

Surgery Collaborative and Long-term Practical Experience Learning **SCaLPEL**

Case report

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Introduction

- 59 years old, female
- depressive syndrome on department of psychiatry
- s/p adnexectomy bilat. p.p.t.m.pelvis a.d.VII
- presented with pain in abdomen, nausea, vomiting and cellulitis of the abdominal wall for past 3 days

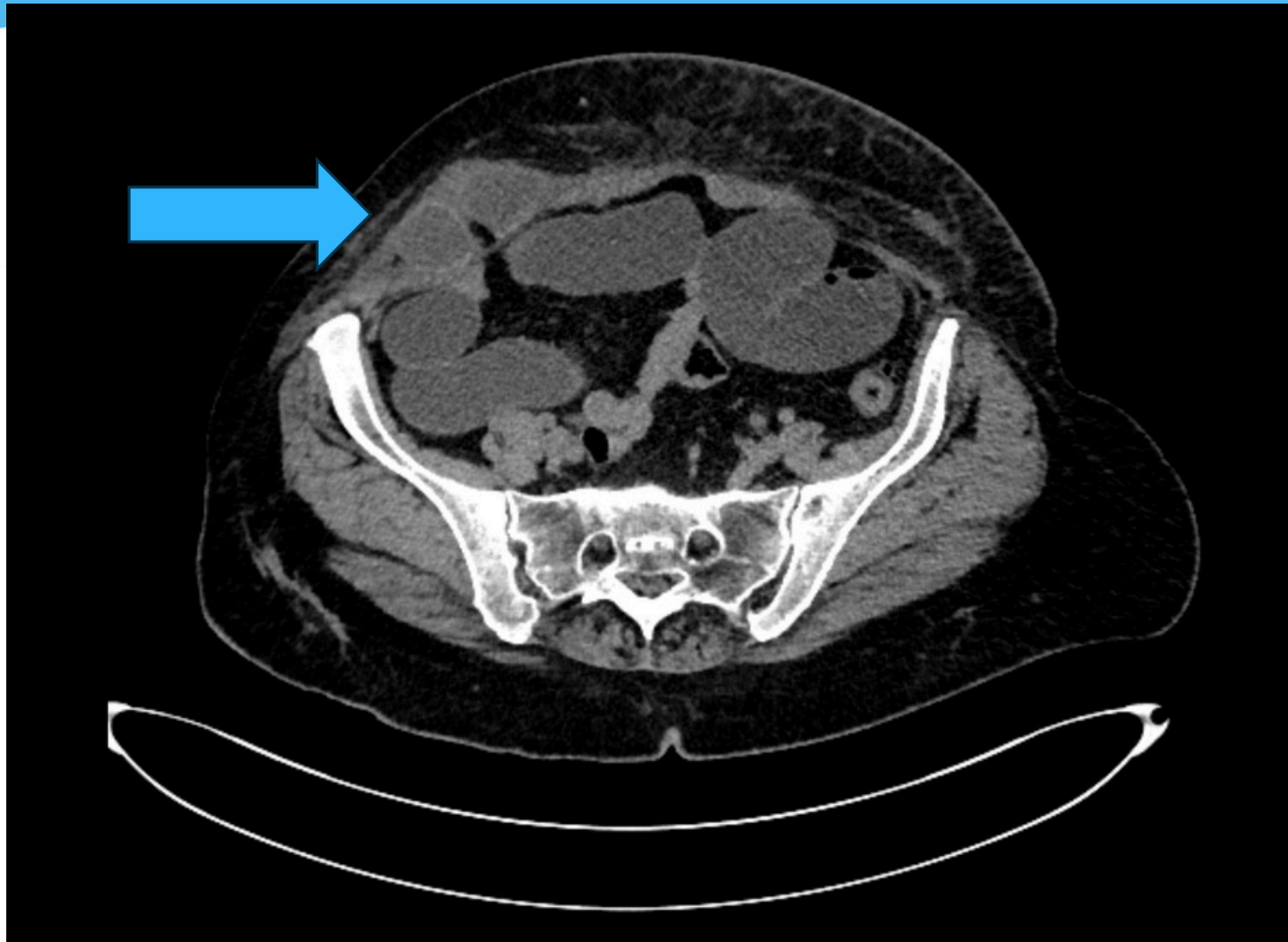
Examination



Laboratory findings

□,Lkc4.4 [1e9]/L, UREA 11.7 mmol/L, KREA 332 μmol/L,
ALP 116 U/L, AST 36 U/L, ALT 74 U/L, GGT 90 U/L, AMY-
P 20 U/L, K 3.4 mmol/L, Na 129mmol/L, CRP 285.0
mg/L, GF-CKD < 15 mL/min/1.73m²

Diagnostic



Operative approach

1. Inguinal incision
2. Medial laparotomy
3. Something else?

Intraoperative findings



What would you do?

- Resection of gangrenous small intestine and formation of double barrel ileostomy + control MSCT after 2 days
- Resection of gangrenous small intestine and anastomosis
- Nothing
- Other options?

What we did

□ Laparotomiaexplorativa

Desincarceratioherniae ventralis

Exploratio AMS

Resectio intestini tenui partialiset ileostomae
bipolaris (double barrel)

Drainage abdominisx1

PHD