice, and minimized ischemia time.

Results:

The postoperative course was uncomplicated, and the patient was discharged on postoperative day two with transplant nephrology oversight for immunosuppression management. Final pathology demonstrated a 6.0 cm clear cell RCC (pT1b, grade 2) with negative margins. Renal function remained stable after a transient postoperative decrease in glomerular filtration rate and rise in creatinine. The patient maintains preserved graft function and good performance status on follow-up.

Conclusion:

This case highlights the rare development of RCC in a renal allograft and demonstrates that open partial nephrectomy can achieve oncologic control while preserving graft function. Negative donor imaging suggests a de novo malignancy, emphasizing the importance of ongoing surveillance in transplant recipients and supporting nephron-sparing surgery for RCCs in transplanted kidneys.

Sarah Mitchem	Neurofibroma of the Ovary	Introduction: Neurofibromatosis refers to a diverse group of neurocutaneous disorders inherited in an autosomal dominant fashion. This group is commonly divided into three subtypes based on the genetic mutations and clinical manifestations. Neurofibromatosis type 1 (NF1), also known as von Recklinghausen disease, is a systemic disease with variable expressivity caused by loss-of-function mutations in the tumor suppressor gene NF1. It is characterized by hyperpigmented macules, neurofibromas, axillary or inguinal freckling, Lisch nodules, optic glioma, and skeletal dysplasia. Plexiform neurofibromas can be found in superficial or deep locations in association with nerve roots or large nerves and are a hallmark of NF1. This case describes identification of a plexiform neurofibroma during laparoscopic surgery for a suspected ovarian neoplasm involving the sigmoid colon. Case: A 17 yo G0 was initially referred to gynecology at an outlying facility after 5cm left pelvic mass was identified on CT scan while undergoing workup by her PCP for multiple skin nodules. While the mass appeared separate from the left ovary, there was concern for an endometrioma and pelvic MRI was recommended for further characterization. Pelvic MRI redemonstrated the mass with partial encasement of the sigmoid colon with concern for endometriosis vs mucinous tumor. Given involvement of the sigmoid colon and uncertain etiology, the patient was referred to Gyn Oncology for further evaluation and removal. Patient underwent a robotic-assisted diagnostic laparoscopy where a fibromatous mass separate from the ovary was noted to be encasing the sigmoid colon. Biopsy of the mass revealed a plexiform neurofibroma. The patient was subsequently referred to genetics for evaluation for NF1. Discussion: NF1 is a common autosomal dominant disorder with high penetrance and variable expressivity that has uncommonly been described to involve the ovary and bowel. This case highlights the diverse differential diagnosis of pelvic masses and importance of comprehensive clinical evaluation.