Laboratory findings confirmed significant muscle damage: Creatine Kinase (CK) reached 367 U/L, CRP was 53 mg/L, and Ferritin was elevated at 1029 ng/mL. Systemic involvement was extensive, including myocarditis, esophagitis, and paraneoplastic polyneuropathy confirmed by ENMG. The clinical course was complicated by severe chemotherapy-induced leukopenia (WBC 0.37×10^9/L) and a concurrent Influenza A (H3N2) infection.

Treatment involved high-dose corticosteroids and intravenous immunoglobulin (IVIG). Due to the severity of systemic involvement, modern therapeutic strategies including B-cell depletion therapy (Rituximab) and consideration of Janus kinase (JAK) inhibitors were evaluated as steroid-sparing options. Despite the complexity of the viral infection and bone marrow suppression, the patient showed clinical improvement in muscle strength and skin lesions. This case reinforces that paraneoplastic symptoms often parallel the activity of the primary tumor.

Conclusions

1. The development of dermatomyositis in adults requires immediate and longitudinal oncological screening utilizing PET-CT and autoantibody profiling to exclude a paraneoplastic origin.

2. Involvement of the heart, peripheral nerves, and esophagus in DM indicates a severe systemic process requiring intensive, multidisciplinary care involving oncology, rheumatology, and cardiology.

3. Successful management of paraneoplastic DM is impossible without achieving control over the primary tumor combined with targeted immunotherapy.

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ASSOCIATION OF ACADEMIC STRESS WITH DIETARY HABITS, AND GASTROINTESTINAL SYMPTOMS AMONG UNIVERSITY STUDENTS

Introduction

One major psychological issue that university students around the world face is academic stress. Stress levels are frequently raised by academic expectations including tests, deadlines for assignments, a high workload, and peer competition. Chronic academic stress can have an impact on one's physical and mental well-being by influencing lifestyle choices, including eating habits and sleeping schedules. Stress has been demonstrated to change eating habits, frequently resulting in irregular eating schedules, an increase in fast food consumption, emotional eating, or decreased appetite. Gastrointestinal health may suffer because of these dietary adjustments. The intricate relationship between the central nervous system and the digestive tract-known as the brain-gut axis-makes the gastrointestinal system extremely vulnerable to psychological stress.

Therefore, symptoms including nausea, diarrhea, bloating, constipation, and abdominal pain could be exacerbated by stress. Understanding these associations is important for developing strategies to improve student health and wellbeing.

Goal

To evaluate the association between academic stress, dietary habits, and gastrointestinal symptoms among university students**.**

Material and methods of research

Study Design

A cross-sectional survey study was conducted among university students.

Participants

A total of 80 university students participated voluntarily in the study. Participants were recruited through online distribution of a questionnaire.

Data Collection

Data were collected using an anonymous online questionnaire created using Google Forms. The questionnaire consisted of four sections:

1. Demographic information
2. Perceived Stress Scale (PSS–10)
3. Dietary habit assessment during academic stress
4. Gastrointestinal symptom evaluation

The questionnaire contained 29 multiple-choice questions designed to be easily completed by participants.

Stress Assessment

Academic stress was assessed using the Perceived Stress Scale (PSS–10). Total scores ranged from 0 to 40 and were categorized as:

Low stress: 0–13, Moderate stress: 14–26, High stress: 27–40

Statistical Analysis

Statistical analysis was performed using Microsoft Excel. Descriptive statistics, including mean values and standard deviations, were calculated. Associations between variables were assessed using Pearson correlation analysis. A p-value <0.05 was considered statistically significant.

The results of the research and their discussion

Table 1– Stress Level Distribution

Stress Level	Number of Participants	Percentage
Low stress	8	10%
Moderate stress	61	76.25%
High stress	11	13.75%

The mean stress score was 20.2±4.73, indicating that most participants experienced moderate levels of academic stress.

Table 2 – Mean Scores of Study Variables

Variable	Mean Score	Standard Deviation
Stress Score	20.2	±4.73
Dietary Habit Score	9.67	±3.61
Gastrointestinal Symptom Score	10.52	±5.38

These results indicate moderate levels of stress, dietary changes, and gastrointestinal symptoms.

Table 3 – Association Between Academic Stress, Dietary Habits, and Gastrointestinal Symptoms Among University Students

Variables Compared	Statistical Test	Correlation (r)	t-value	P value	Interpretation
Academic Stress vs Dietary Habits	Pearson Correlation	r=0.344	3.23	=0.0017	Moderate positive association
Academic Stress vs Gastrointestinal Symptoms	Pearson Correlation	r=0.649	7.53	<0.001	Moderate positive association
Dietary Habits vs Gastrointestinal Symptoms	Pearson Correlation	r=0.551	5.82	<0.001	Significant positive association

A total of 80 university students participated in the study. Most participants were aged 21–23 years, followed by those aged 18–20, while smaller proportions were in the 24–26 and 27–30 age groups. In terms of academic field, 60% of respondents were studying medical or health sciences, whereas 40% were from non-medical disciplines such as business, engineering, and the arts. This distribution allowed the evaluation of academic stress across different educational backgrounds. The findings of this study suggest that academic stress significantly influences both dietary behaviors and gastrointestinal health among university students. Higher levels of perceived stress were associated with unhealthy dietary patterns, including meal skipping, increased fast-food consumption, and irregular eating schedules. A significant association was also observed between academic stress and gastrointestinal symptoms such as abdominal discomfort, bloating, and digestive disturbances. This relationship may be explained by the brain – gut axis, which describes the interaction between psychological stress and gastrointestinal function. Furthermore, dietary habits were found to be associated with gastrointestinal symptoms, suggesting that stress-related dietary changes may contribute to digestive problems. These findings are consistent with previous studies reporting similar relationships between academic stress and gastrointestinal health among students. Overall, the results support the growing evidence that academic stress can negatively affect both lifestyle behaviors and gastrointestinal well-being in university populations.

Conclusions

The present study demonstrated a significant association between academic stress, dietary habits, and gastrointestinal symptoms among university students. Higher levels of academic stress were associated with unhealthy dietary patterns and increased gastrointestinal complaints. Additionally, poor dietary habits were strongly related to the occurrence of gastrointestinal symptoms. These findings suggest that maintaining a balanced daily routine, including regular meals, adequate rest, and better stress management in everyday student life, may help reduce stress-related gastrointestinal problems among university students.

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