A Case of a Woman with Abdominal Pain

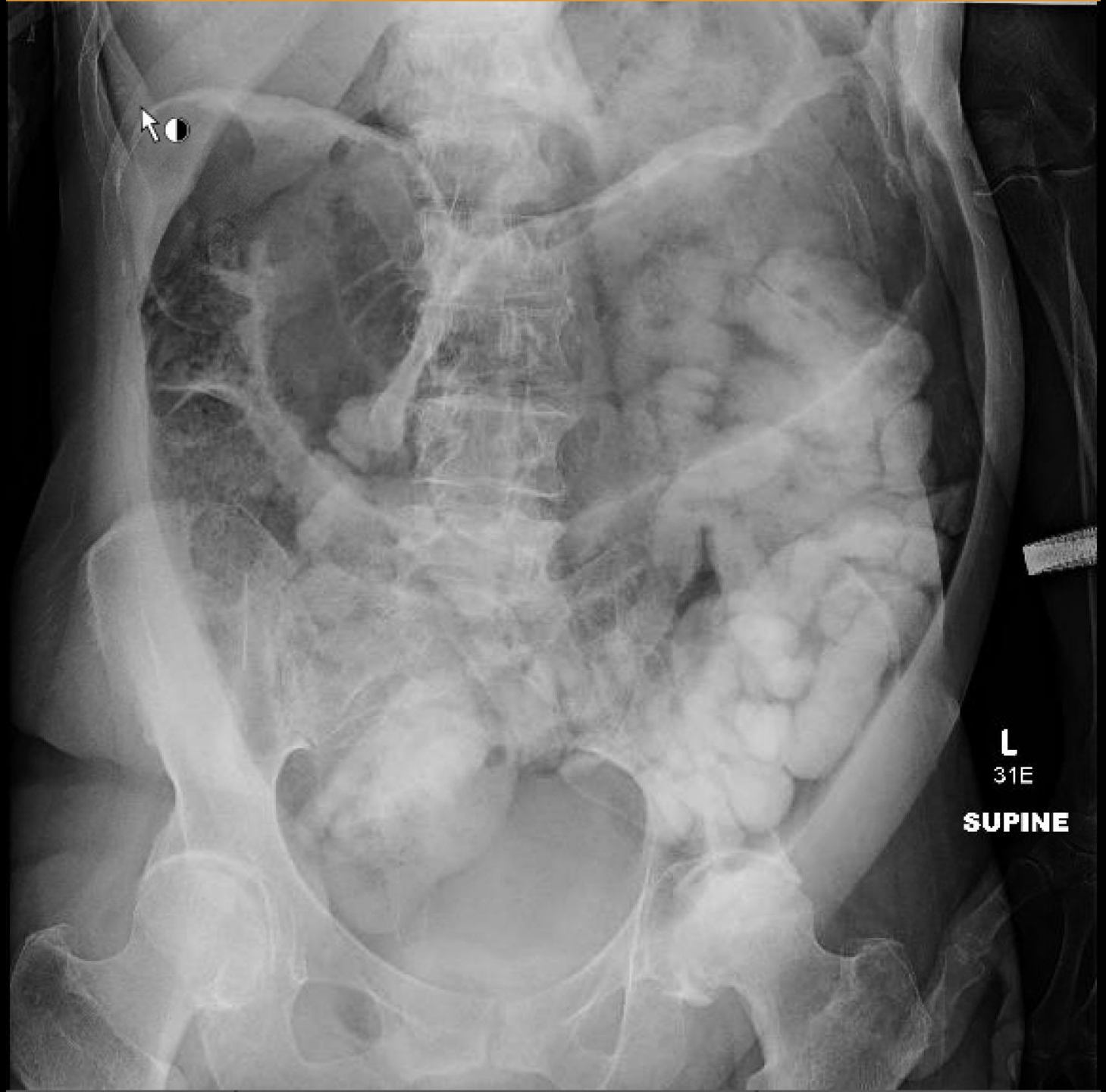
Florence Hsiao, MS4

9/4/2018

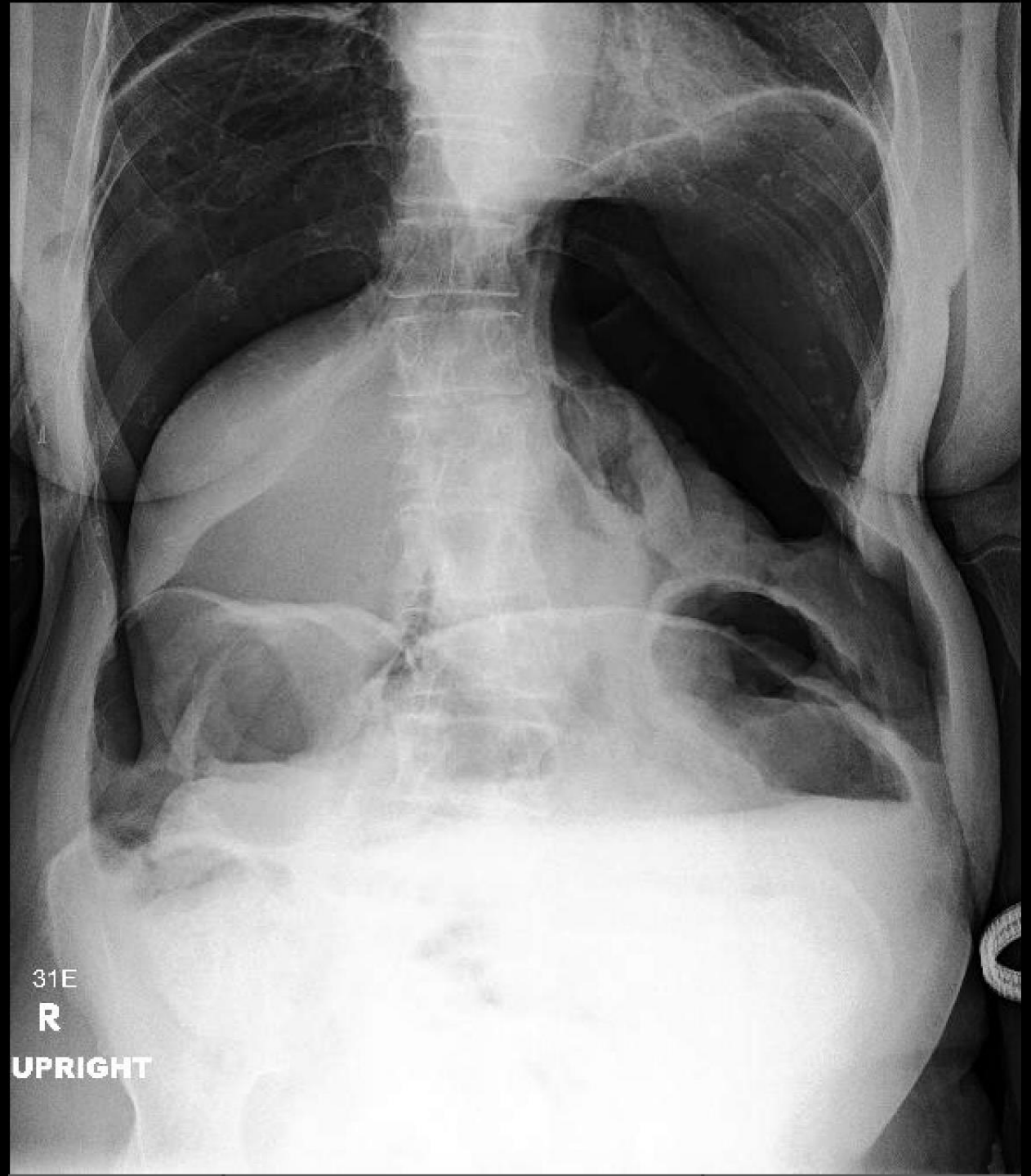
HPI

- 76-year old female with a history of Crohn’s disease and recent hospitalization for Crohn’s flair complicated by C. diff colitis who presents with several days of abdominal pain and distension

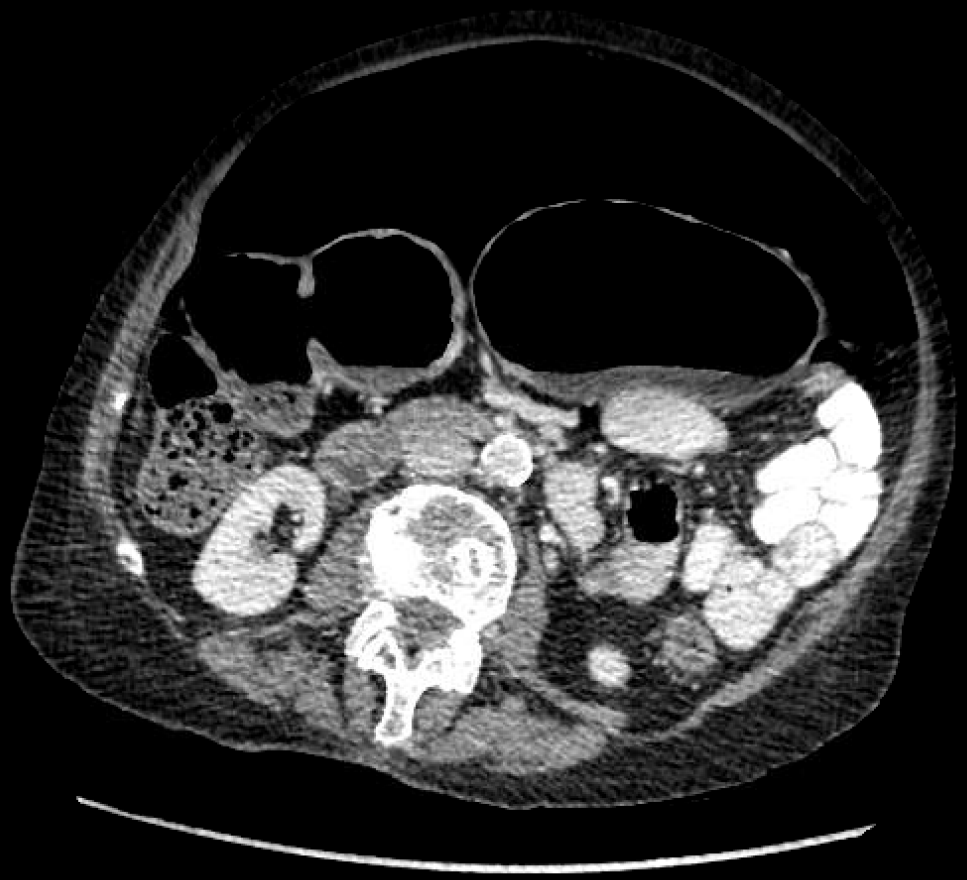
Abdominal Xray Supine
7/06/2018

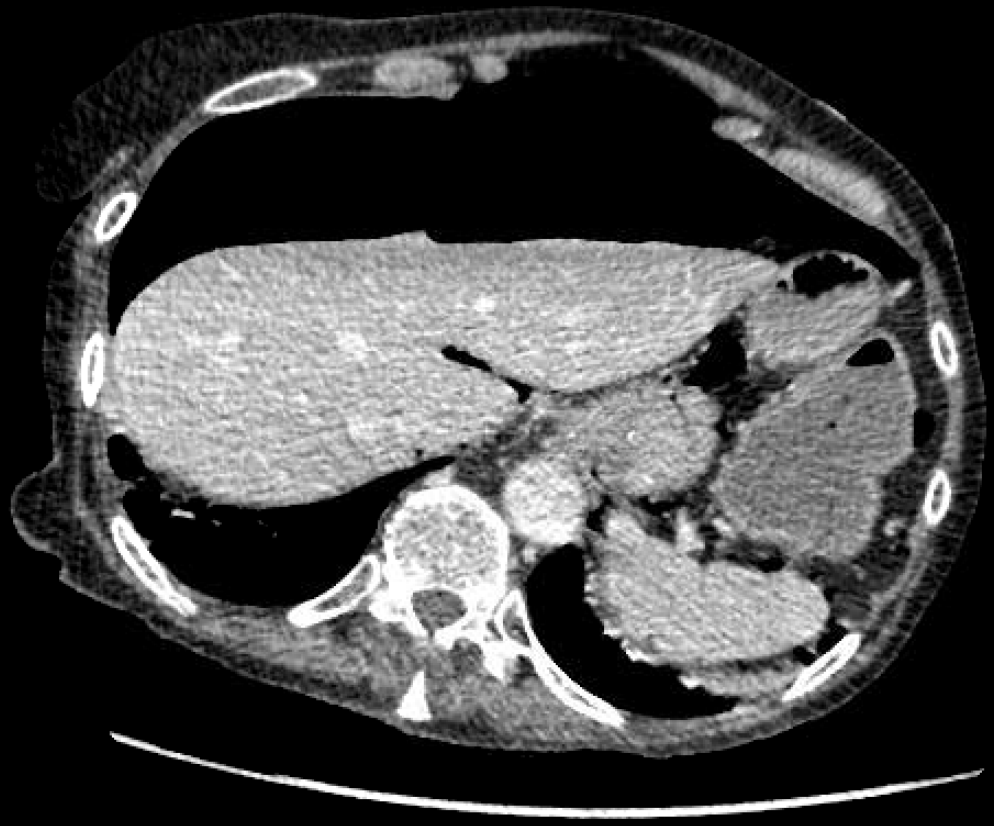


Abdominal Xray Upright
7/06/2018



CT Abdomen and Pelvis
7/06/2018





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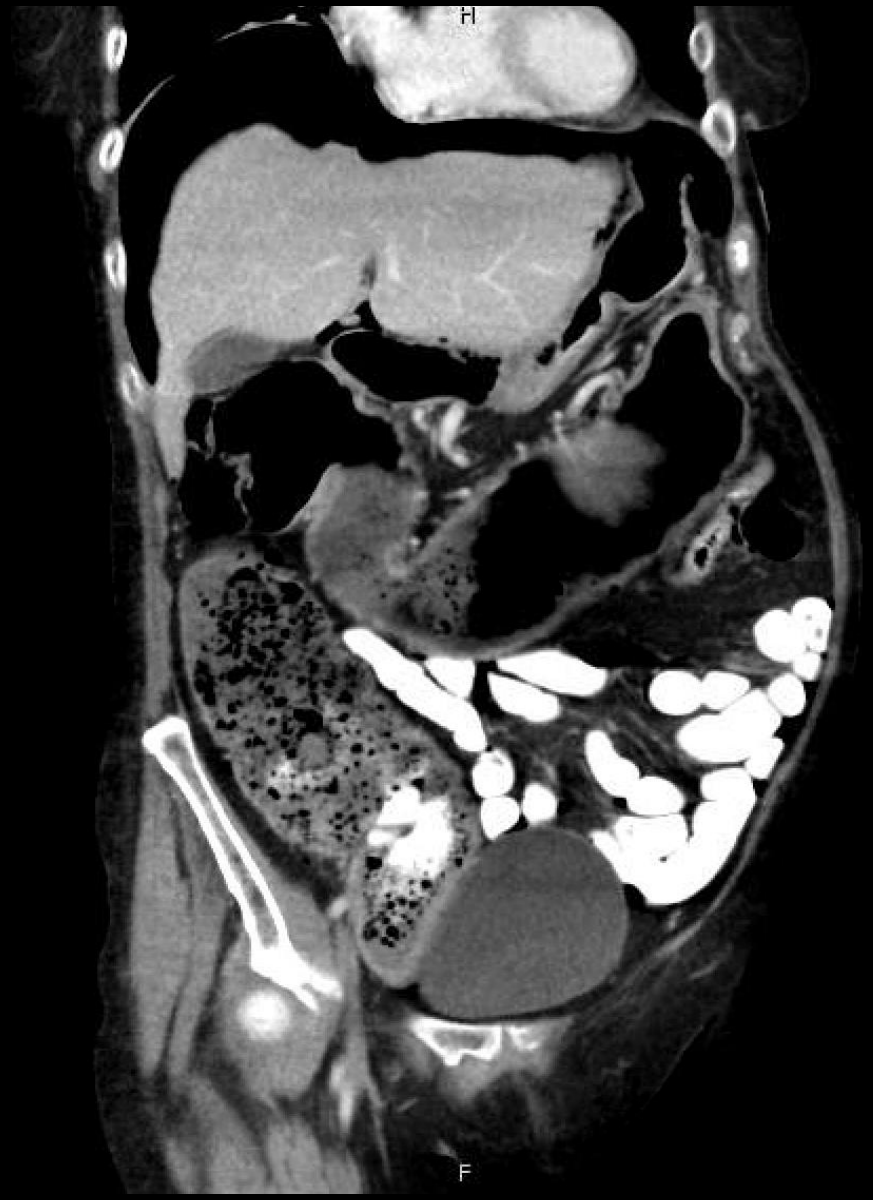
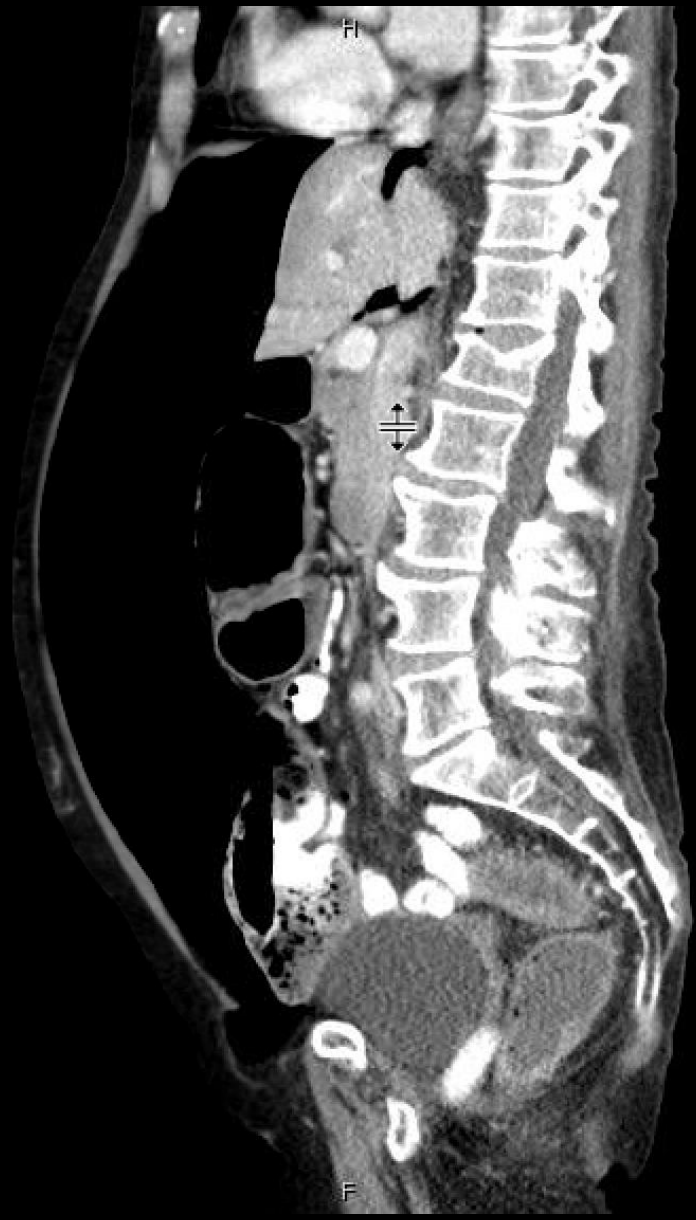
7/06/2018

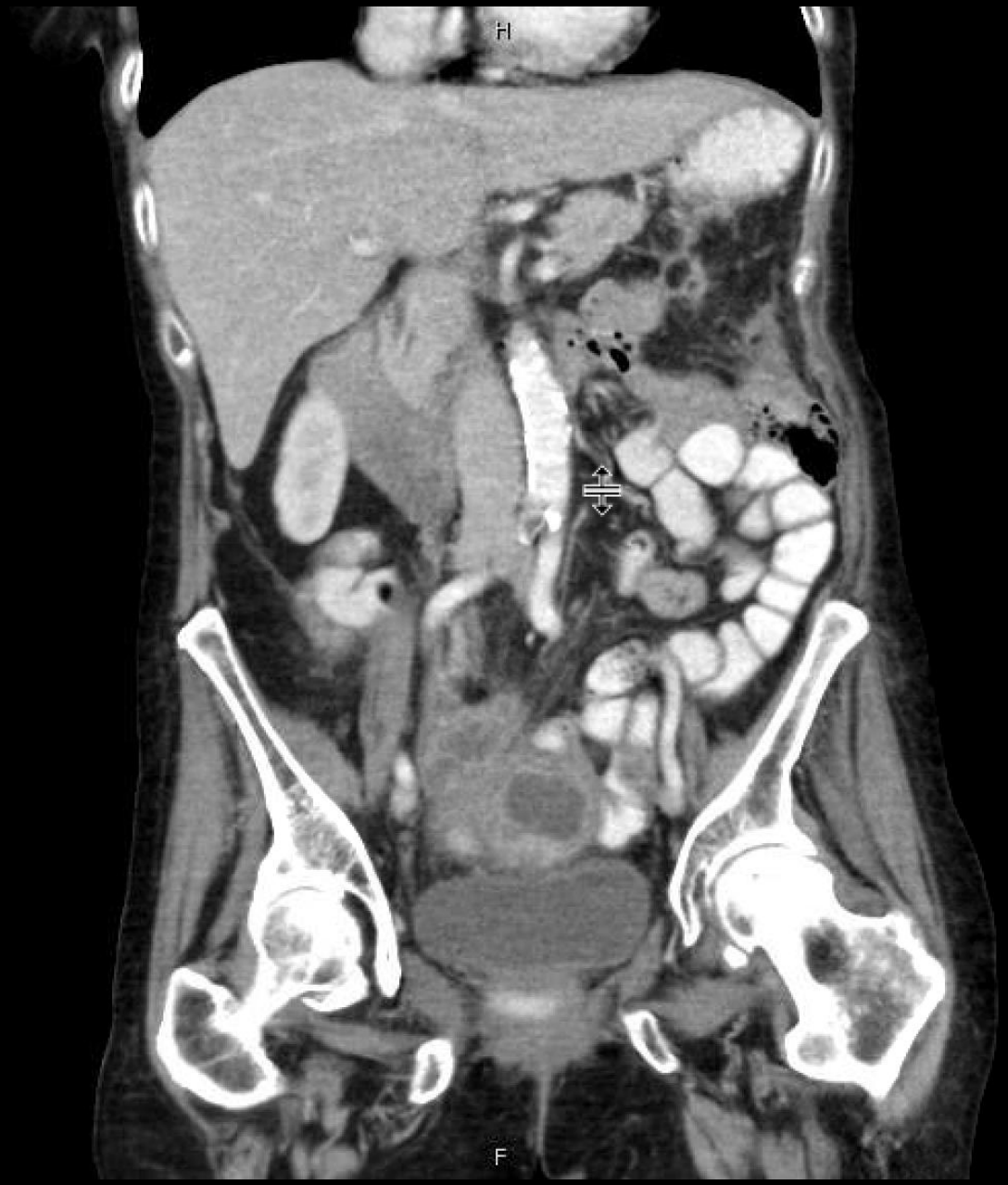




1.5 months later…

- Patient represents to ED with nausea, poor appetite, and 30-lbs weight loss, and was found to have a fever of 101.3 F and WBC of 28.

CT Abdomen and Pelvis
8/21/2018



CT Abdomen and Pelvis
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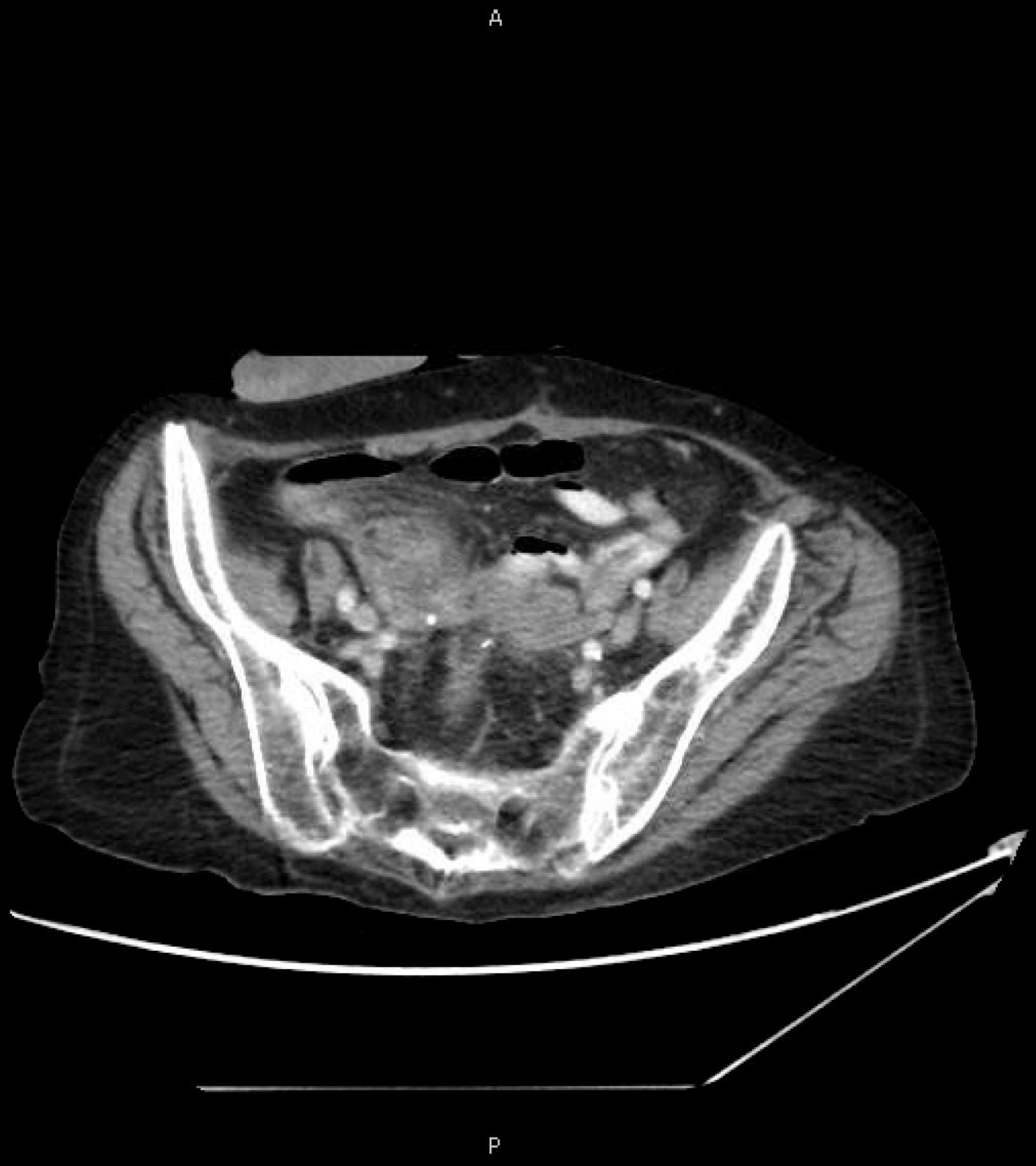

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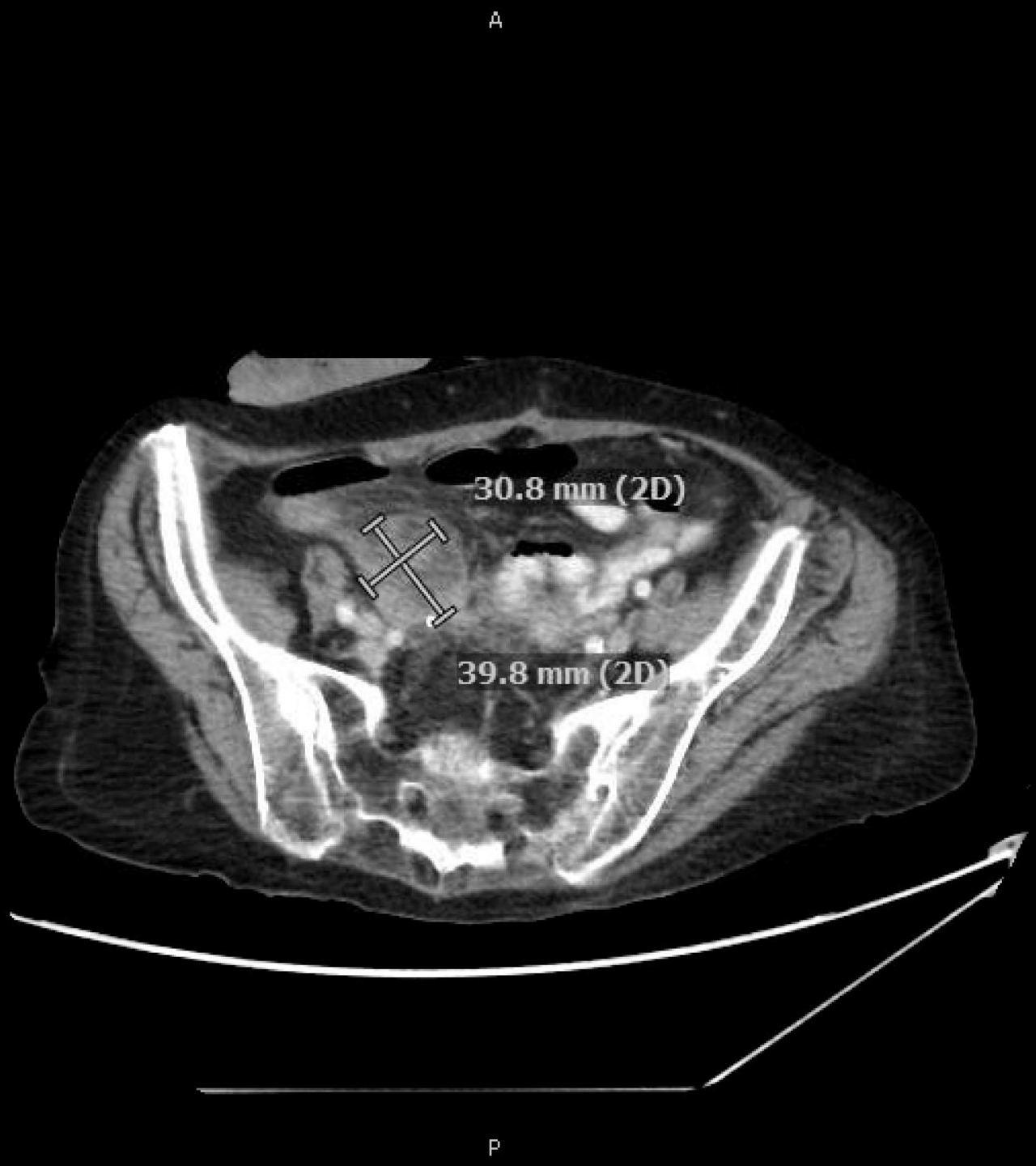
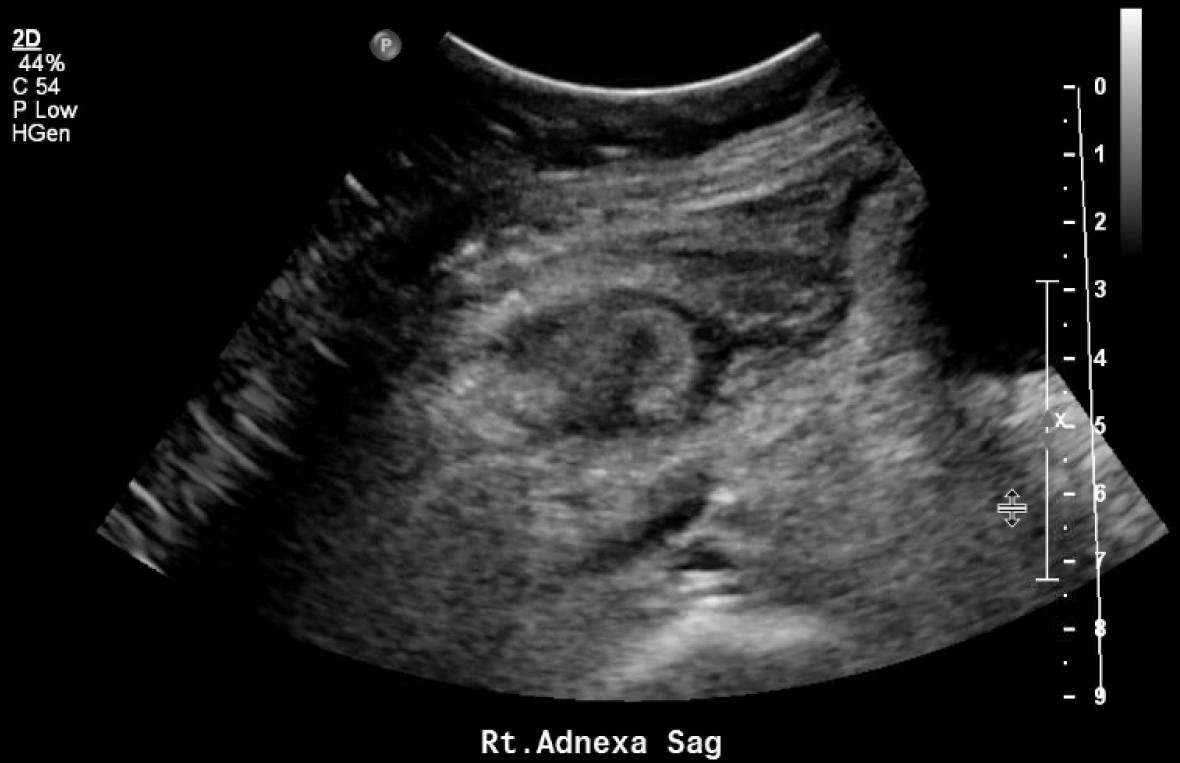
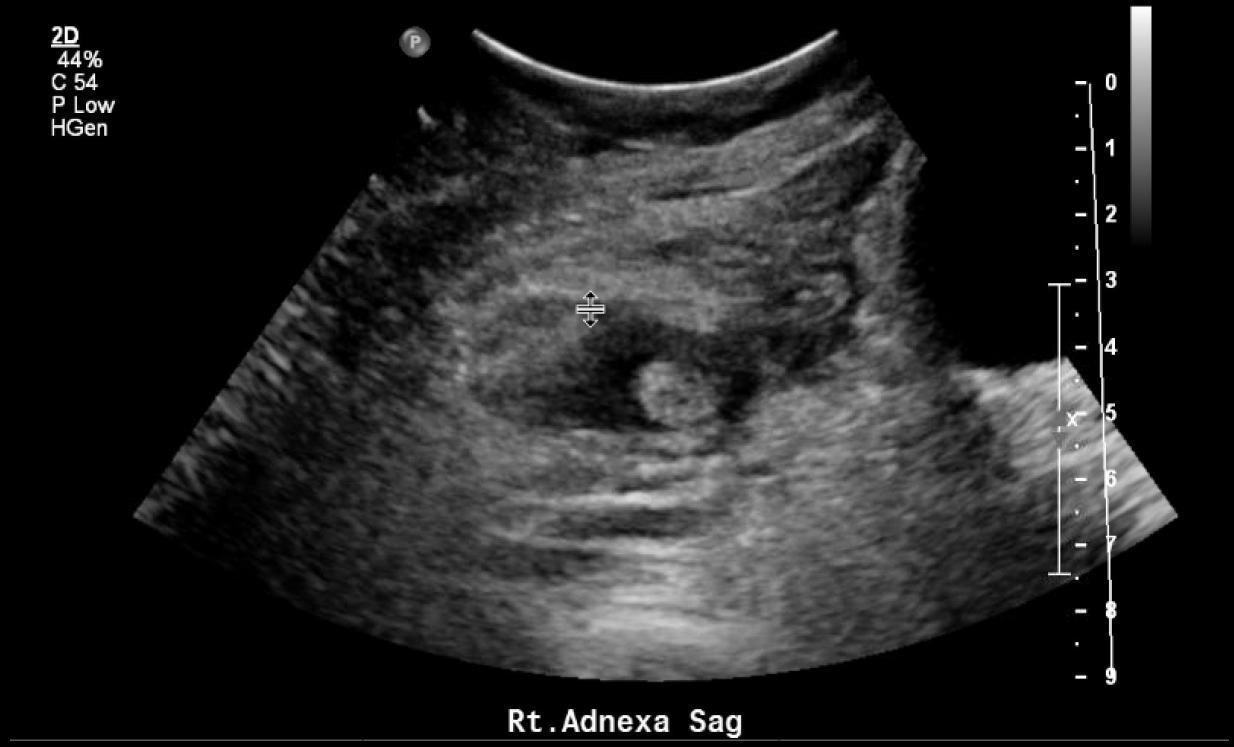


Transabdominal Pelvic US
8/21/2018





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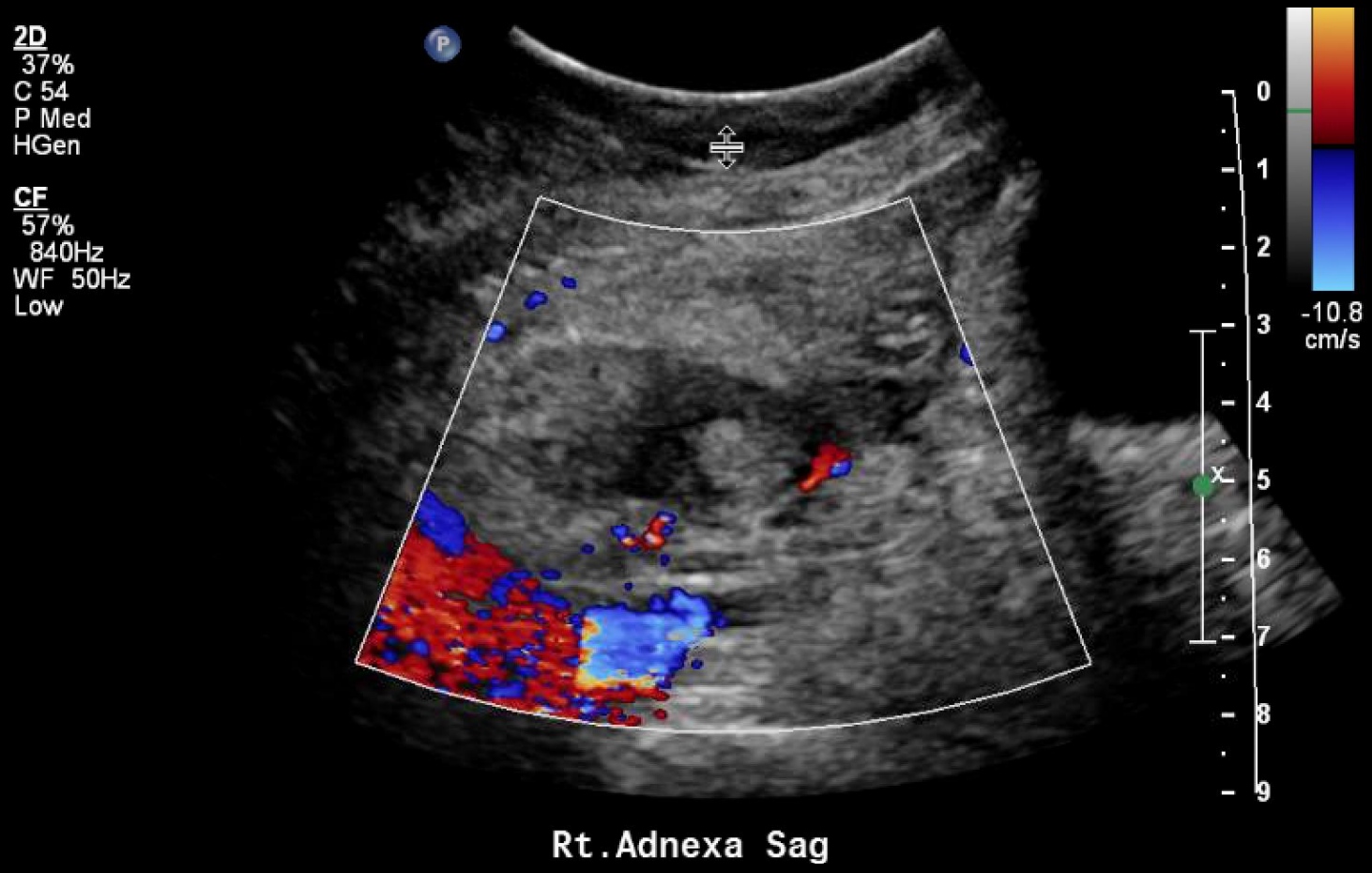

DDx for Dilated Large Bowel

- Adynamic ileus
  - No transition point
  - Usually with history of surgery
- Mechanical large bowel obstruction
  - Abrupt transition point
  - Often associated with malignancy
- Toxic megacolon
  - Hx of antibiotic use, hospitalization
  - Bowel wall thickening
- Ischemic colitis
  - Absent/poor wall enhancement
  - Vascular territories
- Sigmoid volvulus or cecal volvulus
  - Clear transition point

Toxic Megacolon

- Radiographic Findings:
  - Dilated colon (typically transverse colon) to at least 6 cm
  - Loss of haustral markings with pseudopolyps
  - Thumbprinting from mucosal edema
  - If perforated, can see signs of pneumoperitoneum

- Causes:
  - Inflammatory
    - Ulcerative Colitis
    - Crohn’s Disease
  - Infectious
    - Clostridium difficile
    - Salmonella, shigella, yersenia, campylobacter
    - Entamoeba
    - Cytomegalovirus
    - Cryptosporidium
  - Ischemia
  - Malignancy: Kaposi’s Sarcoma
  - Potential triggers
    - HypoK, hypoMg, narcotics, anticholinergics, chemo, colonoscopy, barium enema