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A long lasting tummy pain

Carmen Celada(1), S López(2), L Tomas(2), IM Martínez(3), EM Fernández(4), MS Fernánandez(4), AC Coman(5)

(1) Los Dolores Health Center, Cartagena, Spain

(2) Cartagena Oeste Health Center, Cartagena, Spain

(3) Barrio Peral Health Center, Cartagena, Spain

(4) Mar Menor Health Center, El Algar, Cartagena, Spain

(5) Cartagena Casco Health Center, Cartagena, Spain

Corresponding author: Dr María del Socorro Fernánandez, Servicio Murciano, MFyC, Cartagena, Spain. E-mail: socofdezg@gmail.com

Background & Aim: A 62-year-old male is attended by his general practitioner for abdominal diffuse pain evolving over 5 months that has worsened in the last week, he also has diarrhoea without loss of blood, fever, or vomiting. Our patient has already been studied by a gastroenterologist and had the diagnosis of gastritis.

Medical History: Hypertension, ischemic chronic heart stroke revascularized with two stents on the right coronary artery. No NSAIDs or others painkillers used.

Clinical Examination: Blood pressure: 110/60 mmHg, pale mucosa and skin. Right lumbar region pain and tenderness on palpation and signs of diffused peritoneal irritation.

Method:

Blood analysis: Urea 89 mg/dl, Creatinine 2.04, K 3.7mg/dl, Na 130 mg/dl PCR 17 mg/dl. Haemoglobin 9.3 g/dl, Leucocytes 20.84 x10e9/L, Neutrophils 18.15 x10e9/L, Platelets, PTT and PT in normal range. Urinary sediment negative.

Thorax X-Ray: Normal

Coproculture: Habitual microflora.

Abdominal echography: Cecal wall oedema.

Abdominal Scan: Cecum distended with diffuse and concentric oedema of his wall of up to 1 ' 2 cm of maximum thickness. Unspecific colitis

Colonoscopy: Edematous mucosa, with ulcerations in cecum and ascending-colon. It looks like ischemic colitis.

Results: Diagnosis: Ischemic colitis.

Differential diagnosis: Clostridium difficile colitis, Actinic colitis, ulcerative colitis, colorectal cancer, acute diverticulitis.

Conclusions: Ischemic colitis occurs as the result of a compromise in intestinal blood flow that can produce a spectrum of injury from transient self-limited ischemia to fulminant ischemia or transmural infarction and represents the most common form of bowel ischemia (60-70%). Its diagnosis requires a high index of suspicion, and the clinician should consider the diagnosis in patients with acute abdominal pain and bloody stools. Although most patients improve within several days, with supportive care, others will require laparotomy with bowel resection.