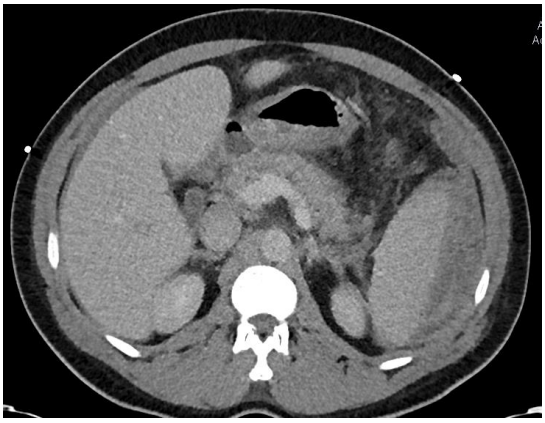
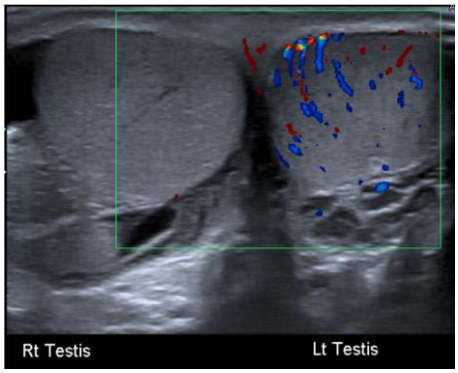
Clinical update no. 505
3 January 2018

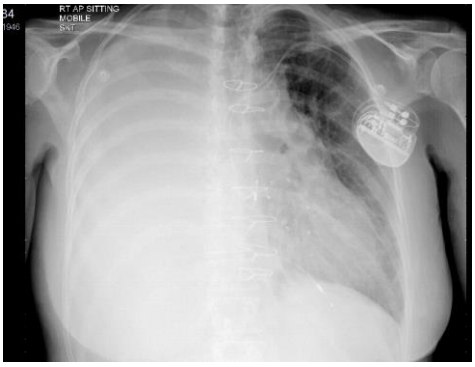
Increasing LUQ pain after recent admission for pancreatitis. Falling Hb, no melena on PR.



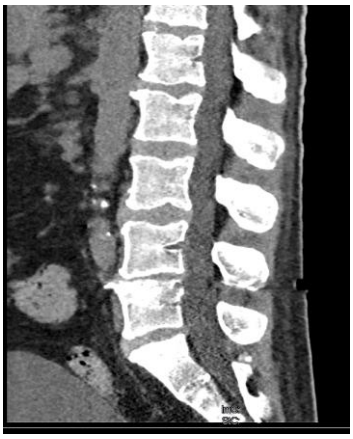
Massive bleeding may complicate pancreatitis with abscess, severe inflammation, regional necrosis, and pseudocysts causing major vessel erosion. There was some hypoxia and a d-dimer 14.9; no PE on CT-PA. Not everything is a PE. For a discussion go to - www.ncbi.nlm.nih.gov/pubmed/12499910



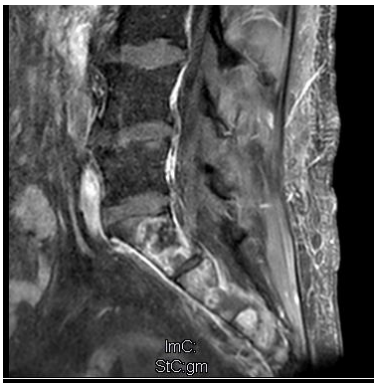
Delayed presentation, with 36hr testicular pain in 14yr old boy. No flow on US – was detorted with restoration of flow at surgery. Never give up, and don't waste time with US.



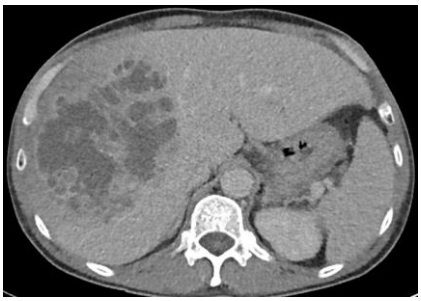
Right shoulder pain in 71yr woman who attributed it to a muscle strain from physio earlier that day. Was on warfarin for AF but transitioning to enoxaparin pending planned scope and polypectomy to investigate anaemia. Hypotensive; Hb 68 (previously 112) – not GI bleeding. Likely a spontaneous bleed from an intercostal artey.



Known metastatic lung cancer presenting with back pain. No boney involvement on CT, but urine retention (can see top of bladder on spine CT) and incontinence. MRI showed localised malignant infiltration at S2-3. CT doesn't rule out malignant cause of back pain. If bladder involvement and neurological signs (saddle anaesthesia in this case) look harder.

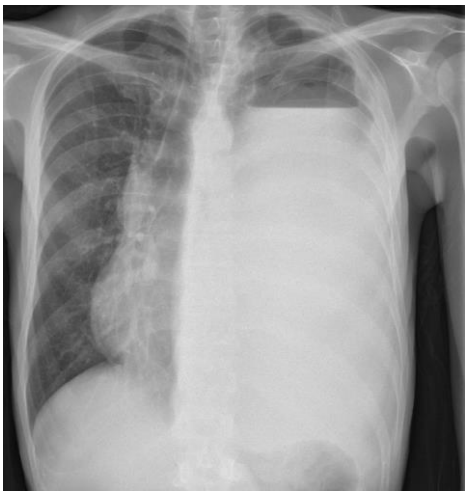


58yr-M; 2wk fevers and worsening RUQ pain.



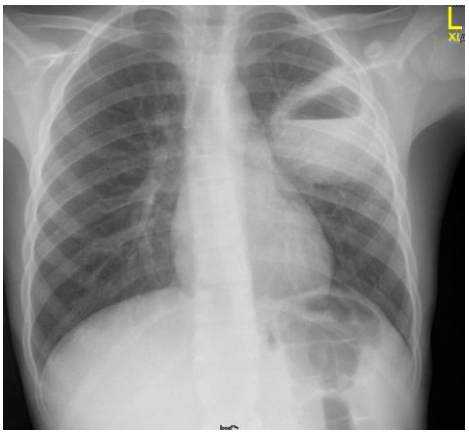
Loculated abscess on CT; *Strep milleri* on blood culture. No gallstones on POCUS.

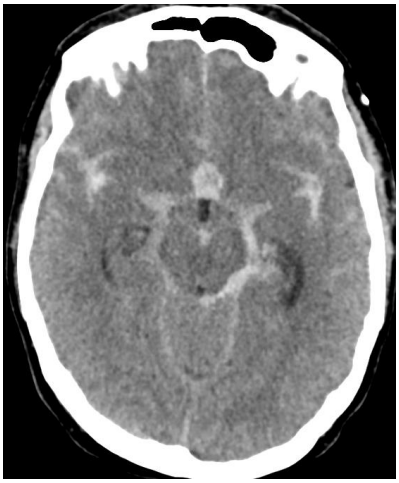
42yr-M, IVDU, with weight loss and some SOB. Afebrile, sats 96% HR 107.



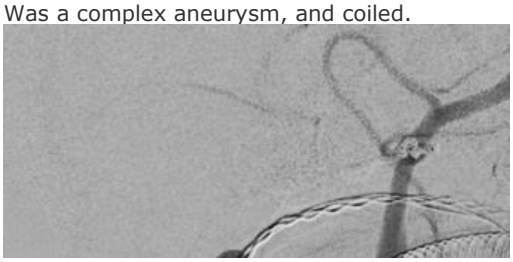
6L pus/exudate drained; also *Strep milleri* – it frequently causes an abscess.

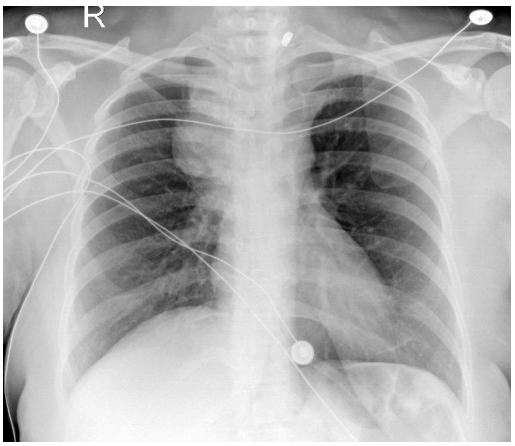
8yr-girl with 10 days of fever, 3 days cough. Clinically stable, RR 24 HR 105, O2 sats 97% on air, temp 37.1 in ED. CXR still helps in kids

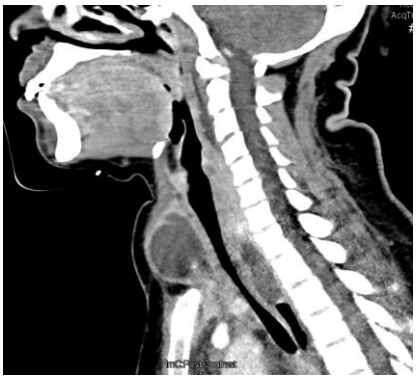




59yr female with thunderclap headache. The SAH is not subtle, with a 2.5 mm saccualr aneurysm at the anterior communicating artery, with another just off the basilar art. Of interest a stroke CT-angio 10mth prior reported no aneurysm. A CT-angio does not rule out aneurysm or the risk of future SAH. Was a complex aneurysm, and coiled.







42yr-F from India with stridor and persistent cough after seen 3wk prior for diffuse cerivial lymphadenopathy and dysphagia. Biopsy confirmed AFBs and was started on a 4 drug TB regimen. Symptoms worsened, attributable to the known risk of worsening of TB lymphadenitis and node enlargement that can occour with commencement of treatment. It responds well to steroids. An airway challenge, which did not require intervention, though the anterior neck involvement would preclude a front of neck surgical airway.