

A diagnosis not to be missed

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CASE REPORT

A 78-year-old woman was admitted to the hospital because of severe abdominal pain and vomiting. During the past weeks she had not been feeling well, and she was anorectic. She had not passed any stools in the previous four days. For three days she had had diffuse dull abdominal pain, radiating to the lumbar region. Shortly before presentation the abdominal pain aggravated and was accompanied by nausea and vomiting. Her daughter noticed some blood in the vomit. One hour before admission the patient collapsed.

There was no history of recent melaena, diarrhoea, fever, chills, angina pectoris or coughing.

Three years ago a left-sided ovariectomy and uterus extirpation due to a Brenner tumour was performed, which was complicated by ileus. Furthermore, she had documented hypertension and hyperlipidaemia. Finally, a silent myocardial infarction had occurred one year ago.

The patient's medication comprised aspirin, lisinopril, atenolol, triamtereen/epitizide and temazepam.

On physical examination, the patient appeared ill and was perspiring. Her body temperature was 36 °C, pulse rate 90 beats/min, blood pressure 165/90 mmHg and respiration rate was 14/min. The jugular venous pressure was not elevated. Her hands and feet were cold. The abdomen was distended, diffusely tender, without rebound tenderness, but with diminished bowel sounds. Rectal examination was unremarkable.

The laboratory results were as follows: haemoglobin 6.7 mmol/l, haematocrit 0.32, white-cell count 23.6 x 10⁹/l, thrombocytes 259 x 10⁹/l, creatinine 79 µmol/l, urea 6.9 mmol/l, potassium 3.4 mmol/l, sodium 125 mmol/l, ASAT 23 U/l, ALAT 14 U/l, alkaline phosphatase 69 U/l, γ-glutamyltransferase 20 U/l, lactate dehydrogenase 373 U/l, amylase 85 U/l and lactic acid 4.2 mmol/l. The blood gas analysis revealed a metabolic acidosis (pH 7.33, pO₂ 17.7 kPa, pCO₂ 3.8 kPa, bicarbonate 14.5 mmol/l, base excess -10.0 mmol/l). The ECG showed sinus rhythm and an old inferoposterior infarction. A computerised tomographic angiography (CTA) of the abdomen was performed.

WHAT IS YOUR DIAGNOSIS?

See page 153 for the answer to this photo quiz.