

VAQ 2009.2.8 (XR)

A 70 year old woman presents with two days of increasing abdominal pain and vomiting.



- Describe and interpret her abdominal X-ray (50%)
- Outline your management (50%)

This supine abdominal radiograph shows multiple dilated small bowel loops as well as prominent large bowel. There is no air extending into the pelvis or rectum suggesting obstruction at this level. She will require symptomatic management, analgesia, iv fluids, NBM, and surgical admission. CT scanning may help establish underlying pathology.

Abdominal radiograph
supine
multiple loops of small and large bowel seen

Large bowel
caecal dilatation
ascending, transverse and descending colon all seen
apparent 'cut-off' of bowel gas at level of sigmoid colon
suggests lesion at this level
tumour
abscess e.g. diverticular

Small bowel

multiple loops visible
appearances suggest obstructive dilatation but can be seen with ileus
in presence of obstruction implies incompetent ileocaecal valve

Solid organs

no detail seen

Pelvic soft tissue density could be bladder, uterus

Bones

'bone quality' of pelvis and spine suggests physiologically younger patient than 70.

Interpretation

Obstruction at level of sigmoid colon

small+ large bowel obstruction through incompetent ileocaecal valve with marked caecal dilatation
multiple possible causes
adhesions
stercoral perforation
diverticulitis / abscess
colorectal carcinoma
gynaecological malignancy and GI invasion

Management

Supportive

Analgesia

1mg aliquots morphine IV titrated to pain

Antiemesis

ondansetron 4mg IV (avoid metoclopramide if obstruction), consider NG tube

Fluid support

IV 0.9% saline infusion 250ml/hr

correct electrolyte derangement (particularly K+)

fluid bolus 10ml/kg if hypotensive / evidence of shock, repeated as necessary

escalation to inotropic support if required

adjust according to clinical assessment / comorbidity as required (e.g. CCF)

Specific

Diagnosis

consider CT scan for underlying cause unless obvious from history (e.g. multiple previous similar episodes from known adhesions)

Disposition

Surgical admission