Case conference

- Case ID
    - R2 鄭凱文
- Supervisor VS 楊毓錚
    - 2014/07/17

Patient Profile

- 19Y/o ♂
- 2014/xx/xx 04:52
- E4V5M6
- T/P/R=36.6/110/18; BP = 125/47mmHg
- SpO2 = 99%
- 檢傷主訴：病人主訴為噁心嘔吐
- Triage = IV

Present Illness

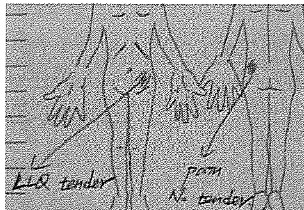
- C.C: 昨晚開始有 Intermittent LLQ pain
- Radiation to left flank and inguinal area.
- 痛到 Nausea/vomitting.
- no hematuria
- no fever/chills.
- No constipation, no diarrhea

Past History

- Allergy: NKA
- denied other past medical history

Physical Examination

- E4V5M6, clear;
- clear BS; RHBs;
- Abd.: soft; no reound/guarding
- Pelvis: nil.
- Ext.: no edema



Impression

- Suspected ureter stone

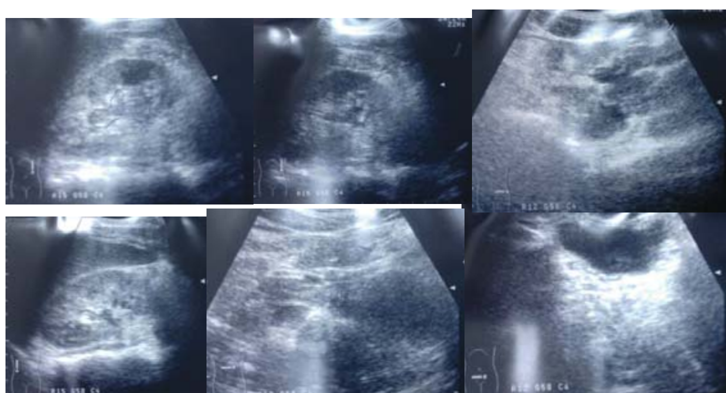
Initial order (day 1, 05:00)

- Keto 1amp im st
- KUB
- U/A
- Bedside echo

U/A sediment	
RBC	0-1/HPF
WBC	0-1/HPF
Epi.	0-1/HPF
Cast	not found
Crystal	Am.phos ++
Bacteria	-
Others	not found

KUB (no apparent stone)

Bedside echo (image)



Bedside echo (description)

- Left hydronephrosis;
- no AAA
- Day 1, 05:50 → abd. CT w/o contrast

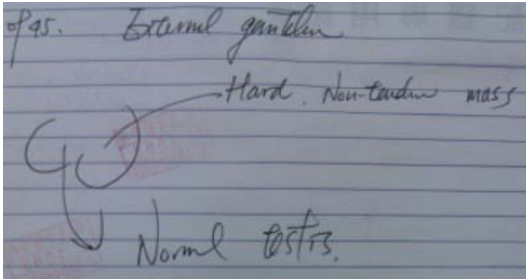
Abd. CT w/o contrast (day 1, 06:20)

- Left abdomen 有 intra-abdominal abscess, compression 到 left ureter 造成 left hydronephrosis
- → favor hemorrhage
- → 抽血 set line ； schedule abd. CT with contrast;

Lab data

CBC, Plt, D/C			生化	
WBC	10.9x1000/μL		AST	17U/L
RBC	5.36x10^6/μL		Crea.	0.66mg/dL
Hb	16.4gm/dL		.eGFR	155.49
Hct	46.7%		Na	137
MCV	87.1fL		K	4.1
MCH	30.6pg		CRP	0.310mg/dL
MCHC	35.1%			
RDW	12.9%			
Plt	241x1000/μL			
Differential count			PT	11.8
Seg.	80.3%		.normal control	10.4
Lymph.	15.3%		.INR	1.13
Monocyte	4.0%		aPTT	33.7
Eosionophil	0.1%		.normal control	33.4
Basophil	0.3%		.aPTT ratio	1.01

Day 1, 09:45 Progress note

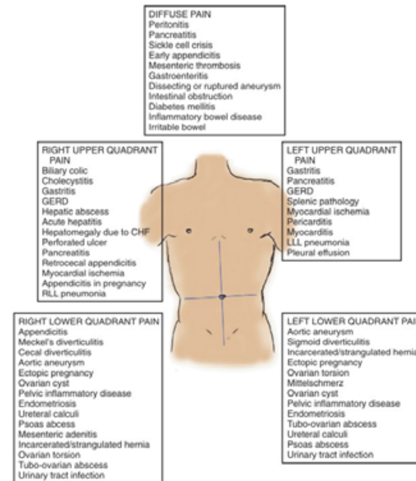


- Suspect germ cell tumor
- CT scam: abd. Mass + left scrotal mass → consult GU.

After consultation

- Day 1, 11:10 Admission
- Day 3, left radical orchitectomy → mixed germ cell tumor
- 貼 gross pathology 圖
- Day 4, Discharge

Discussion
abdominal pain in young male



Marx, J. A. *et al.* (2014). Abdominal pain. Rosen's emergency medicine: concepts and clinical practice. (8th ed.,). Philadelphia, PA: Elsevier/Saunders.

Box 27-1 Important Extra-abdominopelvic Causes of Abdominal Pain

Thoracic
Myocardial infarction or unstable angina
Pneumonia
Pulmonary embolism
Herniated thoracic disk (neuralgia)
Pericarditis or myocarditis

Genitourinary
Testicular torsion

Abdominal Wall
Muscle spasm
Muscle hematoma
Herpes zoster

Infectious
Streptococcal pharyngitis (more often in children)
Rocky Mountain spotted fever
Mononucleosis

Systemic
Diabetic ketoacidosis
Alcoholic ketoacidosis
Uremia
Sickle cell disease
Porphyria
Systemic lupus erythematosus
Vasculitis
Glaucoma
Hyperthyroidism

Toxic
Methanol poisoning
Heavy metal toxicity
Scorpion bite
Snake bite
Black widow spider bite

Adapted from Purcell TB: Nonsurgical and extraperitoneal causes of abdominal pain. Emerg Med Clin North Am 7:721, 1989.

Marx, J. A. *et al.* (2014). Abdominal pain. Rosen's emergency medicine: concepts and clinical practice. (8th ed.,). Philadelphia, PA: Elsevier/Saunders.

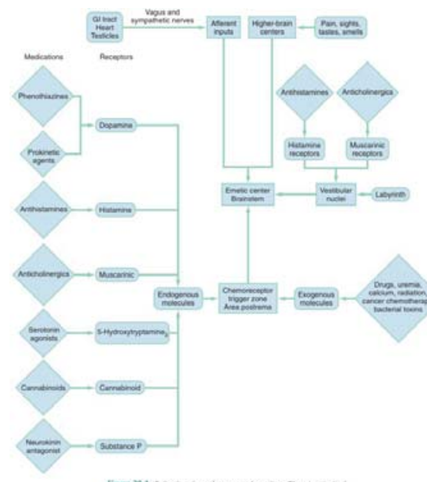


Figure 29-1. Pathophysiology of nausea and vomiting. GI, gastrointestinal.

Marx, J. A. *et al.* (2014). Nausea and Vomiting. Rosen's emergency medicine: concepts and clinical practice. (8th ed.,). Philadelphia, PA: Elsevier/Saunders.

- any retroperitoneal lesion in the region of the renal pelvis may cause renal symptoms (frequency or even slight hematuria)
  - Duocenal ulcer leaking posteriorly
  - Retroperitoneal perforation of CBD
  - Pancreatitis (left flank pain + tenderness)

Silen, W., & Cope, Z. (2005). Acute abdominal disease with genitourinary symptoms. Cope's early diagnosis of the acute abdomen (21st ed.,). New York: Oxford University Press.