

Ochsner Medical Case Study

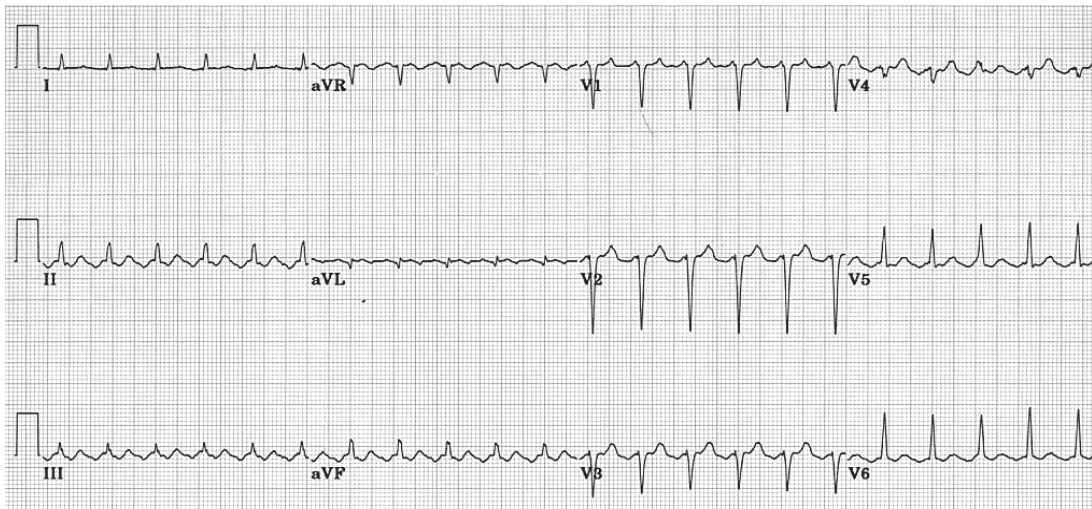


Figure 1. ECG before hospitalization.

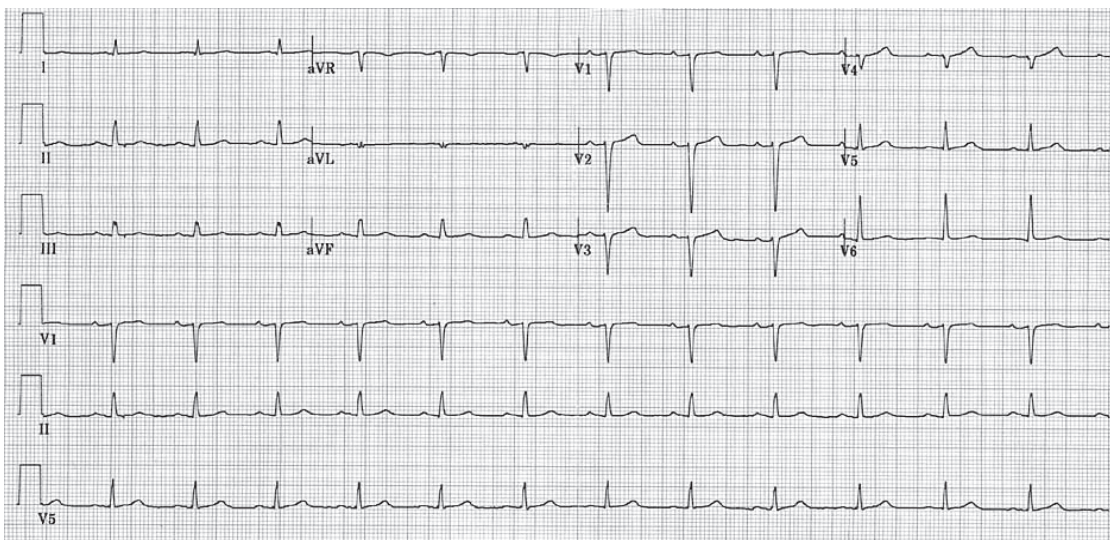


Figure 2. ECG after treatment.

PRESENTATION:

A 63-year-old white male with history of long-standing hypertension treated with zestril. The patient was planning on donating blood when the triage nurse found that his pulse was 140 bpm. The patient denied any complaints of chest pain, shortness of breath, palpitations, diaphoresis, dizziness, or syncopal episodes. He had just mild edema for the past couple of weeks. He stated that he jogged 2 miles three times a week without any problems. The ECG done in PCP office is shown above.

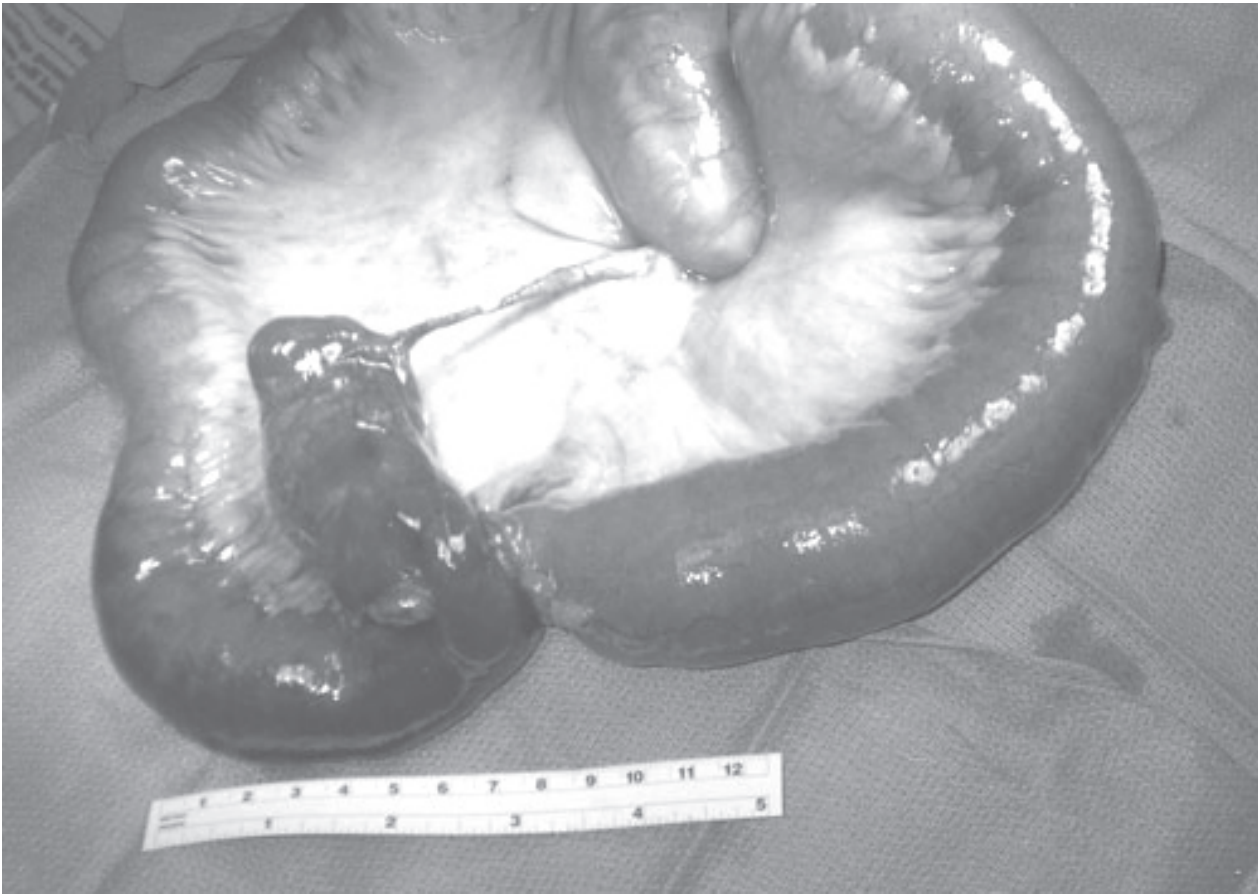
QUESTIONS

Answers on page 259

1. What is the diagnosis for the ECG in Figure 1?
2. What other rhythm disturbance is associated with this arrhythmia?
3. What are the treatment options available for the arrhythmia shown in Figure 1?
4. Would you anticoagulate a patient with this type of arrhythmia?

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

Ochsner Surgical Case Study



PRESENTATION:

A 75-year-old male with a history of diverticulosis presented to the emergency room with an acute onset of colicky abdominal pain associated with nausea and vomiting. He also had one episode of hematochezia. He denied fever, chills, melena, constipation, or diarrhea. He had no other medical or surgical history. On physical examination he had obstructive bowel sounds with a distended abdomen. Laboratory data revealed a leukocytosis with a left shift. A CT scan of the abdomen identified proximally dilated small bowel with air fluid levels and a distal thickened loop of small bowel. He underwent exploratory laparotomy.

QUESTIONS

1. What is the most likely diagnosis?
2. What therapy is indicated?
3. What are common manifestations of this condition?

Answers on page 259

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