Methods Case 1: A 14 day old term male child, large for gestational age (birth weight - 4.5 kg) presented with recurrent hypoglycaemia. On examination, the child was lethargic and hypoglycemic. The child was started on intravenous fluids. With the urine ketones being negative a critical sample was drawn at the time of hypoglycaemia (RBS - 30 mg), which revealed insulin levels of 19.70 uIU/ml, cortisol levels of 11.08 ug/dl hGH levels of 12.90. With inappropriately high insulin and insulin (uIU/ml): glucose (mg/dl) ratio of 0.6 the child was diagnosed with persistent hyperinsulinaemic hypoglycaemia of infancy (PHHIH). DOTA NOC PET CT scan showed mild diffuse DOTA NOC uptake in the pancreas more in the tail region of the pancreas ?nesidioblastosis. The child was started on diazoxide, and near total pancreatectomy was done later.

Case 2: A 5 month old female child was brought with complaints of multiple episodes of multi-focal tonic clonic seizures for the last 1 day. On routine investigations, patient had persistent hyperglycaemia. Other investigations including CSF examination, liver and kidney function tests, skull ultrasound and serum electrolytes were within normal limit. Her C-peptide levels were inappropriately low (<0.30 ng/mL). Blood samples were sent to Royal Devon and Exeter NHS foundation trust, Exeter, UK, for genetic testing. She was found to be homozygous for a novel EIF2AK3 missense mutation, p.R1064Q (c.3191G>A), in exon 17. This mutation has never been reported before, but it affects a highly conserved domain of the protein. In silico evidence suggests that it is likely to be pathogenic. This result is consistent with a diagnosis of Wolcott Rallison syndrome. Both the parents were found to be heterozygous.

Results Two absolutely contrasting cases of beta cell disorders are being described.

Conclusions Beta cells plays an important role in glucose metabolism in the body, and their defects may produce contrasting clinical conditions.

Sampling was taken using consecutive sampling technique. After the operation was made two groups, the first group was given antibiotic levofloxacin 750 mg by injection for 3 days, then given antibiotic levofloxacin tablets. The second group was given iv levofloxacin for 7 days. Wound medication was performed on the third, fifth, and seventh day, the clustering was done non-randomly. The data were tested with Fisher exact test.

Results Fisher exact test results obtained p=1000 (p>0.05) meaning that there is no significant difference between antibiotic fluoroquinolone injection for 3 days continued oral 4 days with injection 7 days on the wound healing. There was only 1 patient on combination route group has poor wound healing. All patients in the intravenous group had good wound healing after discharges from hospital.

Conclusions There was no significant difference in the use of fluoroquinolone antibiotic injection for 3 days followed by 4 day oral by 7 day injection of wound healing of complicated appendicitis. Combination route on fluoroquinolone antibiotics could reduce the length of stay with no significant complications.

Background Little was known about the behaviour of early gastric mucinous adenocarcinomas (MAC) and signet-ring cell carcinomas (SRC) in Western populations. The purpose of this study was to investigate whether lymph node metastasis (LNM) and survival were correlated with histology including MAC, SRC and conventional adenocarcinomas (AC) in the Western populations.

Methods The Surveillance, Epidemiology, and End Results (SEER) database were used to identify all patients with surgically resected, histologically diagnosed early gastric cancer (EGC), including AC, MAC and SRC between 2004 and 2014. Logistic regression and competing risk model were used to explore whether LNM and survival differed among the three subtypes of EGC.

Results Of 2632 patients eventually included in this study, MAC and SRC accounted for 1.13% and 17.31%, respectively. Early gastric MAC or SRC patients had a numerically higher rate of LNM (28.57% and 21.34% respectively) than AC patients without significant difference (p=0.151). Patients with MAC and SRC demonstrated similar risk in LNM in relative to those with AC (odds ratio (OR), 1.16; 95% confidence interval (CI), 0.50–2.73, p=0.728 and OR, 1.22; 95% CI, 0.92–1.63, p=0.175, respectively) in the multivariate logistic regression. The cause-specific survival of the patients with early gastric MAC or SRC was similar as that for AC patients (p=0.0703) (figure 1). The cumulative incidence of cause-specific death was not significantly different between MAC, SRC and AC patients (p=0.1094). MAC and SRC patients tended to have similar survival as compared...
with AC patients (MAC: sub-distribution hazard ratio (SHR), 0.54; 95% CI, 0.13–2.22, p=0.397 and SRC: SHR, 0.87; 95% CI, 0.62–1.23, p=0.435) in the multivariate competing risk model. When MAC and SRC patients were further compared to AC patients with grade III/IV, LNM and survival were still not correlated with histology.

Conclusions Early gastric MAC and SRC had similar behaviour compared with AC in Western population and histology itself is not an independent predictor of LNM and prognosis.

Conclusions Early gastric MAC and SRC had similar behaviour compared with AC in Western population and histology itself is not an independent predictor of LNM and prognosis.

Conclusions Early gastric MAC and SRC had similar behaviour compared with AC in Western population and histology itself is not an independent predictor of LNM and prognosis.

Conclusions Early gastric MAC and SRC had similar behaviour compared with AC in Western population and histology itself is not an independent predictor of LNM and prognosis.