

recorded. There was no abdomen distention or tenderness on examination. All other systems were normal on examination. She brought the worm which was small and red in colour. His full blood count was normal. Bedside ultrasound did not show any abnormalities in kidneys and bladder. She was subsequently referred to urology team. A working diagnosis of schistosomiasis was made. Patient was admitted by the urology team for urethroscope. Praziquantel was started or treatment. The urethroscope showed 3 more worms and they were removed. Patient was well with no more symptoms after that. She completed Praziquantel. Consultation with Parasitology department confirmed that the worm was 'schistosoma'.

DISCUSSION & CONCLUSION

On top of being a rare presentation in Malaysia, this case is even more rare rarer without history of exposure to fresh water. It is prudent to keep the sample of the worm for confirmation and praziquantel may be started to eradicate the parasite.

PP 72 'DEADLY STRIDOR' RETROPHARYNGEAL ABSCESS IN AN ELDERLY PATIENT

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INTRODUCTION

Retropharyngeal abscess is rare in adults. We present such case in an elderly gentleman presenting to our centre.

CASE DESCRIPTION

A 66 years old Chinese man with the background history of hypertension

had a procedure under general anaesthesia for open biopsy of a granulomatous lesion on his right posterior lumbar area 2 weeks earlier. He presented to our centre with the chief complaint of hoarseness of voice for 2 weeks developing after the procedure associated with difficult and noisy breathing. There was also a productive cough with white sputum. Upon arrival, patient had stridor and triaged to the red zone. His vital signs showed BP 162/88, PR 124, T 37.9 and SPO2 100%. On examination, patient was alert, conscious, tachypnoeic and loud inspiratory stridor was heard. There was no salivation at all. Throat inspection was normal. Generalized ronchi with tight air entry heard over both lungs. Initially a working diagnosis of bronchospasm secondary to hospital acquired pneumonia was made. A differential of epiglottitis and anaphylaxis were thought for. Patient was put on high flow mask at 15 L/min. Nebulizer using salbutamol and adrenaline were given.

IV dexamethasone 8mg was started. IV Rocephine 2g administered as antibiotics. Subsequently, lateral neck X-ray showed expanded diameter of C6 and C7 retropharyngeal space while the anterior neck X-ray showed the 'steeple' sign. A final diagnosis of retropharyngeal abscess complicated by laryngeal oedema and sepsis was made. Patient was referred immediately to the ENT team as well as the anesthesiology team. He was then sent to the general operation theatre for elective intubation upon which laryngeal oedema was confirmed and admitted to the ICU. Unfortunately, patient deteriorated in the ICU and succumbed to death after 5 days there.

DISCUSSION & CONCLUSION

Retropharyngeal abscess is rare in adults. Have high index of suspicion for patients developing stridor after an invasive procedure. Early presentation to hospital and administration of antibiotics could have saved the patient's life.

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"I SWEAR I WASN'T TRYING TO IMPRESS ANY WOMEN": PRIAPISM SECONDARY TO HEMATOLOGICAL MALIGNANCY

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INTRODUCTION

Priapism is more commonly thought as a result of sex-enhancing drugs abuse or in spinal injury. We present such case in an unsuspecting teenager which turns out to be an uncommon manifestation of underlying disease.

CASE DESCRIPTION

A 16 years old boy with no known medical illness presented to our centre with chief complaint of persistent erection. Patient initially went to Hospital Putrajaya (30 kilometres from our centre) and subsequently referred here. Patient had painful erection for a total period of almost 30 hours by the time we saw him. He denied taking any medications, promiscuity or any recreational drugs abuse. He claimed to only have taken olive oil supplement for many years. Otherwise patient had no abdominal pain or fever and passed urine normally. No history of easy bruising or bleeding tendency or hematological disorder in family. He denied any trauma or spinal injury as well. His vital signs were stable. Upon examination,

patient was pale and but had no jaundice. There was large splenomegaly extending to umbilical area. His penis was rigid, enlarged and tender on palpation. Both testes were palpable and normal. His full blood count showed: wbc 421, hb 7.4, hct 24, platelet 957. Patient was immediately referred to the urology team and sent straight to operation theatre for cavernosa aspiration. Diagnosis of Priapism secondary to Chronic Myeloid Leukaemia was made.

LESSONS LEARNT & CONCLUSION

Priapism can be part of manifestation of chronic myeloid leukaemia apart from pallor, aberrant blood counts and enlarged spleen. In this case priapism is most likely caused by venous obstruction from microemboli or thrombi as well as hyperviscosity caused by the increased number of circulating leukocytes in mature and immature forms. Pallor and sky-high white cell and platelet count should alert managing team to diagnosis of hematological malignancy.

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"AIR IN MY EYE": ORBITAL EMPHYSEMA

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INTRODUCTION

We report a case of left traumatic orbital emphysema following motor-vehicle accident.

CASE REPORT

A 15 years old boy presented with multiple facial bone fracture after alleged history of fall with his face hitting the road while riding a motorcycle motor without a helmet. He