

日期

100年6月7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06月07日 07:30 ~ 08:30

主題：ER - radiology combine meeting.

主持人：林秋梅醫師

紀錄：R. 計力云

(Q and A)

VS 林秋梅 Q1 : in abd. pain patient, pain and not tender

R. 游姿寧 A1 : we should consider Ischemic bowel

US 林秋梅 Q2 : Plain film in abd pain

R. 計力云 A2 : We could find free air or pticus.

CR 劉詠穎 Q3 : 在 plain film 會懷疑 free air?

R. 江宜倫 A3 : Double wall sign.

CR 劉詠穎 Q4 : Portal vein air suspect?

R. 李維 A4 : Ischemia bowel.

US 林秋梅 Q5 : Bowel wall air . . means?

R. 游姿寧 A5 : Ischemia bowel

US 林秋梅 Q6 : what we could found in non contrast
CT

R. 計力云 A6 : Intramural hematoma

CR 劉詠穎 Q7 : In hollow organ perforation we could
found.

R. 江宜倫 A7 : obvious Treitz ligament in liver

US 林秋梅 Q8 : Case 2. fat standing . means.

R. 李維 A8 : Inflammation over omentum

內容摘要 (續):

US 林科梅 Q9: Appendix size. susp. App?

R. 江宜倫 A9: > 6.7 cm. in diameter

CR 劉即穎 Q10: Ileus we could find.

R. 游翠寧 A10: small bowel dilatation in plain film

(EBM and Ethics)

US 林科梅 Q1: Acute abdomen when to do CT?

R. 江宜倫 A1: If clinical sign toxic and susp problem could not clearly evaluate

US 林科梅 Q2: Allow organ perforation sign.

R. 江宜倫 A2: Muscle guarding, peritoneal sign

(Key point.)

1. Ischemic bowel could find portal vein air, bowel lumen wall gas
2. Appendicitis, Appendix > 7mm diameter
3. Hollow organ perforation susp in pt with free air in x-ray.

(US comment)

US 林科梅: 要把所有的 dangerous diagnosis keep in mind and select proper image tool to evaluate pt's condition

游翠寧, R. 江宜倫