

A 51-year-old man with upper abdominal pain

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CASE REPORT

A 51-year-old man presented at our Emergency Unit with severe upper abdominal pain. This pain had started some hours before, immediately after vomiting, and was least when he was lying down quietly. He had a history of alcoholism and asthma, but was not taking any medication. Last week he drank even more alcohol than usual. Physical examination revealed a patient suffering from severe pain in his upper abdomen. His blood pressure was 175/130 mmHg, with a pulse frequency of 138 beats/min and he had a temperature of 36.6 °C. The abdomen was tender and hard with a normal dull percussion of the liver and normal peristalsis. He had subcutaneous emphysema in the right supraclavicular area. Laboratory results were as follows: haemoglobin 11.3 mmol/l (8.7-10.5), leucocytes $9.8 \times 10^9/l$ (4-12), C-reactive protein 6 mg/l (<10), alkaline phosphatase 141 U/l (50-125), γ -glutamyltransferase 1037 U/l (6-50), glutamic-pyruvic transaminase 329 U/l (5-50), glutamic-oxaloacetic transaminase 253 U/l (5-40), lactate dehydrogenase 652 U/l (200-450) and amylase 131 U/l (30-110). Chest X-ray and computed tomography of the abdomen are shown below (figures 1 and 2).

WHAT IS YOUR DIFFERENTIAL DIAGNOSIS?

See page 97 for the answer to this photo quiz.



Figure 1
Chest X-ray shows discrete mediastinal and subcutaneous emphysema in the right supraclavicular area



Figure 2
Computed tomography of the abdomen with intravenous and watery contrast per os shows the oesophageal rupture and emphysema between stomach and liver