PS 0623

**Ovarian Serous Cystadenoma in a 29-Year Old Post-Tahbso Female with Mayer-Rokitansky-Kus-Hauser Syndrome, Heterotaxy Syndrome with Polysplenia and Hypothyroidism: A Case Report**

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**Background:** The incidence of MRKH is 1 in every 4,500 female live births, while Heterotaxy syndrome occurs in 4 in every 1M live births. There was one reported case of MRKH with Hypothyroidism and one case with Hypoplastic R lung. The incidence of hypodensities and punctuate calcifications within the pelvic cavity. 2D-Echocardiography showed neutrophilia. There were low Na+ and K+ levels and remittent azotemia with hypoproteinemia. TSH was high but T3 was low. Karyotyping bared normal 46,XX karyotype. Chest X-ray revealed narrowed right intercostal spaces; hyperlucent left lung with widened intercostal spaces; shifting of the trachea and mediastinum to the right; and elevated right hemidiaphragm. Chest and abdominal CT scan demonstrated structural alterations consistent with Heterotaxy syndrome; a lobulated, solid mass with areas of hypodensities and punctuate calcifications within the pelvic cavity. 2D-Echocardiography showed a dextro-positioned heart. Hormone panel was consistent with menopausal levels. Immunohistochemistry studies showed inflammatory myofibroblastic tumor. Autopsy revealed ovarian serous cystadenocarcinoma.

**Treatment Outcome:** Anemia was corrected, and intravenous antibiotics were started. Patient was discharged improved, however, eventually succumbed after 5 months.

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**PS 0624**

**The Mindset of Indian Internal Medicine Residents - A Questionnaire Based Study**

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**Background:** The branch of Internal Medicine (IM) is all encompassing and ever growing. The residency of IM undergoes 3 years of rigorous training in our country. This is a questionnaire based study to gauge their attitude towards IM as a branch, its various aspects and towards the concept of “super-specialization” which is slowly but steadily catching on even in the resource limited countries.

**Method:** 50 IM residents were given a questionnaire having questions framed by our faculty. The responses marked were evaluated.

**Results:** 88% residents (44/50) were happy with their decision of choosing IM as a branch for specialization. All 6 who were unhappy, were first year residents, only 4% (2/50) did not want to pursue further super specialization after residency. The most important reason cited, 77% (37/48) was peer pressure to pursue a higher degree, 77% (37/48) were in favor of specialization and 10% (5/50) were confident of reaching a diagnosis when encountering a patient for the first time, without asking for any laboratory investigations, but only 10% (5/50) accepted doing a complete physical examination of their patients in the OPD or wards. 88% (43/50) were confident in doing most ward procedures confidently and independently, 100% marked, that they were overworked.

**Conclusions:** IM residents from the developing world, like their western counterparts are more interested in pursuing specialization rather than sticking to IM alone. Despite ample clinical material, most prefer laboratory investigations for patient evaluation. The need of the hour is to make IM training more comprehensive.

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**PS 0625**

**A Tool Which Judges Efficiently the Cost Effectiveness of Brand-Name Drugs in Chronic-Disease Medical Treatment Until Generic Drugs are Put on the Market**

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**Background:** I made a practical tool “Moneymedicine” to evaluate medicinal value, by combining medicinal official prices and useful results from studies as Evidence-based medicine (EBM) or drug informations (DI). The purpose of this study is to evaluate its usefulness using this tool.

**Methods:** The formula is simple: a price is divided or multiplied with improvement rate from EBM or DI.

**Results:** (1) Average reductions in systolic blood pressure using angiotensin II receptor antagonists from D1 were 10.4 mmHg for losartan 50 mg, 14.8 for candesartan 8 mg, 13.0 for valsartan 80 mg, 11.8 for telmisartan 40 mg, 15.7 for olmesartan 20 mg, 12.1 for irbesartan 100 mg, and 20.5 for azilsartan 20 mg. Each daily costs (yen) of these are 136.5, 135.6, 109.1, 125.0, 123.3, 123.4, 140.6, respectively. The results are 13.1, 31.6, 8.39, 10.6, 7.65, 10.2, and 6.86, respectively, and indicate that azilsartan 20 mg is the most advantageous medicine. (2) There are the direct thrombin inhibitor dabigatran and the factor Xa inhibitors (rivaroxaban, apixaban) as novel oral anticoagulants (NOACs). Each daily cost of usual dosage is ¥ 545.6. The relative risk over the warfarin of apoplexy and systemic embolism from the results of large, randomized trials; RE-LY, RE-LY ASIA, ROCKET-AF, J-ROCKET-AF, and ARISTOTLE (all and Asian Pacific region), were 0.66, 0.45, 0.88, 0.49, 0.80, and 0.52, respectively. It is judged that dabigatran should be used first. However, when results were adjusted by CHADS2 score, rivaroxaban should be used first to prevent Asian patients from cerebral infarction.

**Conclusions:** This concept belongs to the cost-effectiveness analysis of Pharmacoeconomics. Using this useful tool “Moneymedicine”, we can choose and use the most profitable medicine in the category.

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**PS 0627**

**How a Good News Changed to Bad News; A Rare Case of Metastatic Adenocarcinoma of the Pancreas Presented with High Bhcg Levels and Bilateral Ankle Pain?**

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6-year-old female admitted on 17-08-2013 with complaints of right ankle and foot pain for the last 2 weeks. On examination, her right ankle was swollen and warm, with full range of movements. The right dorsum was erythematous. Her initial investigations showed an increased WBC 22,200 (neutrophils 20.5) did not want to pursue further super specialization after residency. The most important reason cited, 77% (36/48) was peer pressure to pursue a higher degree, 77% (36/48) were in favor of specialization and 10% (5/50) accepted doing a complete physical examination of their patients in the OPD or wards. 88% (43/50) were confident in doing most ward procedures confidently and independently, 100% marked, that they were overworked.

**Conclusions:** IM residents from the developing world, like their western counterparts are more interested in pursuing specialization rather than sticking to IM alone. Despite ample clinical material, most prefer laboratory investigations for patient evaluation. The need of the hour is to make IM training more comprehensive.

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**PS 0628**

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**Poster Session**