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The real intraoperative diagnosis of a patient with lipothymia and arterial hypotension

Manuela Stoicescu
Internal Medicine Department, University of Oradea, Romania

Objectives: The main objectives was to determine the real cause of a 50 year patient that presented into emergency service for an episode of lipothymia and arterial hypotension (BP=60/40mmHg).

Description of the Methods: I am presenting the clinical case of a 50 year old patient that come at the emergency service for an episode of lipothymia and arterial hypotension (BP=60/40mmHg).The objective examination revealed: pale skin and mucous, tachycardia (HR=105/min), normal vesicular sound, BP=60/40mmHg. Palpation of the abdomen was insensitive, soft, elastic, participating at the respiratory movements. No presented rebound tenderness(without clinical signs of peritoneal irritation). Normal rectal touch–normal aspect of feces without pain during the maneuver.The paraclinical investigations have shown: EKG sinus tahycardia(105bates/minutes), ESR=24/42,fibrinogen=580mg/dl,Hb=11g/dl, Ht=42%, erythrocytes=4 500 000/mm^3, white blood cell=5 200/ mm^3, platelets=200 000/ mm^3, otherwise everything within normal limits.In this stage, with a diagnosis of lipothymia and arterial hypotension of unknown etiology, and in order to sustain the blood pressure, a treatment with injectomat with dopamine with a rhythm of administration 0.2 ml per hour was initiated, but the patient's evolution was with decreased value of BP=50/30mmHg.During the anamnesis no source of bleeding has been not revealed (haematemesis,melaena,or menometrorrhagia).In this moment, an emergency abdominal ultrasaound was performed, which reveals an increased quantity of intraabdominal fluid, which does not allow the visualization of the internal organs. The main problem was which is the cause of this fluid, reason for which a paracentesis was performed. Surprisingly was that the liquid was fresh blood, so the patient had hemoperitoneum. The main problem was, the hemoperitoneum etiology, since the patient had no history of trauma.The patient was transferred in the General Surgery Department for emergency laparotomy. The real diagnosis of the patient was:broken and bleeding right ovarian tumor with hemoperitoneum.A haemoperitoneum suction drainage was performed and a right ovarian resection, with favorable evolution and the saving of the patient's life.

Summary of the Results: The onset of this clinical case was surprisingly through with a vital risk complication, the apparition of the hemoperitoneum, which clinically it manifested through lypothymia and hypotension (BP=60/40mmHg). Although that the patient's clinical aspect could be suggested an active bleeding due to the: pale skin, sinus tachycardia, faintness, hypotension, and decreased blood pressure under dopamine treatment, it's source could not be detected in the first instance.

Conclusions: Principal particularity of this clinical case report was the sudden onset with a vital risk complication-hemoperitoneum and a hemorrhagic shock tendency.The hemoperitoneum is the single situation of acute surgical abdomen, in wich the clinical signs of peritoneal irritation do not appear.

Biography

She was assistant research of University of Cluj Napoca and now she is internal medicine physician, PhD, assistant professor of University of Oradea, Faculty of Medicine and Pharmacy, Medical Disciplines Department, Romania. Also work at Emergency Hospital Internal Medicine Department and Internal Medicine Office. She has published two books, one monograph and papers in reputed journals. She was invited as a speaker at 9 national and 14 International Conferences. She is Member of Romanian Society of Internal Medicine, Cardiology, Medical Chemistry, Biochemistry and Member of the Balkan Society of Medicine.

manuela_stoicescu@yahoo.com