ER-GS Combine Meeting

Presenter : R2周光緯
Supervisor :VS連楚明

2012.08.15

Case

- 72 y/o male
- Past hx : 1. Ampulla of Vater cancer s/p whipple operation
  2. Liver abscess with K.P.
  3. GI bleeding
  4. DM
- No drug allergy

ER visit

- E4V5M6
- TPR: 36.5 /52/22 BP:187/74 mmHg
- SpO2: 99%
- 檢傷主訴：腹痛，冒冷汗
- Triage: 2

History

- Periumbilical pain for 3 – 4 hours
- Intermittent pain
- Cold sweating
- No nausea/vomit/diarrhea
- No radiation to back
- No tarry stool

Physical Examination

- Cons: E4V5M6
- Chest: bil clear
- Abdomen: soft
  periumbilical tenderness
  no rebound pain
  tympanic on percussion
- Extremity: freely

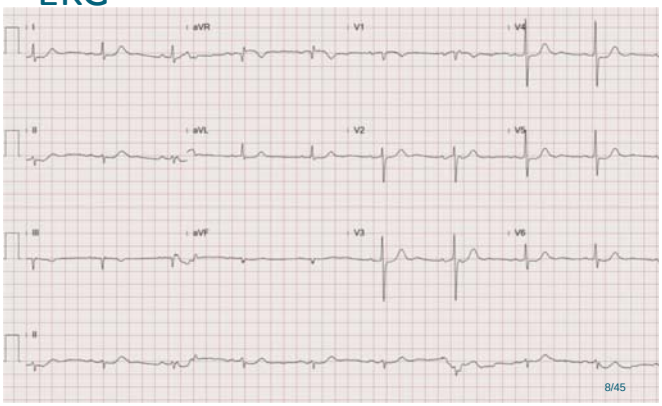
Impression

- Acute epigastric pain
  r/o ileus

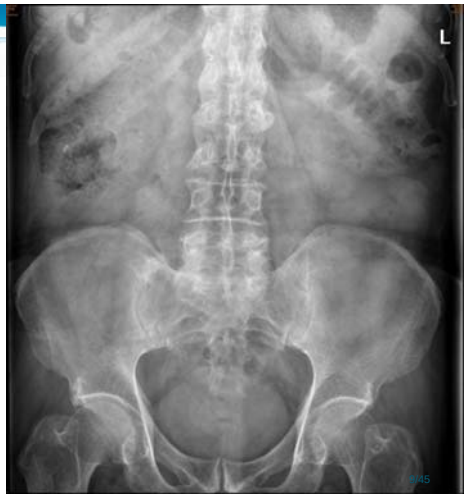
Order

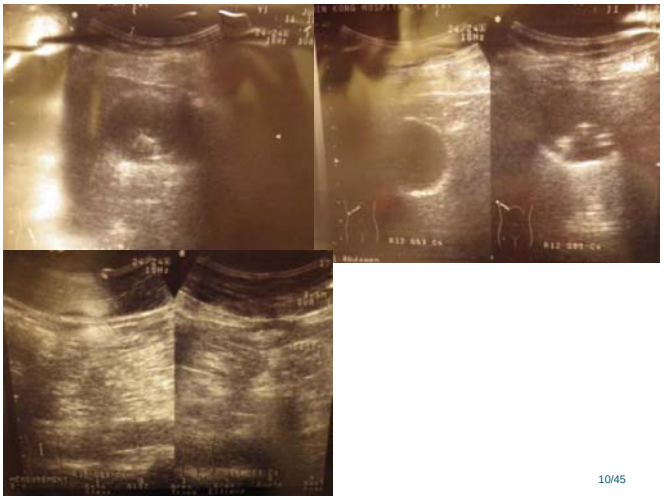
- Bedside echo
- EKG
- KUB
- CBC
- PT/PTT
- BUN, Cr, GOT, TnI, T-bil, lipase
- N/S run 60 cc/hr
- Morphine 6 mg iv st

EKG



KUB





Bedside echo

- GB stones
- Distended GB
- No Murphy's sign
- No AAA/ascites/free air
- Poor pancreatic window

- →r/o biliary colic or CBD pathology
- →consider CT scan

CBC/Platelet/DC		
WBC	9.9	X1000/ul
RBC	4.74	million
Hb	14.4	gm/dl
Ht	43.7	%
MCV	92.2	fl
MCH	30.4	pg
MCHC	33.0	%
RDW	14.8	%
Platelet	196	x1000/ul
Differential count		
Segmented Neutro.	80.5	%
Lymphocyte	16.0	%
Monocyte	2.9	%
Eosinophil	0.4	%
Basophil	0.2	%

PT	11.7	second
Normal control	10.5	second
INR	1.12	Ratio
APTT	35.4	second
Normal control	32.8	second

GOT(AST)	17	U/L
T-Bilirubin	0.4	mg/dL
BUN	21	mg/dL
Creatinine	0.9	mg/dL
eGFR	82.95	
Lipase	34	U/L
Troponin I	<0.01	ug/L

20:16

- NPO
- Abdominal CT with/without contrast
- f/u EKG, TnI
- B/C x II
- Invanz 1 g iv QD + st

22:38 EKG

- EKG : no interval change

Troponin I	<0.01	ug/L

Abdominal CT

CT

- Cystic duct stone
- 之前s/p pancreatoduodectomy，不確定是否能排ERCP
- →consult GS
  arrange ERCP

GS visit

- Impression : r/o enteritis
  ventral hernia
  GB stones
- Plan : symptomatic treatment
  may consult radiologist for image report

day2 01:30 (7hrs)

- Abdominal pain improved
- Still periumbilical tenderness
- Discuss with GS duty : 症狀都不在RUQ，不建議必要做ERCP →DC ERCP

day2 14:40 (20hrs)

- Try diet
- No pain re-attack
- No vomit

- r/o GB colic
- 衛教&MBD
  - Iwell
  - Gascon
  - Primperan

day3 GI OPD

- Acid regurgitation sometimes
- No abdmominal pain
- No nausea/ vomit

- Dx : Reflux esophagitis
  GB stones
  Ampula vata cancer
- Tx : cospanon
  transamin

2nd ER visit

- Day3, 20:03
- E4V5M6
- TPR: 37.5 /74/18 BP:158/71 mmHg
- SpO2: 96%
- 檢傷主訴：發燒/畏寒
- Triage: 3

History

- Just discharged due to GB stone
- Today fever at home 38°C+
- RUQ pain
- No nausea/vomit/diarrhea

Physical Examination

- Cons: E4V5M6
- Mild icteric sclera
- Chest: clear
- Abdomen: tenderness over RUQ
  Murphy's sign (+)
  rebound pain (-)
- Extremity: warm

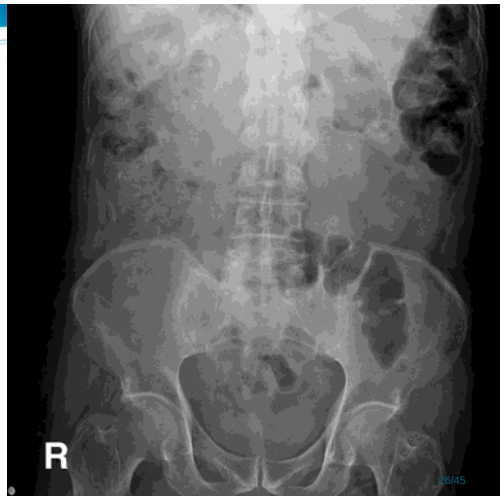
Impression

- Suspect cholecystitis

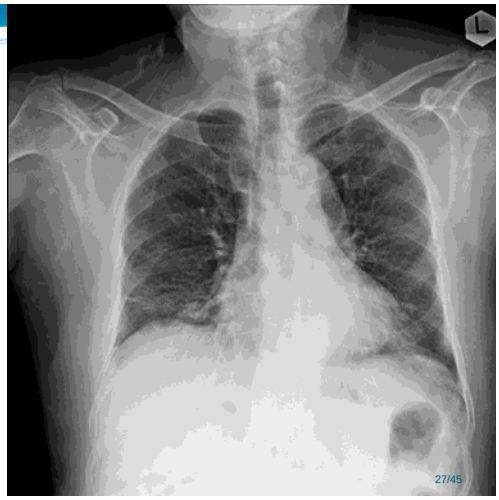
Initial Order

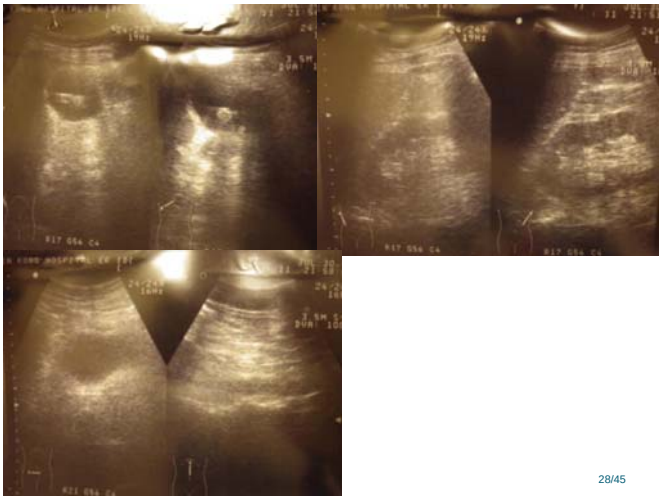
- NPO
- CBC
- BCS/T-bil
- F/S (203)
- B/C x II
- D5S run 60 cc/hr
- EKG
- CXR, KUB
- Bedside echo

KUB



CXR





Echo

- No obvious Murphy's sign
- GB stone (+)
- Equivocal GB wall thickening
- No ascites
- No AAA

CBC/Platelet/DC		
WBC	9.5	X1000/ul
RBC	4.48	million
Hb	13.9	gm/dl
Ht	41.2	%
MCV	92.0	fl
MCH	31.0	pg
MCHC	33.7	%
RDW	14.7	%
Platelet	169	x1000/ul
Differential count		
Segmented Neutro.	79.6	%
Lymphocyte	12.2	%
Monocyte	7.7	%
Eosinophil	0.3	%
Basophil	0.2	%

Glucose	205	mg/dL
GOT(AST)	15	U/L
BUN	16	mg/dL
Creatinine	1.0	mg/dL
Na	138	meq/L
K	3.7	meq/L
eGFR	73.45	
T-Bilirubin	0.8	mg/dL

22:48 (2hrs)

- Still RUQ tenderness
- Consult GS → suggest CT

Abdominal CT

CT

- CBD 0.3 cm
- GB dilate with peri-GB fat strainding

- →susp acute cholecystitis
- Consult GS and admission

Admission

- Arrange cholecystectomy
- day4 10:55
- Method : Open cholecystectomy
- GS VS 鄭益和

OP findings

- Multiple multifacet mixed pigmented sotnes about 0.3-1.2 cm in GB
- Severe edematous change of GB wall with empyema

- A 1.2 cm fascial defect at previous middle midline incision
  → incisional hernia

Hospital course

- day4 OP
- day6 Try water
- day7 Low fat, soft diet
- Day10 MBD

8/2 Lab data

WBC	9.1	x1000/ul
Differential count		
Segmented Neutro.	77.0	%
Lymphocyte	13.9	%
Monocyte	8.0	%
Eosinophil	1.0	%
Basophil	0.1	%

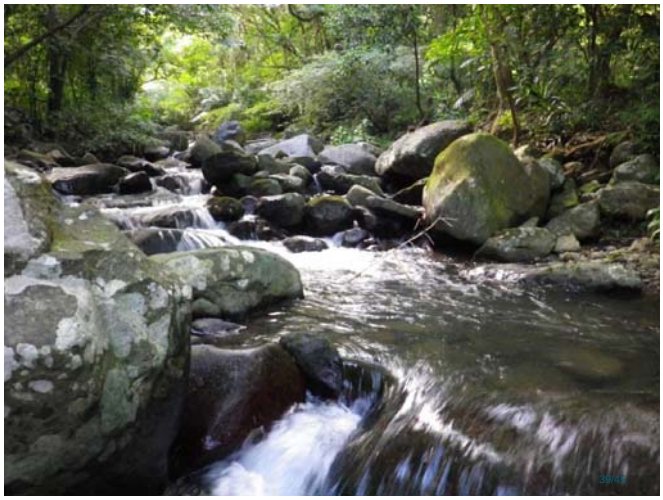
GOT(AST)	23	U/L
T-Bilirubin	0.6	mg/dL

Pathology

- Dx : Chronic cholecystitis with acute exacerbation
  Cholelithiasis
- Fingdings : GB wall up to 0.6 cm in thickness,
  Necrotic wall,
  13 yellow brown pigment stones measuring up to 1.0 cm

Final diagnosis

- 1. Acute calculous cholecystitis
- 2.Ampula vata cancer s/p OP
- 3.DM
- 4.Ventral hernia



S/S for cholecystitis

Table 82-8 Summary of Test Characteristics for Selected Clinical and Laboratory Findings in Acute Cholecystitis

Findings	Sensitivity (%)	Specificity (%)	LR^+	LR^-
Clinical				
Fever	35	80	1.5	0.9
Nausea	77	36	1.5	0.9
Emesis	71	53	1.5	0.6
RUQ pain	81	67	1.5	0.7
RUQ tenderness	77	54	1.6	0.4
Murphy sign	65	87	2.8	0.5
Laboratory				
Leukocyte count >10,000/mL	63	57	1.5	0.6
AP level >120 units/L	45	52	0.8	1.1
Elevated AST or alanine aminotransferase level	38	62	1.0	1.0
TB level >2 milligrams/dL	45	63	1.3	0.9
Elevated level of AP, AST, or TB	70	42	1.2	0.7

Diagnosis of cholecystitis

Table 82-9 Diagnostic Criteria for Acute Cholecystitis*

Local signs	Murphy sign
	Right upper quadrant mass, pain, tenderness
Systemic signs of inflammation, etc.	Fever
	Elevated C-reactive protein level
	Elevated white blood cell count
Imaging	Gallbladder wall >3 mm thick†
	Pericholecystic fluid
	Biliary duct diameter >7 mm†

Imaging

- *Right upper quadrant sonography* is the imaging modality of choice in the ED with a sensitivity and specificity of 94% and 78%
- Cholecystitis should be considered if the gallbladder wall is >3 mm thick
- *CT* can also allow diagnostic imaging of acute cholecystitis and may be useful when US results are equivocal

When to consider OP