OMICS GROUP

SURGERY ANESTHESIA CONFERENCE

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CHICAGO

U.S.A

- **“THE REAL CAUSE OF A PATIENT WITH ABDOMINAL PAIN“**
- **Original case report**
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MOTTO

- *"The abdomen is full of the misters and a patient with diffuses abdominal pain is possible to offer us many surprises of diagnosis."*

OBJECTIVES

- The main objective of this clinical case presentation was to found the real cause of a patient who came at the Emergency Service for diffuses abdominal pain. The most important information of this clinical case report is that this symptom appeared in context of trauma.

MATERIAL AND METHODS

- I present the clinical case of a women 58 years old, hypertensive, with diabetes mellitus tip2 (NIN) who followed therapy with oral anti diabetes drugs. She came at the Emergency Department because with one day before she had an accident, she felled from the cart and the horse passes on her. After this incident she feels diffuses abdominal pain and also pain in the back (thoracic and lumbar areas).

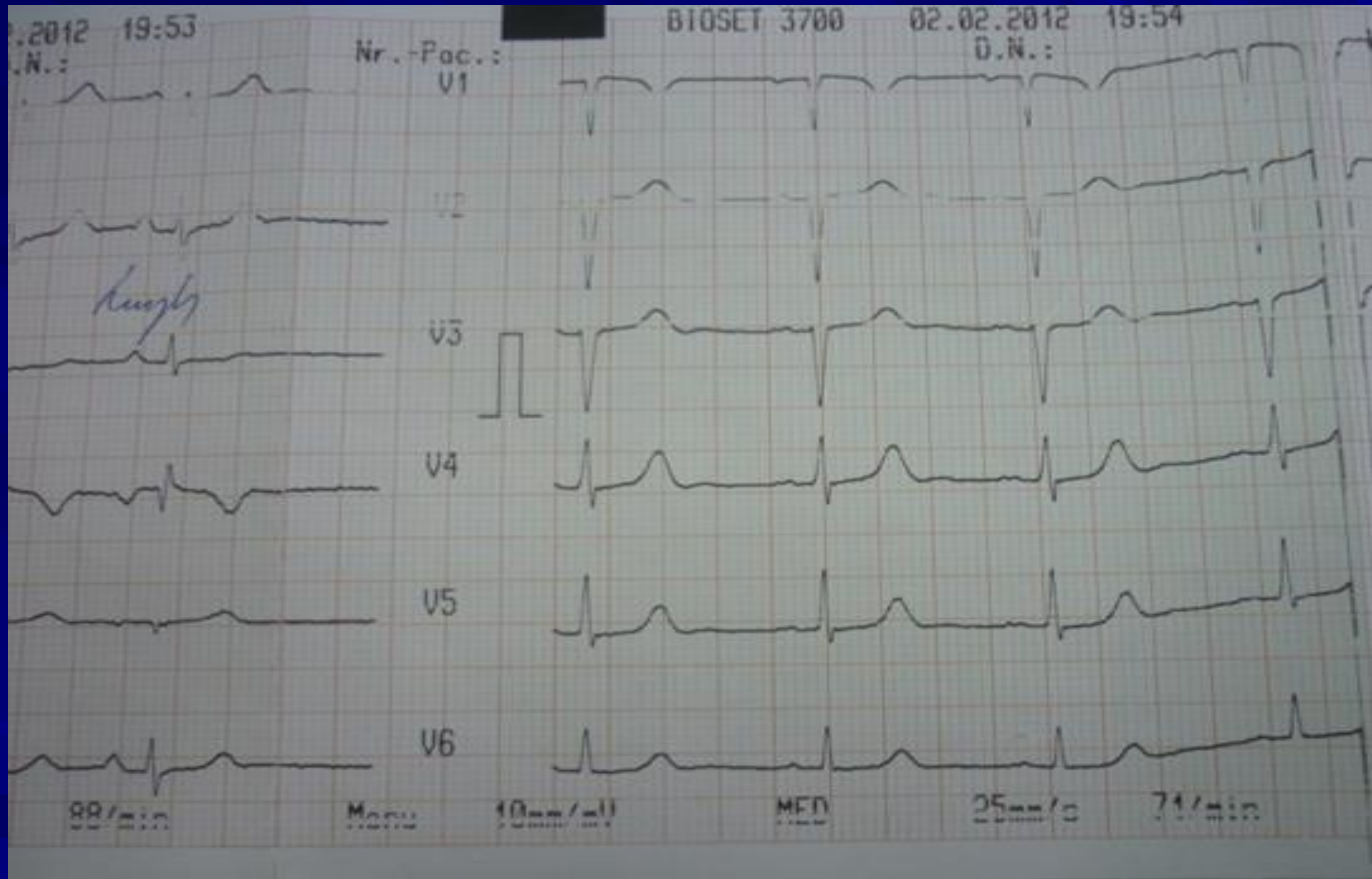
MATERIAL AND METHODS

- The objective examination relieved: BP=160/90mmHg, heart sounds rhythmic HR=82 bates/min, dullness at the left base of the lung and silent at the auscultation of the lung at this level. The patient feels pain after the palpation of the abdomen. She feels diffuses abdominal pain with medium intensity after superficial and deep palpation, but the abdomen was soft, participate at the respiratory movements and without rebound tenderness.

INVESTIGATIONS

- An EKG was performed and relieved sinus rhythm, HR=82bates/min and QS wave in leads V1, V2 and V3 significant an old anterior-septum myocardial infarction was showed, without ischemic lesion changes. The patient don’t know about this myocardial infarction from the past history and I suppose that was an un painful (silent) myocardial infarction how appeared at the diabetes patients in context of vegetative neuropathy).The image of the EKG follow to see in the next slide:

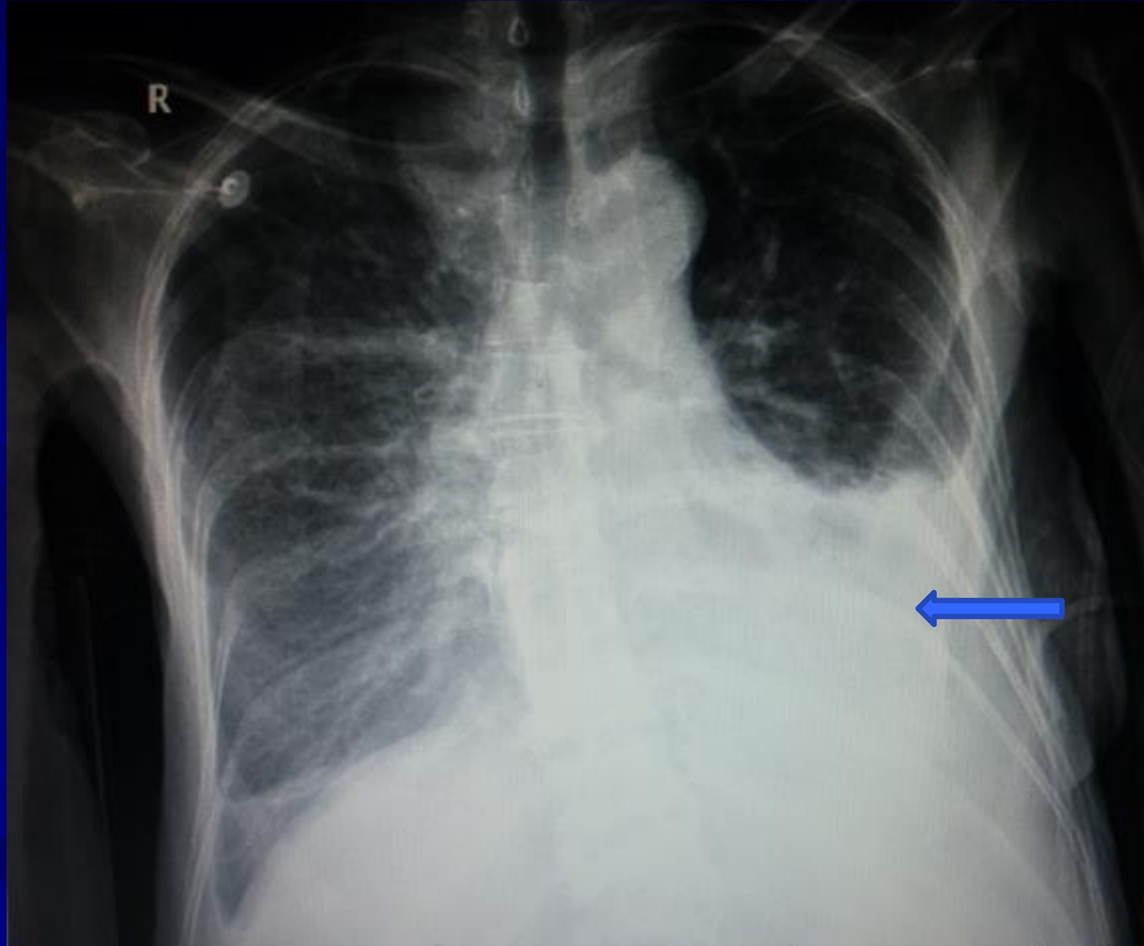
THE EKG



THE CHEST X-RAY

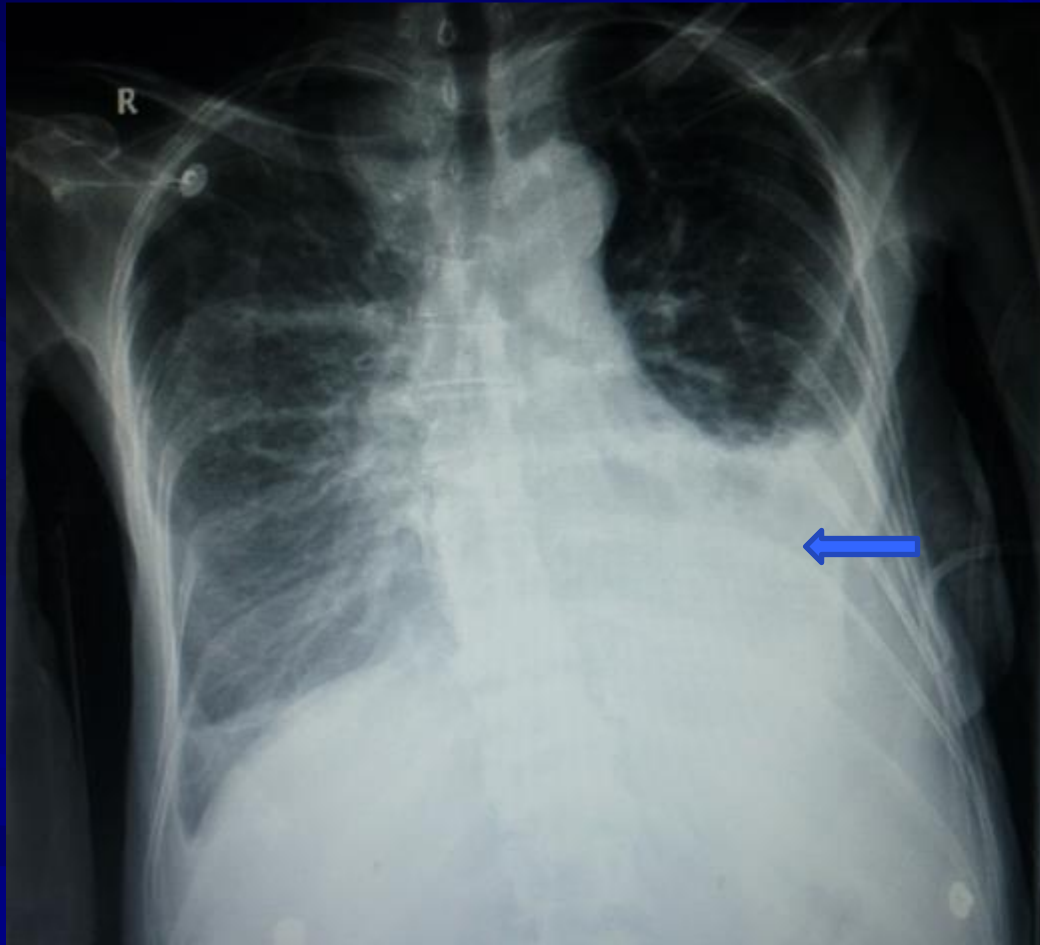
- The Chest X-ray was performed and showed opacity with concavity up, homogenous at the base of the left lung. The X rays of the thoracic, lumbar colonna and basin was normal without fracture lines. So was excluded fracture of the ribs , thoracic and lumbar colonna and also in the area of the basin.

THE CHEST X RAY



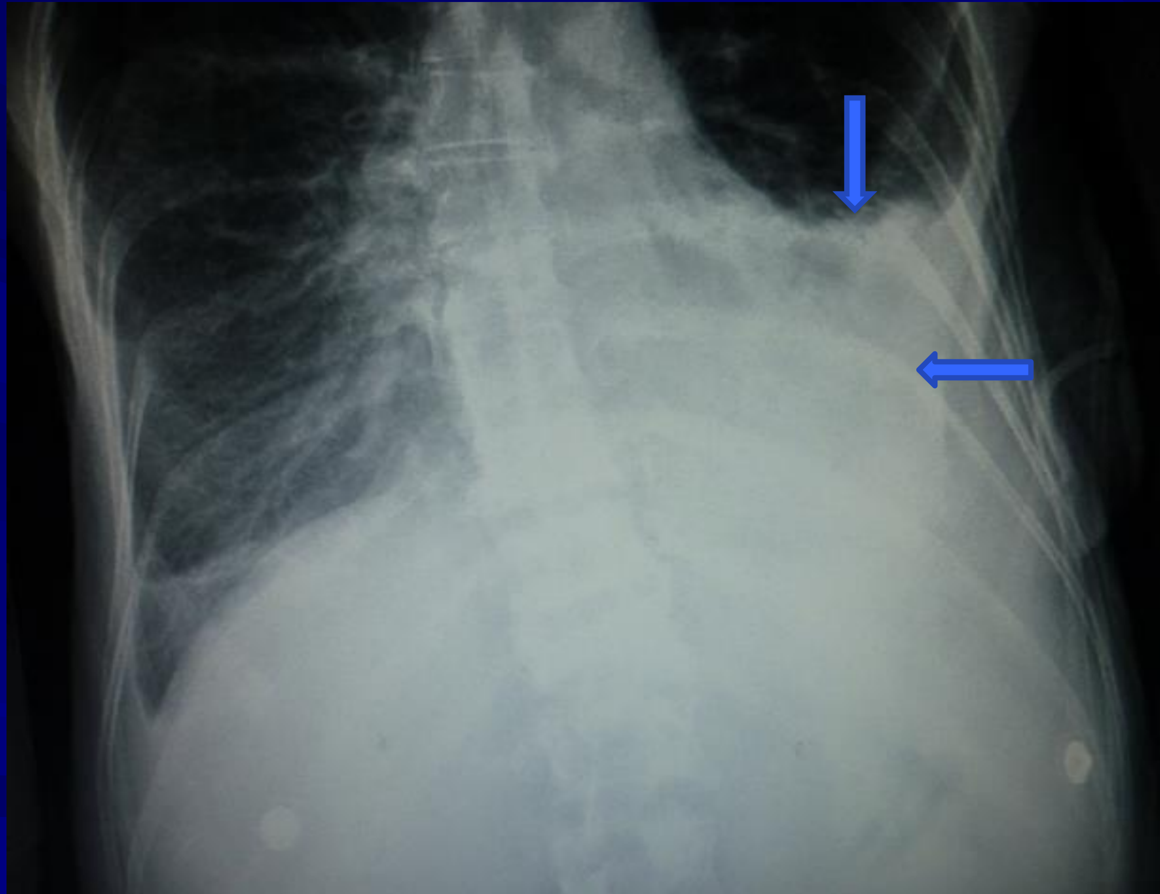
Opacity at the left base of the lung

Opacity at the left base of the lung



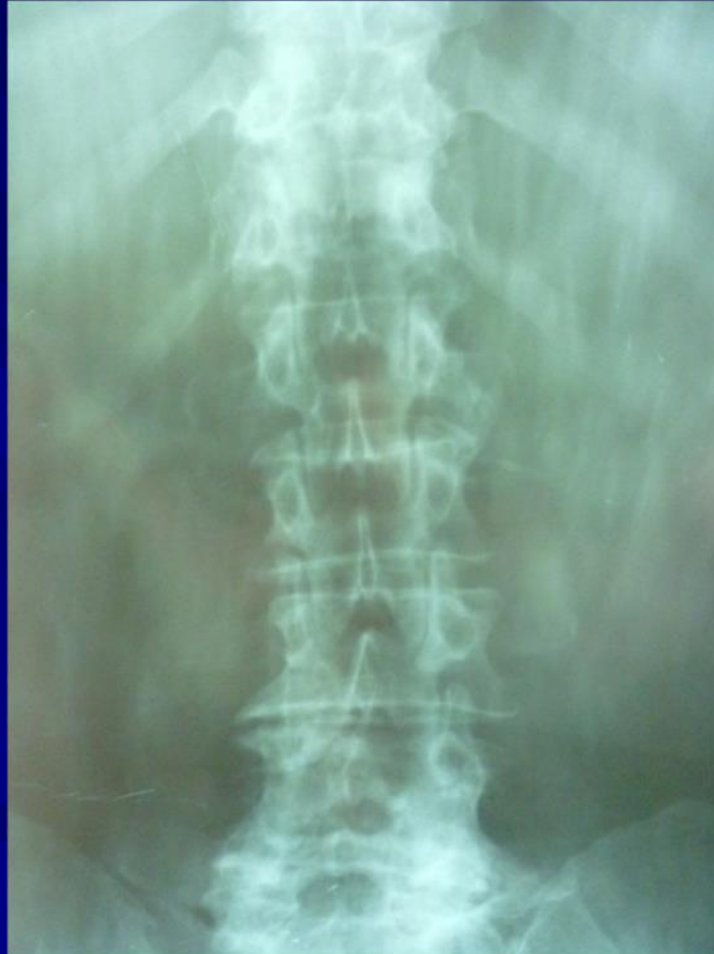
Opacity at the left base of the lung

Opacity at the left base of the lung with concavity up.



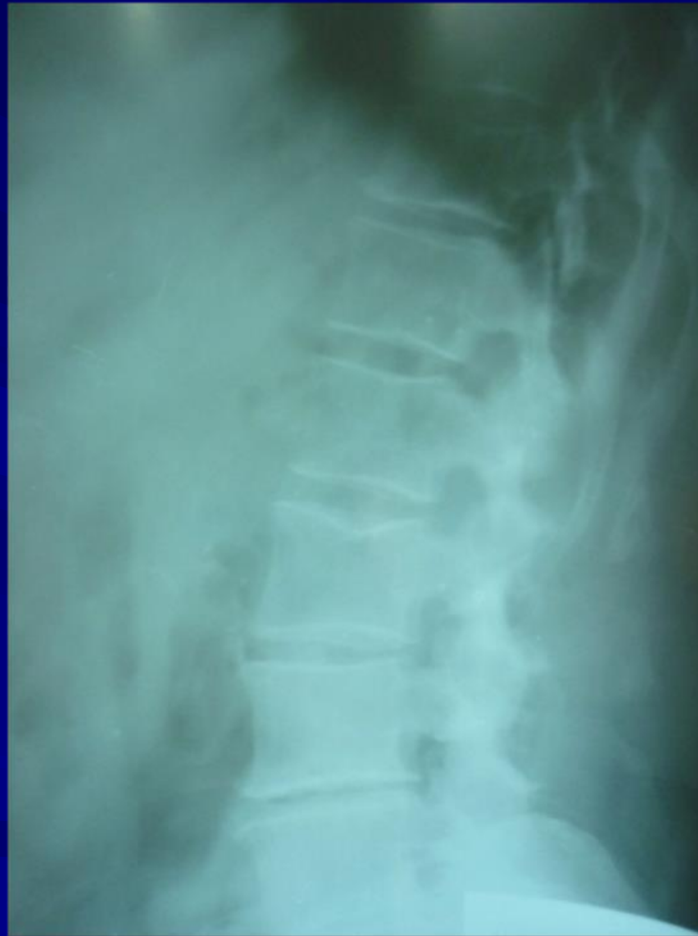
Opacity at the left base of the lung with concavity up

THE X ray of the thoracic and lumbar colonna-anterior incidence



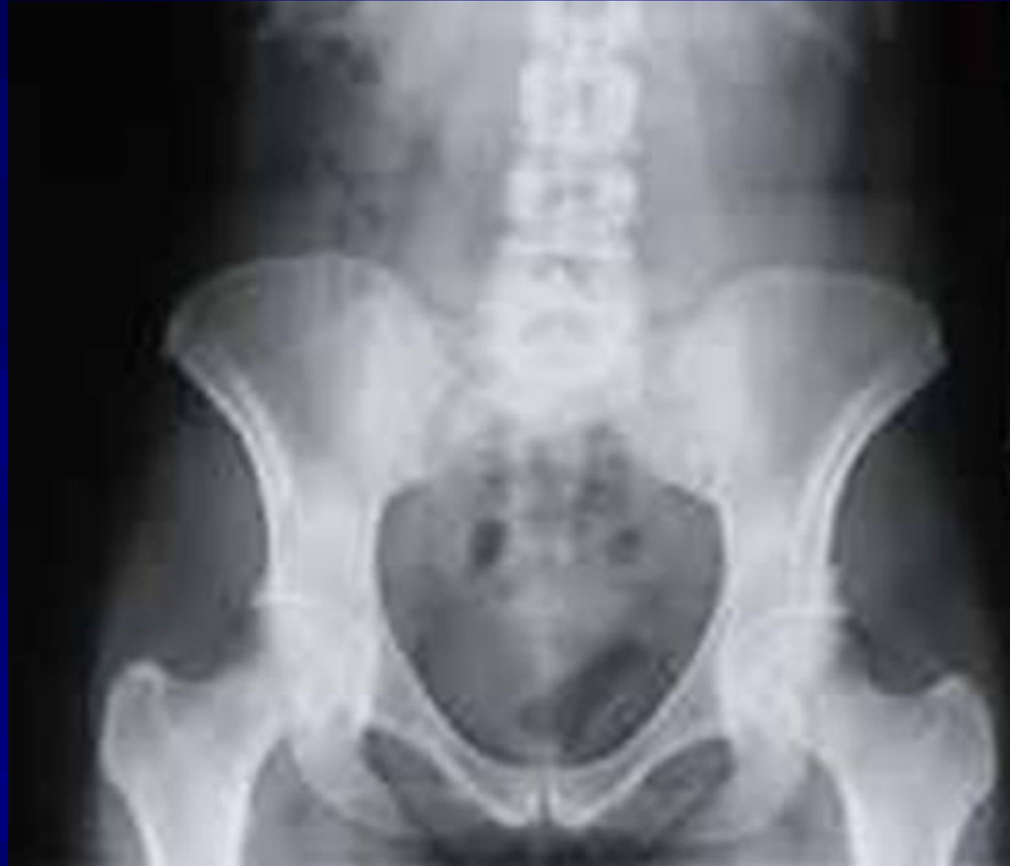
The lumbar colonna–anterior incidence-without fracture lines

THE X ray of the lumbar colonna lateral incidence



The lumbar colonna –lateral incidence- without fracture lines

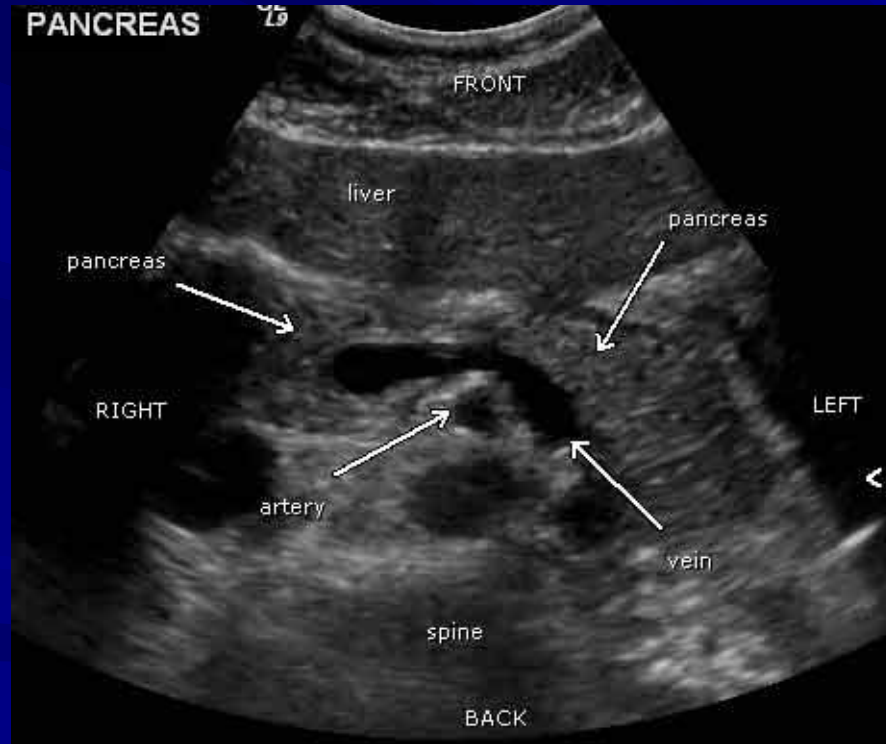
THE X ray of the basin



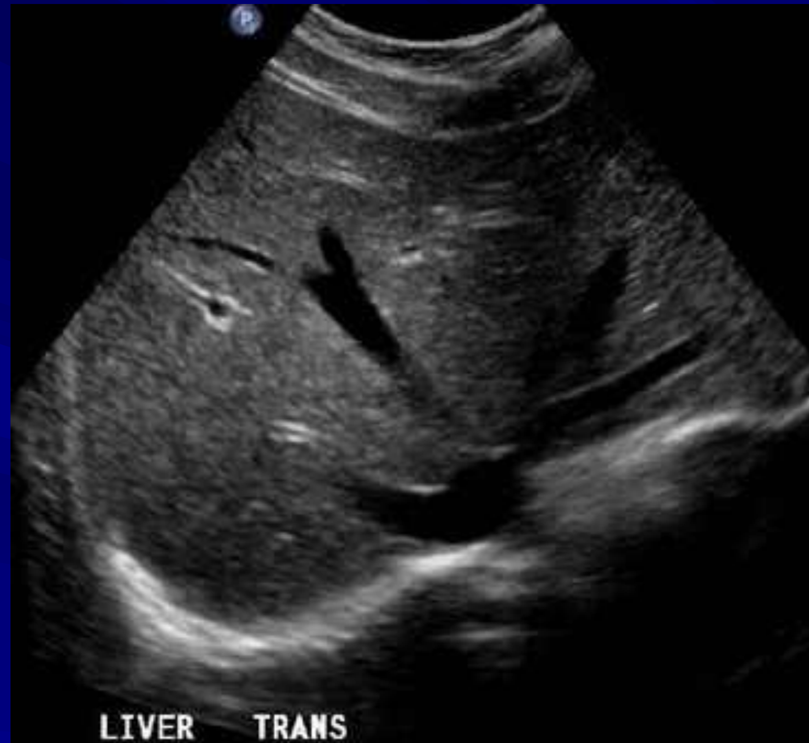
The basin without fracture lines

THE ABDOMINAL ECHO

- The abdominal echo relieved all the organs normal without hematomas

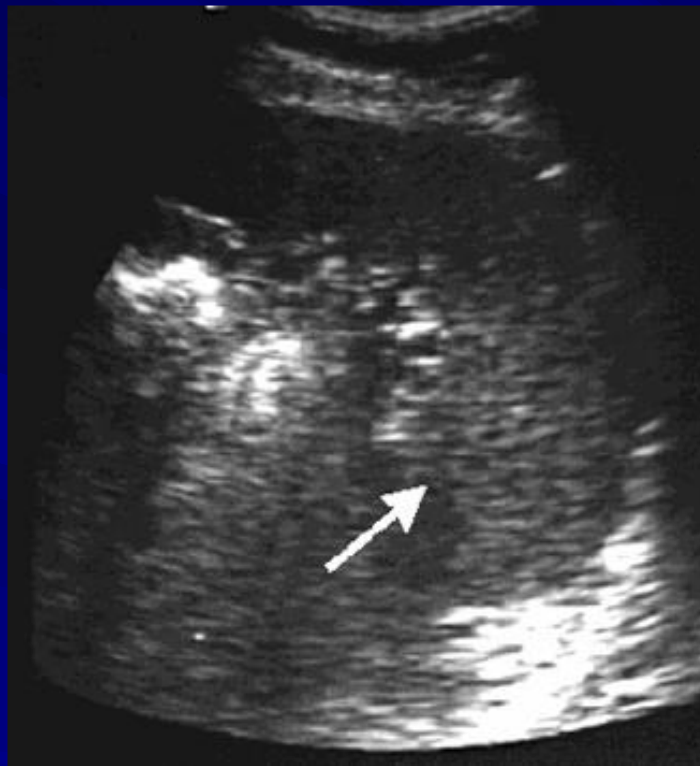


THE LIVER ECO NORMAL



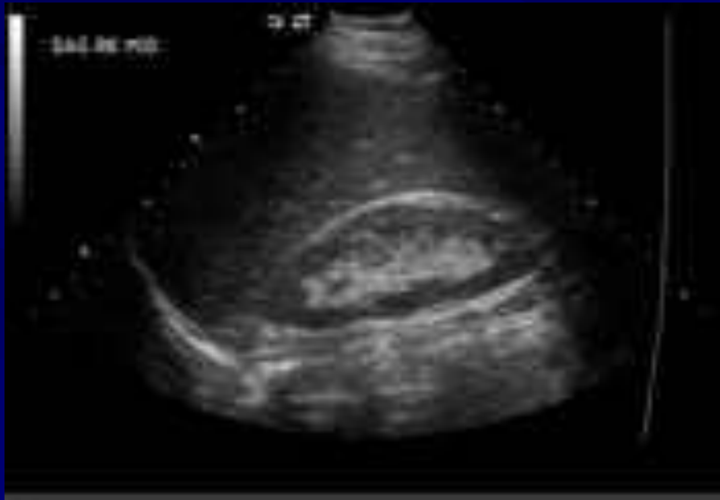
The liver without hematomas

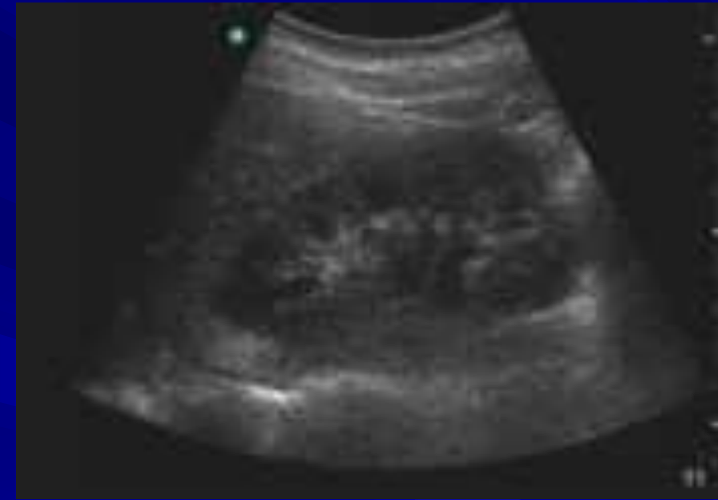
THE SPLEEN ECO NORMAL



The spleen without hematomas

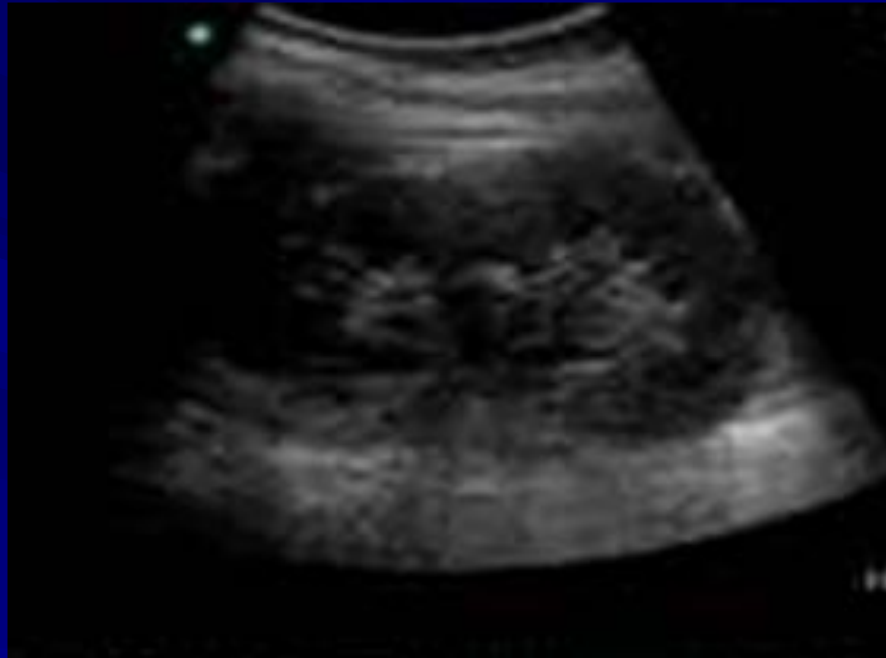
THE RIGHT KIDNEY ECO NORMAL





The right kidney without hematomas

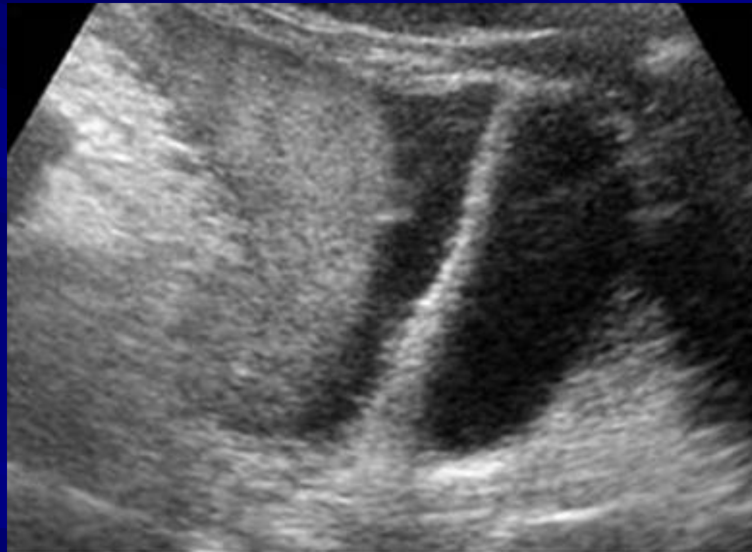
THE LEFT KIDNEY ECO NORMAL



The left kidney without hematomas

COLLECTION IN THE LEFT DOUGLAS POUCH - ECO

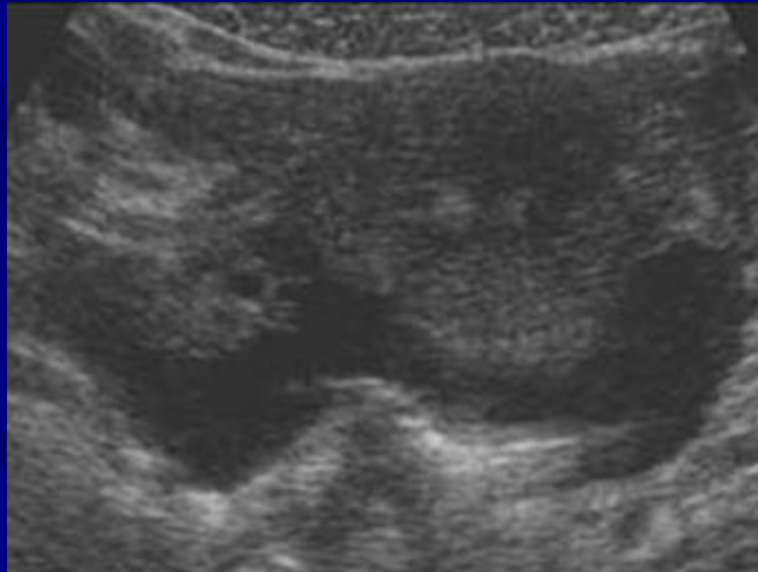
- The presence of a fluid collection in the left Douglas pouch, medium quantity, hyperecogenic



The fluid collection in the left Douglas pouch

THE ABDOMINAL CT

- An abdominal CT was performed and relieved the same collection in medium quantity in the left Douglas pouch, without lesions of the organs insides of the abdominal cavity.



The fluid collection in the left Douglas pouch

THE LABORATORY TESTS

- Laboratory tests showed:
- ESR=10-20mmh, fibrinogen=282mg%,
- glycemia=200mg/dl, WBC=5000/mm^3, Platelets=200 000/mm^3, Hb=10g/dl,
- Ht=42%, Red blood cell = 3 millions / mm^3, cholesterol=215mg/dl, HDL cholesterol =30,
- LDL cholesterol=40, triglycerides=300mg /dl
- and other lab tests was in normal range.

PARACENTESIS

- Because this fluid collection existed inside of the abdomen a paracentesis was performed in the left lateral position of the patient and appeared fresh blood so a haemoperitoneum was presented. Of course the presence of the haemoperitoneum was after trauma because she had an accident, she felled from the cart and the horse passes on her.

QUESTION?

- The main question was which is **the cause of the haemoperitoneum** because **all the organs inside of the abdomen were intact, without hematomas** after the abdominal eco and CT was performed. **Where is the source of bleeding?**

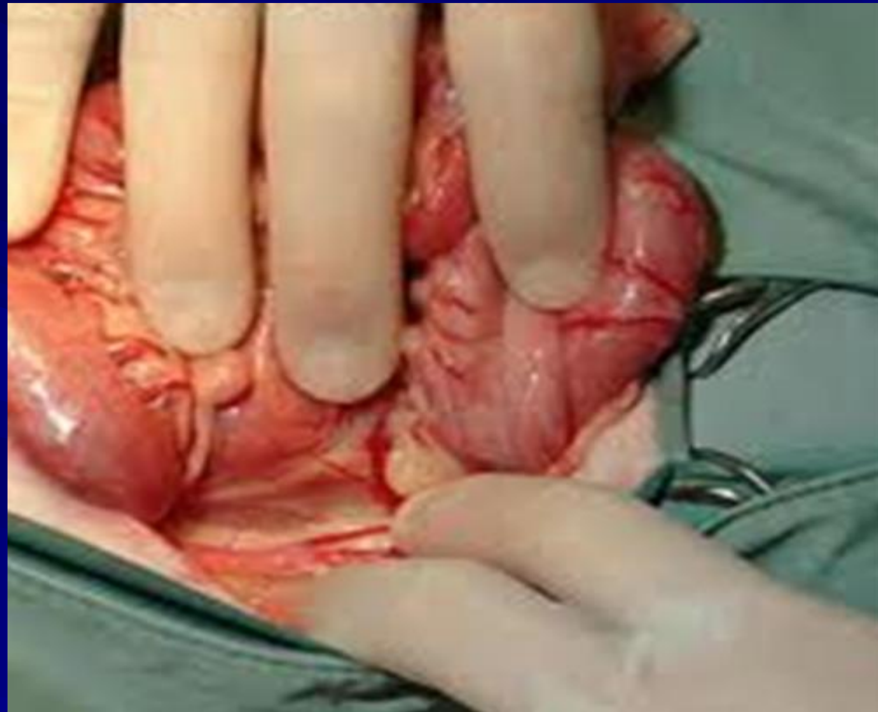
SURGERY DEPARTMENT

- The patient was referred urgently to the Surgery Department for immediately laparatomy after 1UI iso group iso Rh blood transfusion was started to administrate.

EMERGENTLY LAPAROTOMY

- After the emergently surgical abdominal intervention was performed was discovered unexpected: **break of the mesentery** with **haemoperitoneum** and was solved. So the cause of the haemoperitoneum was break of the mesentery this was the reason that not a hematomas of the organs was the cause. All the organs were normal at the abdominal echo examination. The patient had a good evolution after the surgery intervention.

BREAK OF THE MESENTERY HAEMOPERITONEUM



Break of the mesentery

THE OPACITY OF THE LEFT BASE OF THE LUNG

- Because she presented also the opacity of the left base of the lung with concavity up this could be: pneumonia in phase of consolidation, a solid mass with atelectasis or pleural effusion. Because the opacity is with concavity up this is a sign to suggest a pleural effusion.

THE PLEURAL EFFUSION

- A pleural puncture and thoracocentesis was performed and unexpected showed **fresh blood.** So **an haemothorax** was also presented after trauma at the left base of the lung in the pleural cavity and was solved, was evacuated and stopped after haemostatic therapy.

THE FINAL DIAGNOSIS

- The final diagnosis of the patient was:
  - Trauma of the abdomen - Hemoperitoneum
  - Break of mesentery
  - Haemothorax after trauma
  - Post bleeding anemic syndrome
  - Diabetes mellitus type2
  - High Blood Pressure
  - Dislipidemia, silent ischemic heart disease -
  - Silent old anterior-septum myocardial infarction.

RESULTS AND DISCUSSIONS

- The particularity of this clinical case presentation is that after trauma the real cause of the diffuses abdominal pain was a **break of mesentery, haemoperitoneum and unexpected the opacity of the left base of the lung** was in reality a **haemothorax** also in the context of trauma.

CONCLUSIONS

- 1.The most important conclusion of this clinical case presentation is that when after trauma appear diffuses abdominal pain and a **haemoperitoneum** is present in condition that all the abdominal organs (liver, spleen, kidney, others) are normal without hematomas at the abdominal eco and CT, the real cause could be **the break of mesentery.**

CONCLUSIONS

- 2. Because the patient was hypertensive the value of blood pressure wasn’t low, more than that high with medium value and this situation disturb our clinical thinking, because in acute bleeding we expect to found the low value of the blood pressure. So, the normal or high value of the blood pressure not excluded bleeding inside of the abdomen in the first moment.

CONCLUSIONS

- 3. In the context of the abdominal trauma, some times the real cause of the diffuses abdominal pain could be break of mesentery with haemoperitoneum and also other organs of the body could be affected like lung and pleura and a opacity of the lung could be unexpected a pleural effusion with fresh blood so an haemothorax and we must to take into account this possibility.

THANK YOU