

日期

2014年10月25日 0830 ~ 0930

B2同心圓

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

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> 病人照護 | <input 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 type="checkbox"/> 專業素養 | <input type="checkbox"/> 制度下之臨床工作 |

<Topic> CT diagnosis of abdominal trauma.

<主講人> 陳振德主任.

(Q&A) Q1 (VS 陳振德) : What are the findings of this 77♂ with MVA?

A1 (R₁ 蔡可威) : R+ diaphragm rupture ; colon incarceration.

Q2 (VS 陳振德) : Which side is prone to traumatic diaphragm rupture?

A2 (R₃ 陳穎玲) : Left side. = Right side 約 3:1

Q3 (R₄ 羅士威) : What are findings of traumatic diaphragm hernia?

A3 (VS 陳振德) : Elevation of hemidiaphragm, high position NG tube, gastric/bowel gas in thorax, defect or irregular contour of diaphragm, dependent viscera sign, herniation of viscera

Q4 (VS 陳振德) : What's the finding of this 39♀ stabbing injury?

A4 (R₂ 鄭凱文) : Ascites, hemoperitoneum, free air, liver laceration.

Q5 (VS 陳振德) : In which phase of enhancement should we observe for spleen lesions?

A5 (R₁ 符宇承) : Venous phase, 因 arterial phase enhancement heterogeneous enhancement.

Q6 (VS 陳振德) : What do we call blood density near a solid or hollow organ?

A6 (R₁ 蔡可威) : Sentinal dot sign.

Q7 (VS 陳振德) : Can you see the active bleeding spot?

A7 (R₃ 陳穎玲) : Contrast blush is seen on lateral side of the liver.

Q8 (R₄ 羅士威) : What's the benefit of doing arterial & portal phase?

A8 (VS 陳振德) : Can distinguish arterial bleeding or venous bleeding

內容摘要 (續):

Q9 (VS 陳振德): Liver injury scale 為 T₉?

A9 (R₂ 龔禮文): 分 I~VI, I~II 為 low grade, III~VI 為 high grade

Q10 (VS 陳振德): What the finding of this 46F stabbing injury?

A10 (R₂ 蔡宇承): Free air, hemo peritoncum

< EBM >

VS 陳振德: Can high grade (III~VI) liver laceration be managed with conservative tx.

R₂ 龔禮文: Current evidence suggests operative management but some case reports of successful conservative management are reported.

< Key point >

1. Search for peritoncum violation evidence.
2. Sentinel blood clot, contrast blush are signs that must be identified.
3. Unstable patients should do angiography first then operation

< VS Comment >

VS 陳振德: 1. Water density should be distinguished from blood density

2. Trauma come in packages, survey for adjacent organ injury

3. Arterial + Venous phase CT provide a better information.

紀錄者:

R₂ 龔禮文

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主
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