

World Journal of *Clinical Cases*

World J Clin Cases 2022 August 16; 10(23): 8057-8431



Contents

Thrice Monthly Volume 10 Number 23 August 16, 2022

OPINION REVIEW

- 8057** Invasive intervention timing for infected necrotizing pancreatitis: Late invasive intervention is not late for collection

Xiao NJ, Cui TT, Liu F, Li W

- 8063** Clinical utility of left atrial strain in predicting atrial fibrillation recurrence after catheter ablation: An up-to-date review

Yu ZX, Yang W, Yin WS, Peng KX, Pan YL, Chen WW, Du BB, He YQ, Yang P

MINIREVIEWS

- 8076** Gut microbiota and COVID-19: An intriguing pediatric perspective

Valentino MS, Esposito C, Colosimo S, Caprio AM, Puzone S, Guarino S, Marzuillo P, Miraglia del Giudice E, Di Sessa A

- 8088** Beta receptor blocker therapy for the elderly in the COVID-19 era

Santillo E, Migale M

ORIGINAL ARTICLE

Retrospective Cohort Study

- 8097** Nonselective beta-blocker use is associated with increased hepatic encephalopathy-related readmissions in cirrhosis

Fallahzadeh MA, Asrani SK, Tapper EB, Saracino G, Rahimi RS

Retrospective Study

- 8107** Different squatting positions after total knee arthroplasty: A retrospective study

Li TJ, Sun JY, Du YQ, Shen JM, Zhang BH, Zhou YG

- 8115** Outcomes of seromuscular bladder augmentation compared with standard bladder augmentation in the treatment of children with neurogenic bladder

Sun XG, Li YX, Ji LF, Xu JL, Chen WX, Wang RY

- 8124** Distinctive clinical features of spontaneous pneumoperitoneum in neonates: A retrospective analysis

Kim SH, Cho YH, Kim HY

- 8133** Cognitive training for elderly patients with early Alzheimer's disease in the Qinghai-Tibet Plateau: A pilot study

Wang XH, Luo MQ

- 8141** Diagnostic value of elevated serum carbohydrate antigen 125 level in sarcoidosis

Zhang Q, Jing XY, Yang XY, Xu ZJ

- 8152** Evaluation of progressive early rehabilitation training mode in intensive care unit patients with mechanical ventilation

Qie XJ, Liu ZH, Guo LM

- 8161** Comparison of demographic features and laboratory parameters between COVID-19 deceased patients and surviving severe and critically ill cases

Wang L, Gao Y, Zhang ZJ, Pan CK, Wang Y, Zhu YC, Qi YP, Xie FJ, Du X, Li NN, Chen PF, Yue CS, Wu JH, Wang XT, Tang YJ, Lai QQ, Kang K

Clinical Trials Study

- 8170** Role of H₂receptor blocker famotidine over the clinical recovery of COVID-19 patients: A randomized controlled trial

Mohiuddin Chowdhury ATM, Kamal A, Abbas MKU, Karim MR, Ali MA, Talukder S, Hamidullah Mehedi HM, Hassan H, Shahin AH, Li Y, He S

Observational Study

- 8186** Short-term prognostic factors for hepatitis B virus-related acute-on-chronic liver failure

Ye QX, Huang JF, Xu ZJ, Yan YY, Yan Y, Liu LG

- 8196** Three-dimensional psychological guidance combined with evidence-based health intervention in patients with liver abscess treated with ultrasound

Shan YN, Yu Y, Zhao YH, Tang LL, Chen XM

- 8205** Role of serum β 2-microglobulin, glycosylated hemoglobin, and vascular endothelial growth factor levels in diabetic nephropathy

Yang B, Zhao XH, Ma GB

SYSTEMATIC REVIEWS

- 8212** Gallbladder neuroendocrine carcinoma diagnosis, treatment and prognosis based on the SEER database: A literature review

Cai XC, Wu SD

CASE REPORT

- 8224** Sepsis complicated with secondary hemophagocytic syndrome induced by giant gouty tophi rupture: A case report

Lai B, Pang ZH

- 8232** Spontaneous remission of autoimmune pancreatitis: Four case reports

Zhang BB, Huo JW, Yang ZH, Wang ZC, Jin EH

- 8242** Epstein-Barr-virus-associated hepatitis with aplastic anemia: A case report

Zhang WJ, Wu LQ, Wang J, Lin SY, Wang B

- 8249** Aspiration as the first-choice procedure for airway management in an infant with large epiglottic cysts: A case report

Zheng JQ, Du L, Zhang WY

- 8255** Sequential multidisciplinary minimally invasive therapeutic strategy for heart failure caused by four diseases: A case report
Zhao CZ, Yan Y, Cui Y, Zhu N, Ding XY
- 8262** Primary ascending colon cancer accompanying skip metastases in left shoulder skin and left neck lymph node: A case report
Zhou JC, Wang JJ, Liu T, Tong Q, Fang YJ, Wu ZQ, Hong Q
- 8271** Clinical and genetic study of ataxia with vitamin E deficiency: A case report
Zhang LW, Liu B, Peng DT
- 8277** Complete resection of large-cell neuroendocrine and hepatocellular carcinoma of the liver: A case report
Noh BG, Seo HI, Park YM, Kim S, Hong SB, Lee SJ
- 8284** Immunotherapy combined with antiangiogenic agents in patients with advanced malignant pleural mesothelioma: A case report
Xuan TT, Li GY, Meng SB, Wang ZM, Qu LL
- 8291** Bladder malacoplakia: A case report
Wang HK, Hang G, Wang YY, Wen Q, Chen B
- 8298** Delayed inflammatory response evoked in nasal alloplastic implants after COVID-19 vaccination: A case report
Seo MG, Choi EK, Chung KJ
- 8304** Phosphoglyceride crystal deposition disease requiring differential diagnosis from malignant tumors and confirmed by Raman spectroscopy: A case report
Ohkura Y, Uruga H, Shiiba M, Ito S, Shimoyama H, Ishihara M, Ueno M, Udagawa H
- 8312** Vulvovaginal myeloid sarcoma with massive pelvic floor infiltration: A case report and review of literature
Wang JX, Zhang H, Ning G, Bao L
- 8323** Femoral neck stress fracture and medial tibial stress syndrome following high intensity interval training: A case report and review of literature
Tan DS, Cheung FM, Ng D, Cheung TLA
- 8330** Periosteal chondroma of the rib: A case report
Gao Y, Wang JG, Liu H, Gao CP
- 8336** Papillary thyroid carcinoma occurring with undifferentiated pleomorphic sarcoma: A case report
Lee YL, Cheng YQ, Zhu CF, Huo HZ
- 8344** Laparoscopic treatment of bilateral duplex kidney and ectopic ureter: A case report
Wang SB, Wan L, Wang Y, Yi ZJ, Xiao C, Cao JZ, Liu XY, Tang RP, Luo Y
- 8352** Incontinentia pigmenti with intracranial arachnoid cyst: A case report
Li WC, Li ML, Ding JW, Wang L, Wang SR, Wang YY, Xiao LF, Sun T

- 8360** Relapsing polychondritis causing breathlessness: Two case reports
Zhai SY, Zhang YH, Guo RY, Hao JW, Wen SX
- 8367** Endodontic management of a fused left maxillary second molar and two paramolars using cone beam computed tomography: A case report
Mei XH, Liu J, Wang W, Zhang QX, Hong T, Bai SZ, Cheng XG, Tian Y, Jiang WK
- 8375** Infant biliary cirrhosis secondary to a biliary inflammatory myofibroblastic tumor: A case report and review of literature
Huang Y, Shu SN, Zhou H, Liu LL, Fang F
- 8384** Metastatic low-grade endometrial stromal sarcoma with variable morphologies in the ovaries and mesentery: A case report
Yu HY, Jin YL
- 8392** Bronchogenic cysts with infection in the chest wall skin of a 64-year-old asymptomatic patient: A case report
Ma B, Fu KW, Xie XD, Cheng Y, Wang SQ
- 8400** Incidental accumulation of Technetium-99m pertechnetate in subacute cerebral infarction: A case report
Han YH, Jeong HJ, Kang HG, Lim ST
- 8406** Metal stent combined with ileus drainage tube for the treatment of delayed rectal perforation: A case report
Cheng SL, Xie L, Wu HW, Zhang XF, Lou LL, Shen HZ
- 8417** Using ketamine in a patient with a near-occlusion tracheal tumor undergoing tracheal resection and reconstruction: A case report
Xu XH, Gao H, Chen XM, Ma HB, Huang YG

LETTER TO THE EDITOR

- 8422** Reflections on the prevalence of human leukocyte antigen-B27 and human leukocyte antigen-B51 co-occurrence in patients with spondylarthritis
Gonçalves Júnior J, Sampaio-Barros PD, Shinjo SK
- 8425** Comment on "Disease exacerbation is common in inflammatory bowel disease patients treated with immune checkpoint inhibitors for malignancy"
Argyriou K, Kotsakis A
- 8428** Intranasal sufentanil combined with intranasal dexmedetomidine: A promising method for non-anesthesiologist sedation during endoscopic ultrasonography
Wang Y, Ge ZJ, Han C

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Peng Liang, MD, Associate Professor, Day Surgery Center, Department of Anesthesiology, West China Hospital of Sichuan University, Chengdu 610041, Sichuan Province, China. 39485572@qq.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for WJCC as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The WJCC's CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Hua-Ge Yin; Production Department Director: Xiang Li; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

August 16, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Comment on “Disease exacerbation is common in inflammatory bowel disease patients treated with immune checkpoint inhibitors for malignancy”

Konstantinos Argyriou, Athanasios Kotsakis

Specialty type: Gastroenterology and hepatology

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): B, B
Grade C (Good): 0
Grade D (Fair): 0
Grade E (Poor): 0

P-Reviewer: Hwang KH, South Korea; Wen XL, China

Received: March 20, 2022

Peer-review started: March 20, 2022

First decision: April 28, 2022

Revised: May 20, 2022

Accepted: July 11, 2022

Article in press: July 11, 2022

Published online: August 16, 2022



Konstantinos Argyriou, Department of Gastroenterology, University Hospital of Larisa, Larisa GR41334, Greece

Athanasios Kotsakis, Department of Medical Oncology, School of Medicine, University Hospital of Larisa, Larisa GR41334, Greece

Corresponding author: Konstantinos Argyriou, MD, MSc, PhD, Academic Fellow, Consultant Physician-Scientist, Department of Gastroenterology, University Hospital of Larisa, Mezourlo, Larisa GR41334, Greece. kosnar2@doctors.org.uk

Abstract

We recently read with interest the original research article entitled "Disease exacerbation is common in inflammatory bowel disease patients treated with immune checkpoint inhibitors for malignancy". The abovementioned article is an observational retrospective cohort study, which could be of particular value for clinicians to understand how immunotherapy affects pre-existing enteric disease in inflammatory bowel disease patients. Although we appreciate the endeavor of Samuel Rubin *et al*, based on our in-depth analysis, we detected a potential shortcoming in this article; thus, we present our comments in this letter. If the authors contemplate these comments on their relevant research, we believe that their contribution would be considerable for future studies.

Key Words: Inflammatory bowel disease; Immune-related adverse events; Immune checkpoint inhibitors; Immunotherapy; Malignancy

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Immune checkpoint inhibitors (ICIs) have revolutionized cancer treatment due to their ability to empower patients' anti-neoplastic immune response. However, by empowering the immune system, ICIs can trigger off-site inflammation and autoimmunity, raising safety concerns every time these agents are considered for cancer patients with pre-existing autoimmune disorders such as inflammatory bowel disease (IBD). In this article, Samuel Rubin *et al* investigated how immunotherapy affects pre-existing enteral disease in a cohort of IBD patients on ICIs; however, we detected several limitations that need further consideration. Therefore, we would like to share our views on this interesting study.

Citation: Argyriou K, Kotsakis A. Comment on “Disease exacerbation is common in inflammatory bowel disease patients treated with immune checkpoint inhibitors for malignancy”. *World J Clin Cases* 2022; 10(23): 8425-8427

URL: <https://www.wjgnet.com/2307-8960/full/v10/i23/8425.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i23.8425>

TO THE EDITOR

We read with great interest the original research article “Disease exacerbation is common in inflammatory bowel disease patients treated with immune checkpoint inhibitors for malignancy”[1]. In this article, Rubin *et al*[1] investigated how immunotherapy affects pre-existing enteral disease in patients with cancer and inflammatory bowel disease (IBD). By retrospectively analyzing twenty years of data from cancer patients with pre-existing IBD exposed to immune checkpoint inhibitors (ICIs) at their center, the authors provided an insight into the prevalence of immune-mediated IBD exacerbation and subsequent clinical outcomes. Furthermore, the authors provided a detailed description of their entire cohort's clinical characteristics aiming to determine the clinical phenotype of IBD patients who are at increased risk of immune-mediated IBD exacerbation and hence, have an increased need for more intensive clinical monitoring. Given the scarcity of relevant literature on ICIs in IBD, we greatly appreciate the dedication of the authors towards helping clinicians to understand the impact of immunotherapy on IBD; however, through our in-depth reading, we came across several limitations and anticipate a discussion with the authors.

First, by carefully reviewing the methodology section, we noticed that in the absence of co-existent enteral infection, the diagnosis of IBD exacerbation was based only on several clinical features developed by IBD patients exposed to immunotherapy such as new-onset bloody stool, rectal bleeding, diarrhea, and/or increased bowel movements. However, the abovementioned symptoms are not specific to IBD[2]; hence, we believe that the addition of the endoscopic, histologic, and radiologic data of the study population in this article would have been of critical value for the authors to establish the diagnosis of IBD recurrence and should be supplemented.

Another methodological limitation of this study was that the authors did not make a clinical meaningful differentiation among the different causes that could have caused the development of enteral symptoms in their population. Previous studies of ICIs on IBD highlighted that the differential diagnosis in all cancer patients with pre-existing IBD should mainly include infections and immune-mediated colitis (IMC)[3]. Although the authors in this study excluded gastrointestinal infections following ICIs, they omitted to include IMC in their differential diagnosis. The reason behind this exclusion was not mentioned by the authors; however, we believe that it is of particular value. Previous studies showed that IMC could occur at any time following immunotherapy complicating the management of cancer patients[4]. The reported incidence ranges from 3 to 21% for mild and 5 to 17% for severe cases[5]. Clinically, IMC is characterized by enteral symptoms that range in severity from mild diarrhea to severe enterocolitis with lethal complications, including perforation, ischemia, necrosis, bleeding, toxic megacolon, and death, mimicking IBD and making the clinical differentiation between IMC and true IBD difficult; however, colonoscopy with biopsy was highlighted by early studies of ICIs on IBD as a sensitive method to differentiate IMC from IBD exacerbation and should be considered for persistent or severe cases[6-7]. Given the distinct nature of IMC, by not including IMC in the differential diagnosis of this study population, we believe that the study results are vulnerable to the misclassification between IMC and true IBD, and we suggest the study results should be interpreted with caution.

However, despite the abovementioned limitations, we believe that this article is a valuable reference study, helping clinicians to holistically understand how immunotherapy affects pre-existing enteral disease in IBD patients. Thus, we offer our evidence-based considerations on this article to expand the value of the research basis that this article sets, leading to more comprehensive future studies.

ACKNOWLEDGEMENTS

The authors would like to thank Christine Marou, an experienced medical translator, for her language editing services.

FOOTNOTES

Author contributions: Argyriou K and Kotsakis A designed and performed the research; Argyriou K wrote this comment; Kotsakis A revised the manuscript.

Conflict-of-interest statement: The authors declare no conflict of interest.

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: Greece

ORCID number: Konstantinos Argyriou 0000-0002-2026-9678.

Corresponding Author's Membership in Professional Societies: British Society of Gastroenterology; United European Gastroenterology; Hellenic Society of Gastroenterology.

S-Editor: Ma YJ

L-Editor: Webster JR

P-Editor: Ma YJ

REFERENCES

- 1 **Rubin SJS**, Balabanis T, Gubatan J, Habtezion A. Disease exacerbation is common in inflammatory bowel disease patients treated with immune checkpoint inhibitors for malignancy. *World J Clin Cases* 2022; **10**: 1787-1794 [PMID: 35317167 DOI: 10.12998/wjcc.v10.i6.1787]
- 2 **Wang Y**, Abu-Sbeih H, Mao E, Ali N, Ali FS, Qiao W, Lum P, Raju G, Shuttlesworth G, Stroehlein J, Diab A. Immune-checkpoint inhibitor-induced diarrhea and colitis in patients with advanced malignancies: retrospective review at MD Anderson. *J Immunother Cancer* 2018; **6**: 37 [PMID: 29747688 DOI: 10.1186/s40425-018-0346-6]
- 3 **Tang L**, Wang J, Lin N, Zhou Y, He W, Liu J, Ma X. Immune Checkpoint Inhibitor-Associated Colitis: From Mechanism to Management. *Front Immunol* 2021; **12**: 800879 [PMID: 34992611 DOI: 10.3389/fimmu.2021.800879]
- 4 **Tran T**, Tran NGT, Ho V. Checkpoint Inhibitors and the Gut. *J Clin Med* 2022; **11** [PMID: 35160275 DOI: 10.3390/jcm11030824]
- 5 **Pocha C**, Roat J, Viskocil K. Immune-mediated colitis: important to recognize and treat. *J Crohns Colitis* 2014; **8**: 181-182 [PMID: 24138785 DOI: 10.1016/j.crohns.2013.09.019]
- 6 **Geukes Foppen MH**, Rozeman EA, van Wilpe S, Postma C, Snaebjornsson P, van Thienen JV, van Leerdam ME, van den Heuvel M, Blank CU, van Dieren J, Haanen JBAG. Immune checkpoint inhibition-related colitis: symptoms, endoscopic features, histology and response to management. *ESMO Open* 2018; **3**: e000278 [PMID: 29387476 DOI: 10.1136/esmoopen-2017-000278]
- 7 **Macovei Oprescu A**, Tulin R, Slavu I, Venter DP, Oprescu C. Immune Checkpoint Inhibitor-Induced Gastrointestinal Toxicity: The Opinion of a Gastroenterologist. *Cureus* 2021; **13**: e19945 [PMID: 34976532 DOI: 10.7759/cureus.19945]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

