

日期

2014 年 09 月 27 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)

六大核心能力

- | | |
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| <input type="checkbox"/> 病人照護 | <input checked="" type="checkbox"/> 人際溝通技能 |
| <input checked="" type="checkbox"/> 醫學知識 | <input type="checkbox"/> 從工作學習及成長 |
| <input checked="" type="checkbox"/> 專業素養 | <input type="checkbox"/> 制度下之臨床工作 |

時間：2014/09/27

會議名稱：Radiology Special lecture

主持人：VS 陳振德

紀錄：R1 蔡可威

<Topic> Radiology Special lecture: bowel and mesenteric trauma

<Q&A>

Q1. VS 陳振德：What is the leading mechanism of bowel and mesenteric trauma ?

A1. R1 蔡可威：成人以 transection 為多，而小兒以 intramural hematoma 為多

Q2. VS 陳振德：What are the main causes of bowel and mesenteric trauma ?

A2. R1 蔡宇承：Motor vehicle accidents, falls, and assaults

Q3. VS 陳振德：What are the mechanisms of mesenteric/bowel trauma?

A3. R1 李岱穎：Crushing against spine, less mobile parts(duodenum, ileocecal region), mesenteric tear(hematoma), rapid deceleration(duodenum, jejunum)

Q4. VS 陳振德：What are the considerations for gastric trauma?

A4. R1 林哲葦：Children, full stomach, left package injury

Q5. VS 陳振德：What are the considerations for duodenal trauma?

A5. R1 李岱穎：Hematoma(>50~60HU), perforation, association with pancreatic head, liver, and spine injury

Q6. VS 陳振德：What are the considerations for jejunum trauma?

A6. R1 蔡宇承：hematoma with wall thickening, signs and symptoms developed less rapidly(因 pH 較 neutral 且 bacteria 較少)

Q7. VS 陳振德：What are the locations for colon trauma ?

A7. R1 蔡可威：T-colon, S-colon, cecum are most frequent sites

Q8. VS 陳振德：What are the locations for colon trauma ?

A8. R1 蔡可威：T-colon, S-colon, cecum are most frequent sites

內容摘要 (續):

Q9. VS 陳振德: What can be seen on CT in patient with mesenteric trauma?

A9. R1 李岱穎: hematoma, active bleeding with contrast extravasation, infarction, wall thickening of effected bowels

Q10. VS 陳振德: What are some signs seen in CT of bowel injury patients?

A10. R1 蔡可威: Sentinel clot sign, traumatic pseudoaneurysm (CM pooling), bowel wall thickening (>3mm), contrast blush

Q11. VS 陳振德: Can bowel perforation be ruled out by absence of free air?

A11. R2 劉邦民: Bowel perforation in trauma 不易看到 free air, even in CT. In contrast, perforated peptic ulcer 較容易看到 free air

<EBM and Ethics>

VS 陳振德: Colon injury 的 repair 是否需要 colostomy diversion? (EBM)

R2 吳冠蓉: For most patients with colon or intraperitoneal rectal injuries, we suggest primary repair, or resection and re-anastomosis (as appropriate), but without a diverting colostomy (Grade 2C). For most patients with extraperitoneal rectal injuries, proximal diverting colostomy alone is sufficient.

<Key Points>

1. Bowel and mesenteric trauma 為 40 歲以下的 trauma 的主要死因
2. Prognosis correlates to diagnosis time
3. 當有所懷疑時, CT 為診斷的黃金工具

<VS Comment>

VS 陳振德:

1. KUB 在診斷 bowel/mesenteric injury 的價值很低, 因此 trauma series 完全不考慮 KUB
2. Bowel wall thickening 的其他可能原因有 shock bowel, coagulopathy, vasculitis, enteritis, hypoalbuminemia
3. CT 中看到 fluid density 的 ascites, 要考慮 urinary bladder, gall bladder 的 injury

紀錄者: R1 蔡可威

