

World Journal of *Clinical Cases*

World J Clin Cases 2022 February 6; 10(4): 1140-1456



Contents

Thrice Monthly Volume 10 Number 4 February 6, 2022

REVIEW

- 1140 COVID-19: Gastrointestinal manifestations, liver injury and recommendations
Ozkurt Z, Çınar Tanrıverdi E

ORIGINAL ARTICLE

Retrospective Study

- 1164 Continuous intravenous infusion of recombinant human endostatin using infusion pump plus chemotherapy in non-small cell lung cancer
Qin ZQ, Yang SF, Chen Y, Hong CJ, Zhao TW, Yuan GR, Yang L, Gao L, Wang X, Lu LQ
- 1172 Sequential sagittal alignment changes in the cervical spine after occipitocervical fusion
Zhu C, Wang LN, Chen TY, Mao LL, Yang X, Feng GJ, Liu LM, Song YM
- 1182 Importance of the creation of a short musculofascial tunnel in peritoneal dialysis catheter placement
Lee CY, Tsai MK, Chen YT, Zhan YJ, Wang ML, Chen CC
- 1190 Clinical effect of methimazole combined with selenium in the treatment of toxic diffuse goiter in children
Zhang XH, Yuan GP, Chen TL
- 1198 Clinical study on the minimally invasive percutaneous nephrolithotomy treatment of upper urinary calculi
Xu XJ, Zhang J, Li M, Hou JQ

Observational Study

- 1206 Comparison of diagnostic validity of two autism rating scales for suspected autism in a large Chinese sample
Chu JH, Bian F, Yan RY, Li YL, Cui YH, Li Y
- 1217 Doctor-led intensive diet education on health-related quality of life in patients with chronic renal failure and hyperphosphatemia
Feng XD, Xie X, He R, Li F, Tang GZ

SYSTEMATIC REVIEWS

- 1226 What are the self-management experiences of the elderly with diabetes? A systematic review of qualitative research
Li TJ, Zhou J, Ma JJ, Luo HY, Ye XM

META-ANALYSIS

- 1242 Comparison of the clinical performance of i-gel and Ambu laryngeal masks in anaesthetised paediatric patients: A meta-analysis
Bao D, Yu Y, Xiong W, Wang YX, Liang Y, Li L, Liu B, Jin X

CASE REPORT

- 1255** Autogenous iliotibial band enhancement combined with tendon lengthening plasty to treat patella baja: A case report
Tang DZ, Liu Q, Pan JK, Chen YM, Zhu WH
- 1263** Sintilimab-induced autoimmune diabetes: A case report and review of the literature
Yang J, Wang Y, Tong XM
- 1278** Unicentric Castleman disease was misdiagnosed as pancreatic mass: A case report
Zhai HY, Zhu XY, Zhou GM, Zhu L, Guo DD, Zhang H
- 1286** Iguratimod in treatment of primary Sjögren's syndrome concomitant with autoimmune hemolytic anemia: A case report
Zhang J, Wang X, Tian JJ, Zhu R, Duo RX, Huang YC, Shen HL
- 1291** Primary central nervous system lymphoma presenting as a single choroidal lesion mimicking metastasis: A case report
Jang HR, Lim KH, Lee K
- 1296** Surgical treatment of acute cholecystitis in patients with confirmed COVID-19: Ten case reports and review of literature
Bozada-Gutiérrez K, Trejo-Avila M, Chávez-Hernández F, Parraguirre-Martínez S, Valenzuela-Salazar C, Herrera-Esquivel J, Moreno-Portillo M
- 1311** Hydrogen inhalation promotes recovery of a patient in persistent vegetative state from intracerebral hemorrhage: A case report and literature review
Huang Y, Xiao FM, Tang WJ, Qiao J, Wei HF, Xie YY, Wei YZ
- 1320** Ultrasound-guided needle release plus corticosteroid injection of superficial radial nerve: A case report
Zeng Z, Chen CX
- 1326** Inverted Y ureteral duplication with an ectopic ureter and multiple urinary calculi: A case report
Ye WX, Ren LG, Chen L
- 1333** Multiple miscarriages in a female patient with two-chambered heart and situs inversus totalis: A case report
Duan HZ, Liu JJ, Zhang XJ, Zhang J, Yu AY
- 1341** Chidamide combined with traditional chemotherapy for primary cutaneous aggressive epidermotropic CD8+ cytotoxic T-cell lymphoma: A case report
He ZD, Yang HY, Zhou SS, Wang M, Mo QL, Huang FX, Peng ZG
- 1349** Fatal rhabdomyolysis and disseminated intravascular coagulation after total knee arthroplasty under spinal anesthesia: A case report
Yun DH, Suk EH, Ju W, Seo EH, Kang H
- 1357** Left atrial appendage occlusion in a mirror-image dextrocardia: A case report and review of literature
Tian B, Ma C, Su JW, Luo J, Sun HX, Su J, Ning ZP

- 1366** Imaging presentation of biliary adenofibroma: A case report
Li SP, Wang P, Deng KX
- 1373** Multiple gouty tophi in the head and neck with normal serum uric acid: A case report and review of literatures
Song Y, Kang ZW, Liu Y
- 1381** Toxic epidermal necrolysis induced by ritodrine in pregnancy: A case report
Liu WY, Zhang JR, Xu XM, Ye TY
- 1388** Direct antiglobulin test-negative autoimmune hemolytic anemia in a patient with β -thalassemia minor during pregnancy: A case report
Zhou Y, Ding YL, Zhang LJ, Peng M, Huang J
- 1394** External penetrating laryngeal trauma caused by a metal fragment: A Case Report
Qiu ZH, Zeng J, Zuo Q, Liu ZQ
- 1401** Antegrade in situ laser fenestration of aortic stent graft during endovascular aortic repair: A case report
Wang ZW, Qiao ZT, Li MX, Bai HL, Liu YF, Bai T
- 1410** Hoffa's fracture in an adolescent treated with an innovative surgical procedure: A case report
Jiang ZX, Wang P, Ye SX, Xie XP, Wang CX, Wang Y
- 1417** Hemizygous deletion in the OTC gene results in ornithine transcarbamylase deficiency: A case report
Wang LP, Luo HZ, Song M, Yang ZZ, Yang F, Cao YT, Chen J
- 1423** Langerhans cell histiocytosis presenting as an isolated brain tumour: A case report
Liang HX, Yang YL, Zhang Q, Xie Z, Liu ET, Wang SX
- 1432** Inflammatory myofibroblastic tumor after breast prosthesis: A case report and literature review
Zhou P, Chen YH, Lu JH, Jin CC, Xu XH, Gong XH
- 1441** Eustachian tube involvement in a patient with relapsing polychondritis detected by magnetic resonance imaging: A case report
Yunaiyama D, Aoki A, Kobayashi H, Someya M, Okubo M, Saito K
- 1447** Endoscopic clipping for the secondary prophylaxis of bleeding gastric varices in a patient with cirrhosis: A case report
Yang GC, Mo YX, Zhang WH, Zhou LB, Huang XM, Cao LM

LETTER TO THE EDITOR

- 1454** Rituximab as a treatment for human immunodeficiency virus-associated nemaline myopathy: What does the literature have to tell us?
Gonçalves Júnior J, Shinjo SK

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Nicoleta-Monica Popa-Fotea, MD, PhD, Assistant Professor, Department of Cardio-thoracic, University of Medicine and Pharmacy, Bucharest 050474, Romania. nicoleta.popa-fotea@drd.umfcd.ro

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 indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for WJCC as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The WJCC's CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Hua-Ge Yin; Production Department Director: Xu Guo; 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.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

February 6, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

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

GUIDELINES FOR ETHICS DOCUMENTS

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

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

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

PUBLICATION ETHICS

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

PUBLICATION MISCONDUCT

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

ARTICLE PROCESSING CHARGE

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

STEPS FOR SUBMITTING MANUSCRIPTS

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

ONLINE SUBMISSION

<https://www.f6publishing.com>



Rituximab as a treatment for human immunodeficiency virus-associated nemaline myopathy: What does the literature have to tell us?

Jucier Gonçalves Júnior, Samuel Katsuyuki Shinjo

ORCID number: Jucier Gonçalves Júnior [0000-0001-5077-7959](https://orcid.org/0000-0001-5077-7959); Samuel Katsuyuki Shinjo [0000-0002-3682-4517](https://orcid.org/0000-0002-3682-4517).

Author contributions: The authors contributed equally to all aspects of this manuscript preparation and have read and approved the final manuscript; Each author meets the criteria for authorship established by the International Committee of Medical Journal Editors.

Conflict-of-interest statement: The author declare they do not have conflict of interest.

Country/Territory of origin: Brazil

Specialty type: Medicine, research and experimental

Provenance and peer review:

Invited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

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

Open-Access: This article is an

Jucier Gonçalves Júnior, Samuel Katsuyuki Shinjo, Division of Rheumatology, São Paulo University, São Paulo 01246-903, Brazil

Corresponding author: Jucier Gonçalves Júnior, MD, Academic Research, Division of Rheumatology, São Paulo University, Av. Dr. Arnaldo 3184, 3º Andar-Sala 3131 Cerqueira César, São Paulo 01246-903, Brazil. juciergjuniior@hotmail.com

Abstract

We presented a letter about a case of a 37-year-old Black female with a history of human immunodeficiency virus and an undetectable viral load. She was evaluated with weakness in the scapular (grade III) and pelvic girdles (grade II), elevation of creatine phosphokinase levels and muscle biopsy compatible with nemaline myopathy. She was treated with rituximab showing improvement of the condition.

Key Words: Case report; Human immunodeficiency virus; Nemaline myopathy; Rituximab; Rheumatology; Therapy

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

Core Tip: Rituximab may be a therapeutic possibility for the treatment of nemaline myopathies (e.g., human immunodeficiency virus-associated and monoclonal gammopathy of undetermined significance-associated) because it is less aggressive and has fewer side effects compared to current therapies. It may be especially helpful in cases of severe visceral involvement. However, the cost and unavailability of therapy can be a limiting factor.

Citation: Gonçalves Júnior J, Shinjo SK. Rituximab as a treatment for human immunodeficiency virus-associated nemaline myopathy: What does the literature have to tell us? *World J Clin Cases* 2022; 10(4): 1454-1456

URL: <https://www.wjgnet.com/2307-8960/full/v10/i4/1454.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i4.1454>

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/>

Received: August 12, 2021

Peer-review started: August 12, 2021

First decision: October 20, 2021

Revised: November 13, 2021

Accepted: December 31, 2021

Article in press: December 31, 2021

Published online: February 6, 2022

P-Reviewer: Liu L

S-Editor: Fan JR

L-Editor: Filipodia

P-Editor: Fan JR



TO THE EDITOR

Dear Journal Editor,

We read the paper of Profs. Wang and Hu[1] who presented a case report about nemaline myopathy (NM) with dilated cardiomyopathy. The authors aimed to describe a rare myopathy with severe cardiovascular impairment and whose outcome was positive.

We would like to present a case of human immunodeficiency virus (HIV)-associated NM (HIV-NM), and it responded to rituximab treatment.

The case involves a 37-year-old Black female with a history of HIV and an undetectable viral load with regular use of dolutegravir, darunavir and ritonavir. Six years ago, the patient started to present objective muscle weakness in all four limbs, in addition to increased muscle enzymes and electroneuromyography with evidence of a myopathic pattern. With the initial hypothesis of polymyositis, the patient received prednisone (1 mg/kg/d) with partial improvement of clinical and laboratory status. The patient was admitted to our service for a clinical reassessment and follow-up 3 years ago. The patient had an undetectable viral load, normal protein electrophoresis and serum levels of creatine phosphokinase at 2550 U/L using methotrexate 25 mg/wk and prednisone 5 mg/d.

She had weakness in the scapular (grade III) and pelvic girdles (grade II), required a wheelchair for locomotion and showed muscle magnetic resonance with evidence of symmetrical and bilateral muscle edema in the muscular bellies of the pelvic girdle and thighs. A muscle biopsy showed a myopathic and dystrophic patterns with the presence of marginal vacuoles with nemaline rods. Regarding the possibility of HIV-NM, methylprednisolone pulse therapy 3 g was started in one dose, and immunosuppressive drugs (azathioprine 300 mg/d, methotrexate 20 mg/wk and prednisone 20 mg/d) of previous use were maintained without significant improvement. Due to refractory disease and despite off-label, the patient consented to introduce rituximab 2 g/cycle as a possible option to promote disease induction.

The patient had progressive improvement. After two rituximab cycles, there was an important improvement in muscle weakness (lower limbs grade III and upper limbs grade IV) and independence for basic activities of daily living and a drop in creatine phosphokinase (275 U/L).

According to the literature, HIV-NM usually has a good response to immunosuppressive therapy[2-4]. A case report of a 65-year-old woman with severe cardiomyopathy and NM was recently described, in which the treatment was clinical compensation for cardiomyopathy associated with autologous stem cell transplantation[4]. A German cohort demonstrated that the most effective treatment strategy in NM was autologous bone marrow transplantation, but the one performed was immunosuppression with glucocorticoids (62%)[3]. Thus, in severe cases such as the one presented by the authors[1], we ask ourselves if the use of rituximab could not be an option as a way to delay the evolution of the NM.

Among the postulated theories, two stand out: (1) HIV should result in the formation of rods and/or serve as a trigger for the immune system to destroy muscle fibers; and (2) Genetic disorders caused by HIV cause rod formation[3]. In this context, therapy with rituximab may be an interesting treatment option in NM because: (1) Recent studies have shown improvement in the weakness of rituximab with no side effects obtained; (2) Lymphocytic infiltrates in muscles of NM patients are commonly confused with polymyositis; and (3) Limited effects with treatment[5].

Another interesting point to remember is that NM is often associated with monoclonal gammopathy of undetermined significance in case series[6], retrospective studies[7] and cohorts[3], denoting exacerbated lymphocyte activity. The cause for this association, as well as for the association of NM with HIV, is still unknown. However, the good response of this pathology to immunosuppressive therapies[2-4] and bone marrow transplantation[4] denote that options, such as rituximab, with fewer side effects, better dosage comorbidity and lower risks may be a real therapeutic possibility. Even more aggressive treatment regimens such as associations with dexamethasone, thalidomide and cyclophosphamide have already been proposed[8].

Finally, we emphasize that these treatment modalities might be used as an optional treatment to the autologous stem cell transplantation or before that. However, despite the rarity of the disease, further studies with a higher number of patients and adequate follow-up are required.

REFERENCES

- 1 **Wang Q**, Hu F. Nemaline myopathy with dilated cardiomyopathy and severe heart failure: A case report. *World J Clin Cases* 2021; **9**: 2569-2575 [PMID: [33889622](#) DOI: [10.12998/wjcc.v9.i11.2569](#)]
- 2 **Naddaf E**, Milone M, Kansagra A, Buadi F, Kourelis T. Sporadic late-onset nemaline myopathy: Clinical spectrum, survival, and treatment outcomes. *Neurology* 2019; **93**: e298-e305 [PMID: [31167932](#) DOI: [10.1212/WNL.0000000000007777](#)]
- 3 **Schnitzler LJ**, Schreckenbach T, Nadaj-Pakleza A, Stenzel W, Rushing EJ, Van Damme P, Ferbert A, Petri S, Hartmann C, Bornemann A, Meisel A, Petersen JA, Tousseyn T, Thal DR, Reimann J, De Jonghe P, Martin JJ, Van den Bergh PY, Schulz JB, Weis J, Claeys KG. Sporadic late-onset nemaline myopathy: clinico-pathological characteristics and review of 76 cases. *Orphanet J Rare Dis* 2017; **12**: 86 [PMID: [28490364](#) DOI: [10.1186/s13023-017-0640-2](#)]
- 4 **Turnquist C**, Grogono JC, Hofer M, Pitcher A. Sporadic late-onset nemaline myopathy: a case report of a treatable cause of cardiac failure. *Eur Heart J Case Rep* 2021; **5**: ytaa480 [PMID: [33554019](#) DOI: [10.1093/ehjcr/ytaa480](#)]
- 5 **Lerario A**, Cogiamanian F, Marchesi C, Belicchi M, Bresolin N, Porretti L, Torrente Y. Effects of rituximab in two patients with dysferlin-deficient muscular dystrophy. *BMC Musculoskelet Disord* 2010; **11**: 157 [PMID: [20618995](#) DOI: [10.1186/1471-2474-11-157](#)]
- 6 **Okhovat AA**, Nilipour Y, Boostani R, Vahabizad F, Najmi S, Nafissi S, Fatehi F. Sporadic late-onset nemaline myopathy with monoclonal gammopathy of undetermined significance: Report of four patients. *Neuromuscul Disord* 2021; **31**: 29-34 [PMID: [33308940](#) DOI: [10.1016/j.nmd.2020.11.004](#)]
- 7 **Finsterer J**, Stöllberger C. Review of Cardiac Disease in Nemaline Myopathy. *Pediatr Neurol* 2015; **53**: 473-477 [PMID: [26507755](#) DOI: [10.1016/j.pediatrneurol.2015.08.014](#)]
- 8 **Kumutpongpanich T**, Owattanapanich W, Tanboon J, Nishino I, Boonyapisit K. Sporadic late-onset nemaline myopathy with monoclonal gammopathy of undetermined significance (SLONM-MGUS): An alternative treatment using cyclophosphamide-thalidomide-dexamethasone (CTD) regimen. *Neuromuscul Disord* 2018; **28**: 610-613 [PMID: [29910095](#) DOI: [10.1016/j.nmd.2018.04.011](#)]



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>

