

日期

2013年 10月 02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)

< 嘉諾及新聯合討論會 >

Case 1.

6 1/2 boy, 7% abdominal pain. (RLL)

Q: KUB findings?

A: Small bowel dilatation, right abdomen

Q: DRs for ribs?

A: Local lesion, esp. compression, abscess, intussusception.

Q: Metasarcography findings?

A: Not enough information.

Q: CT findings?

A: Target sign, RLL; oral contrast reaches B-colon only, suspect distal B-colon obstruction; intussusception suspected. Should % transverse point due to older age.

* Surgical diagnosis: intussusception, Lymphoid leading point

Case 2.

14 1/2 girl, left abdominal pain (pregnancy)

Q: KUB findings?

A: negative

Q: CT findings?

A: @ ovary heterogeneous mass lesion.

* Surgical diagnosis @ ovary, right torsion

內容摘要 (續):

Case 3.

88 female patient, 49 yrs. old, h/o. abdominal pain, etc.

a: tub ?

f: Dilated small bowel

a: Decubitus ulcer

f: air-fluid level

a: 2 tub ?

f: Progressive small bowel ileus.

a: CT ?

f: Intestinal obstruction

* Surgical diagnosis: volvulus, 90°, 75 lower bowel.

Case 4.

4 1/2 boy, vomiting

a: tub ?

f: Small bowel ileus, air-fluid level.

a: CT ?

f: closed-loop obstruction

* Surgical diagnosis: ileus, adhesions, intestinal obstruction.