ER-GS
Combine Conference

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Presenter: 羅志威
100.11.16
Date to ER: 2011/11/XX 08:41

Patient Information

- Age: 74 y/o
- Gender: female

Initial presentation at ER

- Vital signs:
  - GCS: E4V3M6
  - TPR: 40.10C/ 73/min / 20/min BP: 137/51mmHg
  - SpO2:99%
- Chief Complaint: drowsy consciousness

History

- 早上去做運動之後high fever, cold sweating(?), 人怪怪的
- No cough, 昨天稍微肚子痛
- Past History:
  - s/p appendectomy
  - DM
  - Occupation: house wife
  - Allergy: no known drug allergy
  - Travel: nil

PE

- Consiousness: E3V4M6
- Puipil(2+/2+)
- Lung: coarse breathing sound
- Abdomen: sofrt, no tender, no guarding
- Extremities: no rash, no pitting edema
- Impression:
  - Susp central fever, r/o septic encephalopathy

Lab data

檢驗項目名稱	檢驗值	檢驗值單位	最小參考值	最大參考值	Hi,Lo值
Lactate	40.1	mg/dL	4.500	19.800	*H

檢驗項目名稱	檢驗值	檢驗值單位
Glucose	232	mg/dL
GOT(AST)	29	U/L
BUN	24	mg/dL
Creatinine	1.7	mg/dL
Na	138	meq/L
K	4.9	meq/L
eGFR	29.38	
CPK	50	U/L
CRP	7.800	mg/dL

PT	13.2
Normal control	10.6
INR	1.23
APTT	28.3
Normal control	32.8

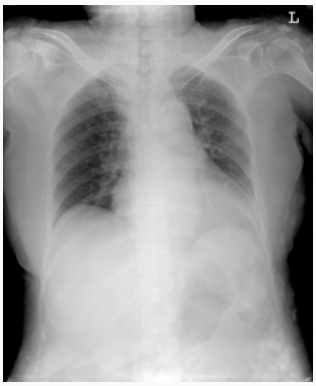
WBC	6.1	X1000/ul
RBC	4.15	million
Hb	11.8	gm/dl
Ht	35.3	%
MCV	85.1	fl
MCH	28.4	pg
MCHC	33.4	%
RDW	11.9	%
Platelet	245	x1000/ul
Segmented Neutro.	88.0	%
Lymphocyte	8.0	%
Monocyte	1.0	%
Eosinophil	0.0	%
Basophil	0.0	%
Atypical lymphocyte	0.0	%
Band	1.0	%
Metamyelocyte	1.0	%
Myelocyte	1.0	%

Lab Data

Sediment	**********	
RBC	0-1	/HPF
WBC	1-2	/HPF
Epithelial cell	0-1	/HPF
Cast	Hyaline	/LPF
,cast-amount	++	
Crystal	Ca.oxalate	/HPF
,Cry-amount	+	
Bacteria	+/-	
Others	Not Found	

PH=7.466
PCO2=25.2 mmHg
PO2=73 mmHg
BE=-6 mmol/L
HCO3=18.2 mmol/L
TCO2=19 mmol/L
SO2=96 %

CXR



Abdominal ECHO

- No hydronephrosis
- No increase kidney echogenicity
- No CBD dilatation
- No liver abscess noted
- No IVC collapse

ER course

09:18 • TPR: 39.9°C/ 66/min/ 20/min BP: 87/60mmHg

10:04 • CVP: 5cm H2O→ N/S 500ml challenge
A/B: Tazocin→Cefmetazole

15:08 • Consciousness clear, clinically better
RLQ and LLQ tenderness(s/p appendectomy)
→colitis/diverticulitis with bacteremia?
→ Bedside ECHO: no finding(due to bowel ga)
→ Arrange abd CT w/o contrast due to Cr: 1.7

17:45 • Radiologist: unclear rectao-uterin plane
r/o bowel perforation with fistula to uterus
Gynecologist: r/o IUD perforation with intra-abdominal abscess
→arrange contrast Abd CT

Abd CT

18:45 • Abd CT w/ & w/o contrast:
low abd ascites; Sigmoid-colon thickening;
hypodense lesion in uterine; fat stranding at Rt gerota fascia
→ consult GS

21:00 • Clear consciousness; no resp. distress,
Abd: soft, low abd tenderness with nl bowel sound
GS opinion: NPO
due to family決定先打A/B
如clinical stable, 下週一colonoscopy
若unstable, OP(inform family the risk)

23:45 • HR: 60, RR 19/min, BP 97/57 CVP: 4cmH2O
11/06 → Tetraspan 1bt iv st
01:05 • HR: 77, RR 16 BP 81/47mmHg SpO2 96%
N/S 500ml challenge
reconsult GS for explain
→GCS E4V5M6; run dopamine 20ml/hr
• GS Note: no abd pain, no tenderness
BP: 93/56 mmHg, CVP level: 4cmH2O
HR 76/min
→keep antibiotic treatment
→家屬同意先藥物治療
→follow lactate, WBC/DC coming morning

02:40 • Consiousness: clear
TPR: 36.5°C/ 79/20 BP 109/59mmHg SpO2:93%
limb: warm, no cold sweating
• Consciousness: clear
HR: 82, RR 20, BP 117/55, SpO2: 94% (N/C 4L/min)
→ABG
PH=7.351
PCO2=29.5 mmHg
PO2=74 mmHg
BE=-9 mmol/L
HCO3=16.3 mmol/L
TCO2=17 mmol/L
SO2=94 %
NA=143 mmol/L
K=3.7 mmol/L
HCT=28 %PCV
HB=9.5 g/dL
• Lasix 2amp iv st→ 病患表示喘較改善

03:50 • Desaturation and dyspnea during OBS
• GCS: E4V5M6, clear, .有點胸悶, Abd pain(+)
Tachypnea with mild resp. distress
Chest: bil coarse BS, no wheeze
Dark ccolor urine from Foley tube
EKG: NSR, no ST-T change
CXR: lung congestion
BP: 135/69mmHg, HR 80, CVP 23cmH2O
→susp fluid overload or sepsis progression
→O2, diuretics, hold IVF
→reconsult GS for ICU/OP

Lactate	25.8	mg/dL

05:00 • GS: prepare operation
TPR: 37°C/ 69/18 BP 144/70mmHg SpO2 100%

OP finding

OP finding

Discussion: colono-genital tract fistula

- More common incidence: recto-vaginal/ano-vaginal fisulae
- Clinical Presentation:
  - uncontrollable passage of gas or feces from the vagina
  - malodorous vaginal discharge
-

Discussion: colono-genital tract fistula

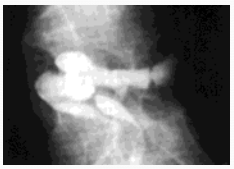
- Causes:
  - Congenital
  - 懷孕(prolonged labor→ pressure necrosis)
  - 生產(3rd~4th degree perineal laceration);
  - Severe endometriosis
  - Infection: Cryptoglandular anorectal abscesses, Bartholin gland infections
  - Malignancies treat with radiotherapy: 6m~2y tract 成形
  - Inflammatory bowel disease(Crohn > UC)
  - Other: fecal impaction, sexual assault...

Discussion: colono-genital tract fistula

- Classification:
  - Size: large(>2.5cm), small(<2.5cm)
  - Location of fistula:
    - Low fistula: at dentate line
    - High: at level of cervix
    - Middle: between dentate line and cervix
- Complex fistula:
  - High, large, or related to inflammtory bowel dz, recurrent
  - May related to poor artery supply

Discussion: colono-genital tract fistula

- Approach:
  - PE: anterior midline depression of rectum
  - PV: darker mucosa→ location of tract
  - colnoscopy/proctoscopy, methylen blue dye with gel from anus
  - CT: with recto-contrast



Discussion: colono-genital tract fistula

- Treatment:
  - Conservative: regulating bowel function,controlling diarrhea→僅少數會自己healing
  - Surgical:
    - definite treatment
    - excision and closure of the rectal portion of the fistula
    - Covered with vascularized mucosal flap on the high pressure side of the fistula
    - combine Mx to **control inflammation** ↑ healing rate(尤其 Crohn dz), use antibiotics