

# Abdominal emergencies seminar wareed 2023

تبييض

- Abdominal pain

Appendicitis ::

Diarrhea :: pelvic appendix irritate rectum and ileum

Do US

if the pain > 72 h do ct لأنها غالباً صارت complicated by perforation >>  
phlegmon or abcess (well difined wall )

No anorexia :: mainly no appendicitis

Lower lobe pneumonia Maybe come with RLQ pain

- Hernia ::

Reduction in mass is contraindicated in case of necrosis ( high grade fever . Abdominal rigidity . Skin changes above inguinal canal)

- Intussusception ::

Secondary : due to pathological lead point ..mainly out side the typical age

RUQ mass : advanced case

Meniscus sign : cobra sign

Non operative : بجرّب مرتين

If recurrent: بجرّب بمرّتين non operative >> if failed >> surgery للمرة الثالثة

Better to do surgery ::

\*Recurrent jelly stool ( late sign)

Ass with high failure rate with hydrostatic and pneumatic reduction.

- \*Prolapse intussusception in rectum
- \* symptoms > 36h

- Meckles diverticulum ::antimesentry

Bleeding : Maroon color ,Cause: gastric mucosa

Radiology::

In bleeding : t99c

In obstruction (intussesception): US

Pain : ct

Mesentric obstruction causes :

Adhesion /Mesentric and omental cyst