

Abdominal pain

SPAIN

ESIM 2009

Woman 25 years old

- No past medical history
- Born in Romania
- No travel history
- No chronic treatment
- No smoking, no alcohol
- No drug abuse
- No sexual transmitted disease
- No family history
- No pregnancy

First admission

- Chief complaint: abdominal pain in lower right quadrant for 3 days. No fever. (Surgery inform)
- Physical exam:
 - BP: 100/50, HR: 92, RR: 18, T: 38°C
 - Abdomen: normal bowel sounds. Guarding in the LRQ. No masses.
 - Other organs normal

First admission

- Laboratory findings (not available)
- Abdominal X Ray: normal
- Suspected appendicitis: Surgery
- Discharged with analgesics
- No pathology report

Second admission

- She persists with abdominal pain. Not bleeding in faeces.
- Physical exam:

BP: 90/60, HR: 110, RR: 22, T: 38°C

Abdomen: soft, non-distended with normal bowel sounds. No guarding or rebound present except in the LRQ. No masses.

Rectal: no masses, presence of blood in stools. No hemorrhoids, fissures. No masses.

Second admission

- Emergency room laboratory
Leukocytes: 16000 with eosinophilia (5%), ESR 105 mm/h, CRP: 156.9, LDH: 500, Hgb: 8 g/dL, Cr: 1.1, urea: 38, Na: 137, K: 3.6, Cl: 105
- Chest X Ray: normal
- Abdominal CT: multiple visceral aneurysms (the largest bilateral renal arteries) and pancolitis

On floor (Day 3)

- Persist abdominal pain
- New abdominal CT: discrete wall thickening of almost the entire colon, most striking in ascending and descending colon, (non-specific findings), unable to rule out ischemic, no significant change compared to before.

In summary

- Abdominal pain
 - Colitis
 - Aneurysms
 - Previous surgery
- Fever
- Leucocytosis and anemia
- RCP, LDH, and ESR elevated

- What is your diagnosis?

Differential Diagnosis

- Inflammatory bowel disease
- Ischemic
- Embolic
- Infection
- Aneurism aortic dissection
 - Marfan's syndrome
 - Cystic medial necrosis
 - Atherosclerosis
 - Trauma, hypertension

Plan

- Surgery is scheduled and assessed by colonoscopy to rule out ischemic.

Arteriography

- Large aneurysm of **left kidney artery** (4-5 cm) with mural thrombus in the wall.
- Aneurysm of **right renal artery** (1.5 x 3cm)
- Fusiform dilatation of superior **mesenteric artery** with several pathological jejunal branches.
- Aneurysm of **cholic artery**
- Bilobed aneurysm (1 x 2 cm) of the **common hepatic artery**.

On floor (Day 7)

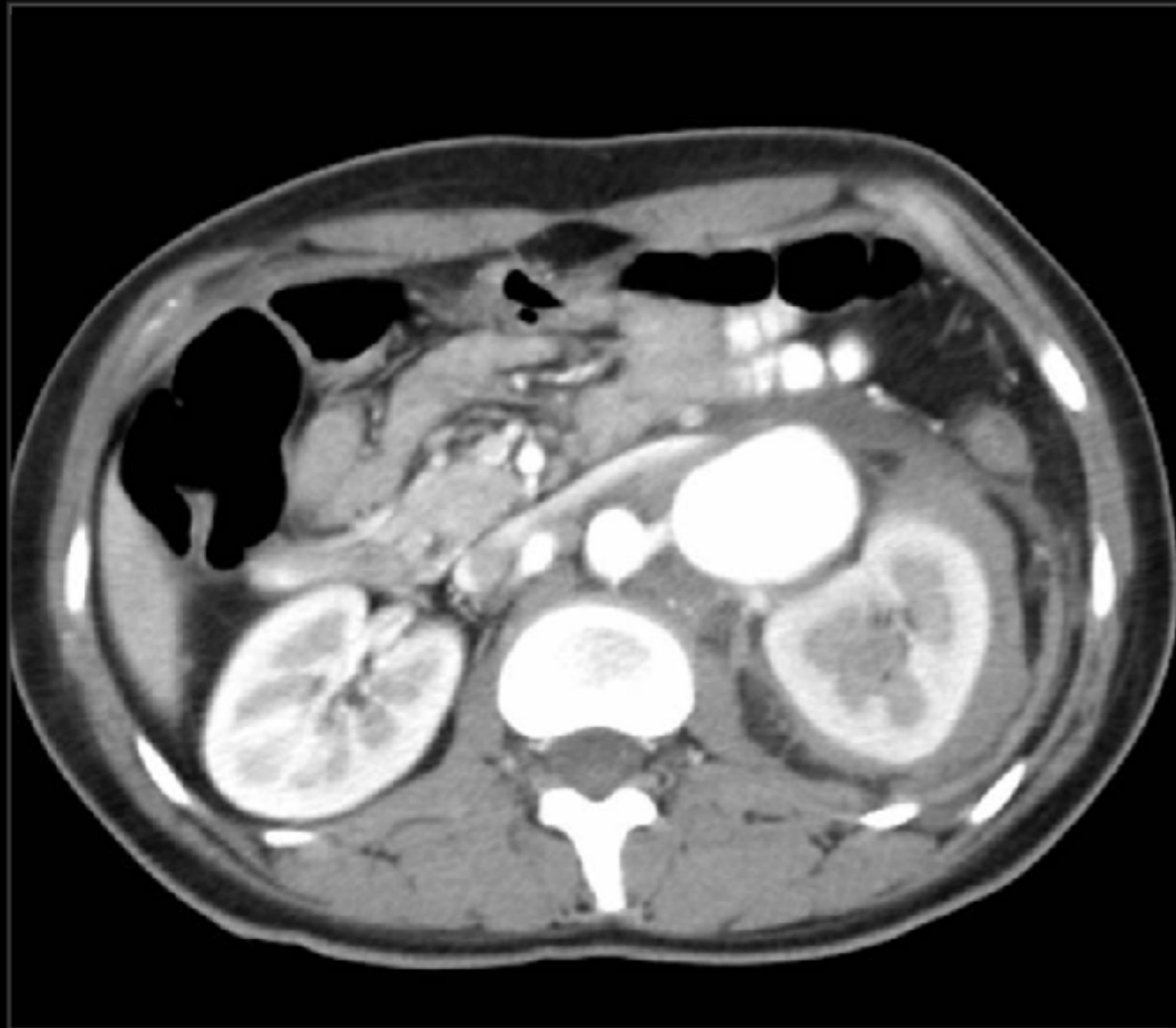
- The patient continues with abdominal pain that persist with regular analgesia, significant metabolic acidosis and clinical worsening.

















Abdominal CT

- Acute left perirenal **hematoma** extending to the posterior pararenal space adjacent to the psoas muscle and descends to the iliac. Left renal artery aneurysm, measuring 5.4 cm x 5.8 x 7 cm

The end

- Surgery: exclusion of the aneurism and colostomy with anastomosis T-T. No surgical complications.
- ANA antibodies and rheumatoid factor were negative.
- **ANCA** antibodies were **positive** with a perinuclear immunofluorescence pattern (pANCA).

Final diagnosis

Panarteritis Nodosa

