Abdominal tuberculosis in a spigelian hernia.

https://arctichealth.org/en/permalink/ahliterature299991

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Date: May-15-2019  
Language: English  
Publication Type: Journal Article

Abstract: Abdominal tuberculosis is a common form of extrapulmonary tuberculosis. Often it is difficult to diagnose due to vague symptoms and lack of clinical findings. Spigelian hernia is a rare type of hernia located in the semilunar fascia of the abdominal rectus muscular sheath. We report on a 19-year-old Greenlandic Inuit man with a spigelian hernia as the primary presentation of abdominal tuberculosis. Abdominal tuberculosis presenting with a spigelian hernia is extremely rare, and the case illustrates that tuberculosis may present in myriad ways. The incidence of tuberculosis in Greenland is among one of the highest in the world, and we also review the history and incidence of tuberculosis in this Arctic country.

PubMed ID: 31092481 View in PubMed

Aetiology, treatment and mortality after oesophageal perforation in Denmark.

https://arctichealth.org/en/permalink/ahliterature134855

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Source: Dan Med Bull. 2011 May;58(5):A4267

Date: May-2011  
Language: English  
Publication Type: Article
Abstract: Perforation of the oesophagus into the thoracic cavity is a potentially life-threatening condition. The causes are numerous. Treatment for oesophageal perforation targets mediastinal and pleural contamination. Present knowledge about the causes of perforation and the types of treatment is poor.

A retrospective review was made between 1997 and 2005 based on extracts from the National Patient Registry. A total of 286 patients were diagnosed with perforation of the oesophagus (131 women and 155 men). Their average age was 60 years. A wide spectrum of causes was reported, e.g. instrumentation of the oesophagus 136 (47.6%), spontaneous rupture 89 (31.1%) or procedures otherwise related to surgical intervention 9 (3.1%). One third of the patients started conservative treatment 91 (31.9%). The majority of the patients were transferred to a thoracic surgery department for further treatment: about 25% of patients underwent surgery. The average hospitalization time was 18 days. The mortality rate was 21%.

Oesophageal perforation remains a diagnostic and therapeutic challenge and the condition requires aggressive treatment. Recent consensus in early treatment with thoracotomy, debridement, irrigation and subsequent parenteral nutrition has improved survival. In this material, most perforations were iatrogenic in nature. In the 2002-2005 period, the study showed that 29% of the iatrogenic perforations were caused by the use of a rigid endoscope which is risky and whose use should therefore be restricted. It is advisable to set up national guidelines for treatment of oesophageal perforation and to centralise treatment.
Appendicitis during pregnancy in a Greenlandic Inuit woman; antibiotic treatment as a bridge-to-surgery in a remote area.

https://arctichealth.org/en/permalink/ahliterature272818

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<th>Author:</th>
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<td></td>
<td>Luit Penninga</td>
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<td>Date:</td>
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<td>Abstract:</td>
<td>Appendicitis during pregnancy causes severe diagnostic problems, and is associated with an increase in perforation rate and morbidity compared to that in the normal population. In addition, it may cause preterm birth and fetal loss. In remote areas, appendicitis during pregnancy, besides presenting diagnostic problems, also creates treatment difficulties. In Northern Greenland, geographical distances are vast, and weather conditions can be extreme. We report a case of a Greenlandic Inuit woman who presented with appendicitis during pregnancy. The nearest hospital with surgical and anaesthetic care was located nearly 1200 km away, and, due to extreme weather conditions, she could not be transferred immediately. She was treated with intravenous antibiotic treatment, and after weather conditions had improved, she was transferred by aeroplane and underwent appendicectomy. She recovered without complications. Our case suggests that appendicitis during pregnancy may be treated with antibiotics in remote areas until surgical treatment is available.</td>
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Arctic Health
Challenging cause of bullous eruption of the hands in the Arctic.

https://arctichealth.org/en/permalink/ahliterature298560

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Source: BMJ Case Rep. 2018 Nov 08; 2018:

Date: Nov-08-2018

Language: English

Publication Type: Case Reports

Journal Article

Keywords:
Adrenal Cortex Hormones - therapeutic use
Adult
Anti-Bacterial Agents - therapeutic use
Australia
Citrus aurantiifolia - adverse effects
Dermatitis, Phototoxic - complications - diagnosis - drug therapy
Diagnosis, Differential
Greenland - ethnology
Hand
Humans
Male
Pruritus - drug therapy - etiology
Skin
Skin Diseases, Vesiculobullous - complications - diagnosis - drug therapy
Sunlight - adverse effects

Abstract: Phytophotodermatitis is caused by deposition of photosensitising compounds on the skin followed by ultraviolet exposure. We present an unusual case of a 29-year-old Australian male visiting Greenland who presented with severe itchy bullous eruption on his hands. The cause was a combination of exposure to lime fruit juice and prolonged sun exposure from the Arctic midnight sun.

PubMed ID: 30413443 View in PubMed
Challenging cause of bullous eruption of the hands in the Arctic.

https://arctichealth.org/en/permalink/ahliterature295992

Author: Bo Kristiansen
        Luit Penninga
        Jon Erik Fraes Diernaes

Author Affiliation: Department of Pulmonary Medicine, Odense University Hospital, Odense, Denmark.

Source: BMJ Case Rep. 2018 Nov 08; 2018:

Date: Nov-08-2018

Language: English

Publication Type: Journal Article

Abstract: Phytophotodermatitis is caused by deposition of photosensitising compounds on the skin followed by ultraviolet exposure. We present an unusual case of a 29-year-old Australian male visiting Greenland who presented with severe itchy bullous eruption on his hands. The cause was a combination of exposure to lime fruit juice and prolonged sun exposure from the Arctic midnight sun.

PubMed ID: 30413443 View in PubMed

Fahr's Syndrome in a Greenlandic Inuit.

https://arctichealth.org/en/permalink/ahliterature294506

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        Luit Penninga

Author Affiliation: Ilulissat Regional Hospital, Ilulissat, Greenland.


Date: Jan-04-2018

Language: English

Publication Type: Journal Article

Notes: Cites: Parkinsonism Relat Disord. 2017 Apr;37:1-10 PMID 28162874

PubMed ID: 30128421 View in PubMed
Frostbite-A Case Series From Arctic Greenland.

https://arctichealth.org/en/permalink/ahliterature292451

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Author Affiliation: Ilulissat Hospital, Avannaq Region, Ilulissat, Greenland.


Date: Jun-12-2018

Language: English

Publication Type: Journal Article

Abstract: Greenland is not only the largest island in the world, it is also the least densely populated country on the globe. The majority of Greenland's landmass lies within the Arctic Circle. Weather conditions in Arctic areas can be extreme, thus exposing locals and visitors to a high risk of acquiring frostbite injuries. More than two thirds of Greenland is covered by a permanent ice sheet, and temperatures can drop to below -70°C. In addition, frequent storms, occupational exposure, and alcohol all contribute to an increased risk for frostbite injury. Frostbite may cause major morbidity, including tissue loss and limb amputation. Hence, proper diagnosis and treatment of frostbite injuries is of utmost importance. We present 6 cases of frostbite injuries in Greenland, ranging from mild to severe frostbite in both locals and foreign visitors. The cases illustrate some of the known risk factors for frostbite injuries. The etiology, pathophysiology, clinical presentation, and recommended management of frostbite are summarized. Novel treatments for frostbite and frostbite sequelae are discussed in the context of the Greenlandic healthcare system. Furthermore, cultural aspects and reasons for a seemingly low incidence of frostbite injuries in Greenland are explored.

PubMed ID: 29907383 View in PubMed
Frostbite-A Case Series From Arctic Greenland.

Author: Anne K Lorentzen
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Date: 09-2018

Language: English

Publication Type: Case Reports

Keywords: Adult
Arctic Regions
Extreme Cold - adverse effects
Extreme Environments
Female
Foot Injuries - etiology - therapy
Frostbite - etiology - physiopathology - therapy
Greenland
Hand Injuries - etiology - therapy
Humans
Male
Middle Aged
Risk factors

Abstract: Greenland is not only the largest island in the world, it is also the least densely populated country on the globe. The majority of Greenland’s landmass lies within the Arctic Circle. Weather conditions in Arctic areas can be extreme, thus exposing locals and visitors to a high risk of acquiring frostbite injuries. More than two thirds of Greenland is covered by a permanent ice sheet, and temperatures can drop to below -70°C. In addition, frequent storms, occupational exposure, and alcohol all contribute to an increased risk for frostbite injury. Frostbite may cause major morbidity, including tissue loss and limb amputation. Hence, proper diagnosis and treatment of frostbite injuries is of utmost importance. We present 6 cases of frostbite injuries in Greenland, ranging from mild to severe frostbite in both locals and foreign visitors. The cases illustrate some of the known risk factors for frostbite injuries. The etiology, pathophysiology, clinical presentation, and recommended management of frostbite are summarized. Novel treatments for frostbite and frostbite sequelae are discussed in the context of the Greenlandic healthcare system. Furthermore, cultural aspects and reasons for a seemingly low incidence of frostbite injuries in Greenland are explored.

PubMed ID: 29907383 View in PubMed ☞
We report on a 21-year-old pregnant Greenlandic Inuit woman, who presented at a small local hospital in Northern Greenland. The patient suffered from lower abdominal pain, irregular bleeding and vomiting. urine-human chorionic gonadotropin (U-hCG) was positive. Ultrasonography showed the typical 'snow-storm' images of a mole pregnancy. Owing to the fact that local physicians were able to perform an ultrasound, proper diagnosis could be established, and the patient was transferred to the regional hospital, located nearly 1200 km away. At the regional hospital, uterine evacuation was performed under general anaesthesia. Blood analysis showed that serum hCG returned to undetectable levels, and the patient recovered uneventfully. Our case shows that ultrasonography is a valuable diagnostic tool also in remote areas. In Greenland, geographical distances are large and weather conditions can be extreme, and in this report, we discuss how healthcare can be optimised in remote areas.
Nonoperative Treatment of Appendicitis during Pregnancy in a Remote Area.

https://arctichealth.org/en/permalink/ahliterature290018

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Author Affiliation: Department of Surgery, Ilulissat Hospital, Ilulissat, Greenland.


Date: Jan-2018

Language: English

Publication Type: Journal Article

Abstract: Appendicitis is the most common nonobstetric surgical disease during pregnancy. Appendicitis during pregnancy is associated with an increased risk of morbidity and perforation compared with the general population. Furthermore, it may cause preterm birth and fetal loss, and quick surgical intervention is the established treatment option in pregnant women with appendicitis. In Greenland, geographical distances are very large, and weather conditions can be extreme, and surgical care is not always immediately available. Hence, antibiotic treatment is often initiated as a bridge-to-surgery. We report on a pregnant Greenlandic Inuit woman with appendicitis who was treated with intravenous antibiotics. Antibiotic treatment was successful before surgical care became available and the patient was not operated. No complications occurred, and further pregnancy was uneventful. Our case suggests that antibiotic treatment of appendicitis during pregnancy as a bridge-to-surgery may be a sensible treatment option in remote areas, where no surgical care is immediately available. In some cases, antibiotic treatment may turn out to be definitive treatment.

Cites: BMJ. 2012 Apr 05;344:e2156 PMID 22491789
Cites: Ultrasound Q. 2015 Jun;31(2):85-91 PMID 25364964

PubMed ID: 29497573 View in PubMed