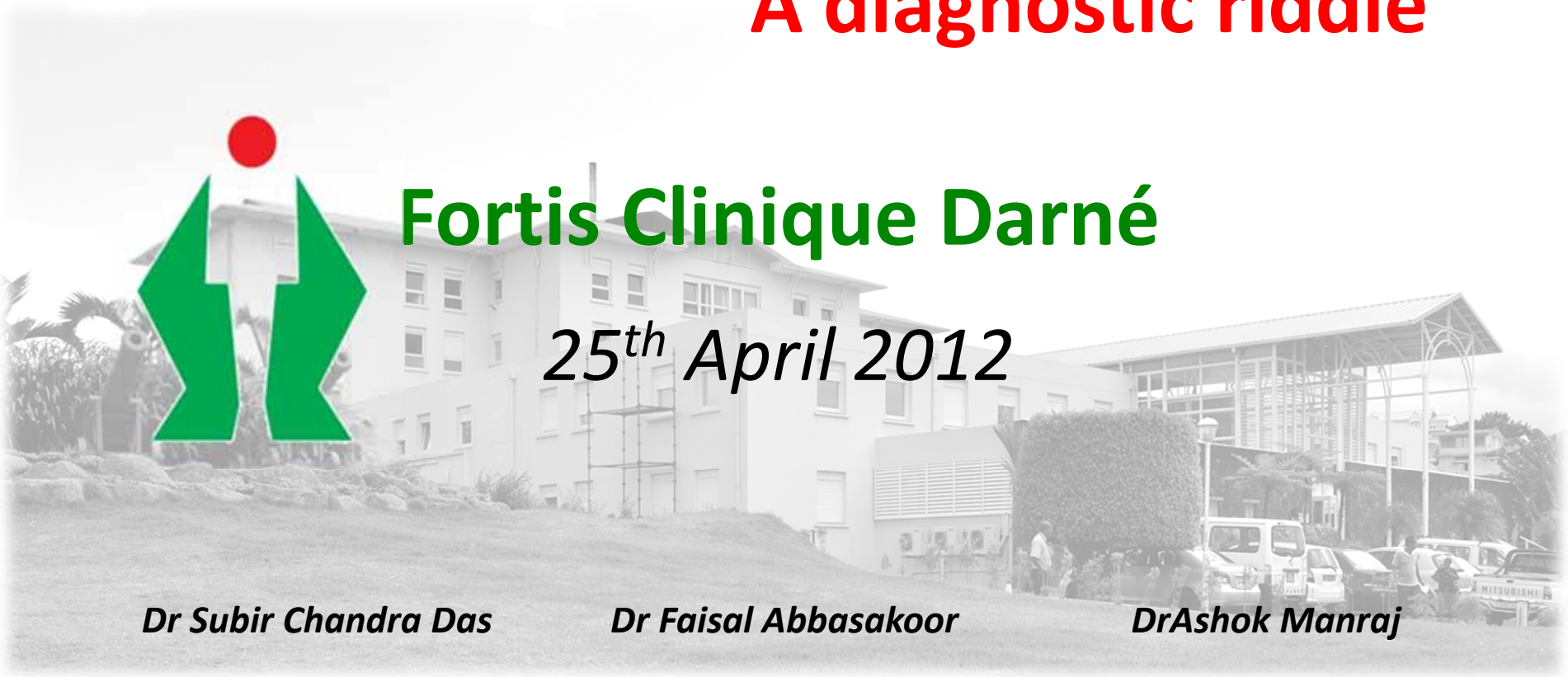
Haemorrhagic Shock
A diagnostic riddle



Fortis Clinique Darné

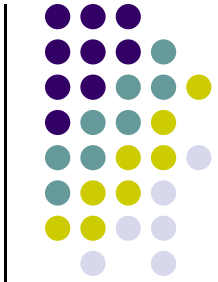
25th April 2012

Dr Subir Chandra Das ***Dr Faisal Abbasakoor*** ***DrAshok Manraj***

Fortis CLINIQUE DARNÉ

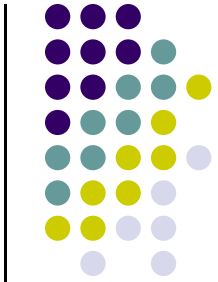

Dear
Dalai Lama

Presentation



- 27 year old male patient with
- 2 Episodes of blood in stools since morning
- Extreme generalized weakness
- Very pale looking

On Examination

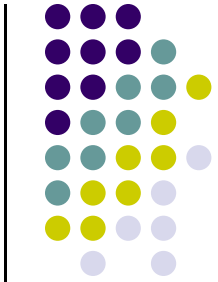


- Drowsy but arousable, responding to commands
- Unable to sit
- Losing consciousness when lifting head
- Severe pallor
- Thready pulse with cold clammy extremities
- HR: 138/min BP 80/60mmHg SpO2 100%
- CVS : S3 gallop
- RS : B/L Basal crepitations
- P/A : Firm in consistency. Tenderness in LIF and Hypogastrium. Bowel sounds sluggish.
- ***Hb 2.2g/dL***

Differential Diagnosis

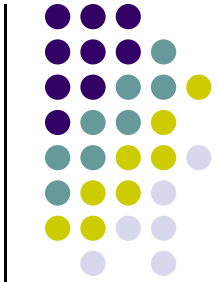
- Massive PU bleeding
- Meckel's diverticulum
- Colonic origin
- Idiopathic varices

Emergency Management



- Cross-matching for lifesaving blood and blood products
- Immediate intravenous fluid resuscitation initiated with colloids.
- Inotropic support started.(Goal MAP>60mmHg)
- IV Tranexamic acid infusion
- IV Vitamin K
- IV Antacids
- IV Antibiotics

Emergency Management Cont.



- Required MAP achieved
- Blood transfusions initiated
- ABG shows gross metabolic acidosis with hypoxia
- Immediate control of ventilation achieved and circulatory resuscitation continued
- Patient declared ASA IV – emergency and consent taken for emergency laparotomy

Past History

Since 1 year: (CANADA)

- Epigastric pain
- Decreased appetite
- Loss of weight

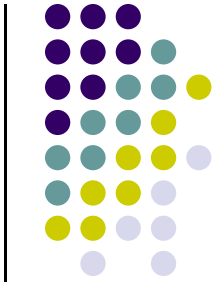
Since 7 months:

- Bloating sensation and hardening of abdomen
- Easy fatigability
- Was told to have low haemoglobin, iron, proteins and electrolytes

In September he received antibiotic therapy for H. pylori infection, without noticeable improvement in symptoms.

Had received treatment for Typhoid (whether evidence based not known)

Bouquet of investigations



- Fbc,kft,lft,
- Bleeding profiles
- Ct angio of the abdomen
- Intraopt gastroscopy
- Chest X Ray
- Cardiology evaluation

Findings

- Blood investigations typical of severe haemorrhagic shock with mild derangement of PT, APTT, INR (1.6)
- HIV I & II, HBsAg, HCV negative
- Brief of the CT findings:

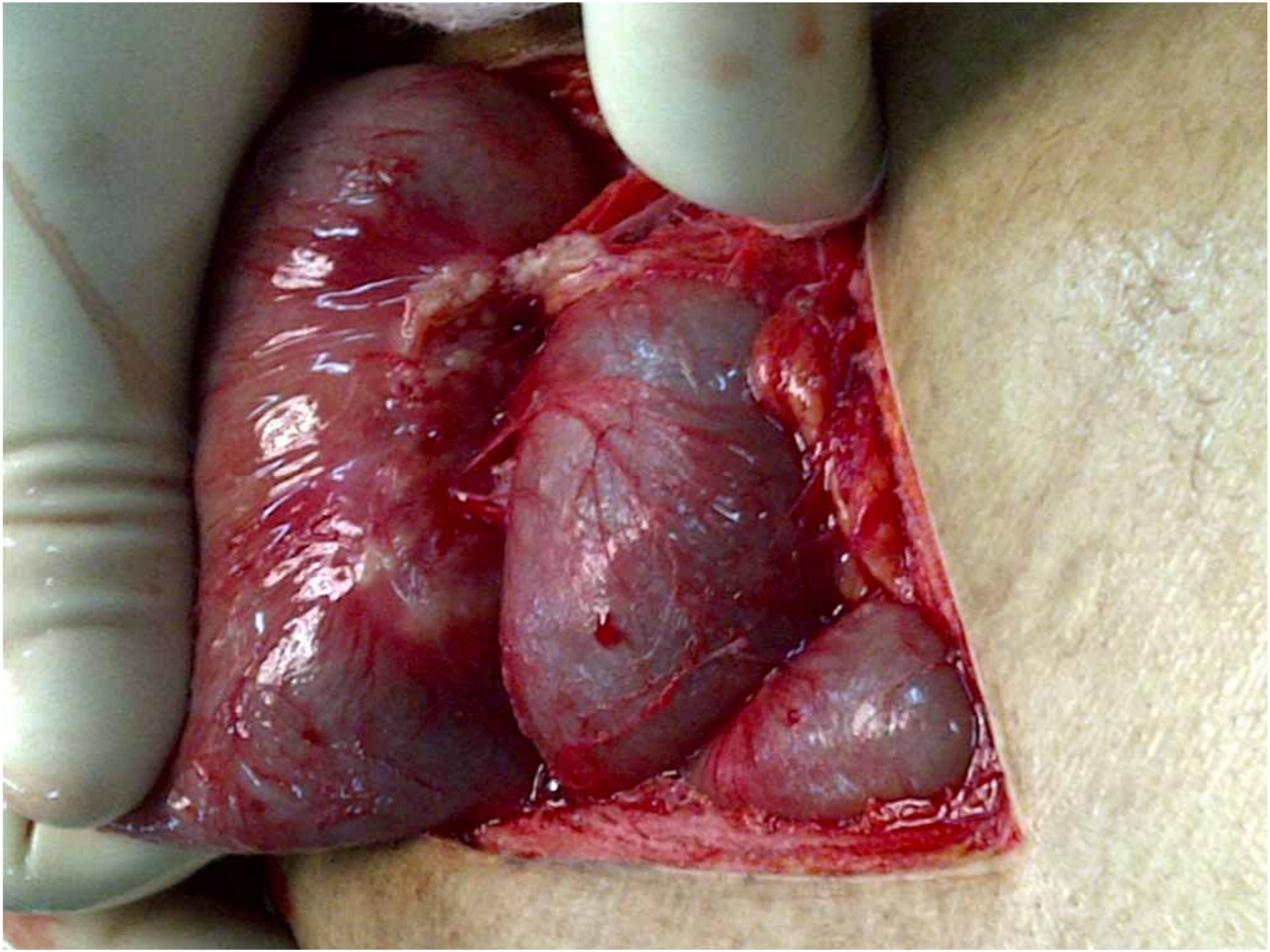
1. Mild ascitis in the pelvis,
2. Thickening of first part of DU,
3. No Lymphadenopathy,
4. Lytic Lesions in lower lumbar vertebrae and iliac crest!!!!
5. Blush jejunal area

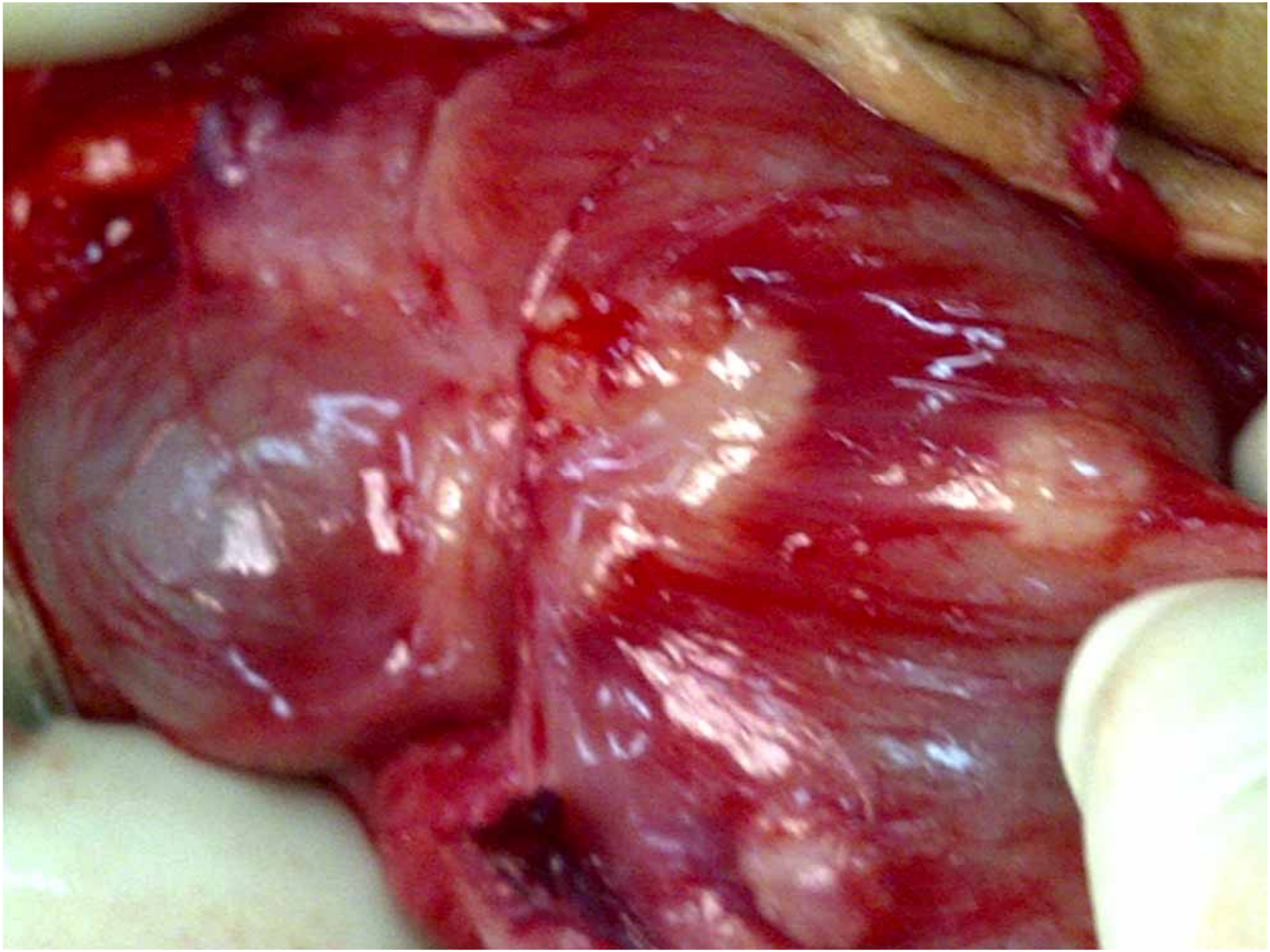
Surgeon's View

- ?Tumour related bleeding
- Gastroscopy : unremarkable.
- Planned to do laparotomy

- Findings :

1. 'Frozen abdomen'
2. Nodules everywhere (In small bowel, omentum, peritoneum)
3. Unable to even clear the area of dissection
4. Bowel loops matted to each other with nodules
5. Mucus/Gluey ascitis
6. Nodule biopsies taken

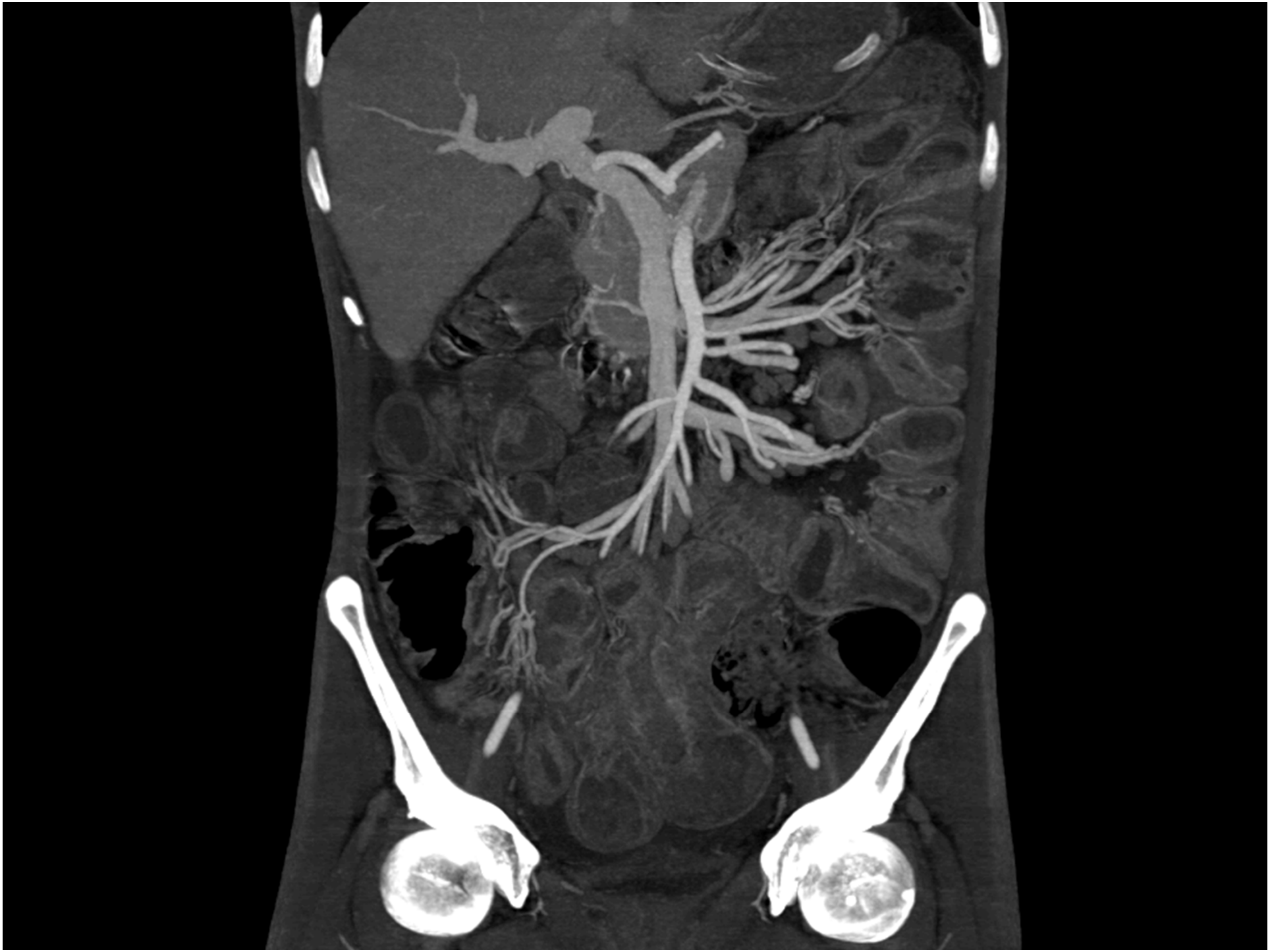


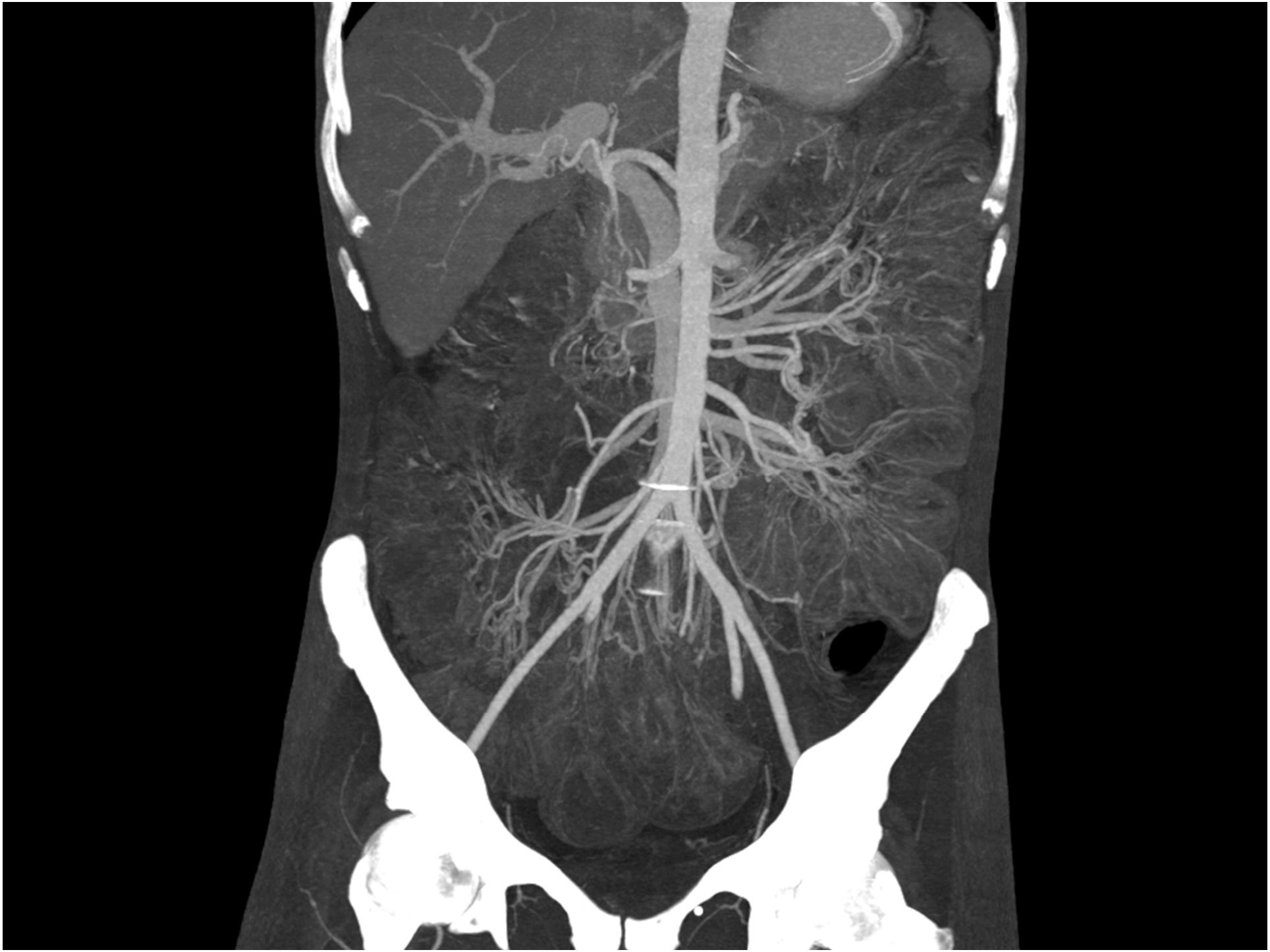


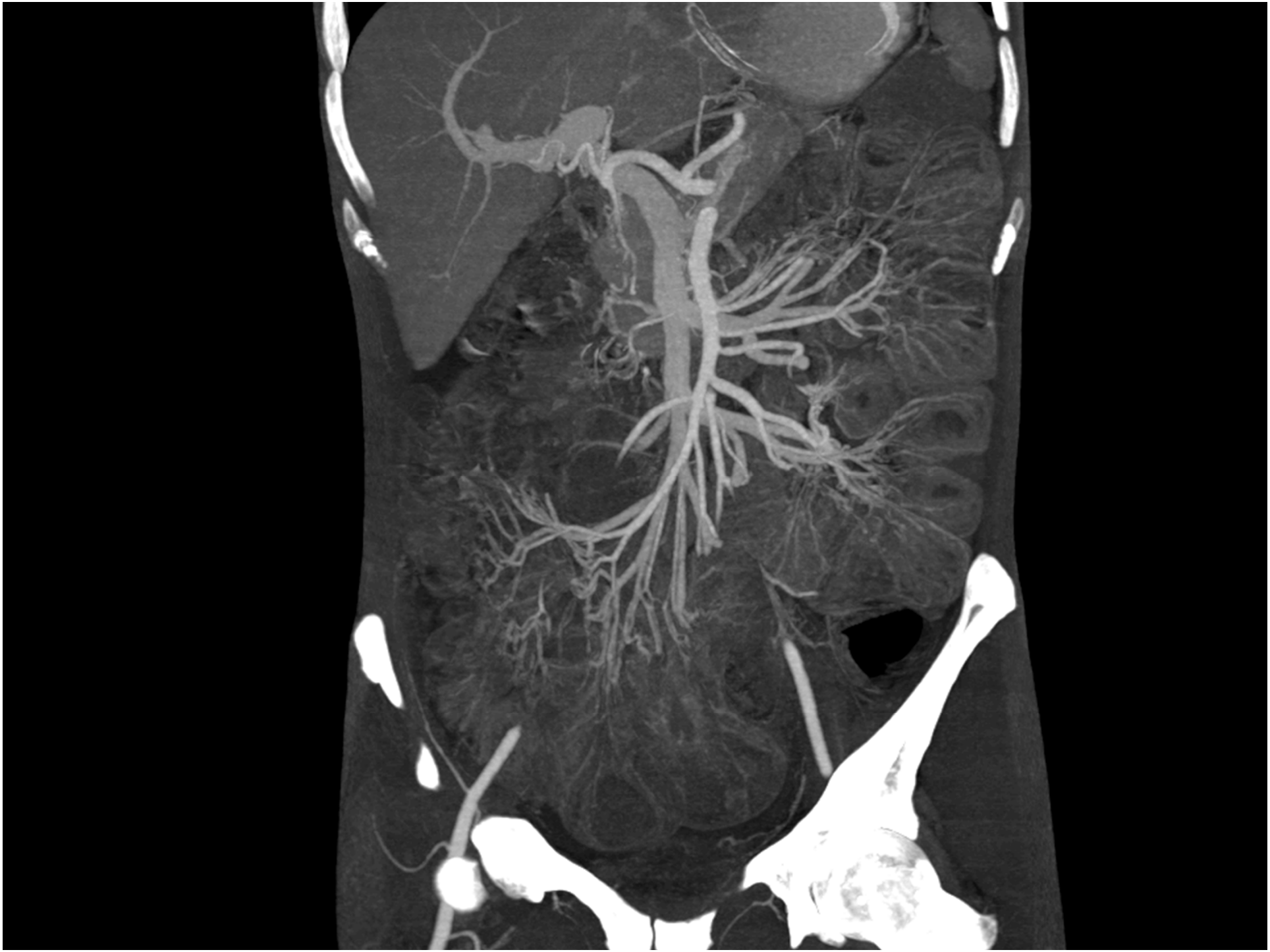
Riddles

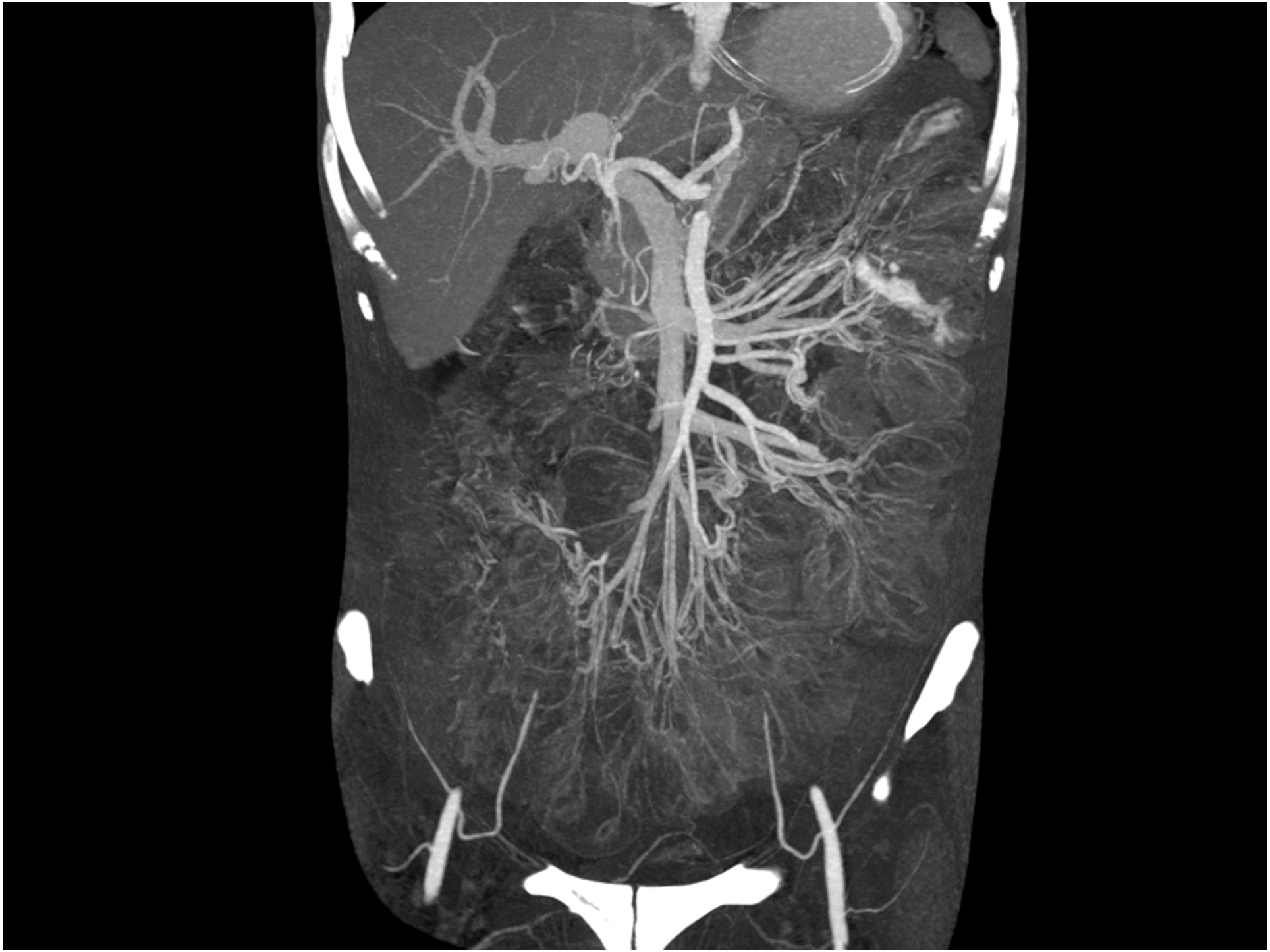
- What exactly is the cause of this acute haematochaezia leading to haemorrhagic shock?
  - Primary (carcinogenic) haemorrhagic lesions of jejunum?
  - Diverticular bleed?
  - Malignancy of unknown origin?
  - AV Malformations?
  - Ulcerative colitis?
  - Blood dyscrasias?
  - Infective causes?

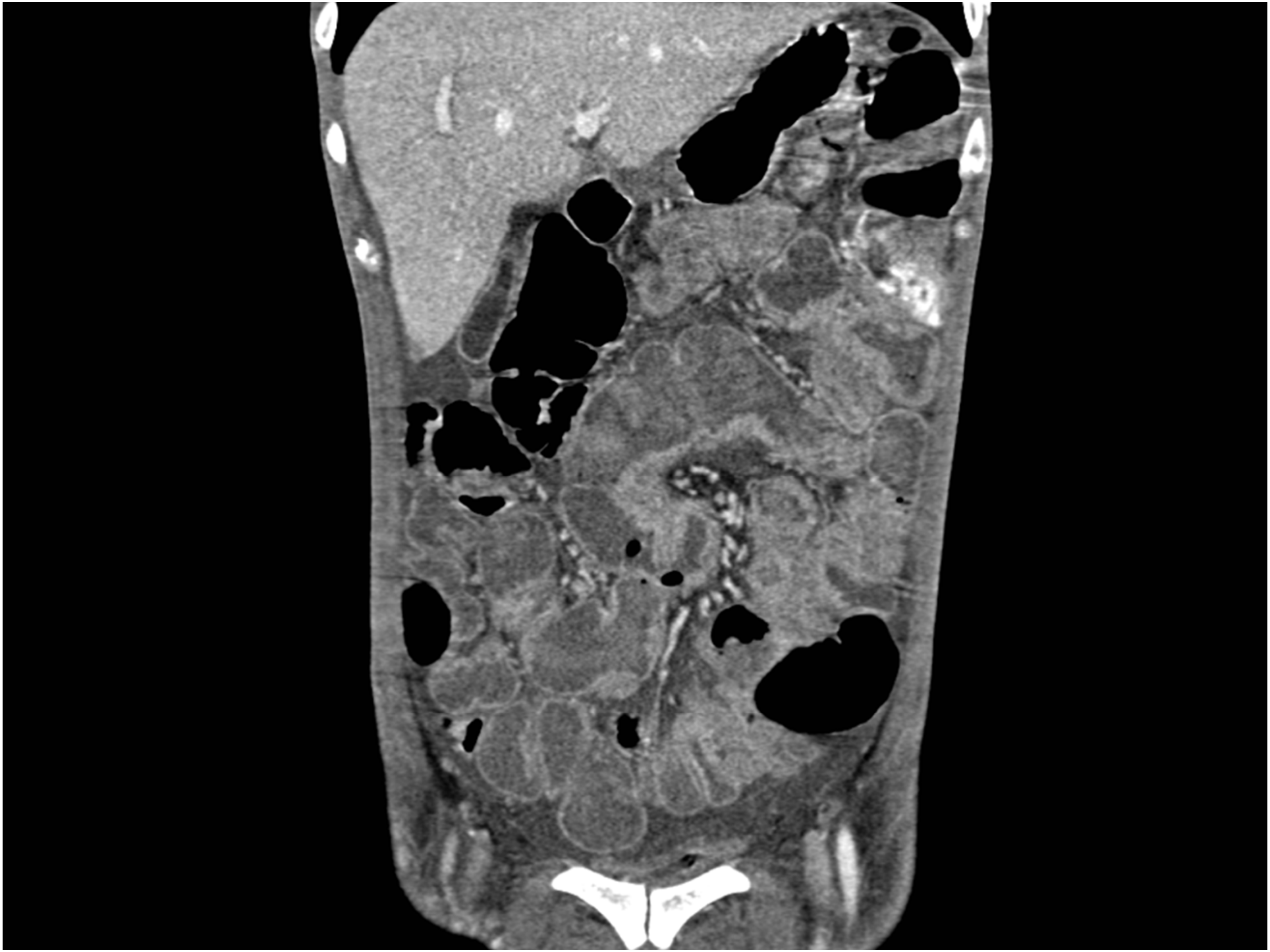
Radiological Discussion

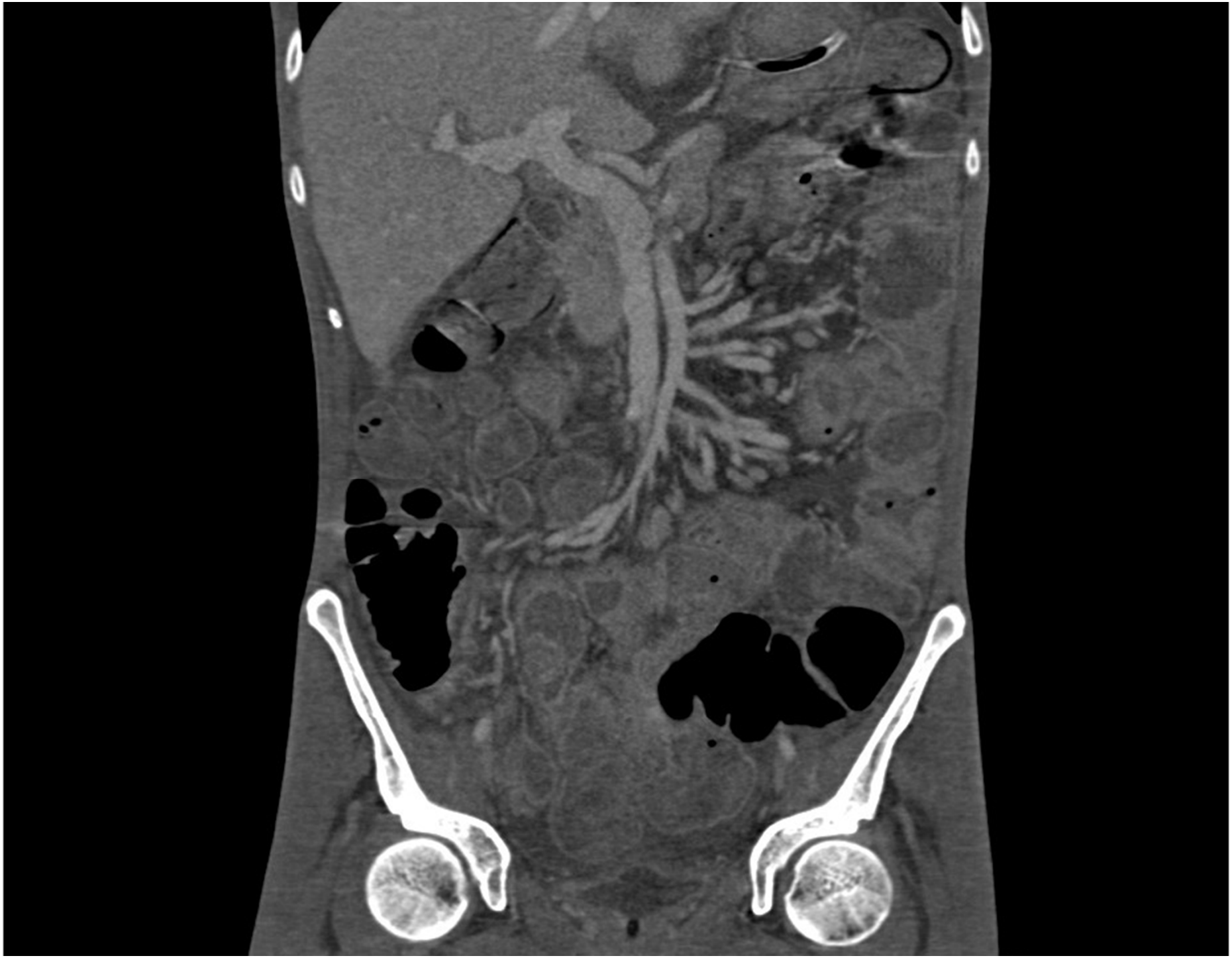


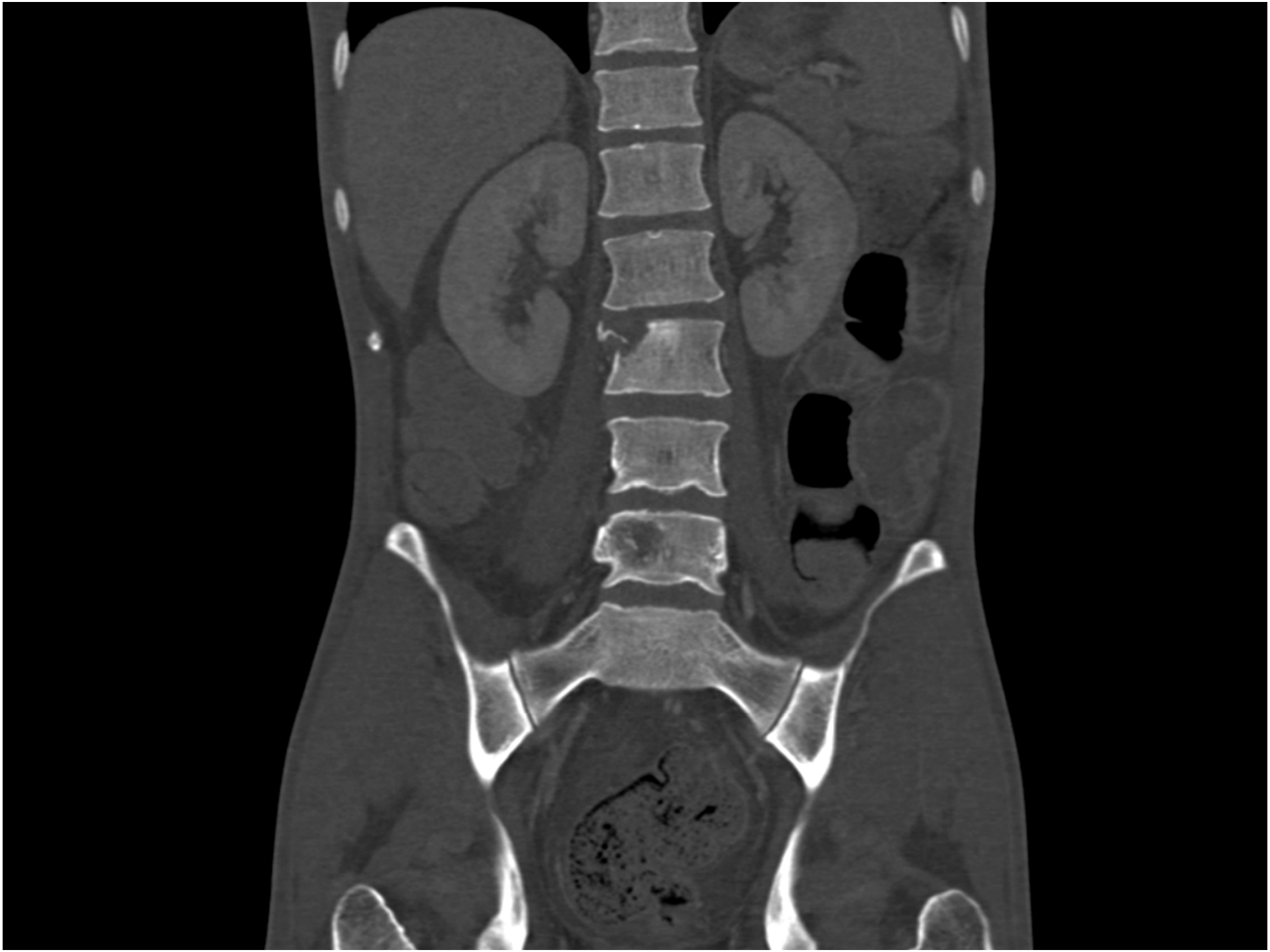


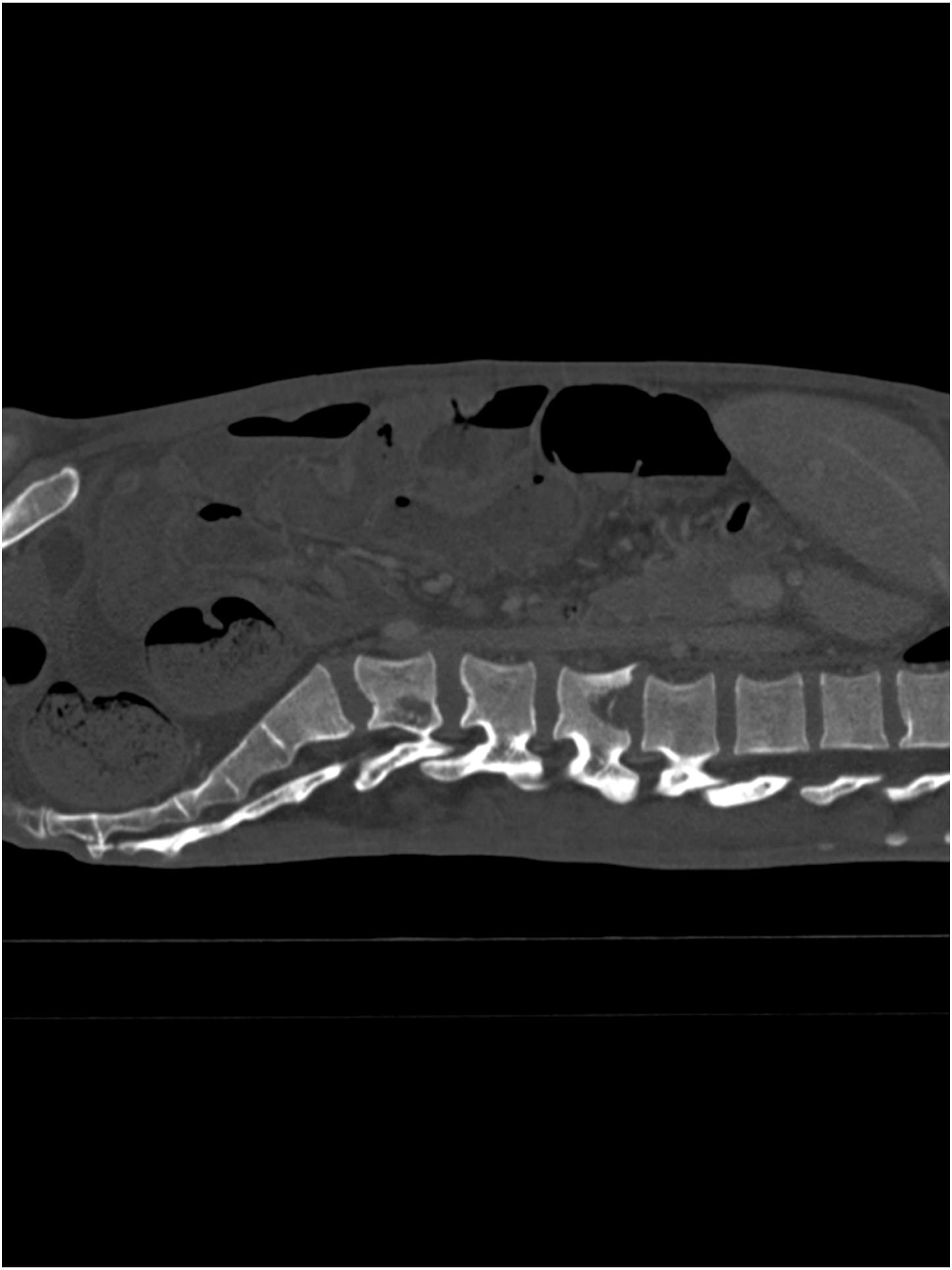


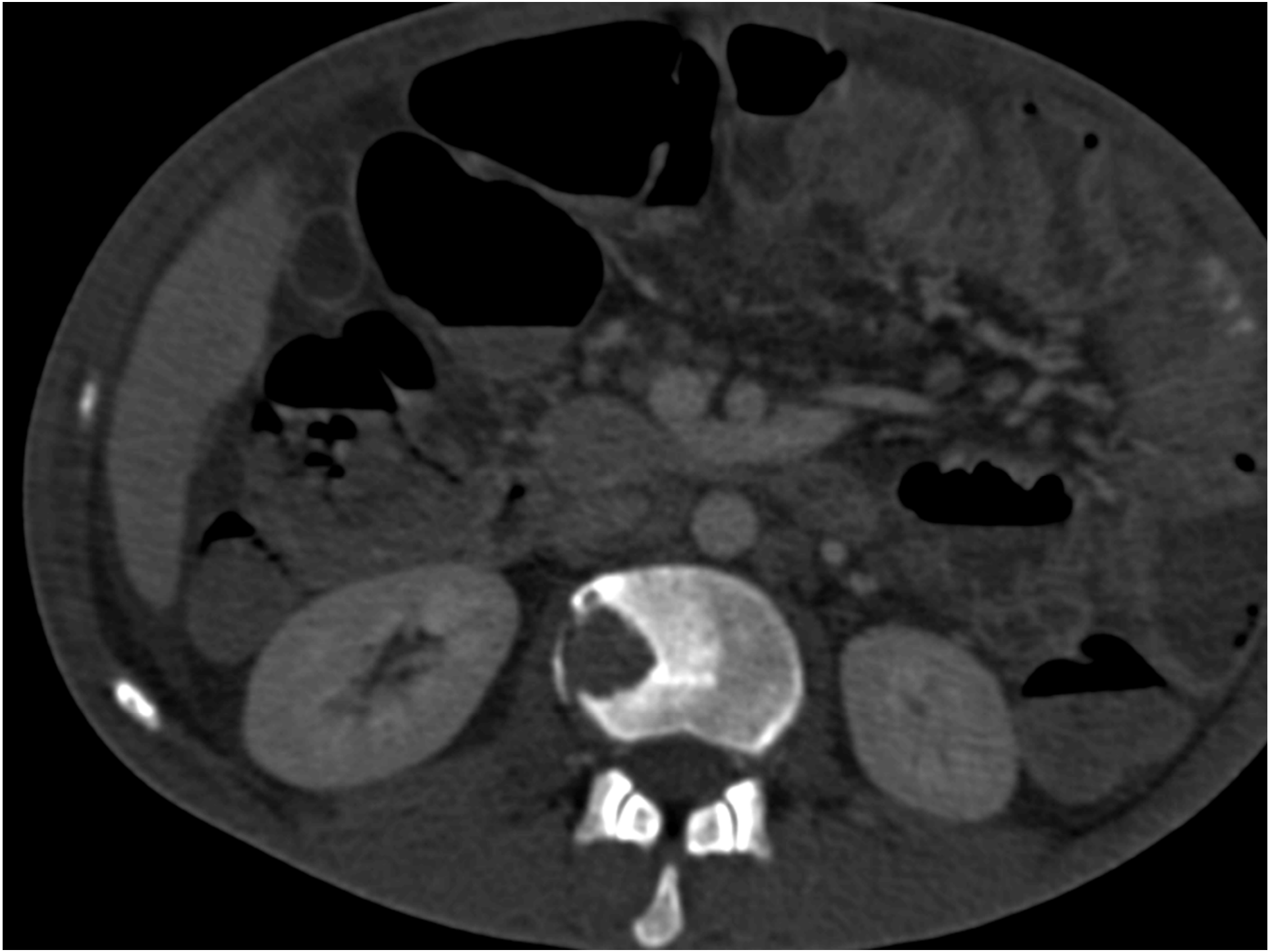


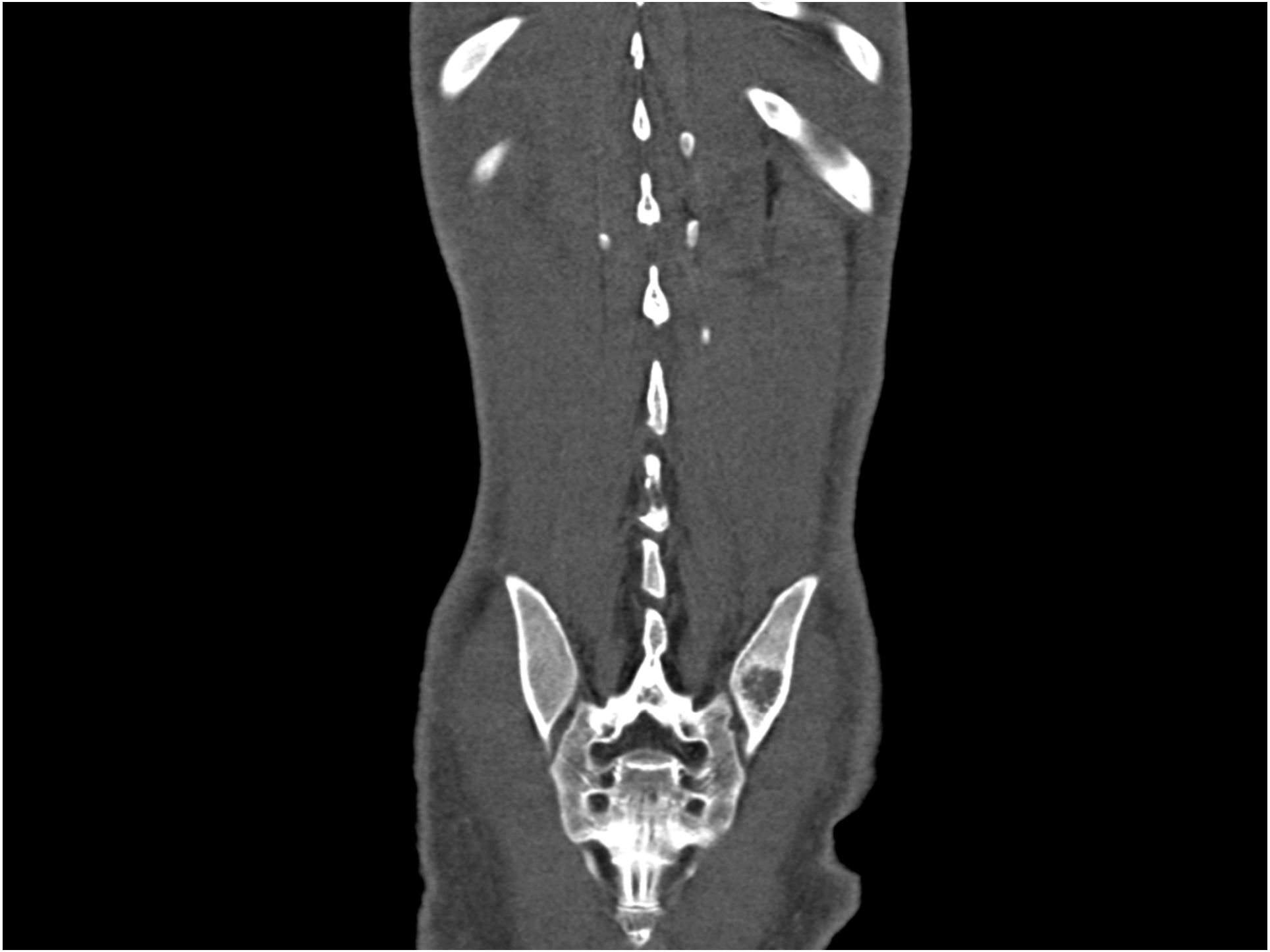


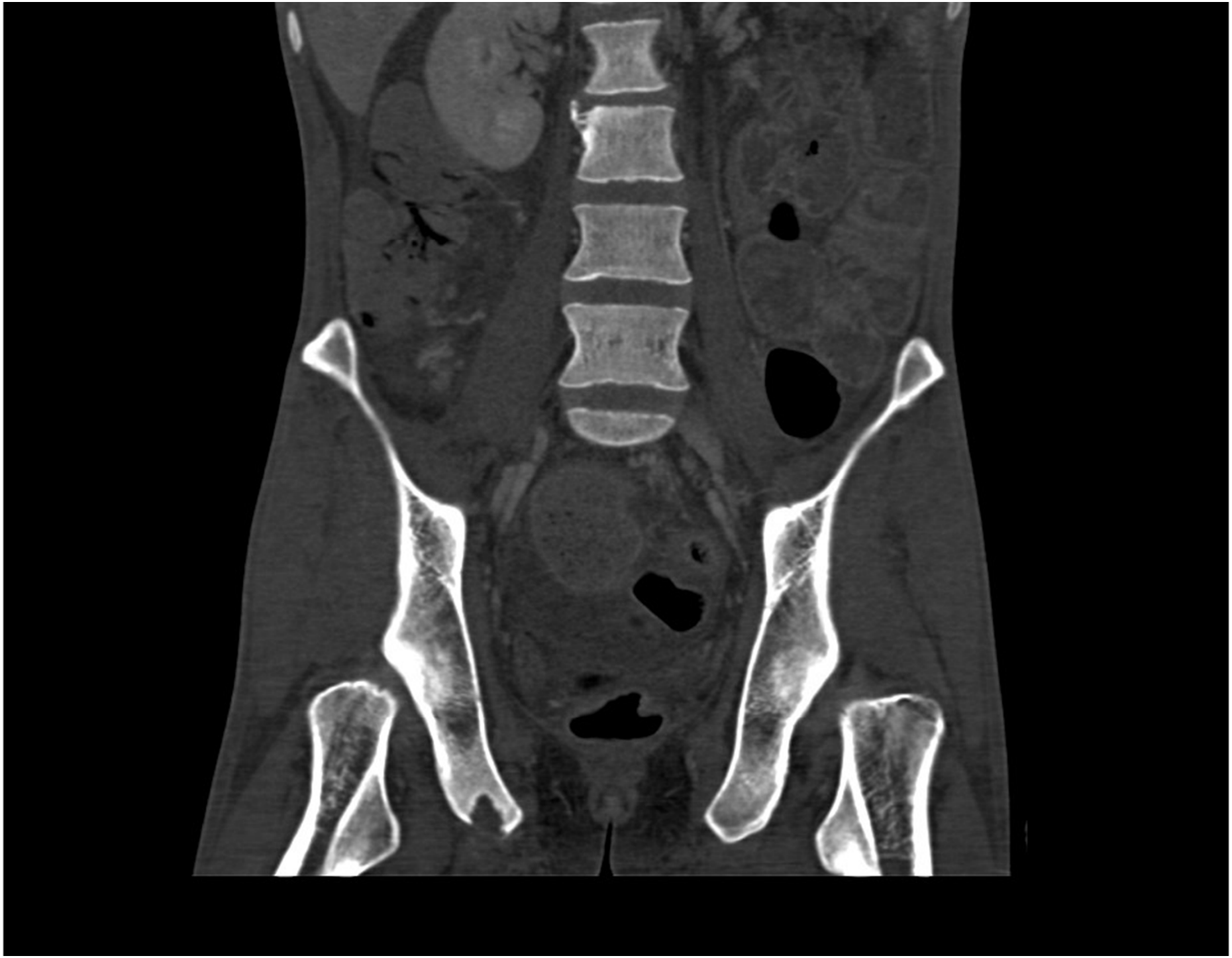




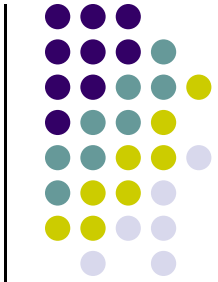








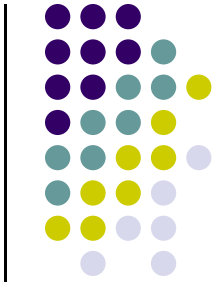
Biopsy Results



- Malignant cells…..
- ABSENT!

- Immunohistochemistry negative
- Positive findings : Caseating necrosis with lymphocytic infiltration seen in the biopsy specimen

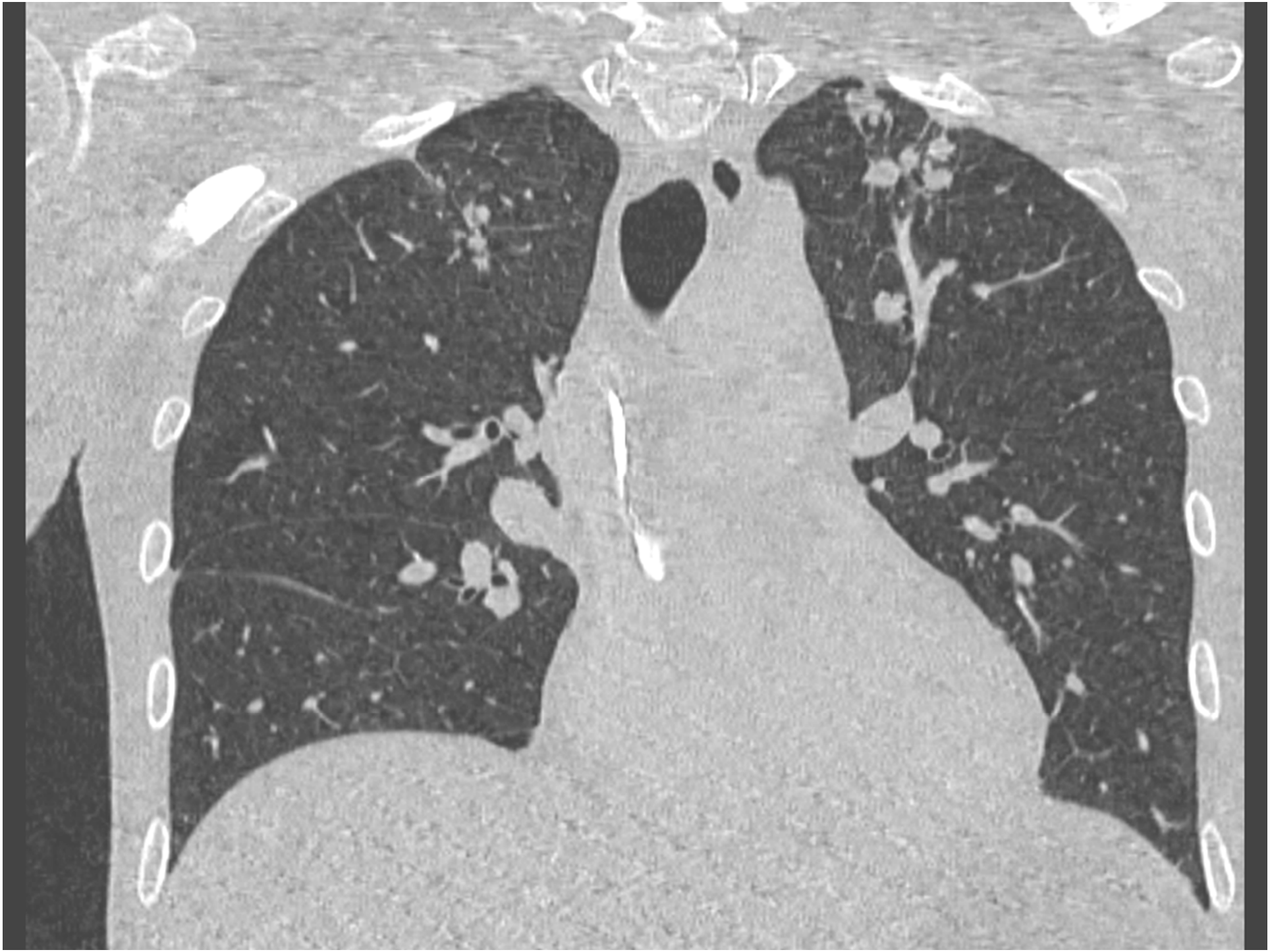
Inference

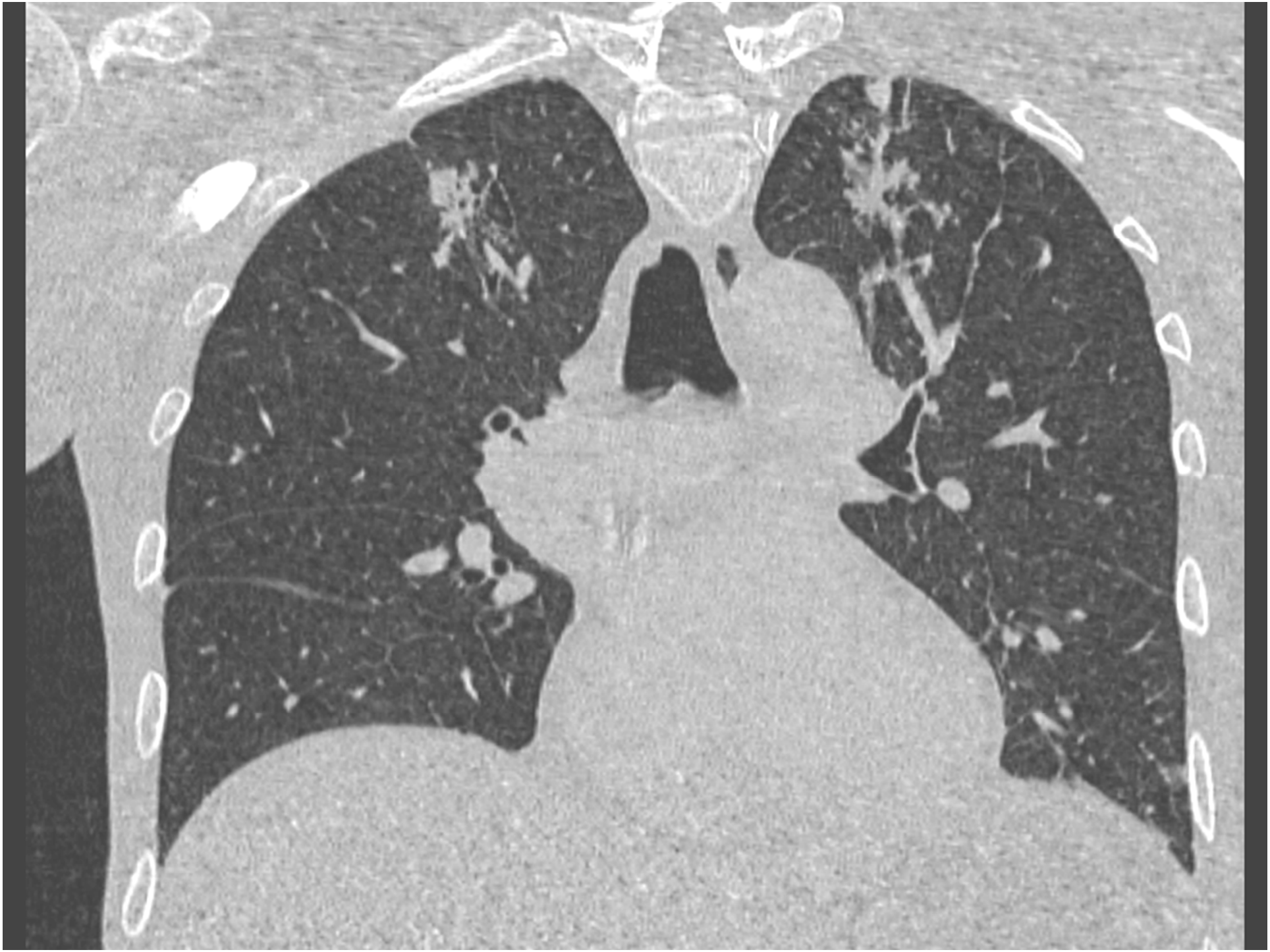


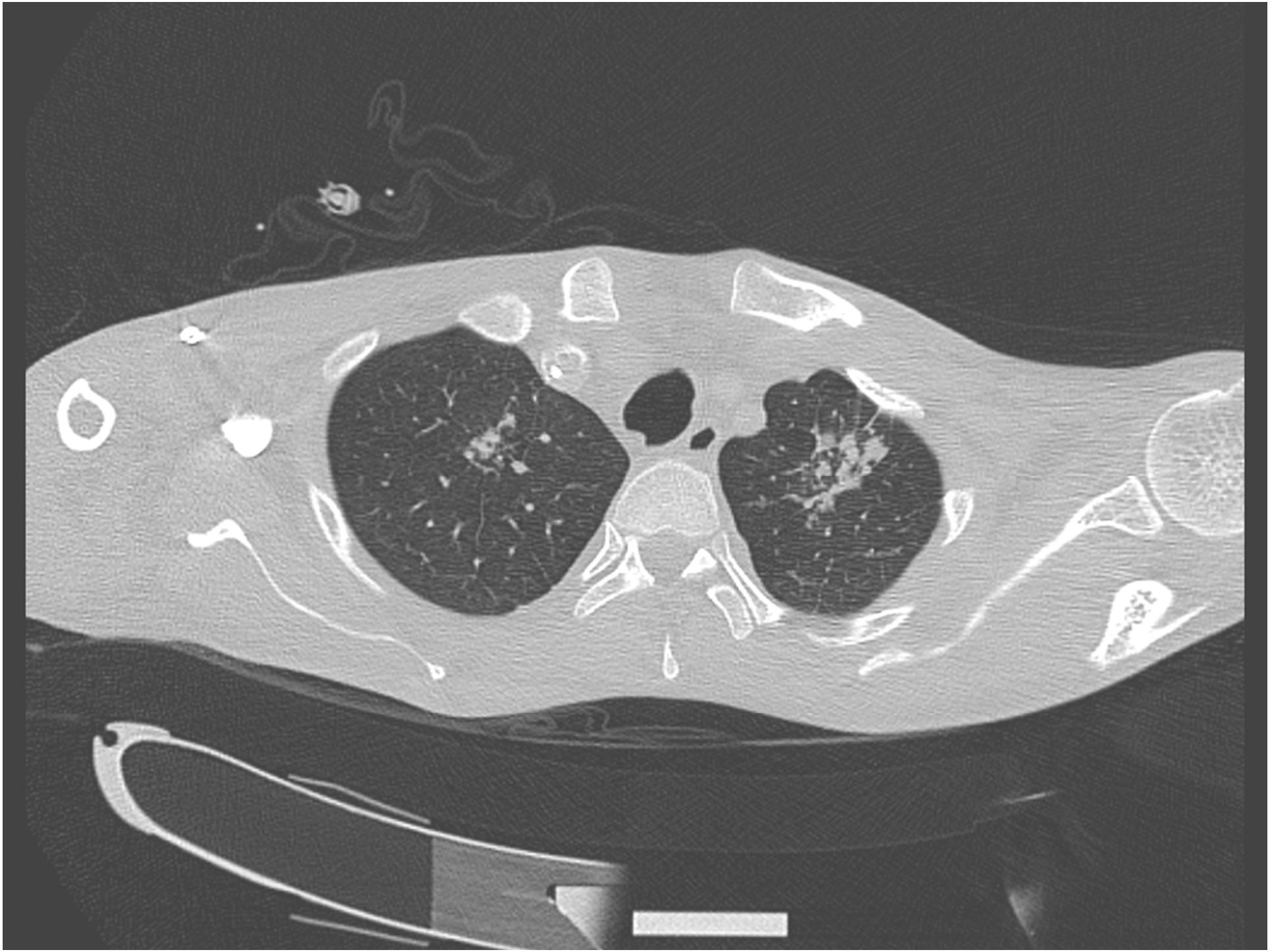
- Extrapulmonary Tuberculosis, planned for HRCT Chest
- Mantoux test performed… Mildly positive (12mm)
- First morning sputum for AFB (repeated for 3 consecutive days): Negative

- BINGO!!!

- Findings of HRCT Chest :







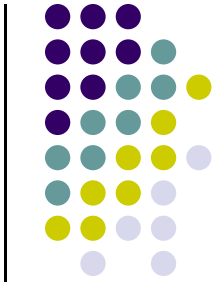
Wow!!!!!!!!!

Final Diagnosis

- Active Extrapulmonary Tuberculosis with pulmonary infiltration with ?Bone involvement

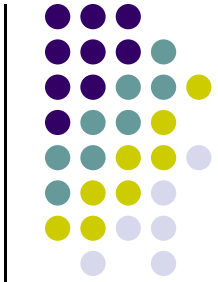
- Planned for serial CT scan of the abdomen to see the radiological response of lytic lesions of the vertebrae to the ATT

Treatment



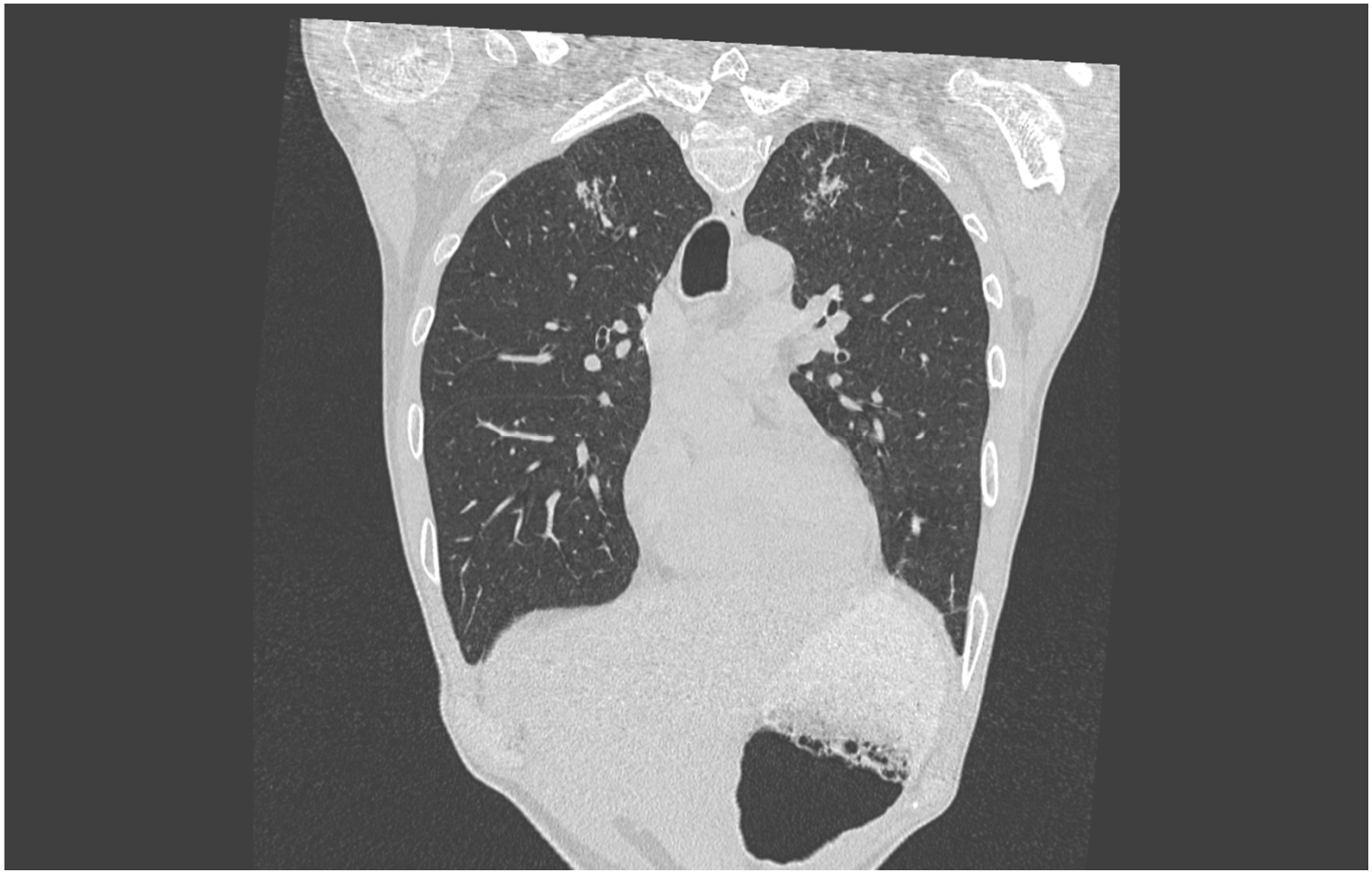
- Patient was initiated on 4 drug therapy of ATT under the guidance of Dr Reesaul according to the WHO protocol for extrapulmonary tuberculosis with acute dissemination
- Patient was weaned out of ventilator over the next 2 days post laparotomy

Clinical Response



- No further bleeding PR/malaena after 3 days of hospitalization.
- Immediate increase in appetite
- Improvement in feeling of general well being

Follow-up CT Chest – After 1 month of ATT



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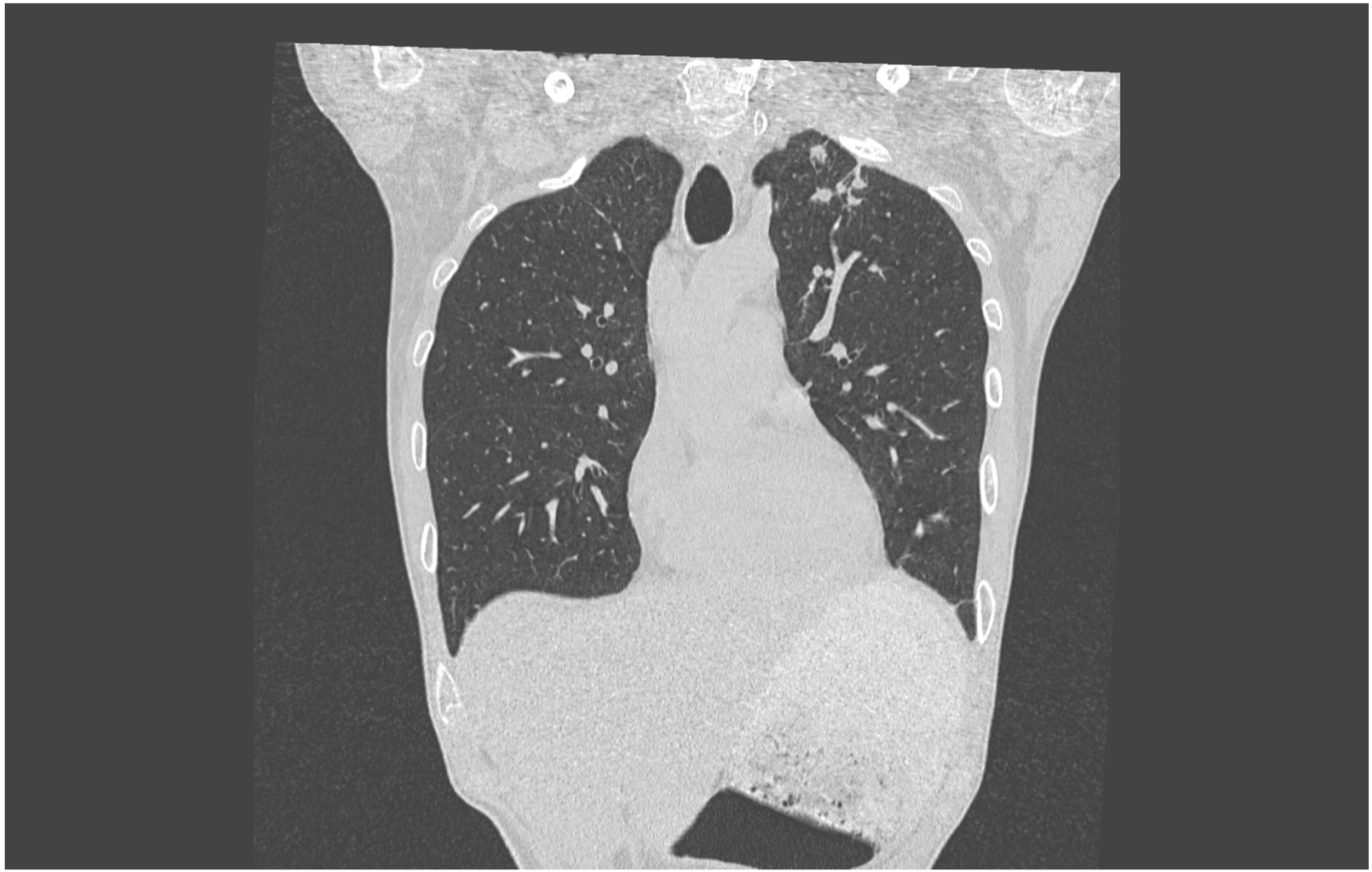

Thank You for thinking…