

**ER-GS
Combined Conference**

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Basic Data

- 73-yo F
- DAY1 12:53 pm
- C/C: **Vomitus for several times today**
- TPR: 35.3/65/16 BP:124/87
- SpO2: 98% GCS: 15
- Triage: 2

Present Illness

- Lower abdominal pain today
- No diarrhea
- No fever

History

- Medical: CAD
RA
- Allergy: NIL
- Abd.OP: s/p cholecystectomy

Physical Examination

- GA: Cons. Clear
- HEENT: Supple
- Chest: Bilateral clear breathing sound
- Abdomen: **Soft, RLQ tenderness**
- Ext: No edema

Impression

- Low abdominal pain, cause?

Order

(13:10)

- NPO (MN)
- CBC/DC/PLT
- Glucose, BUN/Cr, Na/K, GOT
- NS run 60 ml/hr
- KUB
- UA
- Morphine 5-mg IVD, stat



檢驗項目名稱	檢驗值	檢驗值單位	檢驗項目名稱	檢驗值	檢驗值單位
CBC/Platelet/DC	*****		Glucose	130	mg/dL
WBC	12.7	X1000/uL	GOT(AST)	22	U/L
RBC	4.84	million	BUN	22	mg/dL
Hb	15.2	gm/dl	Creatinine	0.8	mg/dL
Ht	43.9	%	Na	139	meq/L
MCV	90.7	fL	K	3.8	meq/L
MCH	31.4	pg	eGFR	70.31	
MCHC	34.6	%	檢驗項目名稱	檢驗值	檢驗值單位
RDW	13.1	%	PT	11.1	second
Platelet	232	x1000/uL	Normal control	10.2	second
			INR	1.09	Ratio
			APTT	28.8	second
			Normal control	33.3	second
			APTT ratio	0.86	

(1446)

Still RLQ tenderness with guarding

- Abdominal CT with-and-without contrast

Abdominal CT

Order

(16:30)

- Consult GS
- EKG
- CXR
- Blood culture *2
- Invanz 1gm IVD, stat
- Pre-OP
- Send patient to OR on call
- DC UA

OP Finding

- Procedure: Hartmann's procedure
- Finding:
 - Sigmoid colon stercoral ulcer perforation with fecal contamination and proximal bowel loop dilatation
 - Much hard stool material inside the involved colon
 - Turbid ascites and stool in abdomen

Discussion

- Stercoral colonic perforation
 - Chronic constipation
 - and*
 - Sudden increase of intra-abdominal or intraluminal pressure during defecation
- Rare case;
 - 1st described 1894
 - Almost 100 cases till 2011

Chronic Constipation

- Fecaloma
 - Diminished intestinal perfusion
- Local ischemia, mucosal necrosis, ulcer and later perforation

Discussion

- Antimesenteric site of sigmoid (17%) and rectosigmoid colon (30%)
 - Lower water content of stool
 - Poor bloody supply
 - ↑ intraluminal pressure (↓diameter)

Discussion

- 4 diagnostic criteria: (*Mauer et al*)
 - Round and ovoid antimesenteric colonic perforation larger than 1 cm
 - Colon is full of stool that protrude through perforation site
 - (microscopic) multiple pressure ulcer & acute inflammatory reaction surrounding the perforation
 - NO external injury, diverticulitis, or obstruction due to neoplasm/ adhesion

Treatment

- Surgical
 - Hartmann's procedure and intraoperative colonic lavage
- Conservative treatment: mortality rate 47%