

On the other hand, pacemakers (PCM) and implantable cardiac defibrillators (ICD) are designed to work automatically and continuously without any need for immediate external intervention. Therefore, the guidelines recommend that the clinical response to RM notification will take place during the normal office hours.

With appropriate organization, the utilization of RM will save a significant number of unnecessary pacemaker clinic visits and will allow better utilization of healthcare resources on patients in whom early intervention may prevent hospitalization, complication and mortality. The guidelines recommend offering RM to all patients with CIED. In Israel however, RM is offered sporadically only to a few patients. If a patient will suffer from delayed or inadequate treatment due to lack of RM, grave ethical and legal consequences may occur.

Follow-up of CIED patients utilizing RM should be performed by a team including a primary physician, primary cardiologist, electrophysiologist, nurses and CIED technologist working in concert utilizing modern information technologies. Data should be shared electronically (with strict data security protocols) utilizing the electronic patient file with secure connection to RM systems.

In summary, we believe that RM should be offered to all CIED patients in Israel. ●

THE MISTAKE OF CUT AND PASTE FROM ACUTE PAIN TO CHRONIC PAIN

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What is a physician to do when the tools in his toolbox fail him? In the field of chronic pain, we are told that imaging studies are often so non-specific as to barely distinguish between symptomatic and asymptomatic individuals. "Advanced" pain management techniques and off-label use of popular pain medicines do not withstand the rigors of controlled clinical trials and in many cases have been shown to be harmful. We are informed by the CDC that we are in the midst of a deadly "physician-driven" epidemic of prescribed

opioid use disorder. The British Medical Society refers to "our silent addicts" explaining that pregabalin is the "new valium". The manufacturers of oxycodone, pregabalin and duloxetine have been successfully sued for up to \$650 million for having overstated the benefits and understated the risks of their products. There has been a huge accumulation of scientific literature over 30 years demonstrating that pain-related beliefs, attitudes and behaviors are the most powerful predictors of outcome: more so than depression, anxiety, PTSD or personality type. All this confusion begs for a change of approach and treatment platform. This article wishes to introduce the reader to a different set of safer, more evidence-based tools to consider when faced with a problematic chronic pain patient. ●

APPROACH TO VERY EARLY ONSET INFLAMMATORY BOWEL DISEASE

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Inflammatory bowel diseases (IBD) are chronic inflammatory disorders that develop in genetically susceptible subjects as a result of a dysregulated immune response to environmental triggers and microbial dysbiosis. Most cases manifest in adulthood or in adolescence. In a minority of patients, the disease manifests in the first 5-6 years of life, defined as very early-onset IBD (VEO-IBD). In some of these patients, a monogenic disorder resulting from deleterious mutations in immune-mediated or epithelial genes can be identified. Atypical manifestations, including young age at diagnosis, recurrent infections, accompanying autoimmune disorders, severe medical-refractory disease, malignancy, consanguinity and other features should prompt a detailed genetic and immune work-up. In this review, we will discuss the approach to patients with VEO-IBD and those with atypical features and review the main groups of monogenic IBD. We will also discuss the emerging use of genetic testing to facilitate these diagnoses and provide personalized care for selected patients. ●

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**SMALL FIBER POLYNEUROPATHY
 IN YOUNG PATIENTS**

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Small fiber polyneuropathy (SFPN) is associated with a variety of clinical conditions. Common to these conditions is the deviation from healthy physiological homeostatic balance, which hinders small fiber neurons viability, resulting in their damage. The most common cause for SFPN in the western world is diabetes, followed by a long list of other risk-factors, some are age-related. Accumulating evidence suggests that in young patients a leading cause (up-to 50% of cases) is autoimmune-related.

A variety of symptoms can be seen in SFPN. Commonly, first to appear are sensory symptoms in the extremities. Autonomic symptoms can then join, or even be the presenting symptoms. This sensory-autonomic combination can have a dramatic mal-effect on the patient's quality of life. Diagnosis is based primarily on skin biopsy and/or Autonomic-Functional-Testing. Often, in cases where no etiology is identified, EMG is normal and the skin biopsy/autonomic testing is not performed, clinicians tend to incorrectly diagnose a non-organic situation.

Correct and preferably early diagnosis is of essence since peripheral fibers can recover if the disease pathophysiological factor is removed, leading to less suffering and improved quality of life of patients.

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**UTERINE PRESERVING METHODS FOR
 TREATING PLACENTA ACCRETA SPECTRUM:
 A PROPOSAL FOR A SURGICAL PROTOCOL**

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Placenta accrete spectrum (PAS) is a complicated obstetrical condition arising from abnormal implantation of the placenta into the myometrium. The placenta might partially or completely adhere to the myometrium and in rare cases invade adjacent organs (placenta percreta).

The abnormal placentation might cause life-threatening hemorrhages during pregnancy and birth, increasing maternal and neonatal mortality and morbidity. Detachment of the placenta after delivery in PAS might be difficult and requires manual removal of the placenta as well as advanced surgical procedures in more serious cases. In the past decades, several studies have demonstrated that removing the uterus while the placenta is still in situ avoided massive

hemorrhage. However, in some cases, preserving the uterus and the fertility of the patient is desired and therefore advanced surgical procedures have been developed.

Several techniques for uterine preserving procedures have been described: conservative management – closing the uterus while the placenta is still in situ and complementary procedures to remove the placenta, using interventional radiology to reduce the blood supply to the uterus and other surgical approaches to reduce the blood supply to the uterus. In this article we will review the different methods for uterine preserving techniques in treating advanced cases of PAS and propose a surgical protocol for such a method we use in our medical center. ●

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**SPINAL CORD INJURIES
 DUE TO VIRAL INFECTIONS**

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Spinal cord injury (SCI) etiology can be either traumatic or non-traumatic. Non-traumatic SCI is of growing importance, with studies indicating increased incidence, partly because of population aging. Approximately 9% of these injuries are secondary to an infectious cause. SCI has significant implications on the patient's quality of life. A successful rehabilitation process focuses on maximizing independence and setting achievable goals according to the patient's needs and desires. The medical staff should be familiar with the natural history of such injuries while taking into consideration the existing support systems available to the patient and minimizing the damage to life cycles as best possible with the aid of a transdisciplinary team approach. In this article, we will review the main viral causes of SCI injury. We will discuss the epidemiology, clinical aspects and the unique meanings of this subgroup in the rehabilitation process. ●

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**STRATEGIES FOR IMPLEMENTATIONS OF
 REMOTE MONITORING FOR PATIENTS
 WITH CARDIOVASCULAR IMPLANTABLE
 ELECTRONIC DEVICES (CIED) IN ISRAEL**

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Remote monitoring (RM) of patients with cardiovascular implantable electronic devices (CIED) offers clinical benefits by providing early alert for system failure and actionable changes in patient health.

Professional societies recommend utilization of RM for CIED patients (Level of recommendation I Level of evidence A). It must be emphasized that RM technology does not provide continuous monitoring but rather "remote snapshot clinics".

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In this case-report, a young female patient presented with a systemic inflammatory disease, accompanied by an extremely elevated ferritin blood level (Hyperferritinemia). The combination of high fever with extremely elevated ferritin level is considered to be a medical emergency being associated with the following four life threatening conditions: Adult-onset Still's disease, catastrophic antiphospholipid syndrome, septic shock and macrophage activating syndrome. These conditions were recently bundled under the umbrella term of Hyperferritinemia Syndrome.

During the patient's hospitalization, after empiric board spectrum antibiotics did not appear to improve the patient's condition, she was diagnosed with Adult-onset Still's disease and treated with steroids and methotrexate, resulting in gradual clinical improvement. This patient exemplifies a diagnostic challenge, recurring in the patients' milieu of internal medicine departments. Therefore, we discuss the differential diagnosis of Hyperferritinemia syndrome and treatment options for refractory adult's Still disease ●

THE EFFICACY OF ENDOSCOPIC DUAL LASER TREATMENT FOR LOW GRADE UPPER TRACT UROTHELIAL CARCINOMA

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Introduction: Until recently, radical nephroureterectomy was considered the gold standard treatment for upper tract urothelial carcinoma (UTUC). Post-operative complications, long-term adverse effects of nephrectomy as well as the risk of contralateral recurrence have led to the development of nephron-sparing techniques.

Objectives: To evaluate the safety, complication rate, and oncologic outcomes of ureteroscopic nephron-sparing treatment for low-grade UTUC utilizing a hybrid laser system that incorporates two types of lasers: Nd:YAG and Ho:YAG.

Methods: We reviewed the files of patients who underwent ureteroscopic treatment for UTUC with the hybrid laser system between the years 2014-2018. Only cases of low-grade UTUC and follow-up time of at least 6 months were included in the present study.

The following were analyzed: demographic data, tumor histologic characteristics, peri-operative complications, histologic upgrade, oncologic outcomes (i.e: local recurrence, local spread, metastatic progression).

Results: A total of 38 patients, who underwent 74 ureteroscopies, met inclusion criteria. Mean tumor size was

16.2 mm. No intra-operative complications were recorded. Two post-operative complications were recorded in one patient – hematuria and retroperitoneal bleeding – both had been treated conservatively. Mean follow-up time was 21.8 months. Local recurrence rate was 73%. Histologic upgrade has been observed in two patients. Four patients (10.5%) were referred to radical nephroureterectomy. There were no cases of local spread, distant metastases or death during the follow-up period.

Discussion and conclusions: Endoscopic dual-laser treatment for low-grade UTUC is safe, surgically feasible and associated with good short-term oncologic outcome. Patient selection and strict follow-up are mandatory. ●

PARP INHIBITORS FOR ADJUVANT TREATMENT FOR OVARIAN CANCER

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Treatment for ovarian cancer has been challenging for many years. It is composed of debulking surgery and chemotherapy. During the first line of treatment most patients are sensitive to primary platinum-based chemotherapy, however, unfortunately, most of them will suffer from recurrence in 36 months. About 20-25% of ovarian cancer patients exhibit a germ line mutation in the pathway of double strand DNA repair including BRCA. Poly ADP ribose polymerase inhibitors (PARP Inhibitors) may inhibit enzymes responsible for single strand DNA repair, thus leaving the BRCA mutated cell without a repair mechanism for DNA damage leading to synthetic lethality.

Recently, phase 3 studies have shown that ovarian cancer patients with recurrent, platinum sensitive disease who were treated with PARP inhibitors have shown statistically significant improvement in progression free survival. A recent pivotal trial has shown the addition of PARP inhibitor, as a maintenance treatment after first line chemotherapy to ovarian cancer patients with BRCA mutation, had significantly increased the progression-free survival. The side effect profile of PARP inhibitors was tolerable and manageable, although they should be well familiar to care givers.

Following these studies, the FDA and the European authorities granted an accelerated approval for the use of PARP inhibitors as maintenance treatment after first line treatment, for BRCA carriers, and at the recurrence for platinum sensitive patients. Subsequently, it was added to the benchmark medications for recurrent platinum sensitive BRCA carriers (germ line or somatic) by the Ministry of Health in Israel.

The future seems to provide new combination treatments of PARP inhibitors with immunological agents and vascular endothelial growth factors inhibitors aiming to improve the poor prognosis of ovarian cancer patients. ●

THE SURGERY EPIDEMIC AND TIBIAL SHAFT FRACTURES: CONSERVATIVE FUNCTIONAL TREATMENT ALGORITHM FOR TIBIAL SHAFT FRACTURE

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Introduction: With the emergence in recent years of advanced surgical methods for treatment of diaphyseal fractures of the tibia bone, there appears to be a decline in the familiarity and use of the conservative treatment based on weight bearing casts and early weight bearing. This phenomenon, dubbed "the surgery epidemic" by Dr. Sarmiento, one of the forefathers of tibial fractures treatment, refers to orthopedics surgeons' tendency to treat surgically, even in patients viable for conservative treatment.

Objective: In this study, we examined all the patients with diaphyseal tibial fracture who were treated at the Orthopedic ward at "Rambam" Hospital in the study period (2012-2016), in order to evaluate the results of the conservative functional treatment, to identify the different stages of said treatment, and to create a clear and accessible protocol for treating physicians. In addition, we sought to examine whether there is a preference for surgical treatment among physicians, even in cases where fracture characteristics, according to accepted criteria, would have allowed for conservative treatment.

Materials and Methods: Clinical and radiological evaluation of all patients who arrived with tibia bone fractures to "Rambam" hospital in the study period (2012-2106); identifying patients who fit the criteria for conservative functional treatment and were treated either conservatively or surgically. In those who were treated conservatively we documented the course of their treatment until full recovery.

Results: A total of 153 patients with tibial bone fracture were admitted in the study period. Of those patients, 15 were treated according to the conservative functional treatment, 33 were treated surgically despite their adherence to the conservative treatment guidelines. Of all the patients adhering to the conservative treatment criteria (48 patients), only 31.2% were treated conservatively, while 68.8% were treated surgically, unnecessarily, some would say.

In other words, 25% of all the patients treated surgically for tibial bone fracture, could have been treated conservatively but instead were treated surgically with internal fixation in accordance to their surgeon's preference.

Discussion: In this study we observed a clear preference for surgical treatment in tibial bone fractures, even in cases where the fracture position met the accepted criteria for conservative treatment. We found that the conservative functional treatment, as practiced in our hospital, adheres to the highest standard of care. Taking into account surgery and anesthesia complications, and its added cost to the health care system,

we believe it is appropriate to increase awareness among physicians to the possibility and benefits of conservative functional treatment that allows for early weight bearing and patient activity. ●

MORAXELLA OSLOENSIS BACTEREMIA WITH PNEUMONIA: FIRST REPORTED CASE IN ISRAEL

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Community acquired pneumonia (CAP), an acute infection of the pulmonary parenchyma acquired in the community, is generally treated in an outpatient setting and involves different etiological agents. In the adult community, the most common pathogen in the disease is *Streptococcus pneumoniae*, though other multiple etiological agents (atypical) have been involved, including *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, and *Legionella pneumophila*. The genus *Moraxella* consists of aerobic, oxidase-positive gram-negative coccobacilli.

Moraxella catarrhalis is known to be a common inhabitant of the upper respiratory tract and has been implicated as an etiologic agent in multiple diseases of the respiratory tract (but not limited to), such as bronchitis, pneumonia, otitis media, and sinusitis. The species *Moraxella osloensis* is a gram-negative opportunistic human pathogen, which has been found to cause several human diseases and infections such as meningitis, vaginitis, sinusitis, bacteremia, endocarditis, and septic arthritis. However, due to the subject's rarity, there is a paucity of information in the medical literature regarding its clinical significance, epidemiological data and appropriate therapy.

We present the first case reported in Israel of *Moraxella osloensis* bacteremia in a patient with multiple co-morbidities including *C. difficile* infection (CDI) carrier state which presented with clinical symptoms (supported by radiological features) of community-acquired pneumonia.

The patient was initially treated with empiric antibiotics including a 3rd generation cephalosporin and a macrolide that were substituted with IV Augmentin (Amoxicillin-Clavulanic acid) according to the organism's sensitivity tests.

Our patient showed remarkable clinical and laboratory improvement with the therapy mentioned above. ●

"STILL IS NOT ENOUGH" – WHAT IS THE DIFFERENTIAL DIAGNOSIS AND THE WORKUP WHEN THE FERRITIN LEVEL IS EXTREMELY HIGH?

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