Ochsner Medical Case Study

Presentation

A 32-year-old female with chronic ulcerative colitis underwent restorative procotolectomy. Because of enterovaginal fistula formation, she underwent another surgery for illieal pouch excision and revision S-type pouch with anal anastomosis. Sepsis, pulmonary embolism, cardiomyopathy, and respiratory failure requiring mechanical ventilation complicated her postoperative course. Her sepsis was treated with vancomycin, imipenem/cilastin, and ciprofloxacin. The only other medication she was on was sucralfate.

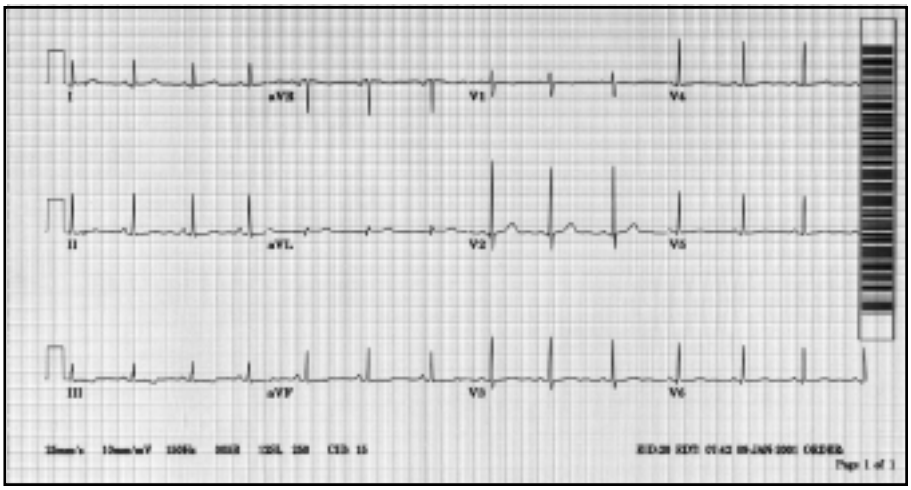

Figure 1. EKG before hospitalization.

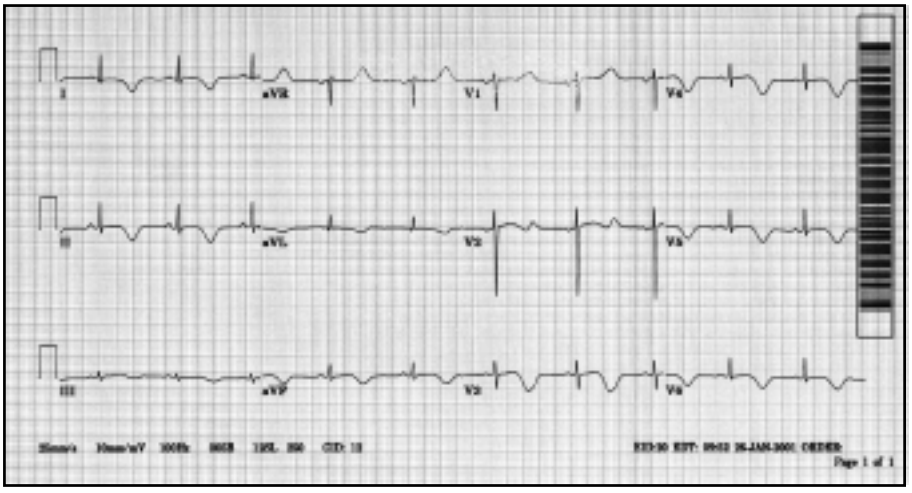

Figure 2. EKG during hospitalization.

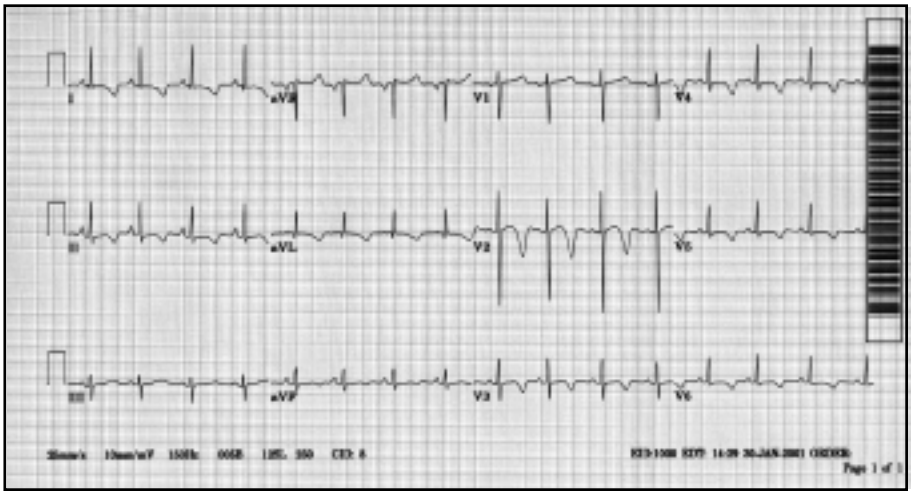

Figure 3. EKG after treatment.

Questions

1. What is your diagnosis for the EKG in Figure 2?
2. How would you treat the condition?
3. Which medication would you stop?
4. Would you screen her family for the above condition?

Answers on page 242.

This issue's Medical Case Study was prepared by Mahesh Mulumudi, MD. Dr. Mulumudi is a Fellow in Ochsner's Department of Cardiology.

Ochsner Surgical Case Study

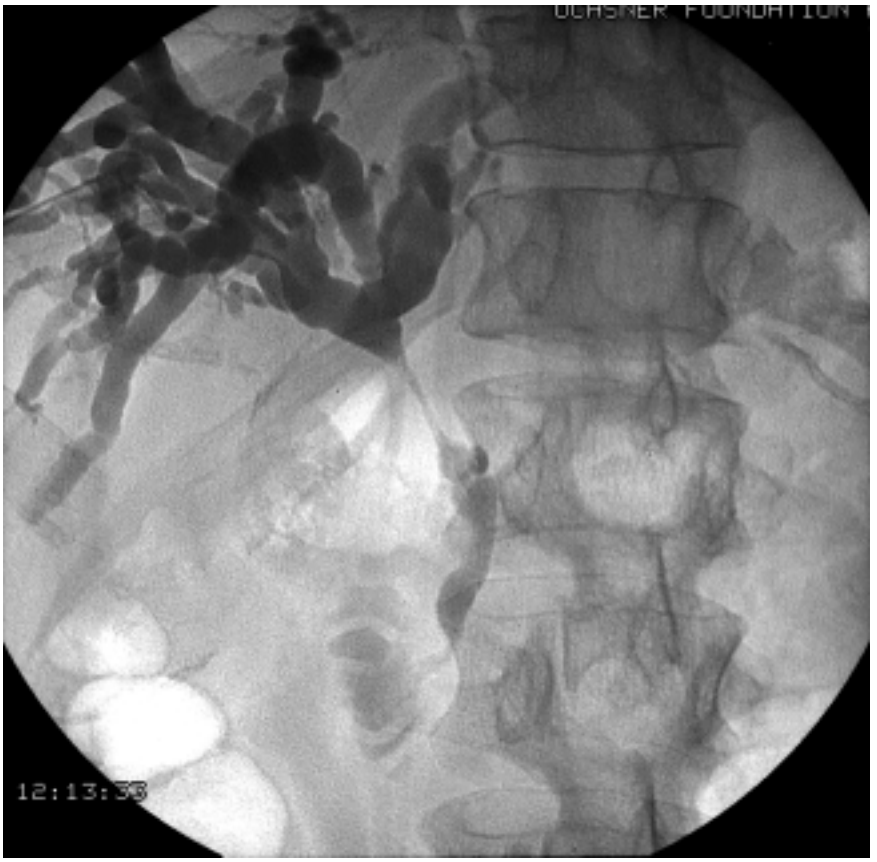

Figure. Percutaneous transhepatic cholangiogram.

Presentation:

A 52-year-old male was admitted to the hospital with a 3-week history of intermittent epigastric discomfort, fatigue, and nausea. He reported the development of loose, tan-colored stools and dark, tea-colored urine with associated generalized pruritus. In addition, an involuntary 16-pound weight loss was also experienced. The patient's medical history was unremarkable and he denied using any over-the-counter prescription medications. There was no hstory of gall stone disease. The patient had undergone a normal colonoscopic examination 18 months prior to this admission, and there was no history of lower abdominal pain or hematochezia. On admission, the patient was afebrile and physical examination revealed icteric sclera but was otherwise unremarkable. Laboratory evaluation showed hemoglobin, 12.3 gm/dL; albumin, 3.5 gm/dL; total bilirubin, 11.2 mg/dL; direct bilirubin 7.8 mg/dL; alkaline phosphatase, 204 IU/dL; aspartate transaminase,35 IU/dL; and alanine tranaminase 48 IU/dL. Prothrombin time was 13.6, and INR 1.2. Computerized tomography of the abdomen at admission revealed intrahepatic biliary ductal dilatation, proximal common bile duct dilation to 1.2 cm, and gallbladder wall thickening. No mass lesion was identified. A percutaneous transhepatic cholangiogram was performed.

Questions

1. What is the differential diagnosis?
2. What therapy is indicated?

Answers on page 242.

This issue's Surgical Case Study was prepared by Scott Bellot, MD. Dr. Bellot is a Fellow in Ochsner's Department of Surgery.