

Station «Questions of abdominal surgery»

A 35-year-old patient was taken by an ambulance with complaints of general weakness, dizziness and stool with tarry feces. This morning, when he got out of bed, he lost consciousness for a few seconds. According to the anamnesis: periodically for three years disturbs pain in the epigastric region, especially at night, heartburn. For two weeks before admission, there is an increase in pain, which passed on its own two days ago. On examination, the skin is pale, blood pressure 90/60, pulse 110 per 1 min, the abdomen is not bloated, soft, almost painless, symptoms of peritoneal irritation are negative. Intestinal peristaltic is increased. Urgent EGDFS - on the posterior wall of the duodenum wall defect, covered with a red clot, blood leaks.

1. Make the interpretation of the symptoms.
2. What is the probable preliminary diagnosis?
3. Suggest the necessary urgent methods of investigation
4. Give indications for conservative therapy, give an appointment. Give indications for emergency surgery, type of operation.

The builder of 35 years during the last 6 months notes weight in an epigastric site. Not examined. He had abused by alcohol the night before. At night there was double vomiting, and in the morning after a slight physical exertion there was dizziness and hematemesis near to 1000 ml. Immediately sought help and was taken by an ambulance with complaints of weakness. On examination, the skin is pale, blood pressure 105/70, pulse 96 per 1 min, the abdomen is not bloated, soft, moderately painful in the epigastrium, symptoms of peritoneal irritation is negative. Intestinal peristaltic is increased. Urgent EGDFS - in the cardiac stomach - superficial linear ruptures of the mucosa up to 2-3 cm, blood leaks

1. Make the interpretation of the symptoms.
2. What is the probable preliminary diagnosis?
3. Suggest the necessary urgent methods of investigation
4. Give indications for conservative therapy, give an appointment. Give indications for emergency surgery, type of operation.

A 68-year-old man got abdominal pain two days ago, which increased and became cramp – like. The patient associates the pain with fatty fried foods eating. In the last 6 hours 2 times there was vomiting with greenish - brown liquid and 2 times defecation with mucus. From the anamnesis: during the last 5 months worried about general weakness, fatigue, sweating at night, lost up to 8 kg of weight. At the time of examination: the skin is pale. Body T - 37.2oC. Pulse rate is 92 beats / min. BP – 120/60 mm Hg. The tongue is densely covered with a gray layer, dry. The abdomen is evenly swollen but soft. Moderately painful in the right half. Intestinal motility is enhanced, sonorous. In the right iliac region, the formation of 80 x 70 mm, moderately mobile and painful is palpated. Positive symptom of Sklyarov. Shchetkin-Blumber's symptom is negative. Per rectum - intestinal mucus on the glove.

1. Establish a preliminary diagnosis.

2. What lab. tests and instrumental investigations should be prescribed to confirm the diagnosis?
3. Determine the tactics of treatment.

Prescribe medicaments treatment.

Patient S., 39 years old, went to the family doctor with complaints of abdominal pain, which worsens after exercise. Periodic vomiting, which brings relief at the height of pain. During the last year, frequent bloating and grunting in the abdomen, especially after eating dairy foods and fruits. From the anamnesis: 1 year ago she underwent surgery for an abdominal injury a ruptured intestine and intraperitoneal bleeding. Objectively: the skin is the mucous membranes have a body color; the tongue is moist, covered with white layers. Pulse rate is 78 beats / min., rhythmic. BP - 130/80 mm Hg.

The abdomen is deformed due to p/o scars after the middle - middle laparotomy and contrapertures. Auscultatory - hyperperistalsis. Deep Palpation palpation is painful, especially in the area of p/o scars, determined by the rumbling of the intestine. Positive symptoms of Blinov, Leott, Knoh, Carnot, Hunafin. Pasternatsky's symptom is negative, urination without features. Defecation - a tendency to constipation. Per rectum - the walls are normal, not painful, on the glove traces of formed brown feces.

1. Establish a preliminary diagnosis.
2. What lab. tests and instrumental investigations should be prescribed to confirm the diagnosis?
3. Determine the tactics of treatment.
4. Prescribe medicaments treatment.

An 18-year-old teenager fell on the wheel of his bicycle with his left hypochondrium. There was a pain in the area of trauma. The local pain later spread to the lower abdomen with irradiation to the left supraclavicular area, which caused difficulty breathing. The general weakness grew. The general condition is severe, covered with sticky sweat. A teenager cannot lie down due to increased pain in the supraclavicular area. Pulse rate is 115 beats / min., rhythmic. BP - 100/60 mm Hg. The tongue is dry, covered with white plaque. The abdomen is soft on palpation. Slight muscle tension is detected on the left. The Blumberg symptom is weakly positive. Percussion demonstrated a blunting in the lateral parts of the abdomen.

1. Establish a preliminary diagnosis.
2. What laboratory tests should be prescribed to confirm the diagnosis?
Explain pathological change.
3. Collect a set for laparocentesis, describe the technique.
4. Choose the optimal surgical tactics, base it.

The 62-year-old patient underwent surgery for acute gangrenous calculous cholecystitis. Technically difficult laparoscopic cholecystectomy was performed, surgeons found a pronounced inflammatory infiltration in the projection of the Kahlo triangle. In the p / o period the patient's condition became worth. On the 2nd day, moderate scleral jaundice appeared. On the 3rd day, the leakage of bile through drainage tube started, 100 ml a day amount. The tongue is coated, dry. The abdominal

wall is soft, not bloated, takes part in the act of breathing. On palpation, the moderately painful in the right hypochondrium is detected. Symptoms of peritoneal irritation are negative.

1. What complication is occurred in the patient?
2. What tests should be ordered to confirm the diagnosis?
3. Determine the surgical tactics of treatment.
4. What complications of cholecystectomy do you know?

The 51-year-old patient was hospitalized with complaints of general weakness, dizziness, weight loss, moderate abdominal pain, and abdominal distension. From the anamnesis it is known that the patient was repeatedly treated in a drug dispensary for alcoholic delirium. 2 months ago he was treated for gastrointestinal bleeding.

Objectively: general condition is of moderate severity, paleness and moderate yellowing of the skin and mucous membranes, vascular asterisks on the skin are present. Pulse rate is 89 beats / min. BP is 135/90 mm Hg. The tongue is dry with a brown layer. The abdomen is enlarged, flattened. The venous mesh is clearly contoured on the anterior abdominal wall. The liver protrudes from the costal arch by 5 cm, dense, with a pointed edge. The spleen is palpated, by percussion - 12 × 8 cm. In the vertical position, percussion is determined the blunting sound lower the navel level.

1. Establish a preliminary diagnosis.
2. What lab. tests and instrumental investigations should be prescribed to confirm the diagnosis?
3. Determine the tactics of treatment.
4. Prescribe medicaments treatment.

A 33-year-old patient was treated in a surgical hospital for acute destructive pancreatitis 3 months ago. Conservative therapy was performed, the condition improved. Complains of moderate, dilating pain in the epigastrium, noticed moderate yellowing of the skin, sclera, dark urine. Body temperature is 37.2°C. Tongue is coated, wet. The abdomen in the right hypochondrium is moderately painful, not tense, tumor-like formation 80 * 70 mm is palpated. It is densely elastic consistency, immobile. Symptoms of peritoneal irritation are negative.

1. Establish a preliminary diagnosis.
2. What other tests should be prescribed to confirm the diagnosis? Interpret the ultrasound data (in the head of pancreas fluid formation 92x80x714 mm is determined, there is no free fluid in the free abdominal cavity).
3. Determine the surgical tactics of treatment.
4. Prescribe medication after surgery.

The patient is 45 years old, a sailor by profession, after six months of swimming against the background of good health accidentally found blood in the stool. He did not go to the doctors. In 2-3 weeks after lifting weights, He felt a sharp deterioration in health. The patient began to tire often, his appetite worsened, He developed joint pains and painful bluish-pink nodules on both legs, protruding above the skin. And

frequent stools with painful tenesmus up to 10-15 times with mucus and blood. Objectively: pale skin, erythema nodosum on legs, body temperature 37.8 ° C. Vesicular respiration. Rhythmic heart tones, tachycardia, heart rate 89 / min. Palpation shows pain in the course of the colon, the sigmoid is spasmodic. There are no symptoms of peritoneal irritation.

1. Determine the previous diagnosis?
2. Determine what additional examination methods should be prescribed to the patient and interpret them. (clinical blood test: hemoglobin 108 g / l, erythrocytes $2.5 \times 10^{12} / l$, platelets $200 \times 10^9 / l$, ESR 36 mm / g. Serum total protein 70 g / l, albumin 60% gamma globulin 30%. Stool microscopy: Mucus, leukocytes, erythrocytes, intestinal epithelial cells. Rectoromanoscopy: the rectal mucosa is swollen, inflamed, hyperemic, there are purulent-hemorrhagic overlays, contact bleeding, erosions and ulcers.
3. With what diseases will you differentiate this pathology?
4. Determine the optimal management of the patient and prescribe treatment.

A 74-year-old patient complains of a protrusion above the navel. A year ago, a laparoscopic cholecystectomy had been performed for chronic calculous cholecystitis. After the operation she added 15 kg in here weigh. Pulse rate is 88 beats/min., arrhythmic. BP – 175/100 mm Hg. On the skin along the midline above the navel a linear scar up to 50 mm is present. When she is staying, a protrusion 60 x 50 mm appears. In the laying position, the formation disappears.

1. Establish a preliminary diagnosis.
2. What other tests should be prescribed to confirm the diagnosis?
3. Determine the tactics of treatment.
4. Prescribe medicaments treatment in the postoperative period.

The 48-year-old ambulance patient was delivered to the surgical department with complaints of pain in the left iliac region of the abdomen, bloating, nausea, lack of bowel movements for two days and fever up to 37.2 ° C. The duration of the disease are 3 days. In the anamnesis: suffering from the diverticular disease of the colon, during the last two months there was periodic abdominal pain of this localization and constipation. Objectively: the general condition is satisfactory, the skin and mucous membranes of normal colour, moist. Vesicular respiration in the lungs. BP 110/75 mm Hg, pulse 86 / min. The tongue is wet with a moderate white plaque. The abdomen is symmetrical, moderately swollen, the left iliac region is slightly behind in the act of breathing from other departments. On superficial palpation in the left iliac region observed local muscle tension, a weakly positive symptom of peritoneal irritation, is palpated a painful infiltrate measuring 8 × 10 cm. Pasternatsky's symptom is negative on both sides.

1. Determine the previous diagnosis?
2. With what diseases will you differentiate this pathology?
3. Determine what additional examination methods should be prescribed to the patient, and interpret them? (On the review radiograph of the abdominal

cavity - a moderate accumulation of gas in the colon. Clinical blood test: hemoglobin 115 g / l, erythrocytes 4.1×10^{12} / l, leukocytes - 8.6×10^9 / l (stab neutrophils 7%, segmented neutrophils 72 %, lymphocytes 16%, monocytes 5%), ESR - 32 mm /hour. All indicators of the clinical analysis of urine without changes.

4. Determine the optimal tactics of the patient and prescribe treatment.

The patient is 55 years old, 3 months ago he first saw blood impurities in the stool, before that during the year he was worried about constipation, pain in the left iliac region. On examination: satisfactory condition, moderate nutrition. In the lungs without pathology. Heart rate 76 / min., Blood pressure 140/90 mm. Hg. The tongue is moist. The abdomen is not swollen, painful on palpation in the left iliac region, where a dense tumour up to 5 cm in diameter is palpated. Liver along the edge of the costal arch. It is not revealed At rectal research of pathology. At fibrocolonoscopy: on 25 cm from an anus a cup-shaped tumor to 4 cm. Histologically: moderately differentiated adenocarcinoma of a large intestine. At irrigoscopy in the average third of a sigmoid gut defect of filling within 5 cm. At ultrasonography of an abdominal cavity of data on metastasises has no. During the lower middle laparotomy, a tumour was detected in the middle third of the sigmoid colon, which grows into the serous membrane, in the left lobe of the liver on the diaphragmatic surface revealed 2 metastatic nodes 1.5 cm in diameter.

1. Determine the diagnosis and stage of the disease?
2. What technique should be performed during surgery?
3. Identify the features of preoperative preparation and postoperative period.
4. Tell us about the features of care for ileostomy or colostomy.

A 50-year-old patient is operated for a strangulated right side inguinal hernia. After opening the hernia sac, two loops of the small intestine were found, which are viable in appearance.

1. What complication of the hernia occurred in the patient?
2. What the next surgical tactics?
3. What are the signs of necrotic bowel?
4. Prescribe medication after surgery.

The patient, 58 years old, complains of abdominal pain. Three days ago there was a sharp pain in the epigastric region, nausea, there was a single vomiting. After a few hours, the pain moved to the right iliac region and became less intense, 4 hours ago, the pain intensified significantly and gradually spread throughout the abdomen. On examination: the patient is excited, with a feverish spot on the cheeks, pulse rate is 100 beats / min. Body temperature - 38.4° C. The right half of the abdomen does not participate in respiration. On palpation of the abdomen - a pronounced protective muscle tension. The Blumberg symptom is sharply positive. Intestinal murmurs are not heard.

1. Establish a preliminary diagnosis.

2. Interpret the results of laboratory examination: erythrocytes - $3.2 \times 10^{12} / l$, leukocytes - $18.6 \times 10^9 / l$, rod - 22%, segmental 54%, lymphocytes - 22%, monocytes - 4%.
3. Determine the tactics of treatment.
4. Prescribe medication.

A 56-year-old patient complains of general weakness, jaundice, dark urine and white stools. Jaundice appeared 3 weeks ago, without pain, gradually progressed. The abdomen is not bloated, soft and painless on palpation. Symptoms of peritoneal irritation are negative. A round neoplasm of 60x50 mm is palpated in the right hypochondrium. Per rectum - white fecal masses are present in the ampoule of the rectum.

1. Establish a preliminary diagnosis.
2. Identify the symptoms of Courvoisier, Zacharyn, Ker.
3. Interpret the ultrasound data: gallbladder is 125x88x70 mm, wall is 1 - 2 mm, in the lumen - a concernment 15 mm in diameter, intrahepatic bile ducts wide is 7 mm, choledochus wide is 20 mm, stones in the extrahepatic bile ducts are not visualized, the head of the pancreas 55 mm, bumpy.
4. Define the treatment tactics.

A patient, 66 years old, was admitted to the surgical department in serious condition. Consciousness is confused, productive contact is not available. According to the relatives accompanying the patient, he is suffering from gallstones about 10 years. He became ill 4 days ago. After eating fatty foods there was pain in the right hypochondrium, vomiting. He took no-shpuni himself. On the second day, jaundice appeared. Body temperature is 39.8°C . Pronounced jaundice of the skin. Blood pressure is 80/40 mm Hg, pulse rate - 138 in 1 minute. The abdomen is not swollen, soft on palpation, painful in the right hypochondrium. Symptoms of peritoneal irritation are negative. Per rectum - in an ampoule of a rectum fecal masses of gray - white color are issued.

1. Establish a preliminary diagnosis.
2. Describe the Charcot triad, the Reynolds pentad.
3. Interpret the ultrasound data: gallbladder is 65x48x37 mm, wall is thickened to 4 mm, compacted, in the lumen - a group of small stones 3-5 mm in diameter, intrahepatic bile ducts are 7 mm, choledochus wide is 18 mm, stones in the extrahepatic bile ducts are not visualized, the pancreas is not changed.
4. Define the treatment tactics.

A 47-year-old woman woke up with severe pain in her right iliac region and lower abdomen. She noticed dry mouth. The temperature did not rise. At dynamics after 2 hours: positive symptoms of Voskresensky and Bartomier-Michelson. The symptoms of peritoneal irritation are negative. WBC and leukocyte formula are within normal limits.

1. Establish a preliminary diagnosis

2. What other examinations and consultations should be scheduled to confirm the diagnosis?
3. Determine the tactics of treatment of the patient in accordance with your diagnosis.
4. Prescribe treatment in the postoperative period.

A 60-year-old woman yesterday felt increasing pain in the right hypochondrium, nausea vomiting several times, and general weakness. The body temperature got 37.5°C. History: she is suffering from gallstones about 10 years. The tongue is dry. The abdomen in the right hypochondrium is moderately tense and painful. The Blumberg symptom is positive on the right.

1. Establish a preliminary diagnosis.
2. Interpret the results of laboratory examination: leukocytes - 23.2 G / l, young forms - 27%, urine amylase - 62 units, blood glucose - 7.5 mmol/l.
3. Interpret the ultrasound data: gallbladder is 108x75-45 mm, with thickening and hydrophilicity of the walls, in the neck is a fixed stone, size is 15mm.
4. Base tactics, prescribe medication.

A 55-year-old female suffers from gallstone disease. After alcohol abuse and fried food, there was the belt - like pain in the epigastric region with irradiation in the back, nausea, repeated vomiting, which did not bring relief. On examination: the condition is extremely severe, shallow breathing. Yellow-cyanotic spots are on the skin around the navel. The abdomen is swollen and painful on palpation in the projection of the pancreas. Peristalsis is sharply weakened.

1. Establish a preliminary diagnosis.
2. Explain the results of the patient observation: pulse rate 130 beats / min., BP 90/50 mm Hg, daily diuresis up to 500 ml.
3. Identify the symptoms of Mayo-Robson, Voskresensky, Chukhrienko.
4. Prescribe treatment, base the method of pathogenic surgical treatment.

A 65-year-old man went to the admissions department with complaints of pain after a fatty meal in the right hypochondrium. He felt ill 3 days ago. There was vomiting twice. After no-spy intake the pain slightly decreased. Yesterday he noticed yellowing of the skin, sclera, dark urine and uncolored feces. Body temperature is 37.2°C. Attacks of moderate pain were before, did not call a medical care. The tongue is coated, dry. The abdomen in the right hypochondrium is moderately painful, not tense. Symptoms of peritoneal irritation are negative.

1. Establish a preliminary diagnosis
2. Describe the Murphy's symptom.
3. Interpret the ultrasound data: gallbladder is 70x45x35 mm, wall is thickened to 4 mm, compacted, in the lumen - a group of small stones 3-6 mm in diameter, intrahepatic bile ducts are 5 mm, choledochus wide is 12 mm, stones in the extrahepatic bile ducts are not visualized, the pancreas is not changed.

4. Describe the optimal modern surgical tactics of the patient treatment.