日期	101 年 8 月 15 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）

日期：101.8.15

名稱：ER-GS combine meeting

記錄：許哲彰

主持：VS連楚明, CR徐英洲

報告：R3 周光緯

地点：B4(回)会議室

<Topic>

ER-GS combine meeting

<Q&A>

1.VS連楚明：cholecystitis clinical symptom and sign?

Int林聖凱：RUQ pain, fever, nausea, vomit, sometimes with jaundice

2.VS連楚明：What' s charcot triade ? for what disease?

PGY黃琬堤：RUQ pain, fever, jaundice. cholangitis

3.VS連楚明：How to diagnose cholecystits ?

R1:陳穎玲：history + PE, image (echo, CT)

4.VS連楚明：which tool is better ? diagnose criteria?

R1林吉倡：echo has highest sensitivity. GB wall > 3mm thick, echo Murphy;s sign positive or with fluid

5.CR徐英州：other disease has simmilar symptoms?

R2羅志威：cholangitis, CBD stone with BTI, liver abcess, pancrestitis

6.CR徐英州：如何決定病人動向該留還是該回家？

R3許力云：看surgical risk, low risk(ASA 1~2) if improve => MBD, worse=> OP; high risk (ASA 3~4) if improve => MBD with nonsurgical GB stone therapy, worse => percutaneus cholecystectomy => non-surgical therapy

7.CR徐英州：若是DM patient常見感染菌是？

R3周光緯：K.P. 要小心ESBL

8.C R徐英州：除了stone外還有哪些情形可能會jaundice?

R3許哲彰：hepatitis, ampula vata stricture or tumor, panreatic tumor, sepsis, liver cirrhosis

9.CR徐英州：上腹痛DDx

PGY李浩榮：PUD, GB colic or cholecystitis, atypical MI, AAA, Aortic dissection, pancreatitis, hepatitis, HZV, urolithiasis, lower lobe pneumonia

10.CR徐英州：High risk of op patient 有什麼辦法？

PGY顏秉辰：ERCP, PTGBD

<Key point and VS comment> VS連楚明

1. Echo is most sensitive
2. evaluate the risk of patient, do not MBD if high risk
3. DDx is important