

急診室陷阱 970201

臺中榮民總醫院兒童醫學部

王建得醫師

9 M/O Female infant

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CHIEF      :< INTERMITTENT FEVER FOR 3 DAYS(JAN 19-21) WITH RHINORRHEA      >
COMPLAINT  < SKIN RASHES ON JAN 23. MANAGED AT LMD                        >
& PRESENT < FEVER RECURRED THIS MORNING, SHE WAS BORUGHT TO GUNG-TEIN H    >
ILLNESS    < SEIZURE ATTACK (GTCS WITH UPWARD GAZE FOR 5 MINS) THIS EARLY MOR >
           < NING.6 ATTACKS AT GUNG-TEIN H                                  >
           < TRANSFER FROM GUNG-TEIN H: S/P VALIUM 0.3-0.8-0.8MG           >
           < S/P DILANTIN 200MG IVP,FREQUENT UPWARD GAZE WAS NOTED AFTER THAT >
           <                                                                    >
PAST       :< DENIED                                                        >
HISTORY    <                                                                >
           <                                                                >
BIRTH      :<                                                                >
HISTORY    <                                                                >
FEEDING    :<                                                                >
IMMUNIZATION:
HISTORY    <                                                                >
PHYSICAL EXAMINATION: DATE < 970124 > TIME< 1445 >
VITAL SIGNS:BP< 91/50                >mmHg PR< 160 >/M RR< 25 >/M BT< 36.2   >oC
----- BW< 9.8 > ----- 請按執行鍵 -----
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General condition	< _ >	< ILL LOOKING	>
Consciousness	< >	< DROWSINESS	>
Head:	< >	<	>
Ant Fontanel	< >	< SOFT,FALT	>
Conjunctiva	< >	< NOT PALE,EAR DRUM:NORMAL	>
ENT	< >	< INJECTED THROAT ,ULCERS-, PUS-	>
Neck	< >	< SUPPLE,NO MENINGEAL SIGNS	>
Heart	< >	< RHB,NO MURMUR	>
Chest & Lung	< >	< CLEAR BS,NO RALES,NO WHEEZING	>
Intercost Rectr.	< >	< NO RETRACTION	>
Abdomen	< >	< SOFT,NO TENDERNESS	>
	< >	< NORMO-ACTIVE BOWEL SOUNDS	>
	< >	<	>
Rectodigital exam	< >	<	>
Back, Spine	< >	<	>
Extremities	< >	< FREELY MOVEMENT,NO LIMITED R.O.M.	>
Skin	< >	< RASH:MACULAR RASHES, CRT>2 SECS	>
Neurology	< >	< NO FOCAL SIGNS,+BABINSKI BIL,HYPERTONIC	>
	< >	< PUPIL: +/+, 2 MM/2MM,	>
DTR	< >	< +++/+++	>
Barbinski	< >	< -/-	>

急診累積報告

第一頁

DATE	TIME	ALB	TP	BIL,T	BIL,D	ALKP	AST	ALT	LDH	NH3	AMY				
970124	1450						121	32		139					
DATE	WBC	RBC	HGB	HCT	MCV	PLT	BLST	NEUT	BAND	SEG	LYM	MON	EOS	BAS	
970124	3300	4.99	13.1	38.2	76.5	98			15	12	42	22			
DATE	TIME	NA	K	CL	CA	BUN	CREAT	CRP	LIPASE						
970124	1450	134	4.8	104	7.5	27	1.2	12.3							
DATE	TIME	GLUCOSE	KETONE	CK	CKMB	PT-P	PT-C	APTT-P	APTT-C	TRO-T					
970124	1450	293													
DATE	SP-GR	PH	PROT	GLUC	KETON	BILI	UROB	OB	NITR	RBC	WBC	EPCEL			
970124	1.041	5	+/-	300	-	-	0.1	2+	-	5-10	5-10	6-10			
DATE	TIME	PH	PCO2	PO2	SO2	BEB	HCO3	TCO2	HGB						
970124	1450	7.367	26.5	277	99.9	-7.6	15.4	16.2	14.5						

970124 -- CT, BRAIN, STEM & CEREBELLUM

CT scan of brain:

1. With and without contrast enhancement CT scan of brain was performed.
2. Multiple artifact over both middle and posterior cranial fossa and causing difficult to evaluation the corresponding region brain condition are noted.
3. Decreasing density of bil. thalami, MRI for further

併發
症

< NIL

<

<

治療
經過

< UPON ARRIVING PER, THE PT WAS CYANOTIC WITH UPWARD GAZE AND HYPERE
< XTENSION OF LEGS, COMATOUS. VITAL SIGNS WAS 91/58 WITH HR 160. IVF
< HYDRATION AND N/S CHALLENGE WERE PERFORMED. O2 MASK WAS GIVEN. TH
< E O2 SAT WAS INCREASED FROM 92->99%. SHE WAS ADMITTED FOR FURTHER
< BP WAS 76/41.

< BRAIN CT AND KUB WERE DONE.

<

<

What is your diagnosis ?



Final diagnosis

Intra-abdomen sepsis, related to
Colon perforation

23 months , male toddler

主訴
病史

- < POSTPRANDIAL ABD DISCOMFORT FOR 2 WKS
- < EVER VISITED TONG H DUE TO ABD FULLNESS 2 WKS AGO
- < ABD DISCOMFORT AFTER INTAKE ,ESP MILK INTAKE
- < NKA
- <



出 院 摘 要

第二頁

併發
症

< NIL

<

<

治療
經過

< AT PER, SOFT ABDOMEN WITH DECREASED BOWEL SOUNDS WAS NOTED. KUB S

< HOWED STOOL IMPACTION.GB ENEMA WAS GIVEN AND MUCH STOOL PASSAGE W

< AS NOTED. THEABDOMINAL DISCOMFORT IMPROVED. THE APPETITE IMPROVED

< . AFTER EDUCATION OF HOME CARE,HE WAS DISCHARGED.

<

<

<

<

注意
事項

< Mag. Oxide tab 3 DAY 1 # TID;Biofermin tab 3 DAY 3 # TID;

< Duphalac sol'n 1cc 3 DAY 5 CC BID;

<

<

<

<

<

掛號日期時間： 970114 09:09

離院日期時間： 970114 11:29

2 days later



What do you do
next ?



Lin, Chia Jui: 001833510J
VGH-TC

16 Jan 08

9:43:01 am

6C2-S #86

H5.0MHz 100mm

6C2 Abdomen

NTHI General

78dB S1/+1/3/2

Gain= 0dB Δ=2

Store in



Supine

OXDCR:Rotate/Move

Move Marker

Final diagnosis

Ileal-ileal type intussusception,
Meckel's diverticulum related

- 14 y/o boy
- Intermittent abdominal pain for 3 days.
- **Bilious vomiting** for 3 times
- Watery diarrhea for times.
- No fever, decreased intake
- PE: Abdominal distention, soft
- hyperactive BS,





Yang, Chun Sheng: 001924964A
VGH-TC

01 Oct 07

11:01:58 am

6C2-S #81

H5.0MHz 130mm

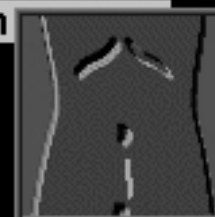
6C2 Abdomen

NTHI General

78dB S1/+1/3/2

Gain= 0dB Δ=2

Store in



Supine

XDCR: Rotate/Move

Move Marker

Based on the abovementioned
features ?

What is the diagnosis most likely ?

Further evaluation ?

- Abdominal CT
- In Tong Hospital, R/O small intestinal tumor.

Final diagnosis

- Intussusception,
- Meckel's diverticulum related

14 Y/O girl 960424

出 院 摘 要

診斷

< *Abdominal pain;

<

<

主訴
病史

< INTERMITTANT ABDOMEN PAIN FOR 2 DAYS

< NO FEVER, CONSTIPATION (+)

< AGE LAST MONTH S/P SUPPORTIVE TREATMENT FOR ONE WEEK

< NO DRUG ALLERGY HISTORY

< ACTOPIC DERMITITIS AND ALLERGY RHINNITIS

<



併發
症

< NIL
<

治療
經過

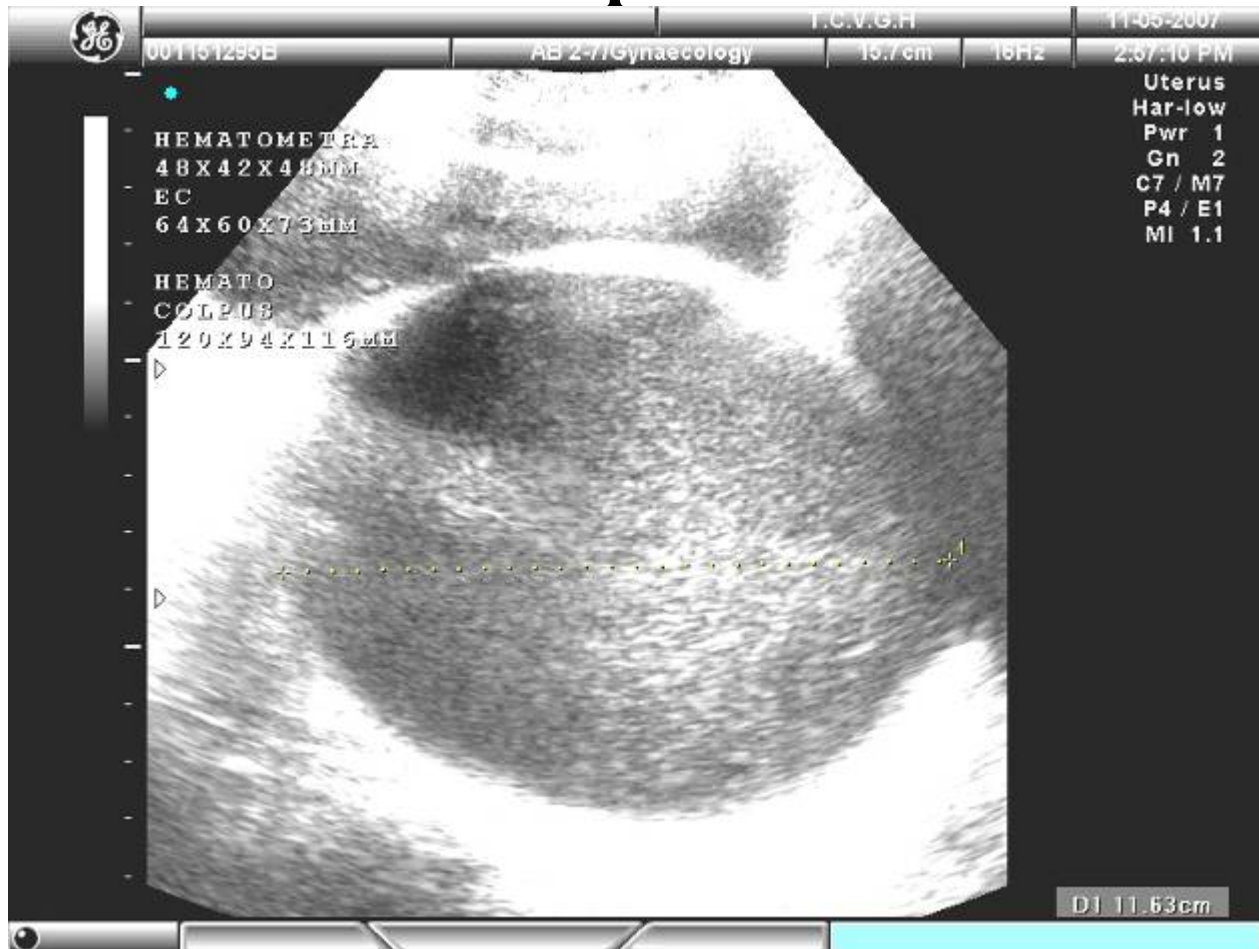
< THE PE SHOWED SOFT ABDOMEN WITH TENDERNESS OVER LOWER QUADRAN. NO
< MUSCLE GARDING WAS NOTED. THE KUB SHOWED STOOL IMPACTION. ENEMA
< WAS GIVEN. SOME STOOL PASSED OUT. EDUATE THE CHILD TO KEEP GOOD
< BOWEL HABIT.SHE WAS DISCHARGED WITH MEDICATION.

注意
事項

< Biofermin tab 3 DAY 3 # QID;Mag. Oxide tab 3 DAY 2 # QID;
< Acetaminophen tab 2 DAY 1 # Q6HPRN;Senokot tab 3 DAY 1 # QN

OPD F/U ???

One week later, visit regional hospital





960423 Focal ileus in upper abdomen.

Slight increased density in the pelvis, nature?

960515

出 院 摘 要	
診斷	< *Acute gastroenteritis; Abnormal menstrual problem - imperforated hymen c/p colpotomy; Thalassemia - suspect afa-trait; < <
主訴 病史	< epigastric pain and watery diarrhea 3 times this morning < vomiting attacked at midnight < just received colpotomy of hymen at our GYN OPD yesterday < inperforated hymenwith hematometra s/p colpotomy < Father: afa-thalassemia trait <

History taking:

Menarche : nil

Abdomen pain : duration 6 months
once every week, for several days

Final diagnosis

Imperforated hymen with
hematocolpus

6 y/o girl

出 院 摘 要

診斷 < *Acute gastroenteritis; Dehydration; Disorder of fluid, elec
< trolyte & acid-base disturbance; Sinusitis - BIL. MAXILLARY;
<

主訴 < VOMITING TWICE AND DIARRHEA FOR SEVEREL TIMES SINCE AFTER
病史 < EVER VISITED OUR PER YESTERDAY
< FEVER ATTACKED LAST NIGHT
<
<
<
<
<

Poor feeding and abdominal pain

PE: Lower abdomen mass



What is your
diagnosis ?

RMA

.FEEDBACK

PE

PE

AND PE

Thanks for your attention