

P 021 DIFFUSE IDIOPATHIC SKELETAL HYPEROSTOSIS: AN INCIDENTAL DIAGNOSIS DUE TO TRAUMA – A CASE REPORT**Yasin Yıldız, Mine Kayacı Yıldız, Serkan Emre Erođlu***University of Health Sciences Ümraniye Training and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey*

Introduction: Diffuse idiopathic skeletal hyperostosis (DISH) is an ossification of the vertebral body's anterior and lateral side. Most of patients are asymptomatic, dysphagia is the most common symptom due to compression of esophagus. Cervical subaxial pain, stiffness and decreasing range of motion of the cervical spine are the other complaints.

Case: A 72-year-old male presented to our emergency department with backache and neck pain. He was fall down due to a traffic accident while standing in a bus. He had type II diabetes. There was a mild tenderness on palpation of cervical vertebrae. There was no focal neurological deficit on central nervous system examination. Cervical computed tomography (CT) revealed bony ankylosis from C2 to C7. And there was a suspected fracture on C3. Axial images showed syndesmophytes at C3 to C7. The patient was referred to the neurosurgery clinic, and they offered out-patient follow up with a soft cervical collar. The patient treated with nonsteroidal anti-inflammatory drugs (NSAIDs).

Discussion: DISH is a clinically common pathological condition but usually unrecognized and misdiagnosed by clinicians. This rare entity is diagnosed incidentally cause of usually been asymptomatic. The most common symptoms of DISH are pain and stiffness, dysphagia and decreased range of motion. Lumbar spine is the most commonly affected vertebrae and cervical spine is less involved. Rarely, dysphagia and dysphonia are seen when cervical spines are affected. Diagnostic methods include X-ray, CT, MRI (magnetic resonance imaging), videofluoroscopy, and endoscopy. The management is mostly conservative as NSAID and steroid therapy. In patients with severe and progressive symptoms, surgery could be an appropriate choice.

Conclusion: DISH, even though rare, should be kept in mind in the differential diagnosis for the patients, especially who have diabetes, with a complaint of neck pain or dysphagia. It is important that emergency physicians are familiar with the diagnosis and treatment of the cervical manifestations of this disorder.

Keywords: Cervical trauma, diffuse idiopathic skeletal hyperostosis, DISH syndrome

P 022 AN OVERLOOKED DIAGNOSIS OF HEAD TRAUMA: INTRAOCULAR LENS DISLOCATION**Ozlem Dikme, Elif Degirmenci, Eda Ars, Can Aktas***Koc University Hospital, Department of Emergency Medicine, Istanbul, Turkey*

Lens dislocation is completely losing its normal anatomic position of the lens while the lens subluxation is a partial disruption of anatomical position. It can be seen in association with some hereditary systemic diseases or may develop aftermath of ocular surgery or trauma.

A 92-year-old woman has bilaterally prior cataract surgery two years ago presented to the ED with head trauma due to fall down. She had not any loss of consciousness after trauma. When the ecchymosis appeared around her right eye her son decided to bring her to the ED. On admission her vital signs were normal. There was right periorbital ecchymosis and conjunctival hemorrhage. Eye examination revealed no visual acuity. Ocular motility examination was normal. The pupil was in normal shape and reactive on bilaterally. Head and neck exams were otherwise unremarkable. Her neurological exam was normal. When evaluated her age, trauma mechanism and physical findings together, brain CT was planned and it was normal about skull fracture, facial fracture, or intracranial abnormality. It only showed suspected right lens dislocation. When the emergency physician examined her with bedside ocular US, indicating a freely floating lens inside the eye globe with reverberation artifacts. She consulted with Ophthalmologist. Initial intraocular pressure was measured as 18 mm Hg and there wasn't any retinal complication. Medical follow-up decision was taken and she was discharged to follow in outpatient clinic to the intraocular pressure measurement.

Point-of-care US has been widely used by emergency physicians particularly in trauma cases. Ocular US is a part of it and should be the first line imaging in the ED. It has several advantages, first of all it is a readily available tool in the ED and does not radiation expose. Secondly it can quickly establish the diagnosis and prompt ophthalmology consultation.

Keywords: Ocular trauma, ultrasound, emergency