

ACUTE ABDOMEN CASE PRESENTATION

PRESENTER:

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Biodata and Presenting complaints

Biodata

- K.C
- 8/12 male
- Kikungiri, Mwanjari, Southern division, Kabale
- Admitted on: 19/5/2023
- Referral: Kamukira Health Center IV

Presenting complaints

- Vomiting for 3/7
- Constipation for 3/7
- Bloody diarrhoea for 2/7
- Abdominal swelling for 1/7
- Excessive crying for 1/7
- Fever for 1/7
- Refusal to feed for 1/7

On examination

Very sick looking, Seated upright on the Mother's laps. Mild pallor of mucous membranes. T= 38.6°C	Normal anthropometry (Weight 6.5kg; Length 66.5 cm)	
Airway	Patent	Maintained airway
Breathing	Tachypnoea 58 breaths/min SPO2 98% in room air	
Circulation	Features of severe dehydration: Anterior fontanelle sunken Sunken eyes, No tears Capillary refill time 2 secs Tachycardia 170 beats/min, Thin volume Blood pressure: 90/55mmHg	Plan C IV access Normal saline 30mls/Kg for 1 hour 70mls/Kg for 5 hours

Examination (cont'd)

Disability	<p>Modified GCS <i>Eye opening; 4</i> <i>Verbal response 4;</i> <i>Motor response 5</i> <i>(Total: 14/15)</i></p> <p>Pupils equal and reactive to light Normal tone and power No meningeal signs</p>	<p>Random blood sugar 7 mmol/L</p>
Exposure	<p>Abdomen: Grossly distended. Moving with respiration. Visible dilated loops No peristaltic movements Tenderness in the R iliac region Hyper resonant percussion note No bowel sounds. Rectal exam: Mucoid red current jelly stool</p>	<p>Nasogastric tube inserted; decompression</p>

Details of the history(SAMPLE)

• **Vomiting:**

- Projectile
- Initially yellow
- Bilious, non-bloodstained
- Large volume
- 5 minutes after feeding
- Associated with constipation

• **Diarrhea:**

- 2 days
- 5 episodes daily
- Small volume
- Mucoid blood stained

Details of the history (cont'd)

- **Abdominal distention:**

- Sudden onset

- Associated with:

- Excessive crying, refusal to feed, and fast breathing
 - Fever: Sudden onset, high grade and constant

SAMPLE History (cont'd)

A	Allergy	None
M	Medications	None
P	Past medical history	Not HIV exposed Index admission
L	Last meal	I day prior to admission
E	Events	None

Investigations

□ Complete blood count:

- Hemoglobin levels: 10.5g/dl
- **MCV(60fL) and MCHC(20):low**
- **WBC: 16.53**
- Neutrophilia 8.53(1.50-7)
- Lymphocytosis 6.4(1-3.7)
- **Platelets 1124 (reactive)**

□ Serum urea and creatinine:

- Normal

□ Serum electrolytes:

- Potassium 4.52mmol/L [normal]
- Sodium 115.6mmol [low]
- Chloride 89.0 [low]

□ Abdominal ultrasound scan: Target sign (see USS image)

□ Screened for HIV: negative

- Blood grouping and x-match

Ultrasound scan of the abdomen: Target (or Bull's eye)



Diagnosis and management

❑ **Diagnosis:** Intestinal obstruction; ? intussusception

- Severe dehydration
- Mild Hypochromic microcytic anemia??

❑ **Management**

- Called for help
- Informed the surgical team
- Meanwhile supportive management(ABCDE)
- Prophylactic antibiotics
- Pain killer; rectal paracetamol

Surgical management + follow up

- Informed consent
- Emergency exploratory laparotomy
- Ileo-colic intussusception found
- Viable gut; reduced
- Managed postoperatively with no complications
- Improved: discharged
- Currently doing well

Thank you very much

For your attention