與大師對談

周定遠主任

2019-08

- 依照臨床時序，請大師模擬一線放射科醫師；於未知診斷，或者有限度臨床線索之情形下，進行閱片 及解讀。

- 鑑別診斷為主要，確定診斷為次要。
- 目的在於學習大師之影像判讀邏輯思考。

- 大師評論本院影像品質建議及改進。
- Protocols, techniques, etc.

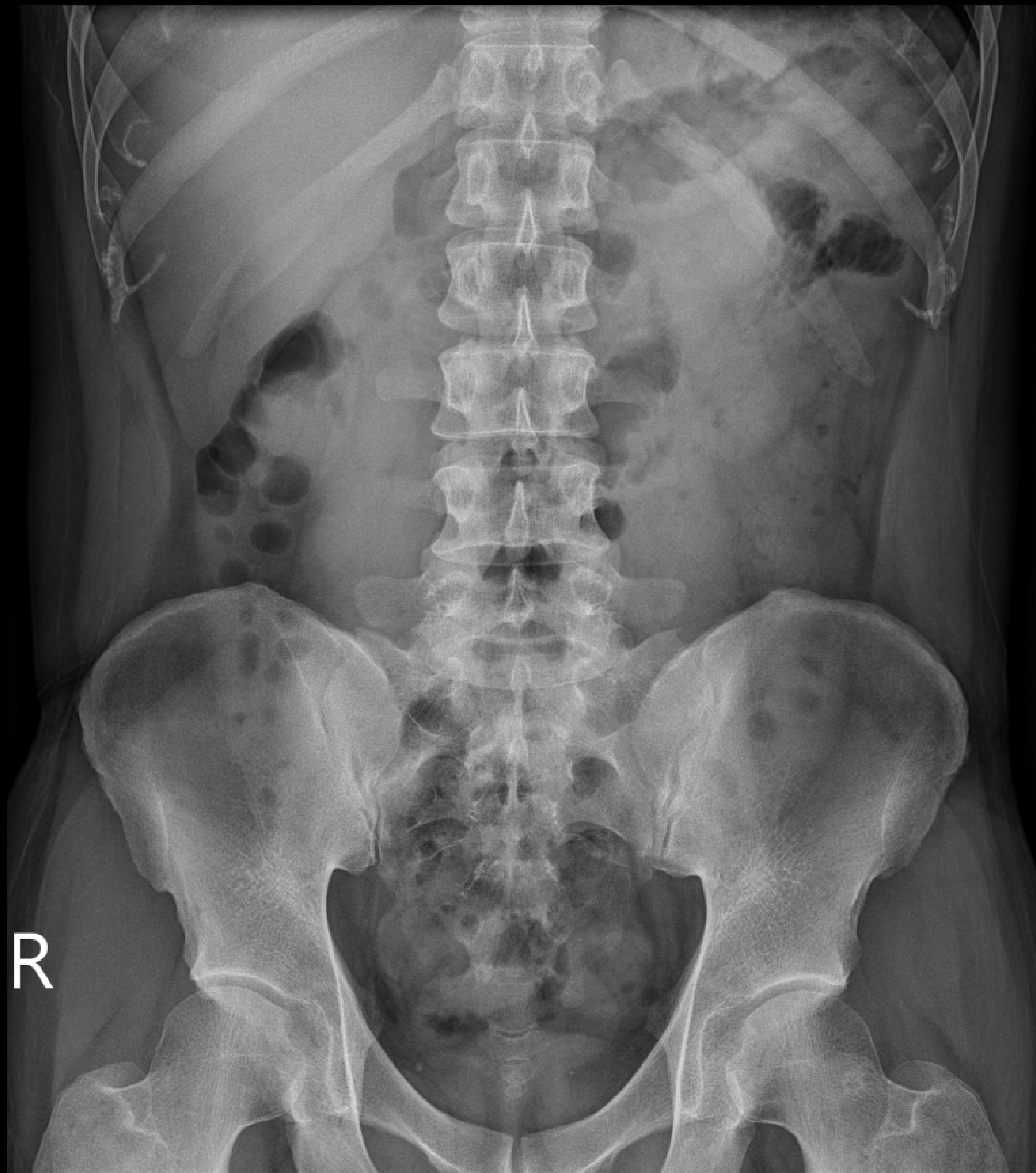
CASE 1
35 Y/O MAN

Brief history

- 35 years old man
- Chief complain:
  - Bloody stool today with diffuse abdominal cramping pain, prominent over RLQ, and nausea.
- PHx:
  - peptic ulcer and coronary heart disease
- PE: No fever. No rebound pain.
- Lab: Elevated WBC to 15000

Imaging studies

- KUB
- Abdomen CT (No C + C)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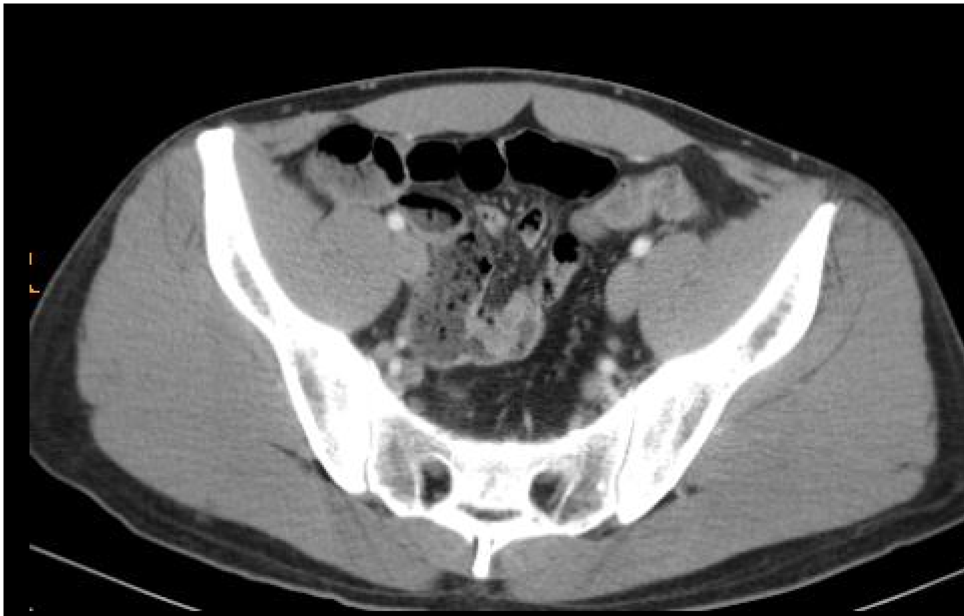
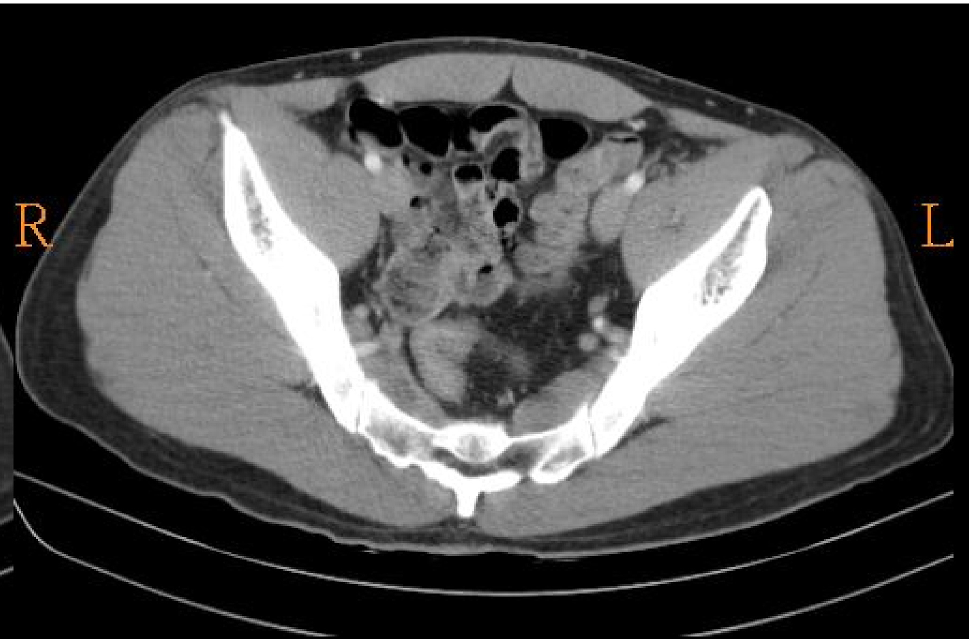
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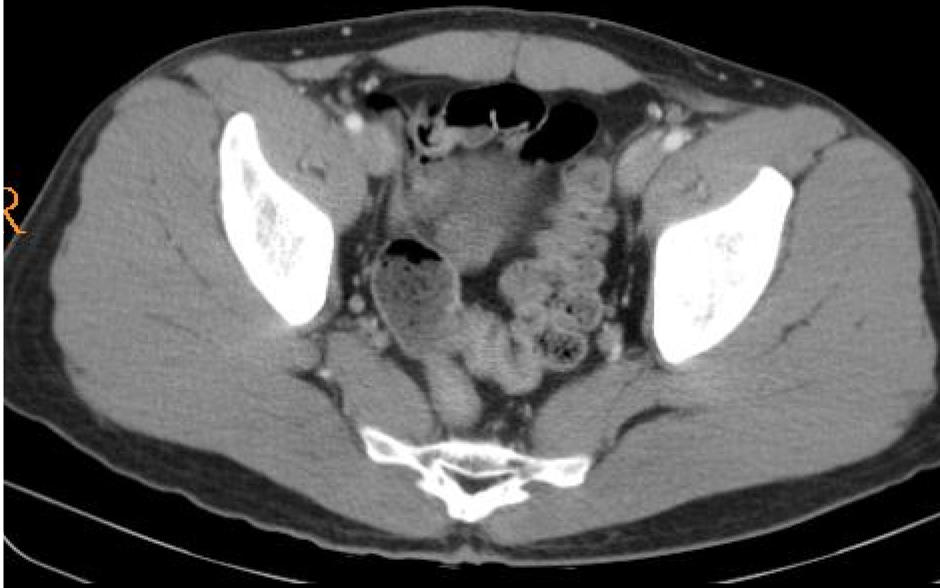
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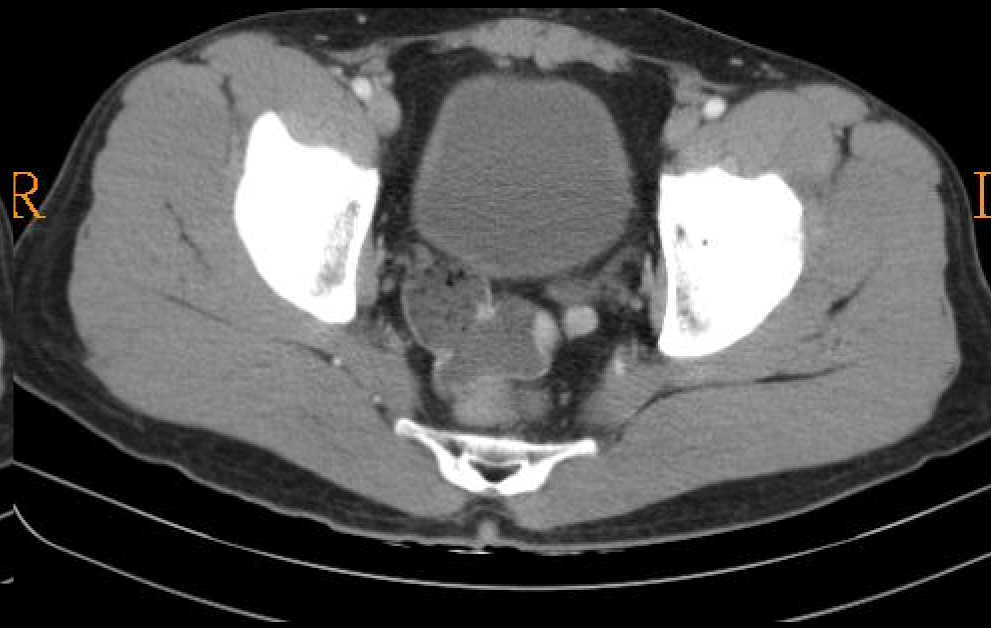
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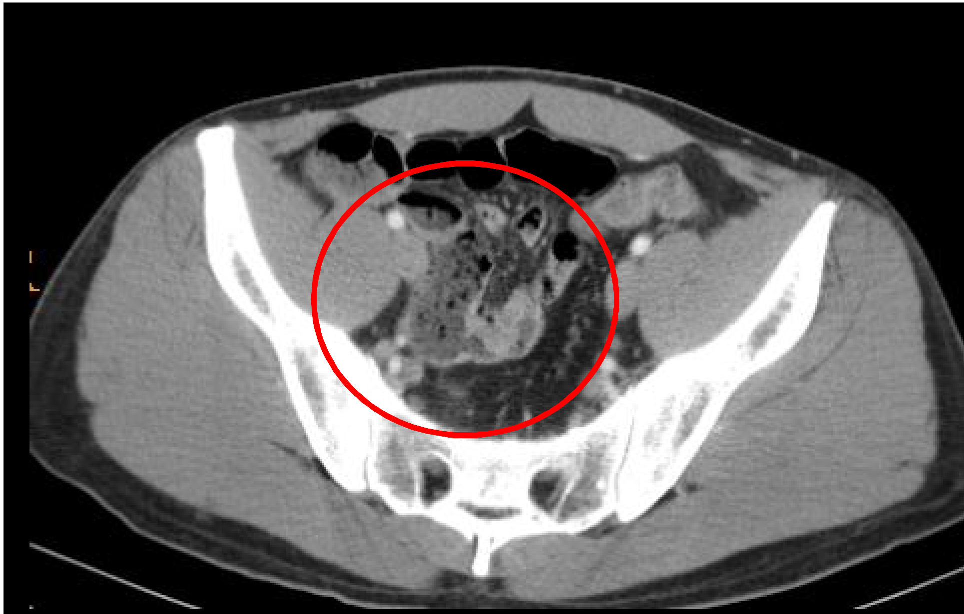

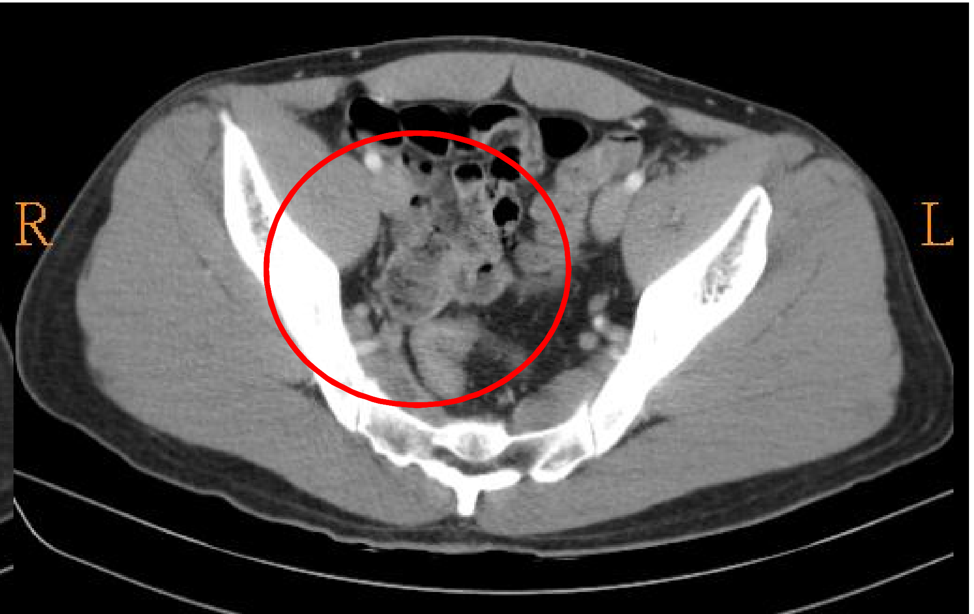
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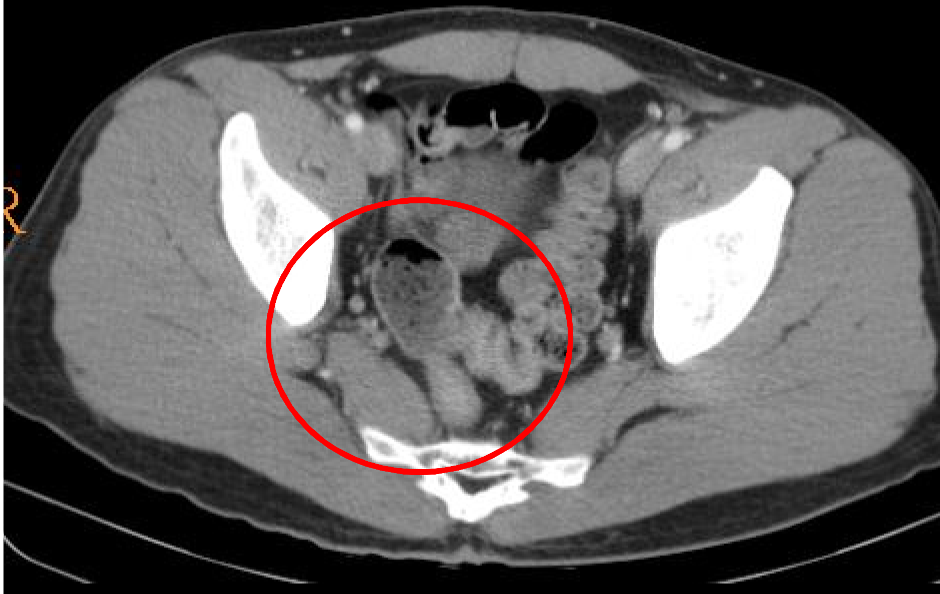

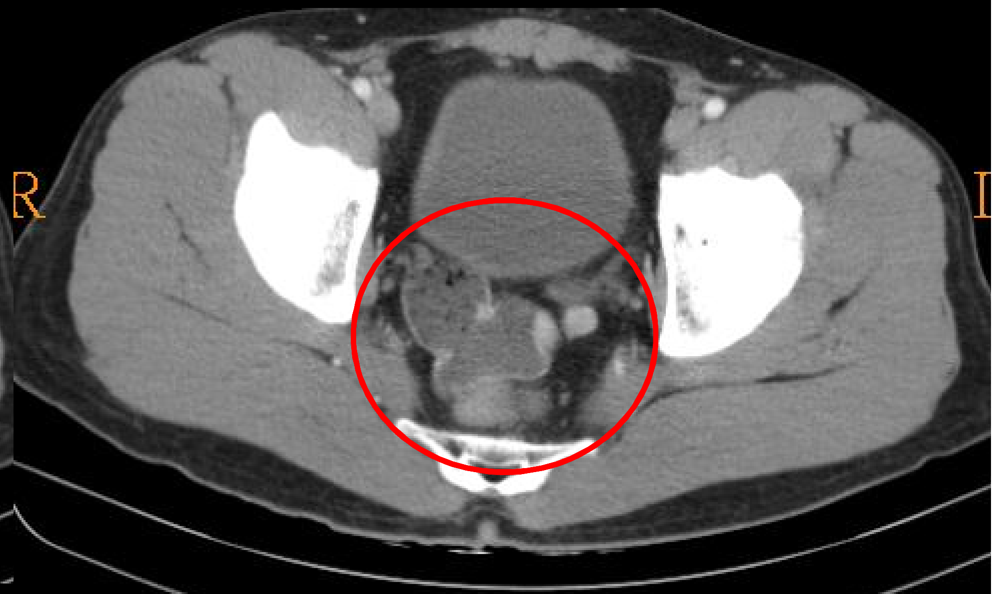
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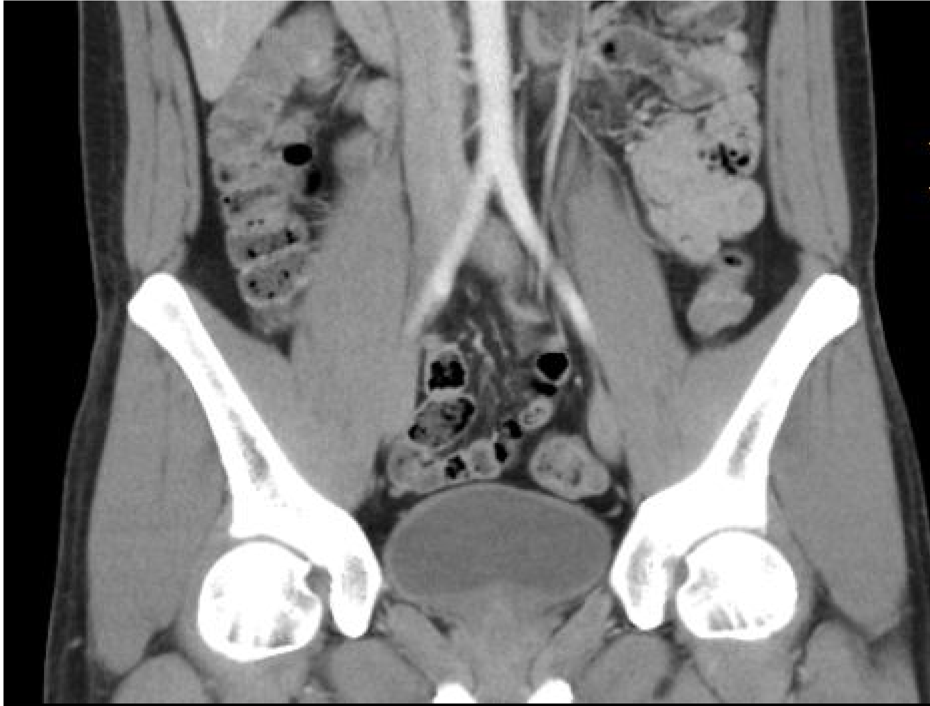
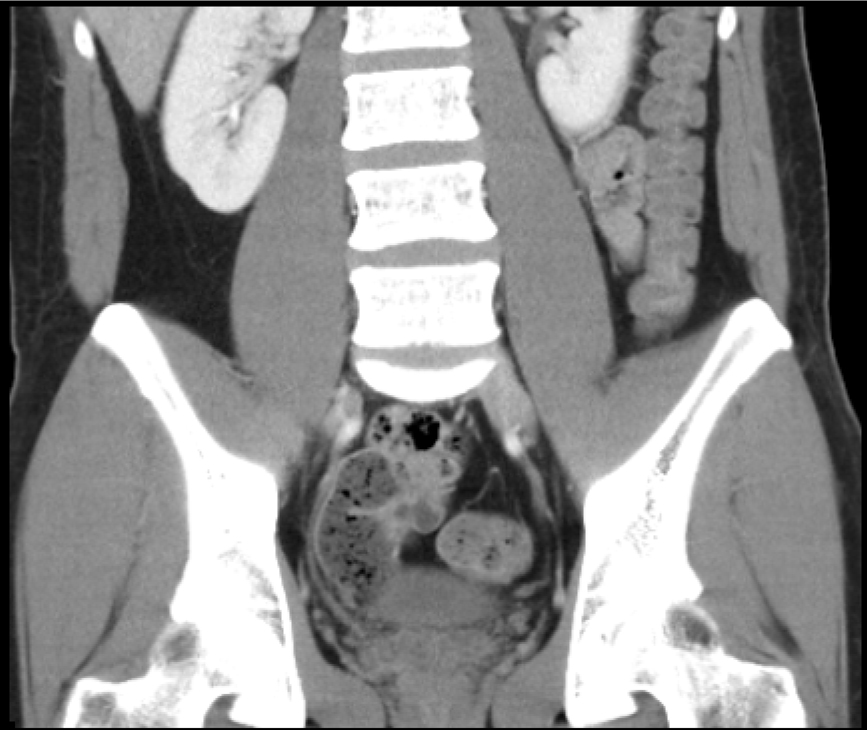
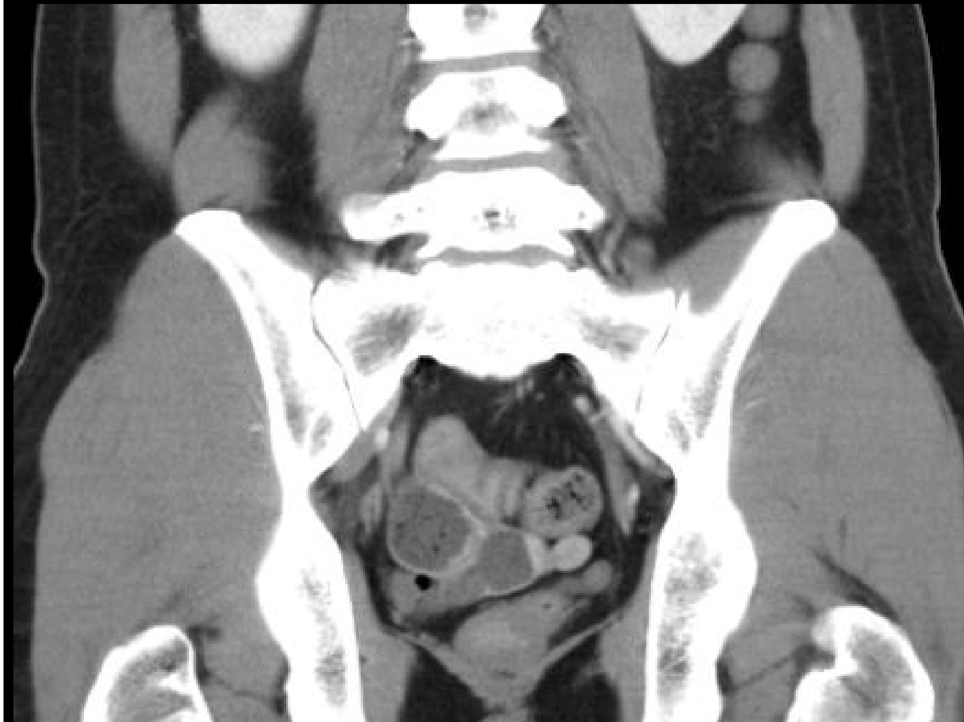
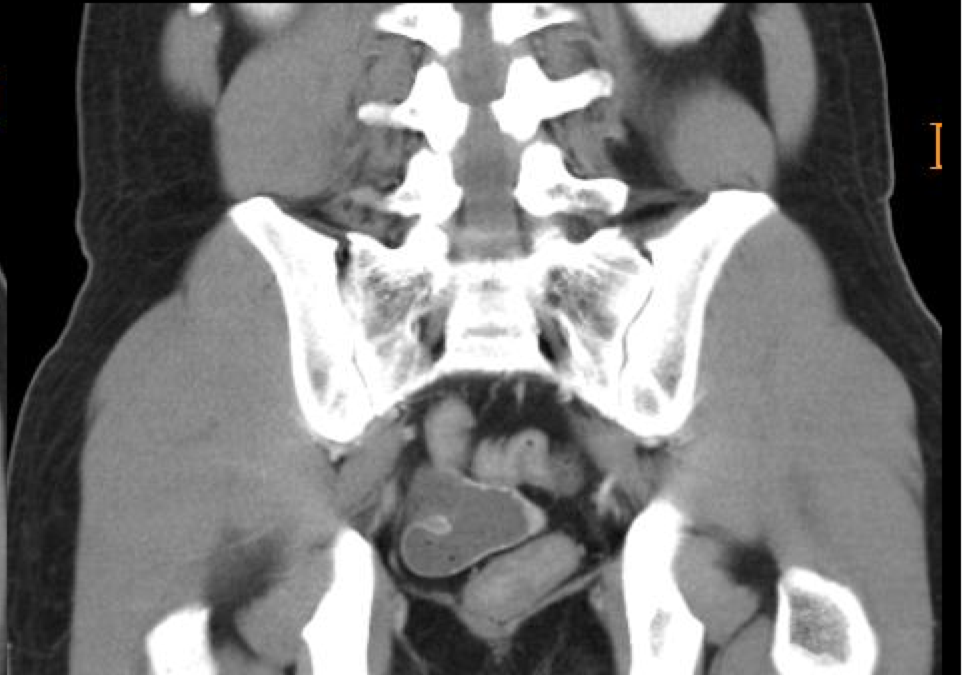

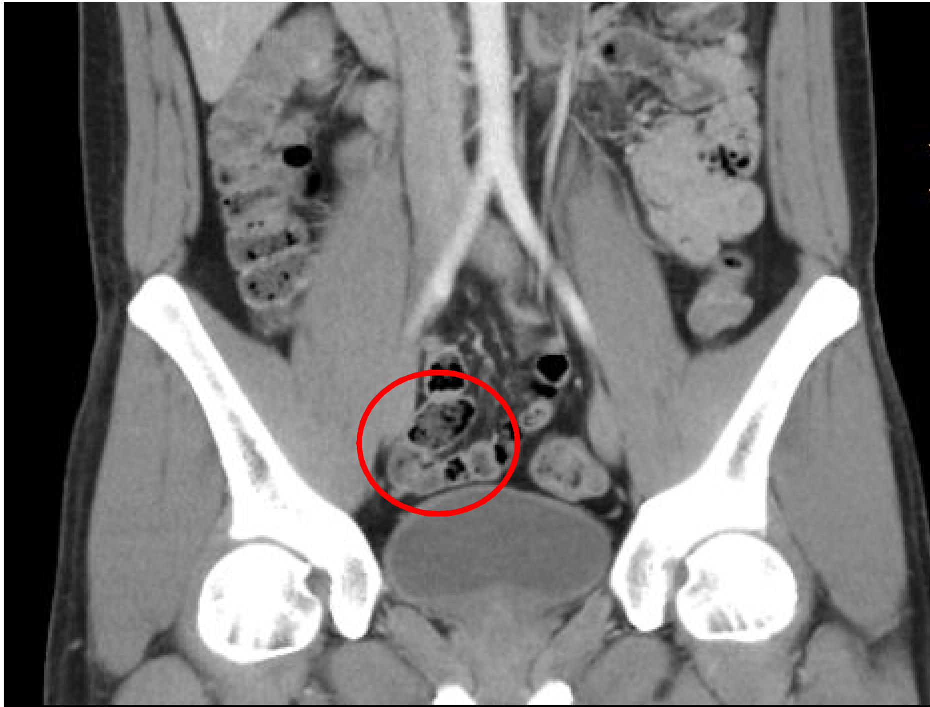
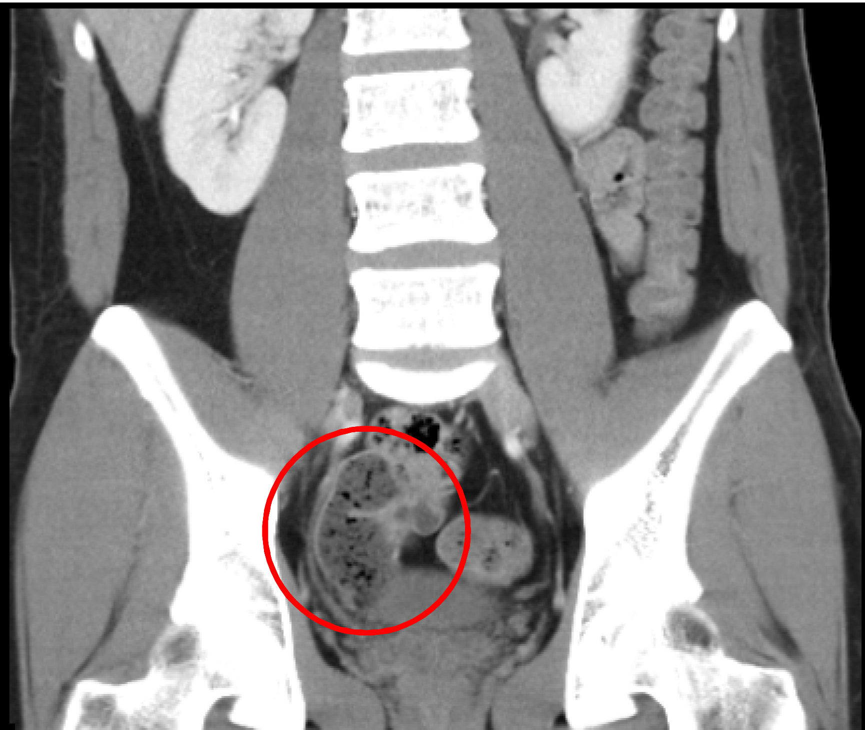
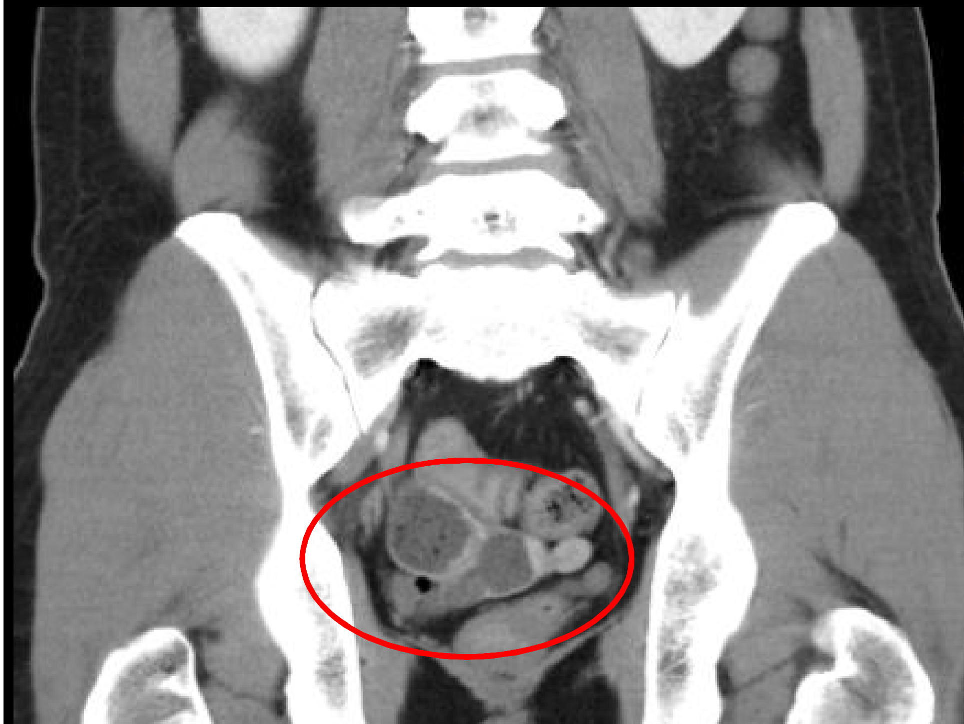
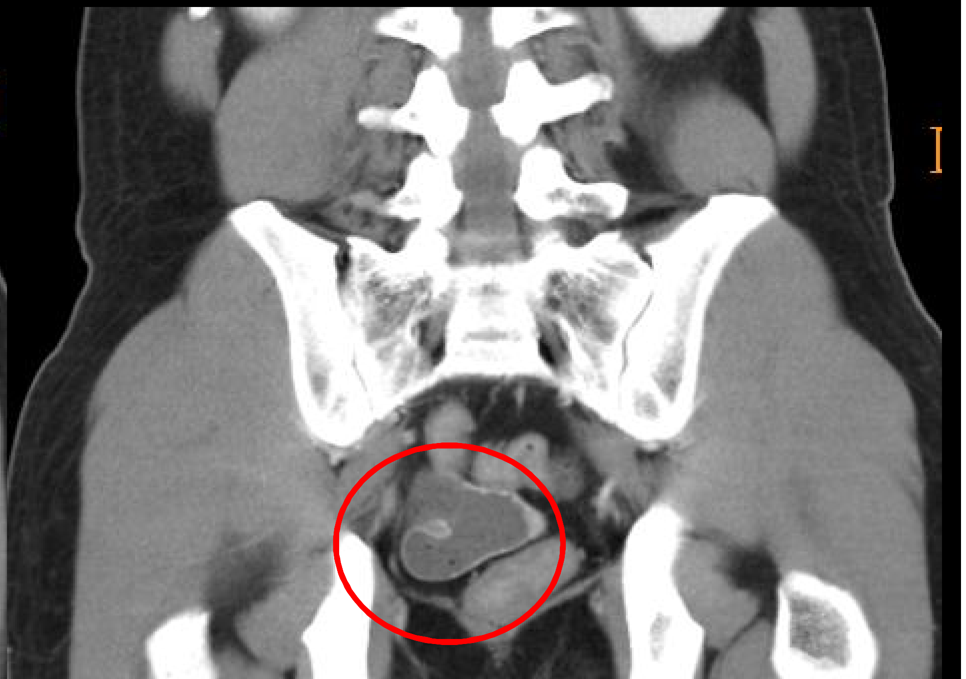

- DDX:
  - Meckel Diverticulum
  - Appendicitis
  - Cecal diverticulitis

Meckel Diverticulum

- Seen in ~ 2% of population
- Located within 2 feet of ileocecal valve (60cm, 40-100cm)
- Length of 2 inches (on average)(5 cm, 4-10 cm)
- Symptomatic usually before age 2
- 2 main complications in adults: Diverticulitis (20%) and intestinal obstruction (40%); children=> GI bleeding
  - 5% likelihood of becoming symptomatic during lifetime
  - >40 y/o risk of complication => 0%

Meckel Diverticulum

- 50% contain ectopic gastric mucosa
  - ± pancreatic, duodenal, and colonic mucosa
- 90% of cases with bleeding contain gastric mucosa

Treatment course

- Antibiotics
- Arrange operation
- Pathologic result: Meckel Diverticulum with pancreatic tissue