

General Surgery paper case # 2

A 65 year old male consults the emergency room for abdominal pain and constipation . History reveals a 3-month history of progressive constipation, with colicky abdominal pain, occasional hematochezia and weight loss. Last bowel movement was 2 days ago. He's a known hypertensive and diabetic with poor compliance to medications. He occasionally takes aspirin and alaxan for joint pains.

On physical examination, the patient is diaphoretic with shallow breathing. BP is 160/90, HR=116/minute, RR =26 breaths/ minute, temp = 38.5°C. He had anicteric sclerae, slightly pale conjunctivae, tachycardic with regular rhythm, no murmurs. There were crackles on the right lower lung field on auscultation. The abdomen is distended with visible peristalsis, tender on all quadrants. Pulses were full. No bipedal edema. Rectal exam: good tone, empty/collapsed rectal vault, no mass palpated.

1. What other details in the history and PE will help in the diagnosis for this patient?
2. What is your primary impression? What are the common causes of intestinal obstruction? Discuss your differentials and details why that diagnosis is likely or unlikely.
3. How would you resuscitate this patient at the ER and what initial laboratory tests and imaging will you request for?
4. What information can you get from a plain abdominal Xray (upright /supine)
 - a. How do you differentiate large bowel from small bowel obstruction
 - b. What does the presence of air-fluid level mean? And which view (upright or supine) can you find it?
 - c. Which view is more important, upright or supine? Why?
5. Design a management plan given the different scenarios:
 - a. Presence of pneumoperitoneum on imaging, vital signs remained the same
 - b. BP dips to 80/60 and she became dyspneic needing intubation
 - c. Imaging showing small and large bowel obstruction with cut off at sigmoid colon
 - d. Pelvic abscess formation ~ 200cc with edematous small bowel loops surrounding it during exploratory laparotomy

For Questions 4.a. / 4.b.

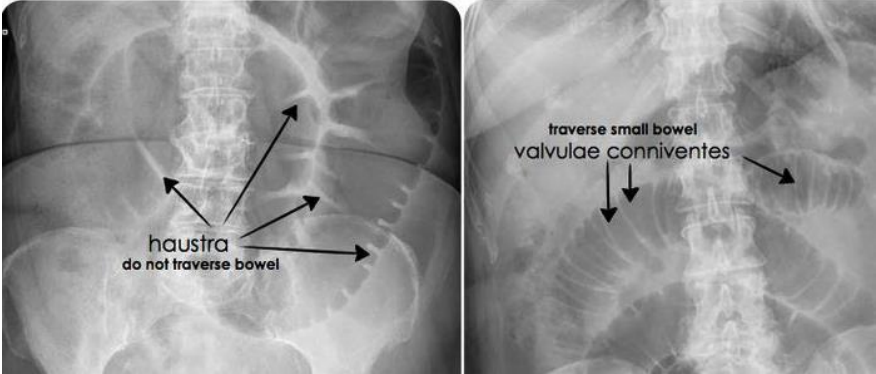




Fig A



Fig B

6. Which figure shows large bowel obstruction? Small bowel obstruction? Justify your answer



7. What is your impression ? At the E.R with colicky abdominal pain but non surgical abdomen, aside form surgery, what other intervention can you offer this patient to correct the situation