

日期

100年4月12日

內容摘要:

- (填寫說明: 1. 如有附件請註明, 如簡報檔、全文檔等
- 2. 需有問題與討論: 請註明姓名並包含醫學倫理及 EBM 之應用
- 3. 需有總結, 請註明做結論者【主持人】姓名
- 4. 請自行編排頁碼)

時間: 100年4月12日 上午 07:30 ~ 08:30

主題: ER, radiology combine meeting

地點: 放射科討論室

主持人: VS 林秋梅, VS 吳金珠

報告人: RI 月光緒

記錄: RI 許力云

(Q a-d A:)

- Q. VS 林秋梅: KUB finding in first case
A. RI 吳志華: may found radio-lucency in the pelvis
- Q. CR 曾麗銘: what we found in CT scan cystic or gas or fatty
A. RI 許哲新: Fatty density like
- Q. CR 曾麗銘: What the tumor origin
A. RI 潘添維: May not origin from the small bowel
- Q. VS 林秋梅: Why it doesn't look like bowel origin?
A. RI 潘添維: Due to too fatty density like
- Q. VS 吳金珠: CT scan lesion size
A. RI 許哲新: Tube wall & r hemangioma
- Q. VS 林秋梅: First case the operation result?
A. RI 吳志華: Teratoma & tube torsion
- Q. VS 林秋梅: Case 2 KUB
A. RI 吳志華: pelvis region radioopacity like
- Q. VS 吳金珠: case 2 CT scan found
A. RI 許力云: massive ascites & a cystic like lesion
- Q. CR 曾麗銘: A tumor in pelvis in bowel origin
A. RI 許力云: consider ovarian cancer origin first
- Q. VS 林秋梅: When no contrast enhanced mass in CT
A. RI 吳志華: suspect tube torsion

內容摘要 (續):

(Rob: EBM and ethic)

1. 吳金球 VS 林秋梅: Fallopian tube torsion 時 CT 上:

A-R 許哲新: May found tubercle like sign

2. 吳金球 VS 林秋梅: Tube hemorrhage in CT 上:

A-R 許哲新: Tube torsion may found in malignancy

3. 吳金球 VS 林秋梅: Tumor wall as enhance-mass:

A-R 許哲新: Susp tube torsion possibility

(key points)

1. When we found fallopian tube wall thickening and hemorrhage, we should think of tube torsion

2. Ultra-sound exam could performed when clinical suspect of pelvic lesion

3. If tumor contain heterogenous components should susp malignancy

(VS comments) 吳金球、林秋梅醫師:

1. We should know that lower abd pain should not thought only urolithiasis should also consider other diagnosis

2. When we found a tumor lesion at pelvis in older women susp ovary origin

3. When clinical evaluate pt. of acute abd. should sense if there is any mass lesion

吳金球 VS 林秋梅