A Case of a Woman with Abdominal Pain

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HPI

• 76-year old female with a history of Crohn’s disease and recent hospitalization for Crohn’s flair complicated by C. diff colitis who presents with several days of abdominal pain and distension
1.5 months later...

- Patient represents to ED with nausea, poor appetite, and 30-lbs weight loss, and was found to have a fever of 101.3 F and WBC of 28.
DDx for Dilated Large Bowel

• Adynamic ileus
  • No transition point
  • Usually with history of surgery

• Mechanical large bowel obstruction
  • Abrupt transition point
  • Often associated with malignancy

• Toxic megacolon
  • Hx of antibiotic use, hospitalization
  • Bowel wall thickening

• Ischemic colitis
  • Absent/poor wall enhancement
  • Vascular territories

• Sigmoid volvulus or cecal volvulus
  • Clear transition point
Toxic Megacolon

• Radiographic Findings:
  • Dilated colon (typically transverse colon) to at least 6 cm
  • Loss of haustral markings with pseudopolyps
  • Thumbprinting from mucosal edema
  • If perforated, can see signs of pneumoperitoneum

• Causes:
  • Inflammatory
    • Ulcerative Colitis
    • Crohn’s Disease
  • Infectious
    • Clostridium difficile
    • Salmonella, shigella, yersenia, campylobacter
    • Entamoeba
    • Cytomegalovirus
    • Cryptosporidium
  • Ischemia
  • Malignancy: Kaposi’s Sarcoma
  • Potential triggers
    • HypoK, hypoMg, narcotics, anticholinergics, chemo, colonoscopy, barium enema