Answer to Medical Quiz - 1

Answers

1. Acute pulmonary embolism and deep vein thrombosis of right lower limb.
2. Rectal cancer patient presenting with multiple venous thrombosis
3. Low molecular weight heparin with conservative treatment.

Discussion

Venous thromboembolism (VTE)—including deep vein thrombosis (DVT) and pulmonary embolism (PE)—frequently serves as a harbinger of occult or, more commonly, advanced metastatic rectal/colorectal carcinoma, with 10% or more of idiopathic VTE cases revealing hidden cancer[1]. VTE can precede the diagnosis of colorectal cancer, often surfacing in the first 6–12 months, and signals an aggressive hypercoagulable state often linked with distant metastasis[2]. Development of VTE serves as a marker for poor outcomes, reduced overall survival, and a 2–6-fold higher risk of early mortality in cancer patients[3]. Cancer cells stimulate clotting factors, causing "sticky" blood and enhancing the hypercoagulable state.Unprovoked VTE, particularly in younger patients or those with abdominal symptoms, should prompt investigation for occult GI malignancy[4].

References

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Answer to Medical Quiz - 2

Answers

Answer: 1 Extensive calcification are seen in both cerebellar hemispheres, thalamo- ganglionic region, paraventricular region and also both cerebral hemispheres.

Answer 2: Fahr Disease

Answer:3 Symptomatic and supportive treatments.

Discussion

Fahr disease is a genetic disorder; autosomal dominant in nature. It is also known as "primary familial Brain Calcification (PFBC) as it is usually idiopathic in nature and has strong positive family history[1]. There is also secondary intracranial calcification known as "Fahr Syndrome". Fahr syndrome is related to some metabolic disorders, renal failure, Vasculitis, infections and some genetic disorders like- mitochondrial myopathy, Cockayne Syndrome etc[1].

A diagnosis of Fahr Syndrome or Fahr disease is suspected if some or all of the following features are present[2]-

- Movement disorders
- Pyramidal symptoms
- Cognitive impairment
- Gait disorders
- Cerebellar symptoms
- Speech disturbances
- Psychiatric symptoms
- Sensory changes

Fahr disease is considered if[3]-

- age of onset is 40-60 years
- evidence of coarse, progressive , bilateral basal ganglia calcification
- presence of genetic autosomal dominant trait

Diagnosis is confirmed by excluding the causes of Fahr Syndrome and some genetic testing. Fahr disease is incurable, slowly progresses with age. So the treatment is mainly supportive and symptomatic to manage neurological as well as psychiatric symptoms to improve quality of life[4].

References

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