

日期 2010年3月13日

內容摘要:

- (填寫說明: 1. 如有附件請註明, 如附報檔、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)

地點: B4 4th 會議室
 主講人: Dr. 黃建賢
 記錄: R1 徐英洲
 講題: case report

- Q1 VS 黃建賢: 3/0.67% female left abdominal pain
- A1 R1 徐英洲: Impression: enteritis
- Q2 CR 王德能: lab data finding
- A2 R1 李心勇: WBC: 18K. PLT: 69~1K. ESR: 138. CRP: 17
- Q3 VS 黃建賢: = CXR:
- A3 PGY 廖昱昕: mediastinum mild widening
- Q4 VS 黃建賢: history 補品?
- A4 CR 陳俊傑: travel history (nil). skin rash (nil)
- Q5 CR 王德能: case fever pattern:
- A5 PGY 胡豪夫: intermittent! subside after antipyretic.
- Q6 CR 王德能: Associated s/s?
- A6 R1 徐英洲: fever & chills. oral intake could relieve abd. discomfort
- Q7 CR 王德能: PET finding?
- A7 R1 李心勇: No specific abnormal finding
- Q8 VS 黃建賢: tumor marker:
- A8 R2 曾理銘: All within normal range
- Q9 CR 王德能: Other PET findings
- A9 R2 李尚: Focal atelectasis in the RML
- Q10 CR 王德能: Other past history?
- A10 R1 蘇銘鋒: Tubal ligation.

內容摘要 (續):

< EBM review >

abdominal echo: mild fatty liver. No GB stone
No GB wall thickening.

Heart echo: Normal contractility. Mild pulmonary hypertension. No evidence of infective endocarditis.

< Ethic topic >

DM, urolithiasis, previous DTI are risk factor of perinephritic abscess.

management: pigtail, percutaneous drainage
surgical intervention.

< VS comment > Delayed diagnosis: old age, renal insufficiency, lack of CV angle knocking pain.

PET: kidney, bladder, heart, brain inflammation.

在 PET 下不明顯。