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Neglected percutaneous rod extrusion following posterior occipitocervical instrumentation: a case report

Purpose: The extrusion of implant material is a rare complication but has been reported in several cases following anterior cervical spine surgery. A posterior spontaneous percutaneous rod extrusion after rigid occipitocervical (OC) instrumentation (screw and rod construct) has not been reported yet. The authors discuss potential complications after cervical spine surgery and its clinical management.
Methods: This is a case report of a 56-year-old patient after posterior OC spine surgery with initially unobserved implant failure and posterior percutaneous rod extrusion. The implant failure with a missing rod has been documented 4 years later during a routine follow-up visit.
Results: At the four-year follow-up, the asymptomatic patient presented with a stable occipitocervical junction and an improved range of motion after generalized sepsis with an epidural spinal abscess, decompression and posterior OC instrumentation. A computed tomography scan of the implant failure of a broken rod was noticed two years postoperatively. The patient failed to return to the clinic. For years postoperatively he returned to the clinic and the broken rod could not be detectable in-situ on the X-rays anymore.
Conclusion: The posterior percutaneous rod extrusion following an OC instrumentation not noticed by the patient, is a very rare complication that has not been described in the literature yet. Once seen back in the clinic, the patient unexpectedly reported an improved ROM without neck pain. Usually, revision surgery or implant removal is recommended if an implant failure is documented.

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Chronic Lyme disease presented with gastroparesis

We present a case of a 54-year-old White man who was admitted to our clinic for evaluation of gastroparesis. His gastroparesis was severe and unresponsive to previous treatments. Darkfield microscopy revealed the presence of spirochetes and corkscrew-shaped bacteria; although Lyme immunoglobulin M (IgM) and immunoglobulin G (IgG) Western Blot testings were negative. The patient was diagnosed with Chronic Lyme disease and recovered with antibiotherapy. We outline a rare case of dysmotility syndrome; a unique presentation of cChronic Lyme disease and emphasize the limitation of tools necessary in diagnosing Lyme disease

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Influence of corneal spherical aberration, anterior chamber depth, and ocular axial length on the visual outcome with an extended depth of focus wavefront-designed intraocular lens

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Purpose: The purpose of the study was to evaluate which ocular parameters have an impact on visual results obtained after an extended depth of focus (EDF) wavefront-designed intraocular lens (IOL).
Setting: The study was conducted in three Italian centers (private practice in Lucca and two ambulatory surgical centers in Pisa and in Rome) from 01/09/2014 to 30/09/2015.
Design: The study population included 178 eyes of 91 patients who had cataract surgery and implantation of an EDF wavefront - designed IOL (Mini Well Ready - SIFI Med Tech S.r.l.).
Methods: Preoperative and postoperative refractive corneal spherical aberration (SA), ocular axial length, or anterior chamber depth were measured.
Results: The majority of patients were spectacle-independent for near, intermediate, and distance vision and no one reported disturbing halos or glare. No overall significant differences were observed when stratifying anterior chamber depth (ACD) and ocular axial length (AL) by uncorrected distance visual acuity (UCDVA); p = 0.465 and 1.000 respectively, corrected distance visual acuity (CDVA); p = uncorrected near visual acuity (UCNVA); p = 1.000 and 0.728 respectively; p = 1.000 under both parameters and halos; 1.000 under both parameters. Still, there was a statistically significant difference when stratifying SA with 5 mm only by UDVA (p = 0.040).
Conclusion: These results are consistent with similar outcomes in the scientific literature as measured with tests of visual acuity, either with or without optical correction. We also demonstrated that these IOLs can be used in myopic and hyperopic eyes, although it may be useful to evaluate the preoperative corneal SA to achieve better results.