

CASE REPORT PRESENTATION

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*56 years old woman was admitted with
diagnose acute myocardial infarction*

It was confirmed by:

- ECG
- Echocardiography
- Hyperenzymemia
- Coronary angiography

Previous history:

- Arterial hypertension
- Myocardial infarction
- Duodenum peptic ulcer
(remission from 1997)
- Chronic cholecystitis
- No family history of any
chronic diseases

Treatment:

- Anticoagulant therapy
- Disaggregant therapy
- B- blockers
- Hypotensive drugs
- Statins

After 4 days her condition worsened

- Intensive spasmodic pain in hypogastria, pubic region
- Nausea
- Vomiting
- Objectively: BP 120/74 mmHg, HR 74/min, Tp. 36.7° C, RR 16/min. Abdomen was inflated, painful during palpation in all parts.





Blood test

- Hb - 143 g/L (N 120-140 g/L)
- Ht - 39% (N 36 – 42%)
- RBC - $4.46 \times 10^{12}/L$ (N $3.7 - 4.7 \times 10^{12}/L$)
- colour index - 0.96 (N 0.86 – 1.05)
- platelets – $324 \times 10^9/L$ (N $180-320 \times 10^9/L$)
- WBC - $42,7 \times 10^9/L$ (N $4.0 - 8.8 \times 10^9/L$)
- ESR - 34 mm/h (2- 15 mm/h)
- Total protein – 51 g/L (65—85 g/L)
- Albumin – 19 g/L (34—48 g/L)
- Glucose - 5.8 (3.33—6.1 mmol/L)
- Uric – 6.1 (3.3 – 6.6 mmol/L)
- Creatinin – 85 (mmol/L)
- Bilirubin - 9.5 (8.6-20.5 μ mol/L)
- ALT- 266 U/L (<31 U/L)
- AST-90 U/L (<38 U/L)
- K-3.3 mmol/L(3.48-5.3 mmol/L)
- Na-128 (130.5-156.6 mmol/L)
- Cl -92 (95.9—109.9 mmol/L)

Your opinion...



Examinations:

❖ Abdominal ultrasound:

- Liver enlargement
- Small amount of fluid in pelvis minor

❖ Diagnostic laparoscopy: small amount of whitish chilosus exudates between loops in abdominal cavity and in left lateral channel, pneumatosis of colon.

❖ Abdominal X-ray:

- pneumotosis of colon loops
- multiple fluid level in small intestine.

Conclusion: adhesive small bowel obstruction

The next day diarrhea with unpleasant smell appeared.

Microscopic investigation of stool:

- Watery consistency, non-shaped
- Color – dark brown.
- Reaction – neutral.
- Muscle fiber - single in the field of sight
- connective tissue, fatty acids - small amount
- Leucocytes – 5 in the field of sight
- Erythrocytes up to 80 in the field of sight

*During defecation part of bowel wall
eliminated*

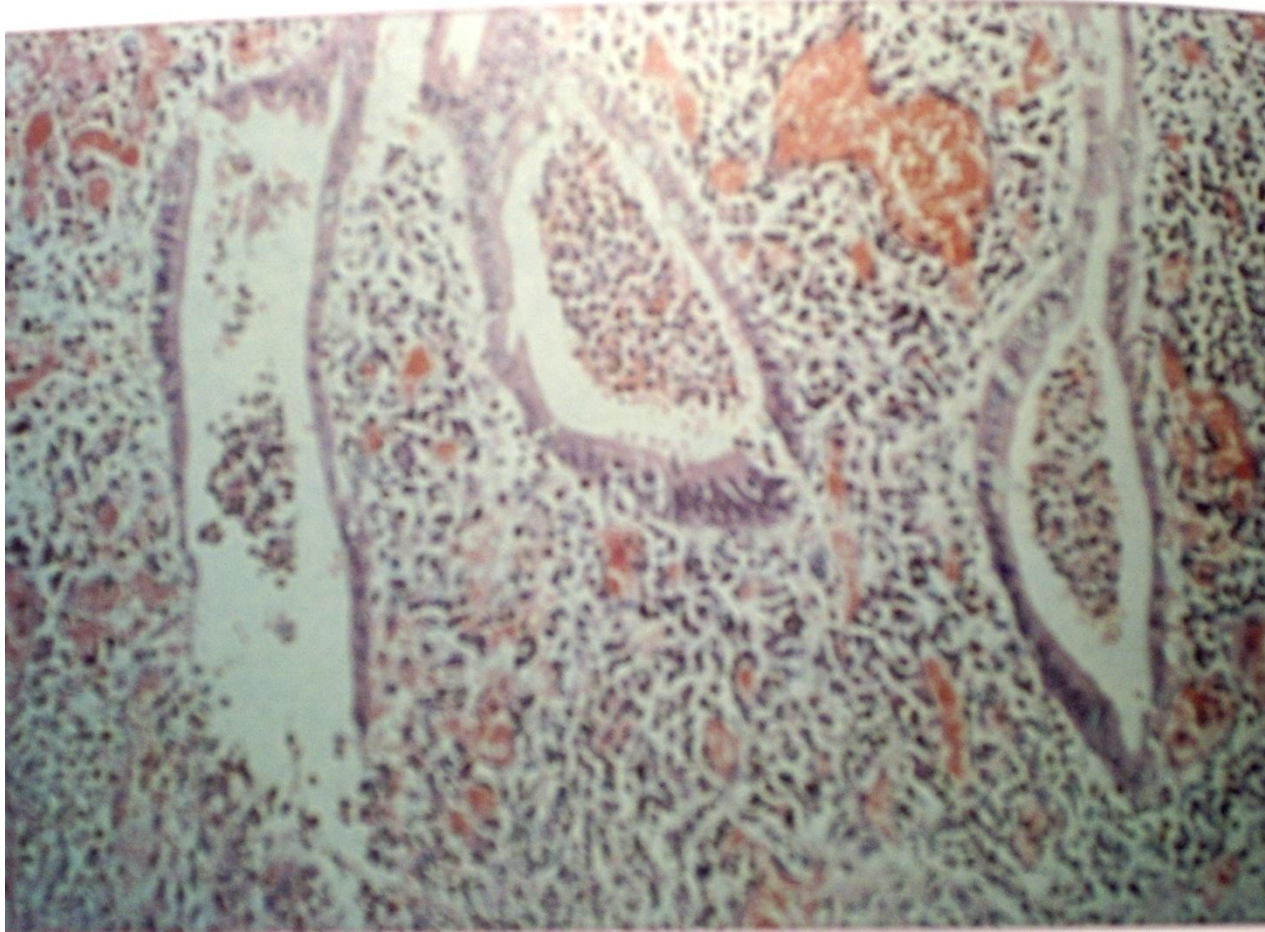
Histological investigation:

- gangrenously changed part of bowel nearly 40 sm length.

Colonoscopy: Erosive proctitis with
hemorrhage component.



Biopsy: colon mucosa with signs of chronic inflammation.



Treatment:

- sulfasalazine 1g bid
- Prednisolon 40 mg per day
- Hydrocortisone enemas
- Ciprofloxacin 500 bid

The patient condition improved and she was discharged.



THANK YOU!

