

OSTEOPOROSIS AND LIFESTYLE FACTORS

Carla Caffarelli

*Department of Medicine, Surgery and Neuroscience
University of Siena*

Osteoporosis is a disease characterized by low bone mass and deterioration in the microarchitecture of bone tissue, leading to an increased risk of fracture. Osteoporosis is associated with a number of lifestyle factors, including nutritional factors such as intake of calcium, protein, dairy food, fruits and vegetables and vitamin D status, and behavioral factors such as physical activity, smoking and alcohol consumption. Ensuring adequate calcium intake and vitamin D status and having regular weight-bearing physical activity throughout life are important for bone health and the prevention of osteoporosis and related fractures. Studies have shown that smoking and excessive alcohol intake have adverse effects on bone health and increase the risk of fracture. There is evidence suggesting that adequate protein intake and higher intake of fruits and vegetables are

beneficial to bone health. Good nutrition fuels our bone health by providing our body with the necessary quantities of vitamins, calcium, and high quality proteins that are required to maintain bone and muscle strength. Calcium is a key nutrient for all age groups but the amount needed varies at different stages of life. Demands are particularly high during the rapid period of growth in teenagers. As well, when bone density is decreasing in later years, a calcium-rich diet helps us to maintain bone mineral density. This applies to men and women of all ages. Vitamin D has been found to be of particular importance to bone health. It is known, we raise awareness of the broad prevalence of vitamin D deficiency and recommend supplementation with vitamin D in all adults age 60 years and older for its proven reduction of falls and fractures. Notably, vitamin D plays a critical role in bone development in children and correlates positively with bone density in younger adults. Apart from its benefit on calcium uptake in the bowel, vitamin D has a direct effect on muscle. As sufficient vitamin D is not obtained from an otherwise healthy diet and direct daily sun exposure, which is the main stimulus from vitamin D production in the skin, is limited in most adults, supplementation should be considered.

Keywords: Osteoporosis, Lifestyle Factors, Calcium, Vitamin D as Physical Activity.

ABOUT A CLINICAL CASE OF SECONDARY GROIN LYMPHOCELE TO ECMO

**Botta G¹, Poggialini M²*

¹Chair of General Surgery of the Siena University

²Phlebolympheological Unit of the Siena Hospital

The Authors describe the clinical case of O.S., aged 45, who came to their observation for the appearance of lymphocele in left groin region after ECMO procedure. The patient, suffering from idiopathic pulmonary fibrosis with very serious impairment of lung function, waiting to receive bilateral lung transplantation, underwent the extracorporeal membrane oxygenation procedure to the worsening of his clinical condition and the appearance of an ingravescent breathlessness, which put his life in serious danger. After undergoing a lung transplant the postoperative course took place regularly with the patient's discharge and resumption of her normal daily activities after an adequate period of convalescence. In April 2018,

about two months after the surgery, a clinical check highlights the presence of a lymphocele of the approximate size of 8 x 5 cm in the left groin region. The common femoral vein is unscathed by endoluminal thrombosis with negative CUS, but the caliber is reduced likely by compression of the lymph accumulated in the subcutaneous tissue of the inguino-crural region. It is decided not to intervene surgically in the removal of the lymphocele, but to treat it more conservatively with multiple evacuative punctures of the lymph, followed by endocavitary injection of lauromacrogol 400 to 3% and then compressive bandage left inguino-crural region. After 3 sessions of endocavitary sclerosis 15 days apart, the lymphocele gradually decreased in volume until its total disappearance after 3 months of treatment. In conclusion in our experience, as in that similar of other Authors, the non-aggressive treatment of the post ECMO groin lymphocele, using in consecutive sessions the endocavite injection of lauromacrogol 400 to 3% after insuction of the lymph and subsequent local compression of the inguino-crural region, proved to be an effective and safe method in achieving the patient's healing without resorting to surgical treatment of the lymphocele itself.

Keywords: extracorporeal membrane oxygenation, lymphocele, sclerotherapy.

THE PROSTATE: MYTH, MORPHOLOGY AND FUNCTION

**Passavanti G, Santini E*

UO Urologia Ospedale Misericordia Grosseto

The Prostate (προστάτης, "in front of" in the pelvis) is usually known for the urinary and mictional symptoms caused by the diseases that affect it, while little is known about how its anatomy and physiology were discovered. Erofilo of Calcedonia, physician of the 4th century b.C. and founder of the Alexan-

dria medical school, was the first to describe this gland and, according to Aulo Cornelio Celso, he also coined the name.

Very little was known about this gland during the following centuries, until Vesalio described it (*De Humani Corporis Fabrica*) identifying the two lobes placed under the bladder neck; a similar description of the prostate was reported in the *Historia Anatomica Humani Corporis Partes* written by André du Laurens.

The modern anatomy of the gland was described in the 1970s by McNeal, who studied it on corpses and surgical samples. Bladder neck, ejaculatory ducts and urethral rbdomyosphincter were used as anatomical landmarks. He also described some regions of the prostate: central region, transitional re-