Case #1
Case #1

CC: severe abdominal pain

HPI: 32 yo man, 4 hr H/O severe abdominal pain, acute onset, nonradiating, 1 episode clear emesis
Case #1

PMH: previously healthy; no surgery.

Meds: ibuprofen 2-3x weekly

SH: construction worker; 2 PPD smoker; 2-3 sixpack beer on weekends
Case #1

FH: noncontributory

ROS: musculoskeletal aches & pains; heartburn; chronic cough; night wakenings with abdominal pain, relieved with Tums
Case #1

PE

Temp = 38.8°C
Pulse = 124, regular
RR = 26
BP = 106/85

General: thin, looks 10 yr older than stated age, ill-appearing, lying very still
Case #1

PE

Chest: CTA, RRR
Abd: scaphoid, rigid, no BS, exquisitely tender throughout, cannot tolerate full exam
Rectal: no masses; brown stool is heme occult positive
Case #1

Labs

Hct = 54
WBC = 15.7, 80% segs
Electrolytes = WNL
Chem 20 = unremarkable
U/A = dark yellow, sg = 1.035
Case #1

PA CXR
Case #1

Diff Dx:

1. Perforated ulcer
2. Perforated ulcer
3. Perforated ulcer

4. Other stuff
Case #1

Rx:

IVF
ABX
laparotomy
laparoscopy
nonoperative (?)
Case #2
Case #2

CC: nausea & abdominal pain

HPI: 47 yo woman, 3 day history of nausea, has had worsening abdominal pain in past 2 days, constant, in lower abdomen, 1 clear emesis this AM
Case #2

PMH: C-section x 2; moderate obesity; elevated cholesterol; DJD; depressive disorder

Meds: various NSAIDs, SSRI, various anxiolytics

SH: receptionist, 1 PPD smoker, nondrinker
Case #2

FH: breast CA, CAD, colon CA

ROS: multiple somatic complaints; dysuria; intermittent bleeding between periods; headaches; SOB; chest pains; dyspepsia; dysphagia; constipation alternating with diarrhea (no BM in past 3 days)
Case #2

PE

Temp = 38.2°C
HR = 96
RR = 16
BP = 160/92

General: obese, NAD, flush
Case #2

PE

Chest: CTA, RRR
Abd: moderately obese, LTCS scar, small umbilical hernia, +BS, RLQ tenderness ± rebound, no masses
Rectal: noncontributory
Pelvic: no D/C, no CMT; right adnexal tenderness
Case #2

Labs

Hct = 33
WBC = 9.8 (15% bands)
Chem 20 = WNL
U/A = no bacteria or WBC
urine pregnancy neg

Differential Dx?
Case #2

Diff Dx:

1. Appendicitis
2. Diverticulitis
3. Cholecystitis
4. Rare and unusual Dx
Case #2

KUB
Case #2

Rx:

ABX
Laparoscopy or laparotomy
Case #3
Case #3

CC: collapse; back pain

HPI: 73 yo man, cutting grass early this AM when apparently had LOC. Found on grass, initially unresponsive, then woke up and complained of back pain. Wife called 911; pt noted to have low BP en route in ambulance.
Case #3

PMH: MI 12 yr ago; bilat groin hernia repair, both recurrent, last repaired 5 yr ago; several SCCA skin, excised, NAD; GERD; HTN

Meds: occasional nitro SL; PPI; atenolol, mini-ASA

SH: retired plumber; quit smoking 12 yr ago; occasional drinker
Case #3

FH: CAD, CVA, HTN, DM, sudden death

ROS: can do yard work usually without any chest pains; has not had a stress test in years; sees his family MD yearly for PE only; bowel & bladder “no problems”
Case #3

PE

Temp = 36.1°C
HR = 66, occasionally irregular
RR = 19
BP = 96/45

Case #3

PE

Neck: no carotid bruits
Chest: systolic murmur, regular rhythm with premature beats, distant clear breath sounds
Abd: generous, few BS, soft, tender to deep palpation in epigastrium; bilat groin hernia
Case #3

PE

Rectal: no mass, heme(–)
Extremities: mottled, decreased foot pulses; bilat swelling in popliteal fossae
Case #3

Labs

Hct = 38
WBC = 12.7
Amylase = 259
U/A = normal
EKG = old AW infarct; no acute Δ’s
CXR = flat diaphragm, calcified
  aortic knob, mild cardiomegaly

Differential Dx?
Case #3

Diff Dx:

1. AAA
2. Aortic dissection
3. Aortic stenosis
4. CVA
5. MI
Case #3

Rx:

resuscitate

laparotomy or
endovascular repair
Case #4
Case #4

CC: fever, abdominal pain

HPI: 29 yo man with a 1 week H/O fevers with sweats. Abd pain began 4 days ago, mild to moderate, diffuse and constant. Also has had bloody bowel movements x 2 days.
Case #4

PMH: none

Meds: none

SH: graduate student; heterosexually active; nonsmoker; light drinker
Case #4

FH: mother, father, siblings healthy

ROS: 10 lb wt loss, unintentional, in past 3 months; diarrhea with cramps intermittently x 6 months, no blood; recent HIV test = neg
Case #4

PE

Temp = 39.5°C
HR = 130
RR = 25
BP = 105/78

General: thin ill-appearing young man; having sweats
Case #4

PE

Skin: clammy, no rash
ENT: no adenopathy
Chest: CTA; tachy & hyperdynamic
Abd: mildly distended, no BS,
  +percussion tenderness
GU: WNL
Rectal: no masses, heme+ mucous
Case #4

Labs

WBC = 28,000 (92% segs, 5% bands)
Hct = 50
BUN/Cr = 30/0.5
Alb = 3.0
Amylase = 130
Rest of Chem 20 = WNL
Case #4: KUB
Case #4

Diff Dx

1. Toxic megacolon
2. Large bowel obstruction
3. Enteritis
4. Diverticulitis
Case #4

Rx

resuscitation
IV ABX
water-soluble contrast study if Dx is in question
bowel rest
TPN
IV steroids

laparotomy if no improvement
Case #5
Case #5

CC: fever & chills

HPI: 62 yo diabetic woman with a 4 day H/O subjective fever with chills. Anorexic. 2 days of watery BM’s. Disoriented per husband as of this AM
Case #5

PMH: insulin dependent DM; glaucoma; HTN; CAD; lower extremity arterial insufficiency; diverticulosis; remote PUD; GERD; breast CA; DJD; COPD

Surgery: Left MRM, cholecystectomy, appendectomy, bilateral toe amputations
Case #5

Meds: insulin, ACE inhibitor, eye drops, β-blocker, PPI, colace, tamoxifen, NSAIDs prn, bronchodilators prn

SH: lives with husband, active socially; 40 pack year smoker, quit 5 yr ago, social EtOH
Case #5

FH: DM, CAD, breast & GI cancer

ROS: cannot get accurate review 2° disorientation of pt (above info from husband & old records)
Case #5

PE

Temp = 37.5°C
HR = 93
RR = 32
BP = 100/54

General: elderly woman, moaning, disoriented, looks very ill and ready to arrest
Case #5

PE

Chest: shallow rapid breaths; RRR;
well healed mastectomy scar
Abdomen: well-healed scars in RUQ
and RLQ; obese, soft, tender in
lower quadrants
Rectal: firm mass anteriorly
Extremities: mottled; well-healed toe
amp sites
Case #5

Labs

ABG

pH = 7.12
pCO$_2$ = 55
pO$_2$ = 51
HCO$_3^-$ = 12
O$_2$ sat = 80%
Case #5

Priorities

intubation
ICU admission
central line
empiric ABX

get Dx
Case #5

Labs

Hct = 42
WBC = 3.1 (50% bands)
plt = 87,000
INR = 1.8
gluc = 758
BUN/Cr = 45/2.2
Alb = 2.6

U/A = wbc’s
Case #5

EKG: sinus tach, new T-wave depression laterally

CXR: COPD, no acute changes, no F/A

KUB: ng in place; clips in RUQ; gas in small & large bowel; aortic calcifications
Case #5

Abdominal CT with IV and rectal contrast
Case #5

Diff Dx

1. Diverticulitis with pelvic abscess
2. Perforated colon CA with pelvic abscess
3. Perforated appendicitis with pelvic abscess
4. Perforated GU/DU with pelvic abscess
5. Perforated gallbladder with pelvic abscess
6. Perforated small bowel etc.
Case #5

Rx

stabilize medically
urgent transrectal drainage; if not possible, then percutaneous approach
IV ABX

interval elective colectomy
Case #6
Case #6

CC: abd pain

HPI: 51 yo woman, had sudden onset of severe “doubling over” pain this AM during an office meeting, mostly right sided with radiation into right groin. Comes & goes, reminiscent of labor pain.
Case #6

PMH: MVA with rib fractures and pulmonary contusion 6 months ago; carpal tunnel; remote EtOH abuse, dry x 10 yr; anxiety disorder

Surgery: breast biopsy x 2, benign

Meds: SSRI; laxative prn
Case #6

SH: VP in high tech company; 1/2 PPD smoker; no EtOH; married, 1 adult child

FH: both parents A & W

ROS: no chest symptoms; menopause x 2 yr; constipation
Case #6

PE

Temp = 37.1°C
HR = 105
RR = 24
BP = 154/95

General: laying on side in semi-fetal position, groaning, in moderate distress
Case #6

PE

Chest: CTA & RRR
Abd: flat, +BS, soft, nontender
GU: no hernia
Rectal: no mass, heme(−)
Case #6

Labs

CBC = WNL
lytes = WNL
BUN/Cr = 28/0.7
Ca = 10.1

U/A: dark yellow, sg = 1.036, many rbc’s
Case #6

KUB
Case #6

Diff Dx:

1. Ureteral stone
2. Irritable bowel/diverticulosis
3. Biliary colic
Case #6

Rx

hydrate
narcotic analgesia
abdominal U/S to look for other Dx
IVP or retrograde pyelogram

Urology consult (ureteroscopy, lithotripsy)
Case #7
Case #7

CC: abdominal distension

HPI: 83 yo man who underwent pinning of a right femoral neck fracture 4 days ago. He now has painless abdominal distension; the orthopedic surgeon has asked for a general surgery consultation.
Case #7

PMH: DM, CAD, CVA, dementia, HTN

Meds: insulin, β-blocker, bowel regimen (oral cathartics & suppositories), ASA, ativan & haldol prn; morphine post surgery; sq heparin post surgery

SH: nursing home resident
Case #7

FH: unknown

ROS: little information from nursing home
Case #7

PE

Temp = 36.5°C
HR = 103, irregular
RR = 22
BP = 177/98

General: poorly communicative elderly man; NAD; somewhat emaciated
Case #7

PE

Skin: warm & dry
Chest: frequent premature beats; systolic murmur; dry crackles
Abd: distended, high tinkling BS, soft, nontender, tympany, no scars, no hernias
GU: foley in place, otherwise WNL
Rectal: full of hard brown stool, heme(+)
Case #7

Labs

Hct = 25.7
WBC = 5.4, normal diff
Na = 132
K = 3.1
Ca, Mg, P = low
gluc = 305

O₂ sat = 90% on RA
Case #7

EKG: ST with frequent PVC’s, old IWMI

CXR: mild cardiac enlargement; NAPD

U/A: 3+ WBC’s and bacteria
Case #7

KUB
Case #7

Diff Dx

1. Ogilvie syndrome (colonic pseudoobstruction)
2. Obstructing colon CA
3. Volvulus
Case #7

Rx

supplemental O$_2$
D/C narcotics & haldol
correct electrolytes & BS
consider transfusion
urgent colonoscopy & decompression
serial abdominal x-rays

operative decompression if colonoscopy fails
End