commenced.
Conclusion: Chemo-port placement is one of the useful and effective modalities in the armamentarium of oncologist for the management of cancer patients. It provides a ready access to the venous system for infusions and also for withdrawal of blood. It avoids the complication associated with multiple veni-punctures. It can be easily done by surgeons utilizing body surface markings only and without image guidance.
Conflict of interest: No conflict of interest.

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EFFECTS OF ACUPRESSURE ON FATIGUE IN PATIENTS WITH CANCER UNDERWENT CHEMOTHERAPY

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Background: Cancer-related fatigue is the commonest symptom in cancer patients, with a high prevalence in most of studies. Side effects of medications and non-suitable relief of fatigue with medications, shifts the patients to complementary and alternative medicine like acupressure medicine. The benefits of acupressure are ensured in the previous studies such as breast cancer, in which depression and fatigue were promoted by acupressure. In this study we tried to perform a rigorous design and methods to increase the strength of evidence from this study, in order to evaluate the efficacy of acupressure in patients with cancer underwent chemotherapy.
Materials and Methods: This study was a randomized clinical trial in which the effect of acupressure medicine on fatigue in all-cancer underwent chemotherapy referring to different hospitals of Rasht, performed during 2014-2015. Participants were enrolled in one of these three groups by randomized blocking sampling during the period of study; group (1): acupressure treatment group, group (2): placebo group, group (3): conservative routine treatment. In all patients three acupoints during and after chemotherapy performed acupressure treatment. Two standard tools Fatigue Severity Scale (FSS) and Visual Analogue Score (VAS) and a checklist of demographic data and other related factors were used. The data were statistically analyzed, using SPSS version 22 with Chi Square, Independent T-Test, Repeated measure analysis of variance and Tukey Test.
Results: 90 patients randomized in three groups: 30 patients in each groups. There were no significant differences between participants' variables between three groups and all of characteristics were distributed normally. Mean age of participants was 52.12±14.4 years old. Majority of participants were female (58.9%), married (91.1%) and elementary education (91.1%). Majority of patients had gastrointestinal related cancers (31, 34.4%). The mean of FSS based on VAS is not significantly different before and during chemotherapy ($P<0.05$), it is significantly different in three groups after chemotherapy ($P=0.021$). The mean of VAS in acupressure gorup was meaningfully lower than control group after chemotherapy ($P=0.028$). Residence of patients ($P=0.013$) and FSS ($P=0.008$) significantly predicted extent of VAS after chemotherapy and using Alkylating agents ($P=0.043$) and FSS ($P=0.019$) during chemotherapy in acupressure group.
Conclusions: Results of this investigation showed that acupressure in three points of L14, ST36 and SP6 has short-term effectiveness on the cancer-related fatigue of patients undergoing chemotherapy. Regarding to high incidence of fatigue in patients with cancer, we suggest acupressure as a non-toxic and harmless non-pharmacological therapy to reduce this adverse events in patients with cancer.
Conflict of interest: No conflict of interest.

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DUODENAL DUPLICATION CYSTS. A CASE REPORT OF THE OLDEST MAN IN LITERATURE

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Background: In the cluster of the congenital malformation of gastrointestinal system there is visceral duplication. This is a rare development abnormality that occur mainly in infant and children and is detected for symptoms related to obstruction or to gastrointestinal bleeding. Only 30 % of cases are diagnosed in adult. In Literature, is reported from 1 out of 25,000 to 1 out 100,000 deliveries of duplication of gastrointestinal system, but duodenum duplications are less than 5% of all. Duodenal duplication cysts are usually located in the second or the third part of duodenum, and can communicate with duodenal lumen or be extended into posterior mediastinum, communicate with gall bladder or communicate with the pancreaticobiliary duct.
Material and methods: We reported the case of a 70 years-old-man (the oldest one in literature) with a duodenal duplication cyst. He presented diarrhoea and jaundice with an increase of bilirubin levels and liver enzymes. At RM, it's presents a cystic formation of 27 x 24 x 25 mm with inhomogeneous content in correspondence of the periampullary region. This formation interrupted the Wirsung duct showing an apparent communication with it. Moreover, it displaced, compressed and imprinted the pre-papillary Choledochal segmen. We performed an endoscopic ultrasonography and three possible diagnoses were supposed: duodenal duplication cysts, for its structural characteristics, choledochocele and cystic dystrophy of the duodenal wall.
Results: Patients underwent to surgical approach. The duodenotomy demonstrated a voluminous cyst protruding inside the lumen of the second portion. The cyst was then marsupialized through the common wall, and a cytological examination of the cystic content and a wide cystic wall biopsy was performed intraoperatively. The results were negative for malignancy, therefore a cysto-duodenostomy was performed and a 12 French T biliary drainage was positioned.
Histopathological examination showed fibromuscular tissue fragments, partially covered by columnar epithelium, presumably expression of a benign mucous cysts.
Conclusions: Duodenal duplication cysts is a congenital pathology of childhood and the onset in adults is very rare in clinical series. The Authors reported a case of 70 years old patient- the oldest patient reported in English Literature- in which definitive pathology confirmed diagnosis, following "open" cysto-duodenostomy and full biopsy. Preoperative diagnosis might be very difficult and endoscopic ultrasound is of paramount importance excluding duodenal dystrophy or pancreatic neoplasms. Follow-up is indicated in asymptomatic duodenal duplication cysts of small dimensions. Endoscopic treatment might be the treatment of choice in symptomatic patients reserving surgery in selected cases or in rare conditions of suspected malignant disease.
Conflict of interest: No conflict of interest.

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BIOPSY IN DIFFERENTIAL DIAGNOSTICS OF DESTRUCTIVE LESIONS OF THE SPINE

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Background: To determine the effectiveness of trepanobiopsy in morphological verification of destructive lesions of the spine.
Material and methods: For morphological verification 26 patients with destructive changes of the spine underwent percutaneous biopsy of spine. Manipulation carried out under the three projection X-ray control, with a standard needle for vertebroplasty with minor rework tip of the needle to improve the capture of biopsy. Of the 26 patients, 19 had multiple spinal lesions, 7- isolated lesions of the body of the spine. 12 patients underwent trephine biopsy of the thoracic spine, 10 - the lumbar and 4 - from the sacrum.
Results. Of the 26 patients in 6 oncological pathology no revealed. The nonspecific spondylitis was on the background of inflammation in 1, osteoporosis of unknown etiology in 2 and TB lesion in 3 patients. Oncologic pathology diagnosed in 20 patients. Histologically: 3 patients had multiple myeloma (plasmacytoma), 11 - metastatic adenocarcinoma, 3 - giant cell tumor, 2 - reticulosarcoma and 2 patients - lymphoma.
Further, the patients with non-cancer pathology were referred to other specialized medical institutions. Patients with malignant lesions depending on the histological variant of spinal lesions were performed decompression-stabilizing surgery, percutaneous vertebroplasty with medical cement, chemotherapy and radiotherapy.
Conclusion. Thus, minimally invasive technique of percutaneous spinal