Case Based Learning Series

"Student Led Adult Learning"

Presenting Complaint

8yr / F pmh chronic anaemia with transfusions for 2yrs

- Intermittent soiling of the underwear with fresh blood – 1 week

-Progressive Gen. body weakness

-Normal appetite and bowel habits.

Primary Survey

Airway: Patent

Breathing: Spontaneous, not in any obvious distress

Circulation: Severe conjunctival pallor with BP 106/61, PR 78, warm extremities

Disability: GCS-15/15, PEARL

Exposure : Prepubertal, Afebrile, soiled underwear with fresh blood, no signs of trauma

SAMPLE History

- **Signs & Symptoms: “**paper white”, tired looking with fresh blood soiled underwear
- **Allergies:** No known history
- **Medications:** Iron and Folate
- **PMH: S**evere anemia, blood transfusions, recurrent bleeding. No : NSAIDs or family h/o bleeding d/o or cancer, Sickle Cell negative
- **Last Meal:** > 3 hours
- **Events Leading to Presentation:** Normal daily activity, no associated pain.

Audience

Any additional information?

Expert

What are your initial thoughts?

What is you preparation and approach to this patient?

Expert opinion?

Any additional thoughts at this point?

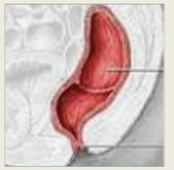
Any additional info you would want to get?

Secondary survey

Head and Neck: soft, no jugular venous distention of hepato jugular reflex

Chest: No bruising/ecchymosis, clear to auscultation

Abdomen: normal fullness, soft, no masses/ tenderness, no CVA tenderness, urethral or vaginal bleeding or lesions.



Per Rectal exam- nodular anterior rectal wall swelling, frank blood no melaena, no fissures/pain, no lesions visible

Extremities: pale, warm

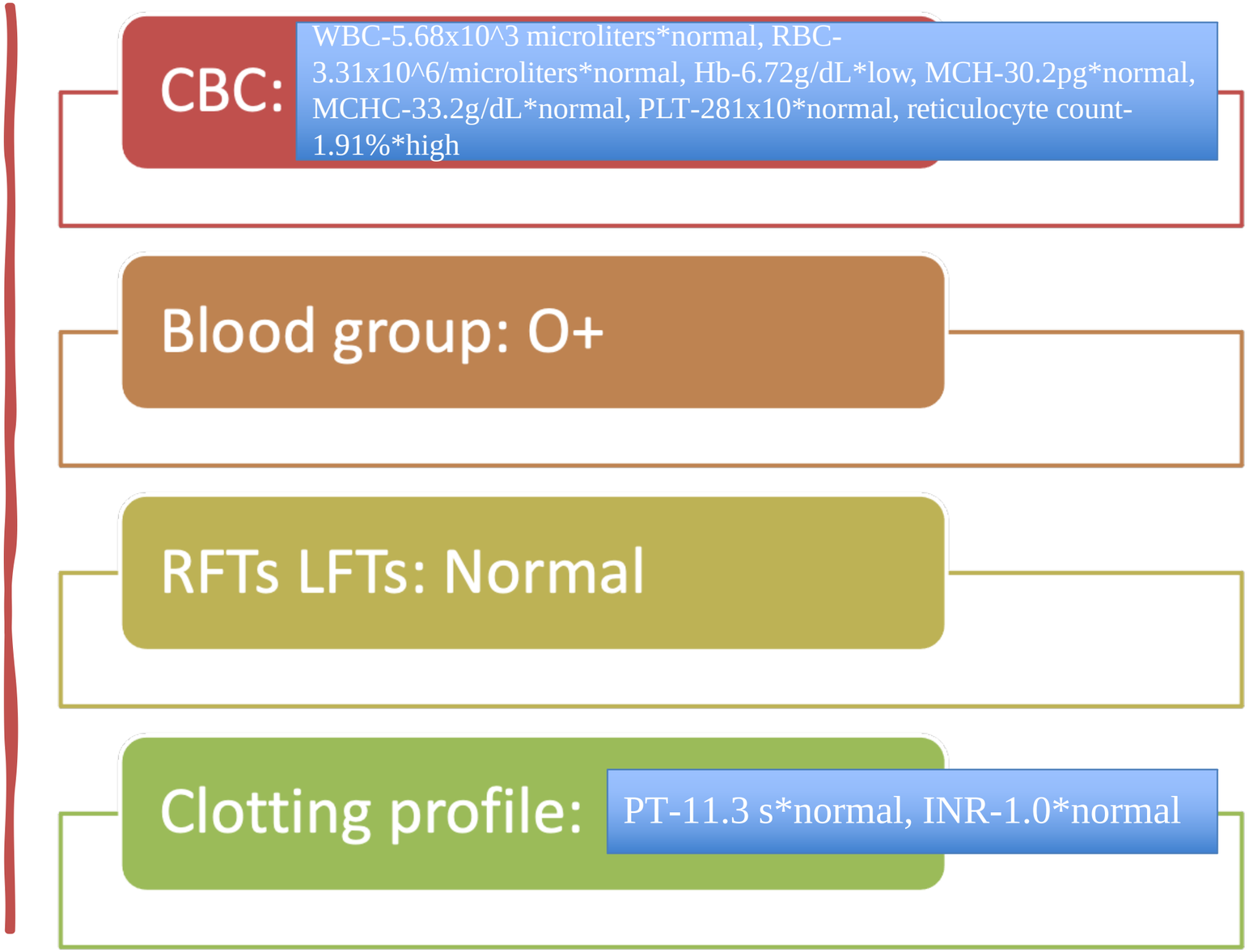
Neurological: GCS-15/15, no deficits

Skin: no lesions, rash or scars

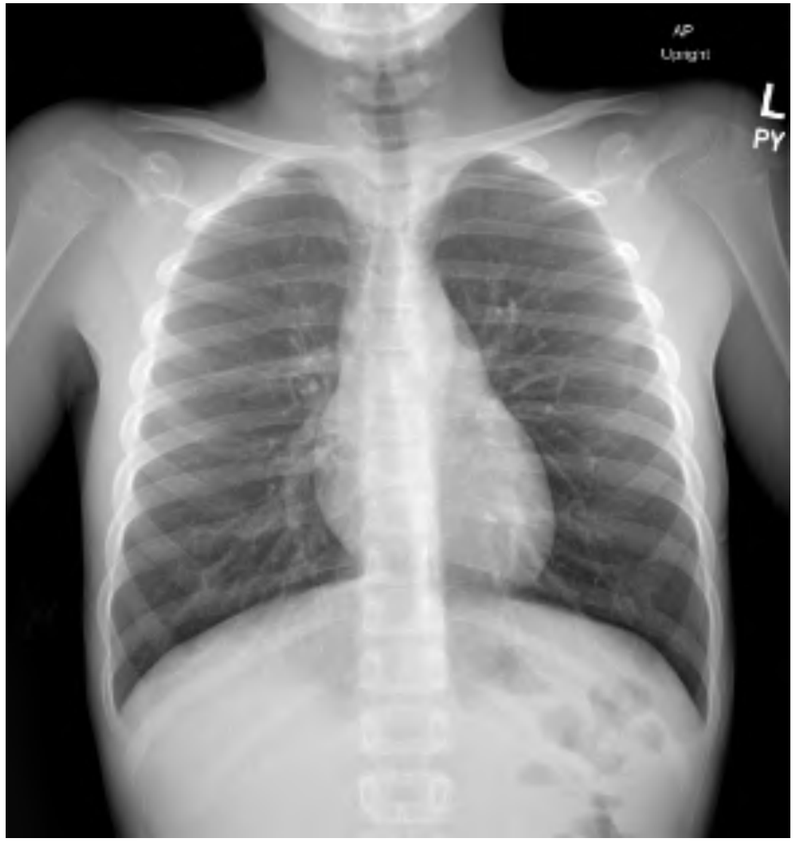
ED Intervention

- Took off blood samples for: CBC, Group X-match, LFTs, RFTs, Coagulation profile
- Gave 500mls normal saline, 2mls Vitamin K , 250mg Tranexamic acid, 1 unit of packed cells
- Empiric 1g Ceftriaxone, Metronidazole

Labs and imaging



Chest X Ray



Expert opinion

What are your differentials at this point

What is your management plan?

ED course

After initial evaluation, she was moved to the surgical ward with concern for bleeding from rectal mass pending lab results and anticipating blood transfusion

Expert opinion

What are your dispo options

Any consult options?

Hospital course

- Admitted on surgical ward.
- 5 units of packed cells
- Improved hemoglobin count
- Reviewed by a surgeon
- Examination under anaesthesia and biopsy of rectal mass
- Stable, discharged, to be reviewed with histopathology.

Expert

Pearls and pitfalls

Paediatric GI bleeding

Key questions

Is this really blood?

Is it from the GI tract: could be vaginal or urinary

Amount: Large vs Small

Has this happened before?

Differentials (2yrs – teens)

Fissures : Small , fresh blood, painful , constipation

Infections (colitis, gastroenteritis): usually with diarrhea, fever sometimes pain

Hemorrhoids, polyps, vascular malformations

Intussusception: Intermittent pain and bloody stools

Differentials (2yrs – teens)

Inflammatory Bowel Disease: Recurrent, pain relieved by passing stool

Celiac disease: Triggered by gluten intake in allergic kids

Hemolytic Uremic Syndrome: + Uremia and anaemia, 1-2 weeks after diarrhea

Henoch Schoenlein Syndrome: Associated with palpable rash and associated with intussusception

Rectal and peptic ulcers syndrome

In the EMERGENCY ROOM

Recognise / anticipate massive bleeding

- Altered vitals
- Small or moderate bleeding in chronically anemic patients can cause instability
- Melaena stool or copious fresh blood
- Place two large boor cannulae
- Group cross match

Don’t miss high risk conditions:

- Cancer, bleeding disorders, ulcers, ruptured aortic aneurysm (kids with connective tissue disorders)

Acknowledgement

Dr. Robert Wangoda, Surgeon, Mentor

Dr. Anna Kaguna, Emergency Physician, Moderator

CPC WALL OF FAME

TOPIC	PRESENTER	EXPERT	MODERATOR	MENTOR	DIAGNOSIS
Altered Mental Status	Dr. Jimmy Atyera	Dr. Kenneth Bagonza	Dr. Daniel Olinga		Atrial Fibrillation
I Can’t Breathe	Regan Kakande MBChB V	Dr. Doreen Okong	Dr. Anna Kaguna	Dr. Daniel Olinga	Tension Pneumothorax
My Neck is Stuck	Dr. Emmanuel Mbaruk	Dr. Joseph Kalanzi	Dr. Anna Kaguna	Dr. Tracy	Tetanus
It keeps dripping	Henriettah Lunkuse MBChB V	Dr. Ambrose Okello	Dr. Anna Kaguna	Dr. Robert Wangoda	Rectal Polyp

CPC Secretariat:

Emmanuel Okumu , Andrew Twineamatsiko, Bonaventure Ahaisibwe , Jimmy Atyera, Daniel Olinga, Anna Kaguna