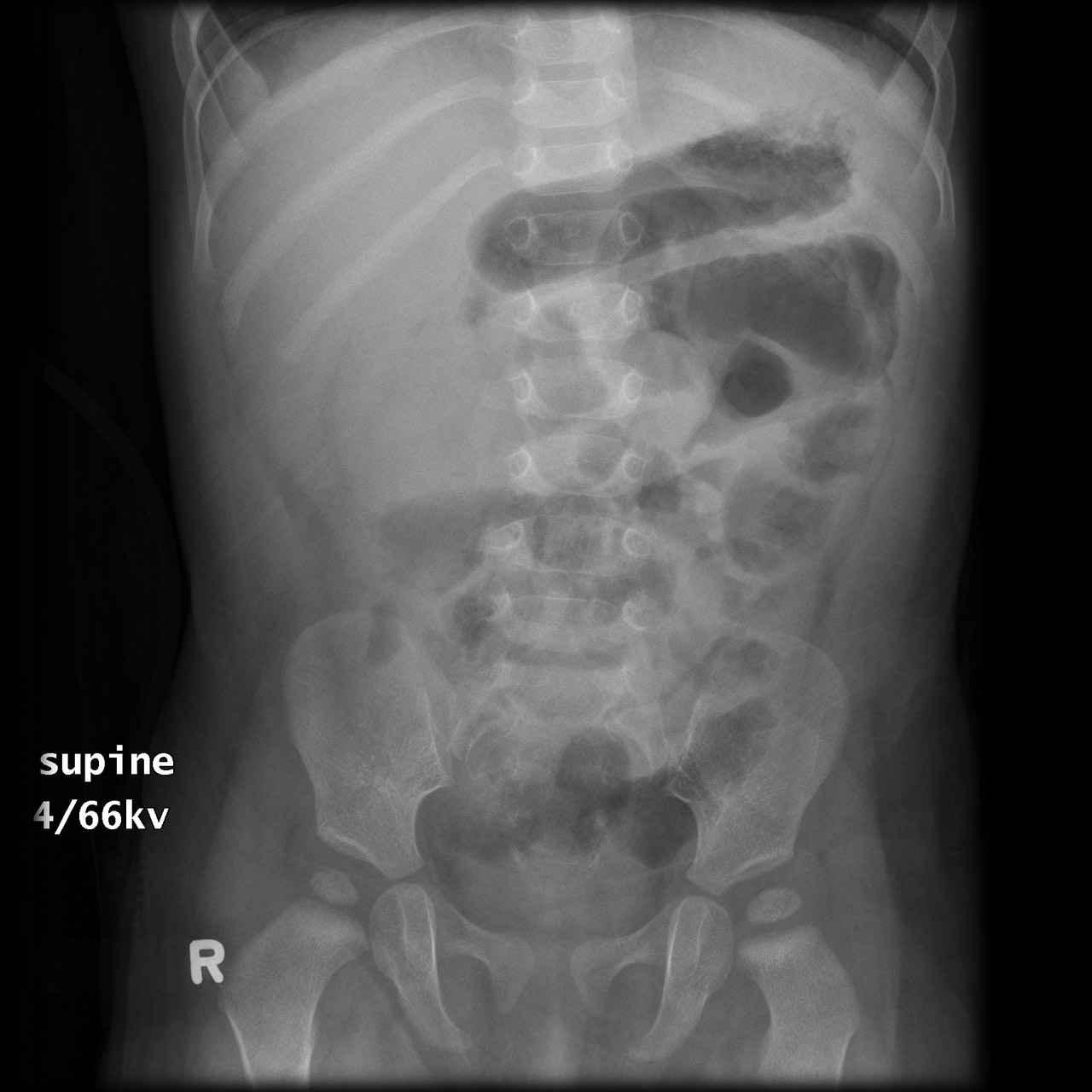
**Paediatric Surgical SAQ (12 Marks, 6 Minutes):**

You are assessing a 1 year old infant with intermittent abdominal pain and vomiting.

Her abdominal X-ray is shown:



Case courtesy of A.Prof Frank Gaillard, Radiopaedia.org, rID: 6502

A.List 3 pathological features seen on this AXR. (3 marks)

- Absence of air in right upper quadrant,

- Soft tissue density in right upper quadrant

- Dilated loops small bowel consistent with a small bowel obstruction

- thickened wall SB

- Concealed liver margin

- Absence of gas in large bowel aka no gas in rectum

maybe - Crescent sign - soft tissue density projecting into the gas of the large bowel

Not present - Target sign - Two concentric radiolucent circles superimposed on the right kidney, -thumb printing (large bowel oedema)

B.What is the most likely diagnosis and how would you confirm it? (2 marks)

Intussusception, Ultrasound

C. List 3 other possible diagnoses. (3 marks)

- Appendicitis

- Meckel Diverticulum

- Volvulus/Malrotation

- Incarcerated hernia

- Abdominal trauma (NAI)

- Constipation

- Ovarian Torsion

-gastroenteritis

-FB SBO

Don’t accept Mesenteric adenitis, pyloric stenosis, Testicular torsion, Necrotising enterocolitis, Hirschprung enterocolitis, DKA, HSP

D.List 4 key steps in her management. (4 marks)

- Analgesia fentanyl, morphine, iv access

-antiemetic ondansetron 2mg

- IV resuscitation Normal Saline 10-20mls/bolus and repeat

- Urgent Paediatric Surgical Consultation

- **Urgent contrast/gas enema** in radiology with Paediatric surgeon present

- Explanation to parents

- Antibiotics if signs sepsis/perforation – antibiotics Amp/gent/metronidazole or equivalent

**Results:**

18 passed out of 33, 55% pass rate

**Themes**

- details lacking eg analgesia or antiemetics

- didn’t mention gas/contrast enema, again vague- ‘urgent surgical consult’ as FACEMs need to know next step and request it from inpt colleagues

- listing 4 answers when asked for 3

- too vague – ‘abnormal bowel gas pattern’

-repeating the same statement eg Malrotation and Volvulus for DDx

-writing things that weren’t there that the candidate wanted to be there eg ‘multiple air/fluid levels’

Reference:

https://www.rch.org.au/clinicalguide/guideline\_index/Intussusception\_Guideline/