

日期

101 年 8 月 8 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，請註明做結論者【主持人】姓名
4. 請自行編排頁碼)

2012/08/08 Emergency Radiology Monthly Conference (Shin Kong Hospital)

Topic: Imaging of Abdominal ileus

1. Presented by Dr. Lin (**Shin Kong Hospital**)

Brief history: 57 y/o female patient, abdominal pain and fullness for 3 days, with diarrhea, without vomiting, lab data: WBC: 2300, CRP: 1.310, AST: 52 (mild elevated)

Past history: SLE, RA

Abdominal sonography: a. diffuse small bowel swelling, edematous submucosa

b. no free air

c. SMA, SMV patent

d. dynamic change (next day): compared inner layer with out layer of small bowel mucosa

abdominal CT: a. SMA, SMV patent

b. obvious small bowel ileus, special in ileum

c. no ascites

***Discussion points:** a. how to differentiate the autoimmune vasculitis with ischemic bowel in ileus pattern

b. infectious diarrhea would also reveal local ileus”

c. “Halo lesion” in duodenum or rectum did not favor “vasculitis”

Final diagnosis: vasculitis with small bowel ileus (history of SLE)

Reference: (黃耀祥主任提供) (PDF 檔案如附件) [Semin Ultrasound CT MR](#). 2003 Oct;24(5):364-76.

Acute small bowel ischemia: CT imaging findings.

Segatto E, Mortelé KJ, Ji H, Wiesner W, Ros PR.

Source

Department of Radiology, Division of Abdominal Imaging and Intervention, Brigham & Women's Hospital, Harvard Medical School

2. Presented by Dr. Sun (**Far Eastern Hospital**)

Brief history: 81 y/o female patient present with conscious change, fever and diarrhea, abdominal tenderness several days

KUB: small bowel gas and bowel wall swelling, no free air

Bedside sonography: bowel collapse, collapse to dilation bowel: fluid in bowel

Abdominal CT: a. Small bowel gas, obvious, and ileus pattern

b. right obturator hernia with incarceration

內容摘要 (續):

c. small bowel poor perfusion

***Discussion points:** a. How to identify “obturator hernia (female > male patient)? Since the physical examination is difficult to identify “the mass lesion)
b. 經驗分享: anatomy 如何與 CT 配合看?

Final diagnosis: a. operation finding: repair internal obturator muscle and bowel resection

3. Presented by Dr. Sun (**Far Eastern Hospital**)

Brief history: 67 y/o female patient present with abdominal with bloody and watery diarrhea for 1 day (3 times)

KUB: a. small bowel ileus
b. no free air

Abdominal CT: a. terminal ileum wall swelling with peripheral inflammation
b. ascites

DDx: a. local enterocolitis
b. ischemic bowel disease (included ischemic colitis)

***Discussion points:** a. local or segmental bowel swelling, 合併 infection, 有特殊菌種考量。
b. 配合臨床診斷和病史判斷, 注意影像上微小變化

Final diagnosis: operation findings, multiple terminal ileum ulcer with micro-perforation (or not)

4. Presented by Chief, Dr. Wong (**Chang Geng Memorial Hospital**)

Brief history: patient present with abdominal pain for days

Abdominal CT: a. small bowel ileus pattern
b. segmental small bowel hypoperfusion (upper left abdomen)
c. vessel patent
d. mesentery indicates to one point
e. suspect internal hernia to lesser sac

Final diagnosis: internal hernia (Dr. Huang reported one case in NEJM in the recent)