

Case presentation

# **Holidays in Egypt - a misleading history**

Female, 72 years

## Chief complaint:

Holidays in Egypt during 4 weeks. Watery diarrhea.

### **2 days after return to Switzerland:**

Sudden, diffuse abdominal pain and recurrent vomitus.

### **Next day:**

Recurrent bloody diarrhea. Continued vomitus. Referral to hospital by the general practitioner.

## Medical history:

Arterial hypertension (Bisoprolol 5mg 1-0-0)

## **Clinical examination:**

- Diffuse abdominal pain. No signs of acute peritonitis.
- Sparse bowel sounds
- Melena in rectal examination

## **Diagnostics:**

- BP 180/100 mmHg, P 150/min (tachyarrhythmia),  
T 37.6°C , SO2 98%
- ECG: tachycardic atrial fibrillation
- Lab: Leukocytosis ( $12.6 \cdot 10^9/l$ ), CRP normal,  
GGT elevated.
- Abdominal ultrasound:  
Little ascites in the pericolic gutter.  
Distended and fluid filled bowels, normal  
peristalsis

# Working diagnosis:

## 1) Acute infectious diarrhea

viral: unlikely due to bloody stools

bacterial: Salmonella, Shigella, E.coli, Campylobacter

protozoal: Giardia, Cryptosporidia

*Symptomatic therapy, stool cultivation, ciprofloxacin*

## 2) Newly diagnosed atrial fibrillation

DD dehydration, infection, hypertensive heart disease, lone atrial fibrillation

*Therapy: Amiodarone*

## 3) Exacerbated hypertension (stress induced)

*Therapy: Perindopril*

# Further development

- 1st day
  - clinical improvement
  - cardioversion into SR
- 2nd day
  - shivering, T 38.5° C, *CRP 174 mg/dl*
  - Ciprofloxacin 0.2mg i.v. 1-0-1
- 3rd day
  - *CRP 266 mg/dl*
  - no complaints
- 4th day
  - bad night, abdominal pain
  - relapse atrial fibrillation



# Acute mesenteric infarction



# Referral to central hospital

- Bowel resection of the ileum and the right hemicolon with jejunotransversostomy
- **At present:** The patient suffers from chronic diarrhea due to short bowel syndrome and needs parenteral substitution of Vitamine B12.

*„Any patient with an arrhythmia such as auricular fibrillation who complains of abdominal pain is highly suspected of having embolization to the superior mesenteric artery until proved otherwise“*

Any questions?