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The real cause of a patient with abdominal pain

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Objectives: The main objective of this clinical case presentation was to find the real cause of a patient who came at the Emergency Service with diffuse abdominal pain.

Material and methods: Clinical case of a women 58 years old, hypertensive, with diabetes mellitus tip2 (NIN) follow therapy with oral antdiabetes drugs is presented. The objective examination relieved: BP=160/90 mmHg, heart sounds rhythmic HR=82 bates/min, dullness at the left base of the lung and silent at the auscultation of the lung at this level. Investigations: An EKG was performed and relieved sinus rhythm, HR=82 beats/min and QS wave in leads V1 and V2 significant an old anterior-septum myocardial infarction. The chest X-ray showed opacity with concavity up, homogenous at the base of the left lung. X ray of the thoracic, lumbar colonna and basin was normal without fracture. The abdominal echo relieved all the organs normal without hematomas but the presence of a fluid collection in the left Douglas pouch, medium quantity, hyperecogenic. An abdominal CT was performed and relieved the same collection in medium quantity in the left Douglas pouch, without lesions of the organs insides of the abdominal cavity. Laboratory tests showed: ESR=10-20 mmh, fibrinogen=282 mg%, glycemia=200 mg/dl, WBC=5000/mm^3, platelets=200000/mm^3, Hb=10 g/dl, Ht=42%, red blood cell=3 millions/mm^3, cholesterol=215 mg/dl, HDL cholesterol=30, LDL cholesterol=40, triglycerides=300 mg/dl and other lab tests was in normal range. Because this fluid collection existed inside of the abdomen a paracentesis was performed in the left lateral position and appeared fresh blood so a haemoperitoneum was presented. The patient was referred urgently to the Surgery Department for immediately laparatomy after 1UI iso group iso Rh blood transfusion was started to administrate. Because she presented also the opacity of the left base of the lung with concavity up this could be: Pneumonia in phase of consolidation, a solid mass with atelectasis or pleural effusion. The final diagnosis was: Haemoperitoneum, break of mesentery, haemothorax after trauma, anemic syndrome, diabetes mellitus type2, HBP, dislipidemia, silent ischemic heart disease- silent old anterior-septum myocardial infarction.

Results and discussions: The particularity of this clinical case presentation is that after trauma the real cause of the diffuse abdominal was abreak of mesentery and haemoperitoneum and unexpected the opacity of the left base of the lung was in reality a haemothorax also in the context of trauma.

Conclusion: The most important conclusion of this clinical case presentation is that when after trauma appear diffuse abdominal pain and a haemoperitoneum is present in condition that all the abdominal organs (liver, spleen, kidney, others) are normal without hematomas at abdominal eco and CT the real cause could be break of mesentery.

Biography

Manuela Stoicescu is Consultant Internal Medicine, Doctor (PhD in Internal Medicine), is Assistant Professor of Medical Disciplines Department, University of Oradea, Faculty of Medicine and Pharmacy, Romania, Internal Medicine Hospital and Office. She is Member of Romanian Society of Internal Medicine, Member of Romanian Society of Cardiology, Chemistry, Biochemistry and Member of Balcanic Society of Medicine. She was invited as a speaker at 24 International Conferences. She is editorial board member of three ISSN prestigious Journals in USA and has published 12 articles in prestigious ISSN Journals in USA. She published four books: two books for students in English and Romanian language: "Clinical cases for students of the Faculty of Medicine", one book in English language on Amazon at International Editor – Lambert Publishing Academic House in Germany- "Side Effects of Antiviral Hepatitis Treatment", one monograph in Romanian language"High blood pressure in the young a ignored problem!" two chapter books – Cardiovascular disease: Causes, Risks, Management CVD1-Causes of Cardiovascular Disease 1.5,1.6, U.S.A on Amazon.

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