

日期 101 年 8 月 7 日

內容摘要：

- (填寫說明：1. 如有附件請註明，如簡報檔、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，請註明做總結者【主持人】姓名
4. 請自行編排頁碼)

日期：101.8.7

名稱：special lecture - 放射影像

記錄：許哲彰

主持：VS刁翠美, CR徐英洲, 地點：B2 第廿會課室

<Topic>

Special lecture

<Q&A>

1. VS刁翠美：present this KUB

Int林聖凱：distended bowel loop with air fluid level => ileus

2. VS刁翠美：suspect ppu可照什麼x-ray

PGY黃琬堤：standind CXR, left decubitus x-ray

3. VS刁翠美：hallow organ perforation有什麼sign, say 3 of them

R1:陳穎玲：fuciform ligment sign, free air over liver, foot ball sign

4. VS刁翠美：present CT

R1林吉偏：smeall bowel wall thickening with air surrounding, suspect microperforation

5. VS刁翠美:case 4 CT

R2羅志威：Asictes noted over pelvic area with large cystic lesion => TOA

6. VS刁翠美：case 5 CT

R3許力云：enlarged appendix with fecolith, surrounding fat-stranding and ascites => appendicitis with rupture

7. VS刁翠美：appendicitis 一定是R L Q pain?

R3周光緯：isometimes only shows epigastragia => early appendicitis

8. VS刁翠美：lower abd pain DDX

R3許哲彰：appendicitis, diverticulitis, urolithiasis, enteritis or colitis, PID, TOA, corpus lutem rupture, ectopic pregnancy, AAA, psoase m. abcess, HZV, ileus...etc

9. VS刁翠美：Aortic dissection type

PGY李浩榮：ascendind arch involvement => type A, others type B

10. VS刁翠美：IMH menegment

PGY顏秉辰：the same as dissection, pain control, BP control, OP if indicated

<Key point and VS comment> 刁翠美主任

1. Acute abdomen DDX

2. CT 要先區別正常anatomy才有辦法判讀

3. Hallow organ perforation may not show free air on CXR or left decubitus x-ray