OPINION REVIEW

4280 Role of monoclonal antibody drugs in the treatment of COVID-19

Ucciferri C, Vecchiet J, Falasca K

MINIREVIEWS

4286 Review of simulation model for education of point-of-care ultrasound using easy-to-make tools

Shin KC, Ha YR, Lee SJ, Ahn JH

4303 Liver injury in COVID-19: A minireview

Zhao JN, Fan Y, Wu SD

ORIGINAL ARTICLE

Case Control Study

4311 Transanal minimally invasive surgery vs endoscopic mucosal resection for rectal benign tumors and rectal carcinoids: A retrospective analysis

Shen JM, Zhao JY, Ye T, Gong LF, Wang HP, Chen WJ, Cai YK

4320 Impact of mTOR gene polymorphisms and gene-tea interaction on susceptibility to tuberculosis


Retrospective Cohort Study

4331 Establishment and validation of a nomogram to predict the risk of ovarian metastasis in gastric cancer: Based on a large cohort

Li SQ, Zhang KC, Li JY, Liang WQ, Gao YH, Qiao Z, Xi HQ, Chen L

Retrospective Study

4342 Predictive factors for early clinical response in community-onset *Escherichia coli* urinary tract infection and effects of initial antibiotic treatment on early clinical response

Kim YJ, Lee JM, Lee JH

4349 Managing acute appendicitis during the COVID-19 pandemic in Jiaxing, China

Zhou Y, Cen LS

4360 Clinical application of combined detection of SARS-CoV-2-specific antibody and nucleic acid

Meng QB, Peng JJ, Wei X, Yang JY, Li PC, Qu ZW, Xiong YF, Wu GJ, Hu ZM, Yu JC, Su W

4370 Prolonged prothrombin time at admission predicts poor clinical outcome in COVID-19 patients

## Contents

### Semimonthly Volume 8 Number 19 October 6, 2020

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>4380</td>
<td>Percutaneous radiofrequency ablation is superior to hepatic resection in patients with small hepatocellular carcinoma</td>
<td>Zhang YH, Su B, Sun P, Li RM, Peng XC, Cai J</td>
</tr>
<tr>
<td>4388</td>
<td>Clinical study on the surgical treatment of atypical Lisfranc joint complex injury</td>
<td>Li X, Jia LS, Li A, Xie X, Cui J, Li GL</td>
</tr>
<tr>
<td>4410</td>
<td>Optimal hang time of enteral formula at standard room temperature and high temperature</td>
<td>Lakananurak N, Nalinthassanai N, Suansawang W, Panarat P</td>
</tr>
<tr>
<td>4416</td>
<td>Meta-analysis reveals an association between acute pancreatitis and the risk of pancreatic cancer</td>
<td>Liu J, Wang Y, Yu Y</td>
</tr>
<tr>
<td>4431</td>
<td>Global analysis of daily new COVID-19 cases reveals many static-phase countries including the United States potentially with unstoppable epidemic</td>
<td>Long C, Fu XM, Fu ZF</td>
</tr>
<tr>
<td>4443</td>
<td>Left atrial appendage aneurysm: A case report</td>
<td>Belov DV, Moskalev VI, Garbuzenko DV, Arefyev NO</td>
</tr>
<tr>
<td>4466</td>
<td>Primary rhabdomyosarcoma: An extremely rare and aggressive variant of male breast cancer</td>
<td>Satala CB, Jung I, Bara TJ, Simu P, Simu I, Vlad M, Szodorai R, Guzu S</td>
</tr>
<tr>
<td>4475</td>
<td>Bladder stones in a closed diverticulum caused by <em>Schistosoma mansoni</em>: A case report</td>
<td>Alkhamees MA</td>
</tr>
<tr>
<td>4481</td>
<td>Cutaneous ciliated cyst on the anterior neck in young women: A case report</td>
<td>Kim YH, Lee J</td>
</tr>
<tr>
<td>4488</td>
<td>Extremely rare case of successful treatment of metastatic ovarian undifferentiated carcinoma with high-dose combination cytotoxic chemotherapy: A case report</td>
<td>Kim HB, Lee HJ, Hong R, Park SG</td>
</tr>
</tbody>
</table>
Contents

Semimonthly Volume 8 Number 19 October 6, 2020

4494 Acute amnesia during pregnancy due to bilateral fornix infarction: A case report
    Cho MJ, Shin DI, Han MK, Yum KS

4499 Ascaris-mimicking common bile duct stone: A case report
    Choi SY, Jo HE, Lee YN, Lee JE, Lee MH, Lim S, Yi BH

4505 Eight-year follow-up of locally advanced lymphoepithelioma-like carcinoma at upper urinary tract: A case report
    Yang CH, Weng WC, Lin YS, Huang LH, Lu CH, Hsu CY, Ou YC, Tung MC

4512 Spontaneous resolution of idiopathic intestinal obstruction after pneumonia: A case report
    Zhang BQ, Dai XY, Ye QY, Chang L, Wang ZW, Li XQ, Li YN

4521 Successful pregnancy after protective hemodialysis for chronic kidney disease: A case report
    Wang ML, He YD, Yang HX, Chen Q

4527 Rapid remission of refractory synovitis, acne, pustulosis, hyperostosis, and osteitis syndrome in response to the Janus kinase inhibitor tofacitinib: A case report
    Li B, Li GW, Xue L, Chen YY

4535 Percutaneous fixation of neonatal humeral physeal fracture: A case report and review of the literature
    Tan W, Wang FH, Yao JH, Wu WP, Li YB, Ji YL, Qian YP

4544 Severe fundus lesions induced by ocular jellyfish stings: A case report
    Zheng XY, Cheng DJ, Lian LH, Zhang RT, Yu XY

4550 Application of ozonated water for treatment of gastro-thoracic fistula after comprehensive esophageal squamous cell carcinoma therapy: A case report
    Wu DD, Hao KN, Chen XJ, Li XM, He XF

4558 Germinomas of the basal ganglia and thalamus: Four case reports
    Huang ZC, Dong Q, Song EP, Chen ZJ, Zhang JH, Hou B, Lu ZQ, Qin F

4565 Gastrointestinal bleeding caused by jejunal angiosarcoma: A case report
    Hui YY, Zhu LP, Yang B, Zhang ZY, Zhang YJ, Chen X, Wang BM

4572 High expression of squamous cell carcinoma antigen in poorly differentiated adenocarcinoma of the stomach: A case report
    Wang L, Huang L, Xi L, Zhang SC, Zhang JX

4579 Therapy-related acute promyelocytic leukemia with FMS-like tyrosine kinase 3-internal tandem duplication mutation in solitary bone plasmacytoma: A case report
    Hong LL, Sheng XF, Zhuang HF

4588 Metastasis of esophageal squamous cell carcinoma to the thyroid gland with widespread nodal involvement: A case report
    Zhang X, Gu X, Li JG, Hu XJ
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>4595</td>
<td>Severe hyperlipemia-induced pseudoerythrocytosis - Implication for misdiagnosis and blood transfusion: A case report and literature review</td>
<td>Zhao XC, Ju B, Wei N, Ding J, Meng FJ, Zhao HG</td>
</tr>
<tr>
<td>4603</td>
<td>Novel brachytherapy drainage tube loaded with double 125I strands for hilar cholangiocarcinoma: A case report</td>
<td>Lei QY, Jiao DC, Han XW</td>
</tr>
<tr>
<td>4615</td>
<td>Primary hepatic myelolipoma: A case report and review of the literature</td>
<td>Li KY, Wei AL, Li A</td>
</tr>
<tr>
<td>4624</td>
<td>Endoscopic palliative resection of a giant 26-cm esophageal tumor: A case report</td>
<td>Li Y, Guo LJ, Ma YC, Ye LS, Hu B</td>
</tr>
<tr>
<td>4633</td>
<td>Solitary hepatic lymphangioma mimicking liver malignancy: A case report and literature review</td>
<td>Long X, Zhang L, Cheng Q, Chen Q, Chen XP</td>
</tr>
<tr>
<td>4644</td>
<td>Intraosseous venous malformation of the maxilla after enucleation of a hemophilic pseudotumor: A case report</td>
<td>Cai X, Yu JJ, Tian H, Shan ZF, Liu XY, Jia J</td>
</tr>
<tr>
<td>4660</td>
<td>Bochdalek hernia masquerading as severe acute pancreatitis during the third trimester of pregnancy: A case report</td>
<td>Zou YZ, Yang JP, Zhou XJ, Li K, Li XM, Song CH</td>
</tr>
<tr>
<td>4667</td>
<td>Localized primary gastric amyloidosis: Three case reports</td>
<td>Liu XM, Di LJ, Zhu JX, Wu XL, Li HP, Wu HC, Tuo BG</td>
</tr>
<tr>
<td>4676</td>
<td>Displacement of peritoneal end of a shunt tube to pleural cavity: A case report</td>
<td>Liu J, Guo M</td>
</tr>
<tr>
<td>4681</td>
<td>Parathyroid adenoma combined with a rib tumor as the primary disease: A case report</td>
<td>Han L, Zhu XF</td>
</tr>
</tbody>
</table>
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Acute amnesia during pregnancy due to bilateral fornix infarction: A case report

Min Jai Cho, Dong-Ick Shin, Moon-Ku Han, Kyu Sun Yum

Abstract

BACKGROUND
Stroke is an important cause of maternal morbidity and mortality during pregnancy and puerperium. Isolated amnesia is a rare clinical symptom caused by ischemic stroke during pregnancy. We present the first documented case of acute amnesia during pregnancy due to bilateral fornix infarction.

CASE SUMMARY
A 32-year-old nullipara presented at 35 wk of gestation with acute amnesia and headache. Brain magnetic resonance imaging and angiography revealed acute infarction in the bilateral anterior fornix. There was no evidence of causative abnormality after extensive work-up, including for vascular abnormality, cardiac disease, coagulopathy, and pregnancy-related conditions. The patient was diagnosed with cryptogenic stroke. Aspirin was administered immediately, and the patient recovered fully without recurrence.

CONCLUSION
Acute isolated amnesia due to stroke is rare during pregnancy. Early diagnosis of stroke and immediate treatment prevent neurologic sequelae.

Key Words: Fornix; Brain; Amnesia; Cerebral infarction; Pregnancy; Stroke; Case report

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Core Tip: Pregnancy-related cerebrovascular disorder is one of the major causes of maternal mortality. Arterial ischemic infarction is a less common complication, however, more critical and disabling. Isolated amnesia is a rare clinical symptom caused by ischemic stroke in pregnancy. We present a rare case of acute amnesia due to bilateral fornix infarction in healthy young nullipara. Extensive work up for stroke revealed no causative abnormality. The patient was diagnosed as cryptogenic stroke. This case highlights the early diagnosis and treatment for stroke in pregnancy with acute amnesia without another neurologic deficit.

INTRODUCTION
Cerebrovascular disease during pregnancy is rare, but it is one of the major causes of maternal mortality and serious long-term disability[1]. Pregnancy is associated with an increased risk of ischemic stroke (including arterial and venous infarction) and hemorrhagic stroke (including intracerebral and subarachnoid hemorrhage). The incidence of stroke during pregnancy varies depending on gestational age. The greatest risk is observed during the third trimester and early postpartum. Risk factors for cerebrovascular complication during pregnancy are underlying diseases and conditions related to pregnancy[2]. Ischemic stroke during pregnancy is less common than hemorrhagic stroke and is higher during puerperium than during pregnancy[2-4]. Isolated amnestic syndrome due to vascular disease (especially acute infarction in the bilateral fornix) is a rare situation[5]. Herein, we report the first documented case of acute amnesia during the third trimester of pregnancy due to arterial infarction of the bilateral fornix.

CASE PRESENTATION

Chief complaints
A 32-year-old nullipara at 35 wk gestation presented with headache and sudden memory impairment. She could not recall any of the events that happened for 5 d.

History of present illness
Amnesia and headache occurred abruptly. Symptoms did not improve for 5 d.

History of past illness
The patient had no remarkable medical history, including for hypertension, diabetes mellitus, dyslipidemia or migraine.

Physical examination
Upon arrival at the hospital, the patient’s blood pressure was 120/80 mmHg, and her heart rate was 68 bpm and regular. She was alert and oriented to time, person and place. Neurological examination was normal except anterograde and retrograde amnesia. The Mini-Mental State Examination score was 28 and the Montreal Cognitive Assessment score was 26 points with delayed recall impairment.

Laboratory examinations
Laboratory testing was unremarkable, including findings for thrombophilia, autoimmune diseases, diabetes mellitus, dyslipidemia, erythrocyte sedimentation rate, C-reactive protein, thiamine level, and human immunodeficiency virus.

Imaging examinations
Magnetic resonance imaging of the brain revealed acute infarction in the bilateral anterior fornix. No significant steno-occlusive lesions in the intracranial and proximal
neck vessels were found in magnetic resonance angiography (Figure 1).

**Further diagnostic work-up**
Findings from electrocardiography, Holter monitoring, transthoracic echocardiography and transesophageal echocardiography, including a test for patent foramen ovale, were also normal. Findings from obstetric ultrasonography were unremarkable.

**FINAL DIAGNOSIS**
Cryptogenic infarction of bilateral fornix.

**TREATMENT**
The patient was immediately treated with 100 mg of aspirin, which was continued until 5 d prior to delivery.

**OUTCOME AND FOLLOW-UP**
The patient’s symptoms gradually improved. She was discharged to home and completely recovered after 2 wk. She gave birth to a healthy baby by Cesarean section at 4 wk after the stroke.

**DISCUSSION**
Cerebrovascular disease during pregnancy, especially arterial ischemic stroke, is rare, but it is a critical condition and disabling to the patient\(^1\)\(^-\)\(^3\). The risk of ischemic stroke is higher during puerperium than during pregnancy\(^4\)\(^-\)\(^6\). However, hemorrhagic stroke (including intracerebral hemorrhage and subarachnoid hemorrhage) occur more frequently during the second or early third trimesters and in the early postpartum period. Risk factors for cerebrovascular complication during pregnancy are underlying diseases such as prothrombotic conditions, heart disease, anomalies of cerebral vasculature and conditions related to pregnancy, including Cesarean delivery, pregnancy-induced hypertension, peripartum infection, multiple gestation, and the result of hemodynamic and coagulation system changes\(^2\)\(^-\)\(^7\). In the case of ischemic stroke, there are many causes of stroke during pregnancy, with common etiologies being hypertension, smoking, diabetes mellitus, dyslipidemia, thrombophilia, paradoxical emboli, heart disease, and anomalies of cerebral vasculature. However, pregnancy-specific causes include preeclampsia/eclampsia, cerebral venous thrombosis, amniotic fluid embolism, posterior reversible encephalopathy syndrome, peripartum infection, Cesarean delivery, postpartum cerebral angiopathy, and gestational trophoblastic disease\(^8\)\(^-\)\(^10\). The management of stroke during pregnancy is guided by the stroke etiology and subtype. In the case of arterial stroke, early antiplatelet agent therapy (i.e., aspirin) is recommended for cases without intracranial bleeding and as secondary prevention. In the case of symptomatic cerebral venous sinus thrombosis, with or without hemorrhagic venous infarction, anticoagulation should be continued throughout the pregnancy\(^9\)\(^-\)\(^10\).

Several cases of memory impairment during pregnancy due to cerebral dysfunction have been reported previously. Wernicke encephalopathy is a clinical syndrome characterized by acute amnesia following hyperemesis gravidarum. This typically occurs at 14-16 wk of gestation and is caused by thiamine deficiency\(^11\). Sudden onset of amnesia due to a vascular lesion in a healthy young woman is an uncommon situation. Acute amnestic syndrome due to infarction of bilateral fornix, an important anatomical structure of the Papez circuit, is a rare condition and only a few cases have been reported. Small vessel disease, cardioembolic disease and giant cell arteritis have been proposed as the etiology. The subcallosal artery, a perforator of anterior communicating artery, supply the bilateral column of fornix (Figure 2). Iatrogenic subcallosal artery occlusion after clipping or surgery of the anterior communicating artery can also cause acute amnestic syndrome. However, the patients in the previous reports\(^11\)\(^-\)\(^15\) did not represent young-age pregnancies without risk factors of ischemic
Our patient was diagnosed with an acute infarction of the bilateral fornix during the third trimester of pregnancy. She had no conventional risk factors of ischemic stroke. Extensive diagnostic workup for ischemic stroke, including cardioembolism, paradoxical emboli, autoimmune disease and coagulation disorder, were performed and there were no remarkable findings. Patent foramen ovale is an important cause of cryptogenic stroke in healthy young adults, especially during pregnancy. However, transesophageal echocardiogram showed no evidence of patent foramen ovale. There was no evidence of pregnancy-related risk factors such as gestational hypertension, preeclampsia/eclampsia and coagulopathy. Brain magnetic resonance imaging and magnetic resonance angiography revealed acute infarction in the bilateral fornix without significant steno-occlusive lesion of the anterior communicating artery. We diagnosed the patient with cryptogenic stroke, and aspirin was administered immediately. The amnesia was completely resolved. There was no recurrence at the 1-year follow-up.

This case is the first report of acute amnesia due to infarction of the bilateral fornix during pregnancy. Bilateral fornix infarction is a very rare situation during pregnancy. Brain imaging should be considered for acute onset amnesia, especially if symptoms persist more than 24 h. Early detection of stroke and immediate treatment are important for good recovery.

CONCLUSION
Acute isolated amnesia due to cerebral infarction during a healthy young pregnancy is extremely rare. All previously documented cases of pure amnestic syndrome due to cerebral infarction were related to stroke or cerebral vascular abnormality.
bilateral fornix infarction found a presumed pathophysiology including microangiopathy, cardioembolism, vasculitis and iatrogenic injury after aneurysmal procedure of the relevant artery. Early diagnosis and immediate treatment are important for good recovery in cryptogenic stroke.

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