

日期

2013 年 06 月 20 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)

時間：2013/06/20 08:30~09:30

地點：同新園會議室

主題：JOURNAL MEETING

主持者：VS 楊毓錚

報告者：R3 許力云

紀錄：R3 許力云

{Q and A }:

1. Q. VS 楊毓錚: This case is a case of .  
A. R3 許哲彰: EPN the acute infection of Kidney
2. Q. VS 楊毓錚: Final diagnosis  
A. R3 周光緯: Right emphysematous pyelonephritis s/p PCN
3. Q. VS 楊毓錚: Participant was set to be?  
A. R1 陳穎玲: team leader and handle defibrillation.
4. Q. VS 楊毓錚: EPN means?  
A. R3 周光緯: Emphysematous pyelonephritis
5. Q. VS 楊毓錚: The infection organisms usually consist of  
A. R2 羅志威: mixed flora, including E. coli, K. P. and Proteus mirabilis
6. Q. VS 楊毓錚: Lower resp. Infection (26.8%)  
A. R3 許哲彰: unable to record data on the quality of chest compression
7. Q. VS 楊毓錚: Infection should always be suspected in every patient with a hyperglycemic crisis?  
A. R3 周光緯: Other organism
8. Q. VS 楊毓錚: : Pseudomonas; Enterobacter; Candida; rarely Clostridia  
A. R3 周光緯: → perfusion pressure of the coronary and carotid arteries fell extremely?
9. Q. VS 楊毓錚: Obtain blood culture and give empiric antibiotics should be considered?  
A. R3 周光緯: Most of the time, chest compression are often not resumed while charging.
10. Q. VS 楊毓錚: Females are affected twice as often as males?  
A. R2 羅志威: and mortality rate can be as high as 80 %

內容摘要(續):

{EBM and ethics}:

Q1. VS 楊毓錚: Rescuers often thought?

A1. R3 許哲彰: Emphysematous pyelonephritis (EPN) is a life-threatening infection that is most common seen in patient with diabetes

Q2. VS 楊毓錚: Often multiple conditions are associated with EPN?

A2. R2 羅志威: Obstructive uropathy, urinary calculi, calyceal stenosis, and neoplasm are significant predisposing factors.

{Key points}:

1. Obstructive uropathy, urinary calculi, calyceal stenosis, and neoplasm are significant predisposing factors.
2. Often multiple conditions are associated with EPN, such as poorly controlled diabetes, acidosis, dehydration and electrolyte imbalance
3. Treatment involves aggressive antibiotic therapy, drainage procedure to relieve obstruction and prompt nephrectomy for life-threatening condition.

{VS comment} :

VS 楊毓錚:

Retroperitoneal perforation with an abdominal viscus  
Psoas abscess secondary to gas forming organism  
Reflux of air from bladder  
Bronchorenal, enterorenal, cutaneorenal fistula  
Air in focal renal abscess( less life-threatening)

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