SAQ 20.2

17 male presents with 6 week history of left iliac fossa pain and bloody diarrhoea, opening his bowels 8 to 10 times a day. He was previously well and takes no regular medications.

Vitals BP 80/60 HR 120 Temp 38.2 Sat 99% RA

An AXR has been performed

A picture containing film, table, person, glass

Description automatically generated

1. List 2 abnormal findings on the AXR (2 marks)

You need to include the most specific or diagnostic findings

Mural thickening large bowel splenic flexure

**Thumbprinting** ( thickening & oedema of haustra) transverse colon

Stricture first part of transverse colon

Section bowel left flank without haustra/plicae ? lead/hose pipe changes

Dilated small bowel RLQ ( contains plicae circulares)

1. List 3 differential diagnosis for this presentation (3 marks)

**IBD (UC & Crohns)**

Infection eg pseudomembranous colitis

Bowel ischaemia

Diverticulitis with Muscosal/submucosal haemorrhages

Lymphoma

Amyloid

Typhitis (neutropenic colitis)

Multiple answers from the same aetiology will not score additional marks

1. List & justify 3 investigations that would assist this patients management (3marks)

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| investiation | Justification |
| Stool MCS | Need to R/O C.diff/enteric pathogens eg STEC |
| Faecal calprotecin | Differentiates bowel inflammation from functional causes of diarrhoea |
| Flexible sigmoidoscopy/colonoscopy | Determine extent & severity of colitis/biopsy samples to diagnose UC vs Crohns |
| CRP/ESR | Useful in determining severity of IBD flare/ response to treatment |
| FBE/LFT/U+E | Expect anaemia with severe flare & bloody diarrhoea/low alb-malnutrion/ low Mg K from diarrhoea |
| Fe studies/B12/folate | High risk Fe & B12 deficiency from chronic loss/inflammation |
| CT abdomen | Determine extent/severity/complications eg abscess/perforation/strictures needing surgical treatment  Concern repeated radiation risk with IBD so only if inflam markers or examination indicate significant complication |
| MRI + /-enterography | Detects mural changes/depth/strictures/fistula/mesenteric inflammation/its use will avoid repeated radiation risk |

many answers in this section were generic and lacked a specific example or utility for this patient

1. State 4 ED treatment priorities in this patient (4marks)

IV hydration with specific fluid/end points

IV steroids (including dose ) eg IV Hydrocortisone/ methylpred 1mg/kg/day

IV antibiotics (broad spectrum) with specific example

Analgesia plan with detail

Urgent Gastro/surgical consult if acute abdomen/or IR for percutaneous drainage if collection

Other Rx not really initial ED RX

5-ASA aminosalicylates mainly LT maintenance of remission mild-moderate colitis

Immunosuppression- methotrexate/azathioprine

biologic (infliximab 5mg/kg) if no improvement 3-5/7 but not if perforation or sepsis

many answers included disposition which is not part of treatment as defined in the ACEM glossary of terms ( found in general FExam resources)