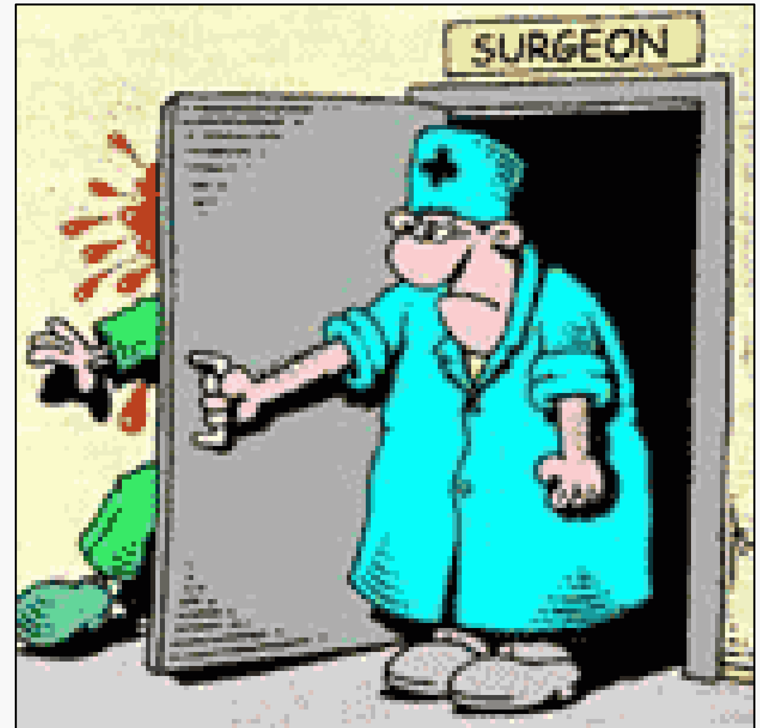
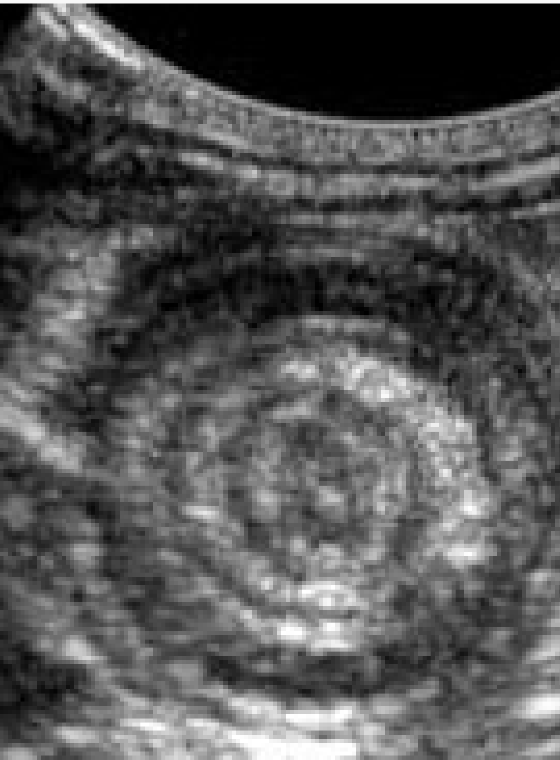


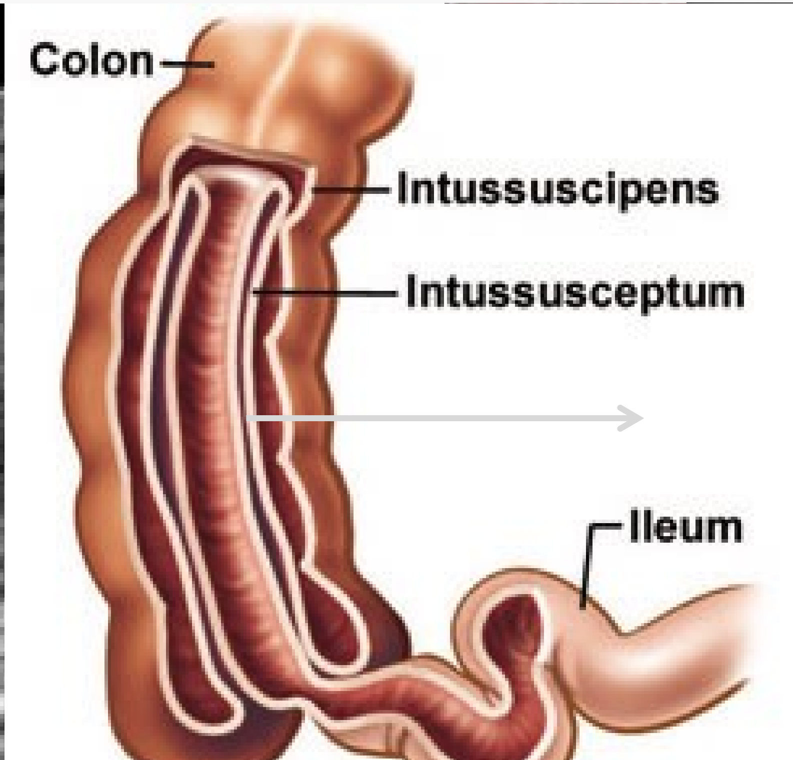
ACUTE ABDOMEN IN CHILDREN

ILEOCOLIC INTUSSUSCEPTION

boy (2y), periodic abdominal pain, vomiting

palpable mass in right upper quadrant, pr: stool mixed with blood and mucus





ILEOCOLIC INTUSSUSCEPTION

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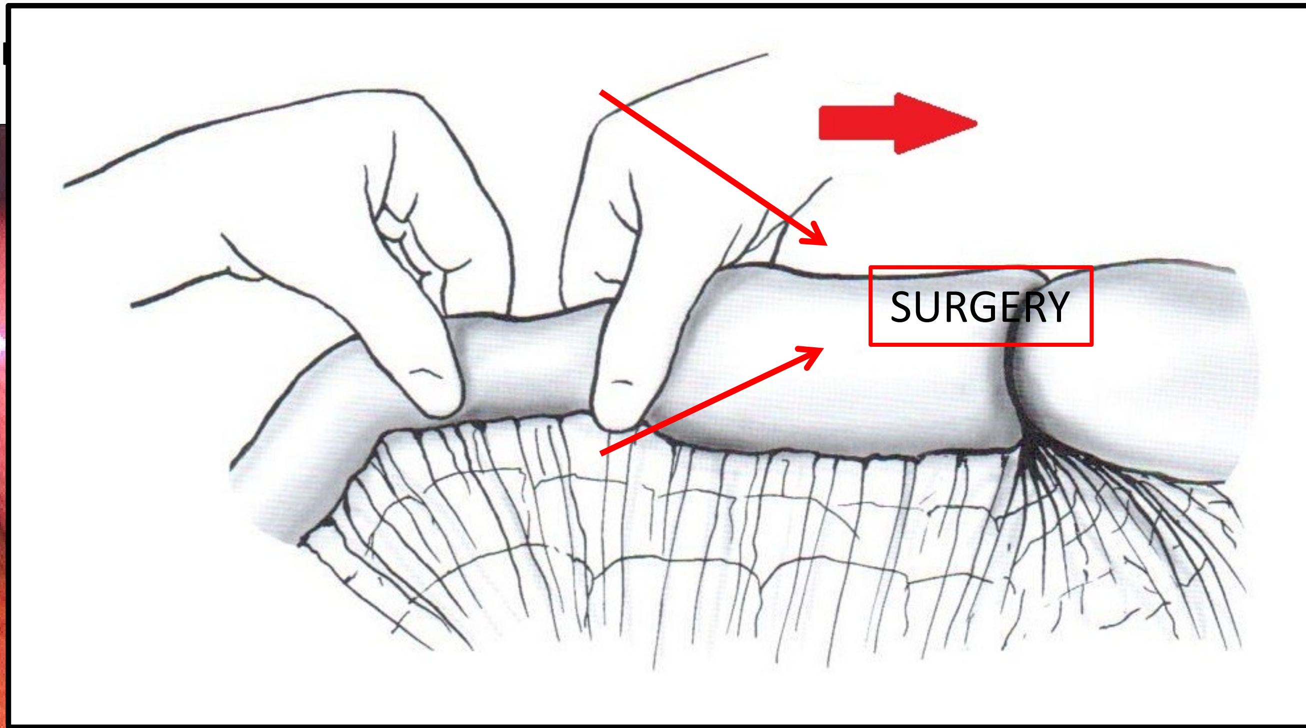
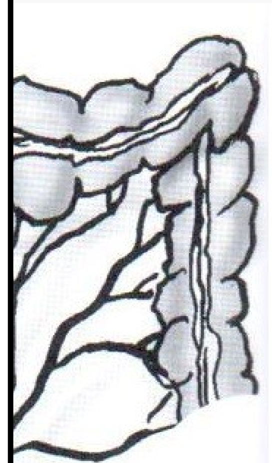
next mor



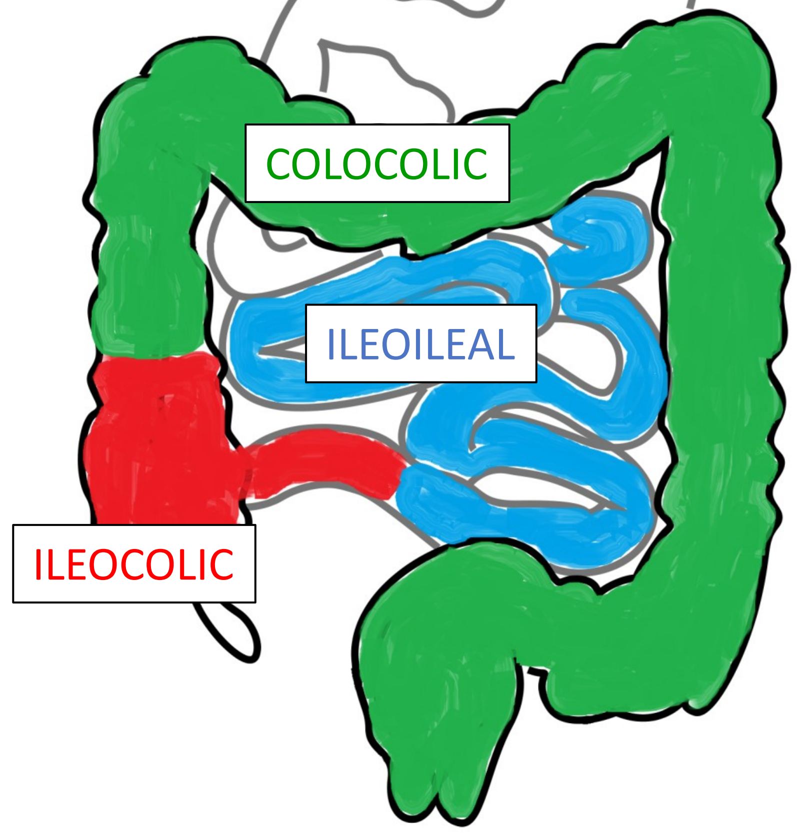


ILEOKOLICKÁ INVAGINACE

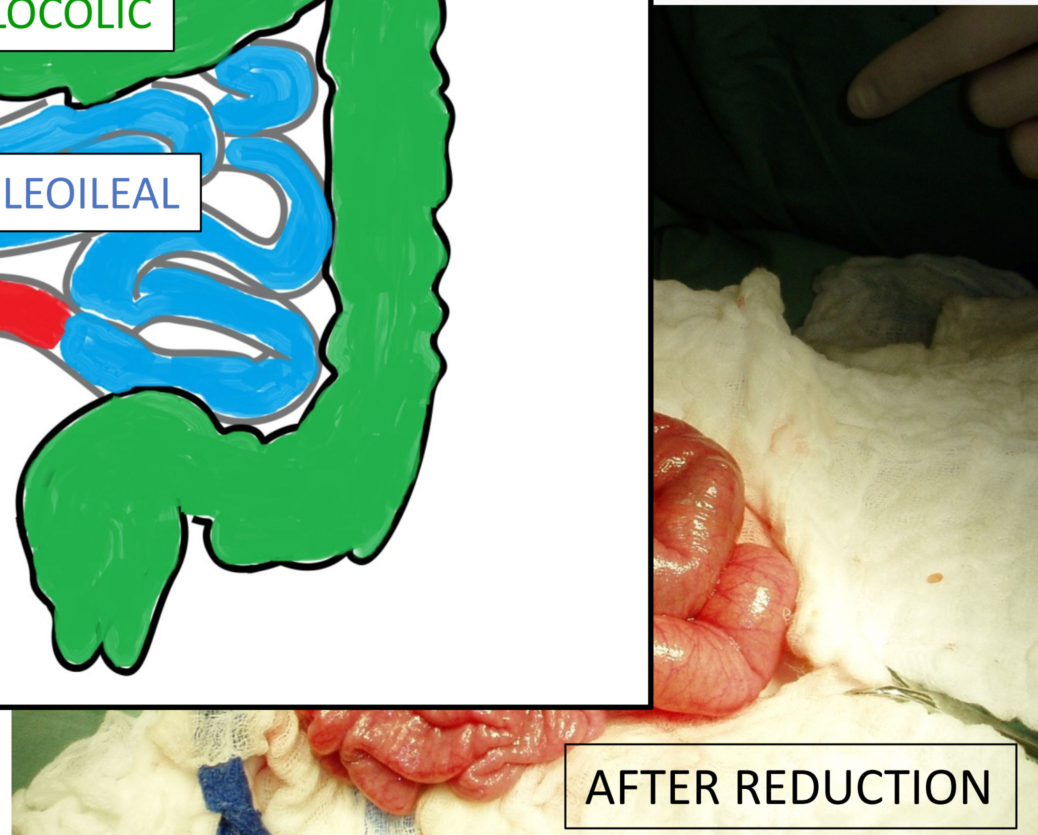
boy (2y), per

palpable ma

next mornin



MECKEL'S DIVERTICLUM RESECTION



AFTER REDUCTION

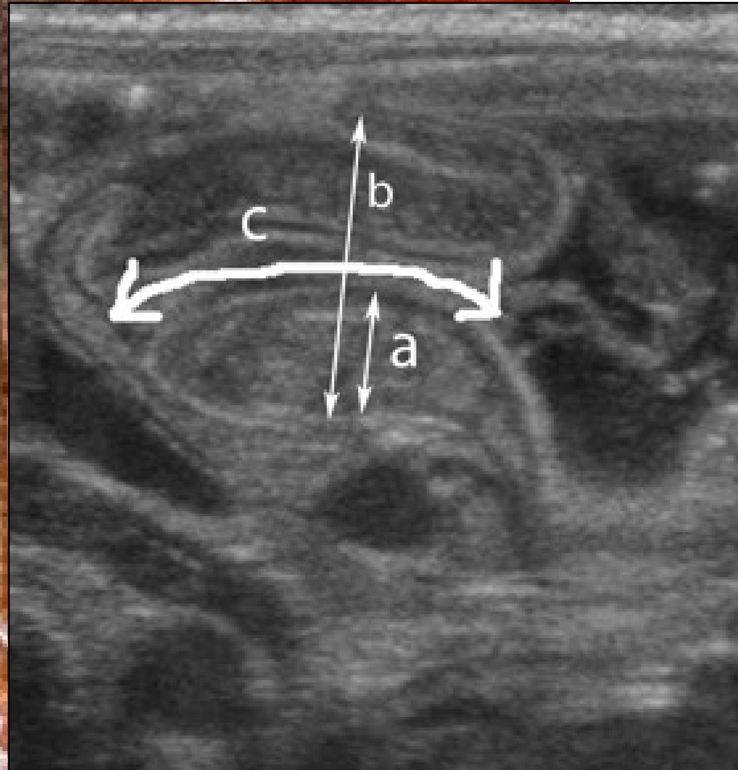
PYLORIC STENOSIS

infant (6w), healthy till nowadays

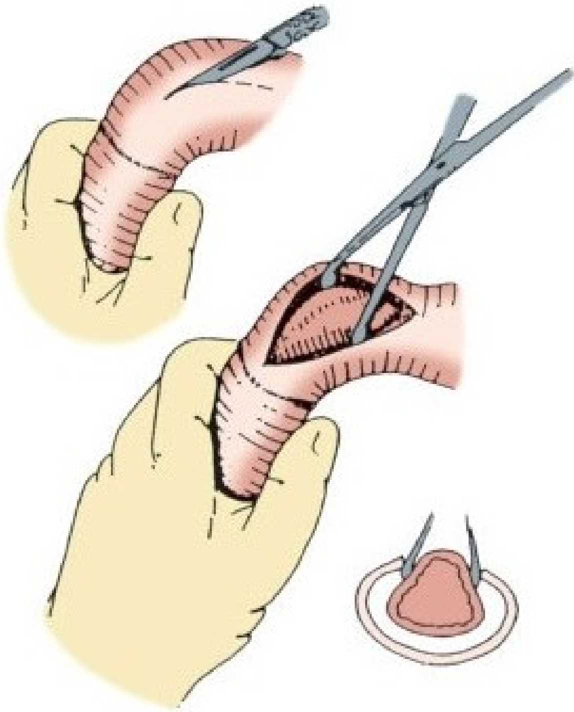
in the last few days vomiting

today projectile vomiting after each feeding

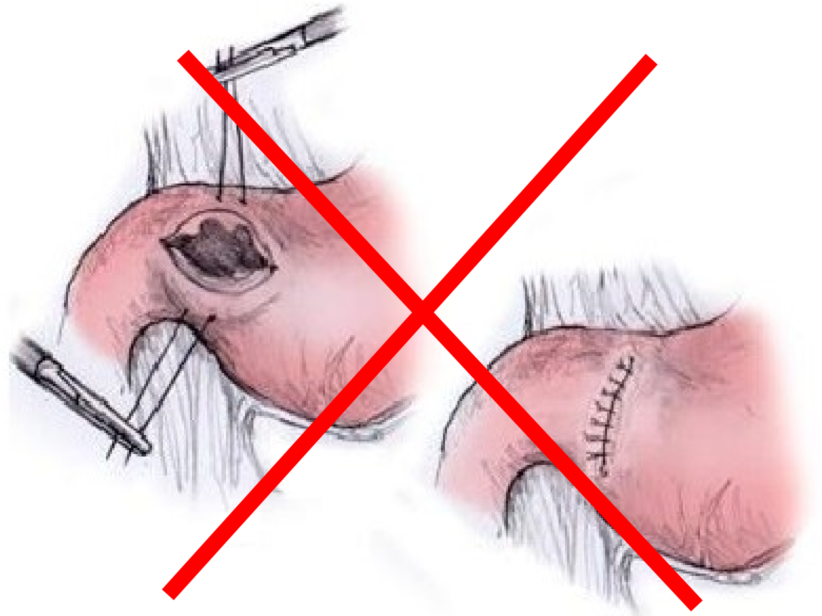
irritated; intensive peristalsis, bulk in right upper quadrant



WHICH SURGICAL PROCEDURE?



PYLOROMYOTOMY



PYLOROPLASTY

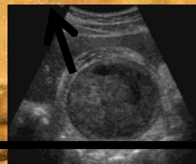
ACUTE CHOLECYSTITIS

boy (12y), progressive permanent pain in RUQ, vomiting

fever, tachycardia, tenderness

THICKEND BLADDER WALL

LEU 18 th. **BILI** 38 **ALT** 2,4 **AST** 1,3 **CRP** 94

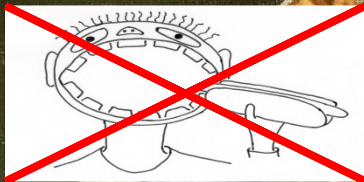


HYDROPS OF GALLBLADDER

ROBERT THOM

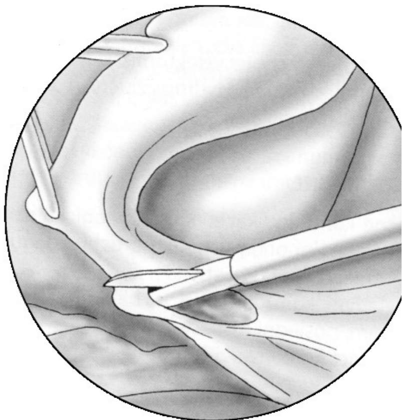
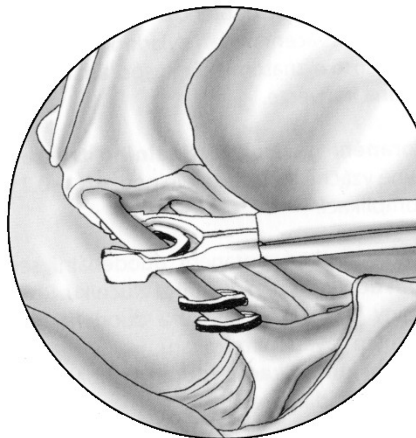
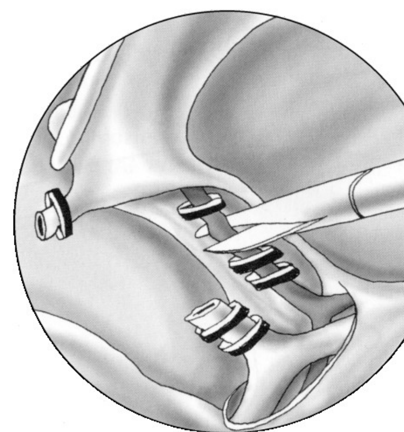
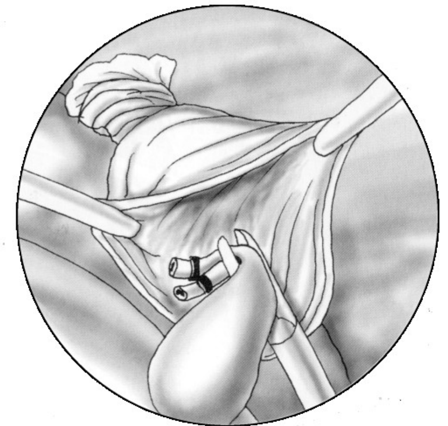
ACUTE CHOLECYSTITIS

CONSERVATIVE TREATMENT



REST ICE ATB SPASMOLYTICS

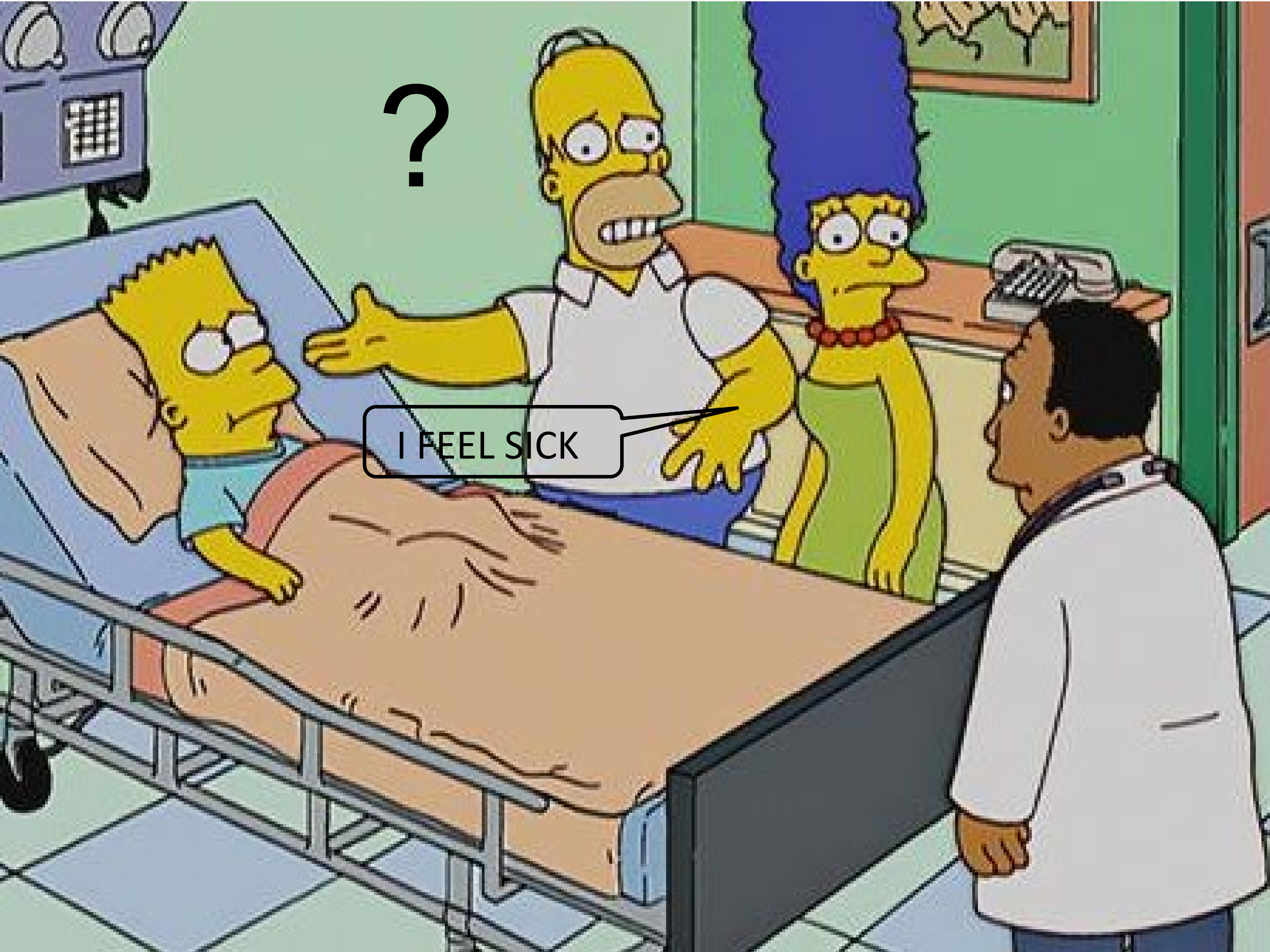
LAPAROSCOPIC CHOLECYSTECTOMY

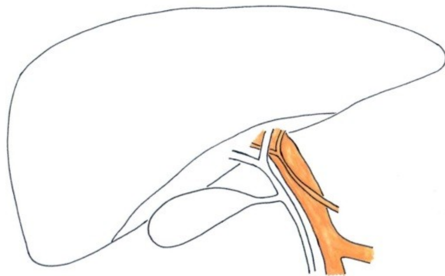
ACUTE CHCE TIMING OF SURGERY? DELAYED CHCE

~~4-40 DAY AFTER OUTSET OF SYMPTOMS~~

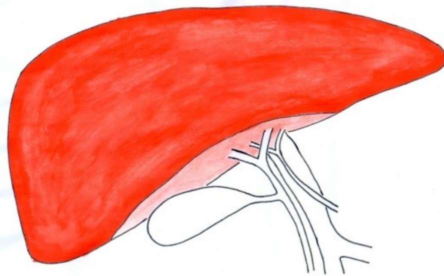
ROBERT THOM


?
I FEEL SICK

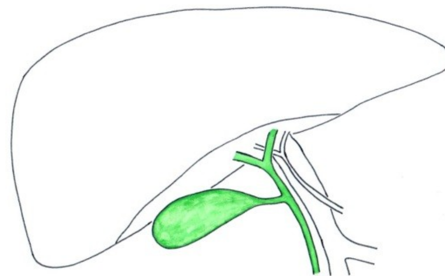
TYPES OF ICTERUS



PREHEPATAL



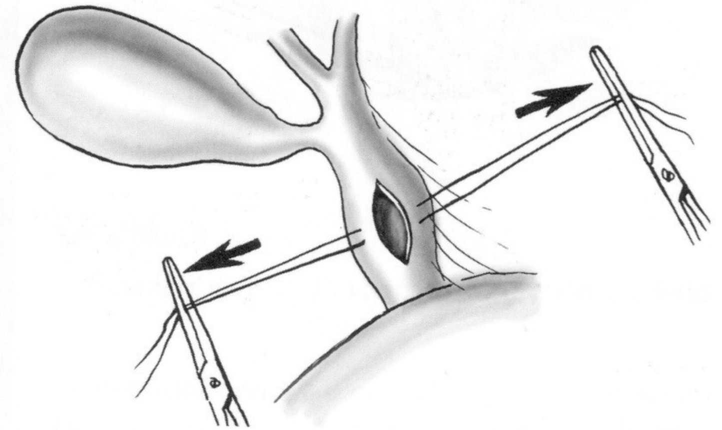
HEPATOCELLULAR

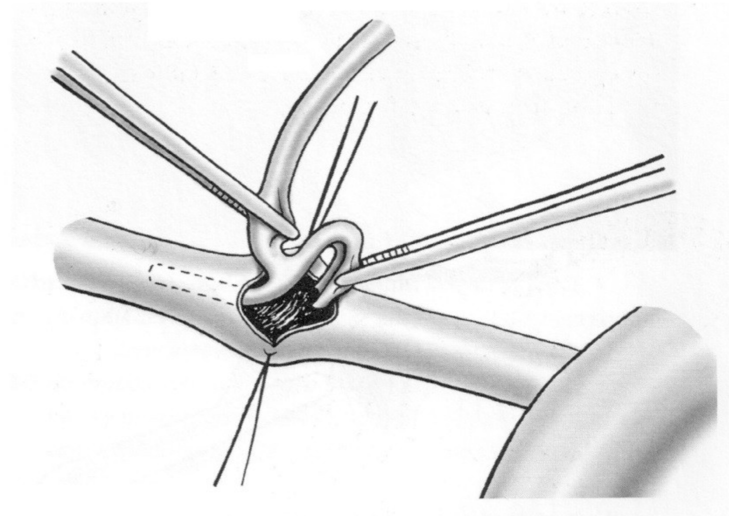


CHOLESTATIC

ERCP

IF ERCP FAILS…





COMMON BILE DUCT EXPLORATION

YELLOW SKIN + YELLOW STOOL -> ERCP

YELLOW SKIN + YELLOW STOOL -> ERCP

YELLOW SKIN + YELLOW STOOL -> ERCP

YELLOW SKIN + YELLOW STOOL -> ERCP

YELLOW SKIN + YELLOW STOOL -> ERCP

YELLOW SKIN + YELLOW STOOL -> ERC

YELLOW SKIN + YELLOW STOOL -> ER

YELLOW SKIN + YELLOW STOOL -> E

YELLOW SKIN + YELLOW STOOL -> ERC

YELLOW SKIN + YELLOW STOOL ->

YELLOW SKIN + YELLOW STOOL -> ER

YELLOW SKIN + YELLOW STOOL -> ER

boy (16y), sudden severe sharp pain in epigastric region

subsequent shift of pain to the whole abdomen

exhaustion, antalgic position and restriction of motion, tachycardia

tenderness of whole abdomen, guarding in epigastrium

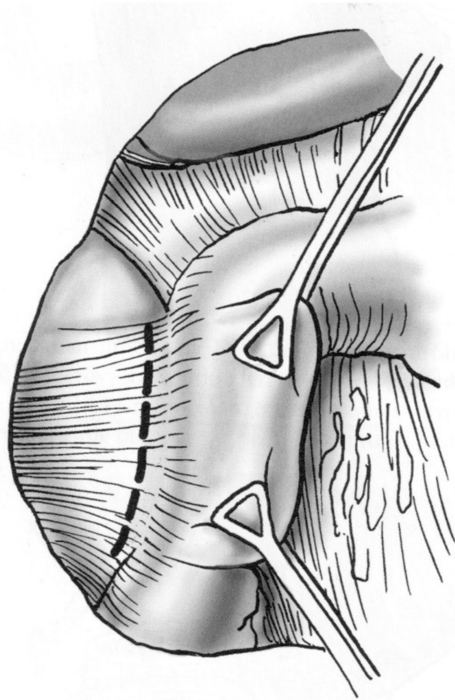
CLINICAL SUSPICION ON GIT PERFORATION

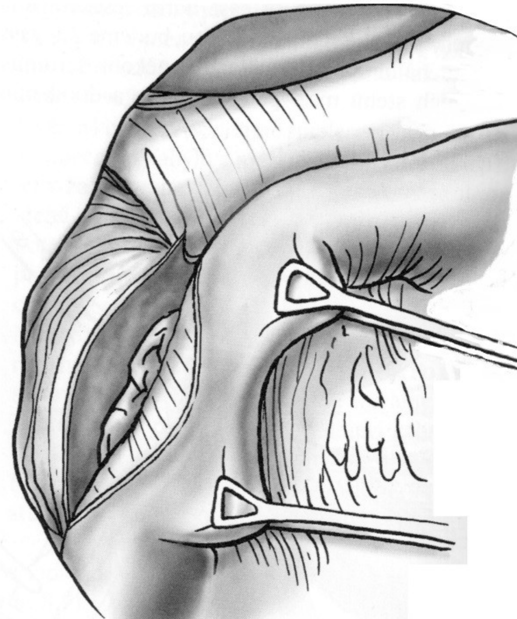
ABDOMINAL X-RAY IN UPRIGHT POSITION

PEPTIC ULCER PERFORATION

90% OF PEPTIC ULCERS ARE IN DUODENUM

TO EXPOSE POSTERIOR WALL OF DUODENUM:





KOCHER MANEUVER

LA

PNEUMO

(GASTRIC BU

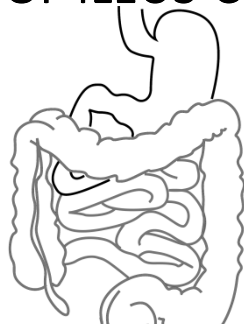
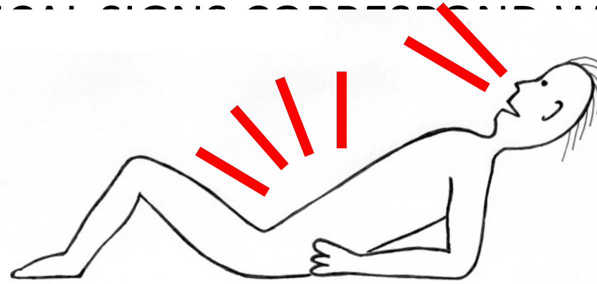
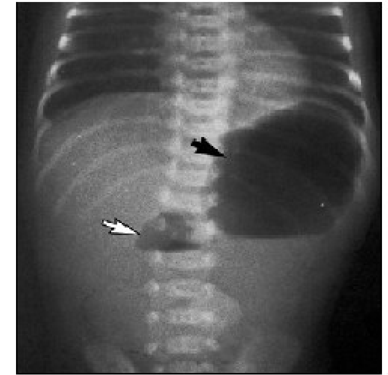
PERFORATED ULCER SUTURE

BP 110/70 HR 94

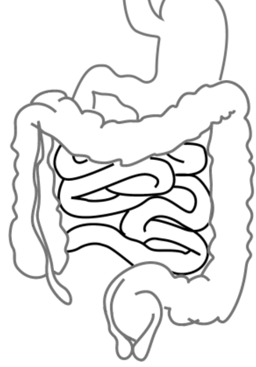
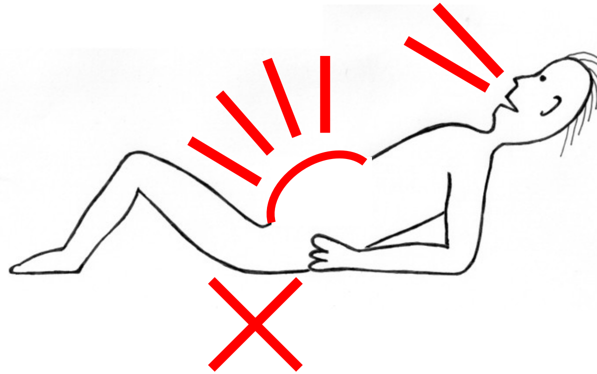
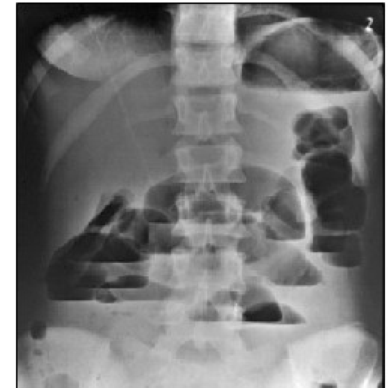
IN SPECIFIC TYPES OF ILEUS CLI[...]

EG. AC

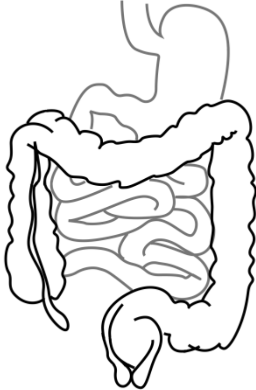
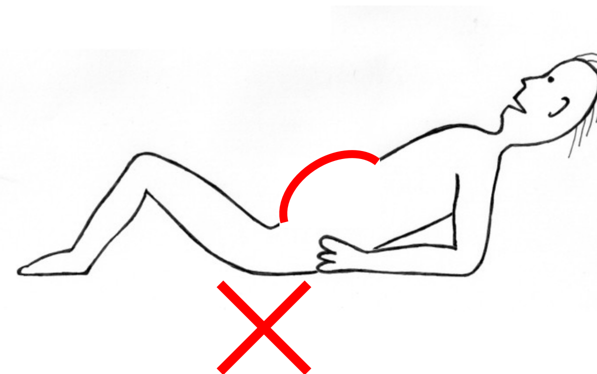
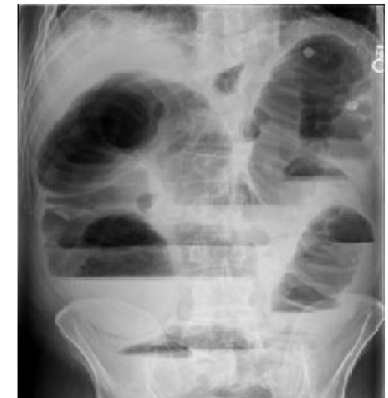
PROXIMAL OBSTRUCTION

SMALL BOWEL OBSTRUCTION

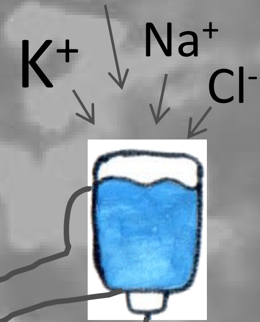




DISTAL OBSTRUCTION

BP 110/70 HR 94

SYNTOSTIGMIN



DISSOLVE IONS AND MEDICAMENTS

EFFUSE ACCUMULATED LIQUID

INFUSE LIQUID INTO VENOUS SYSTEM

ADMIT, THAT CONSERVATIVE TREATMENT MAY NOT BE SUFFICIENT

HYDROAERIC PHENOMENON (LIQUID LEVELS)

TK 110/70 P 94

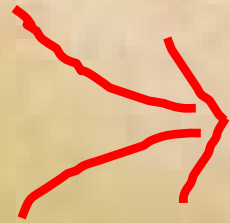
ABDOMINAL PAIN

\+

VOMITING

\+

LAPAROTOMY SCAR



TO SEE A SURGEON

TO EXCLUDE

STRANGULATION ILEUS

BOWEL NECROSIS RESECTION
AND ANASTOMOSIS CONSTRUCTION

ADHESIOLYSIS

BASIC TYPES OF BLEEDING INTO GIT

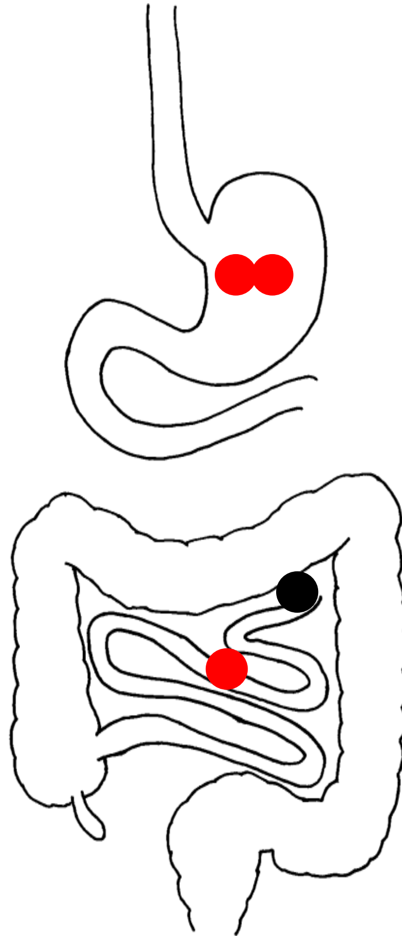
MOSTLY

LESS SEVERE

LOWER

GI BLEEDING

HEMATOCHEZIA



HEMATEMESIS

UPPER

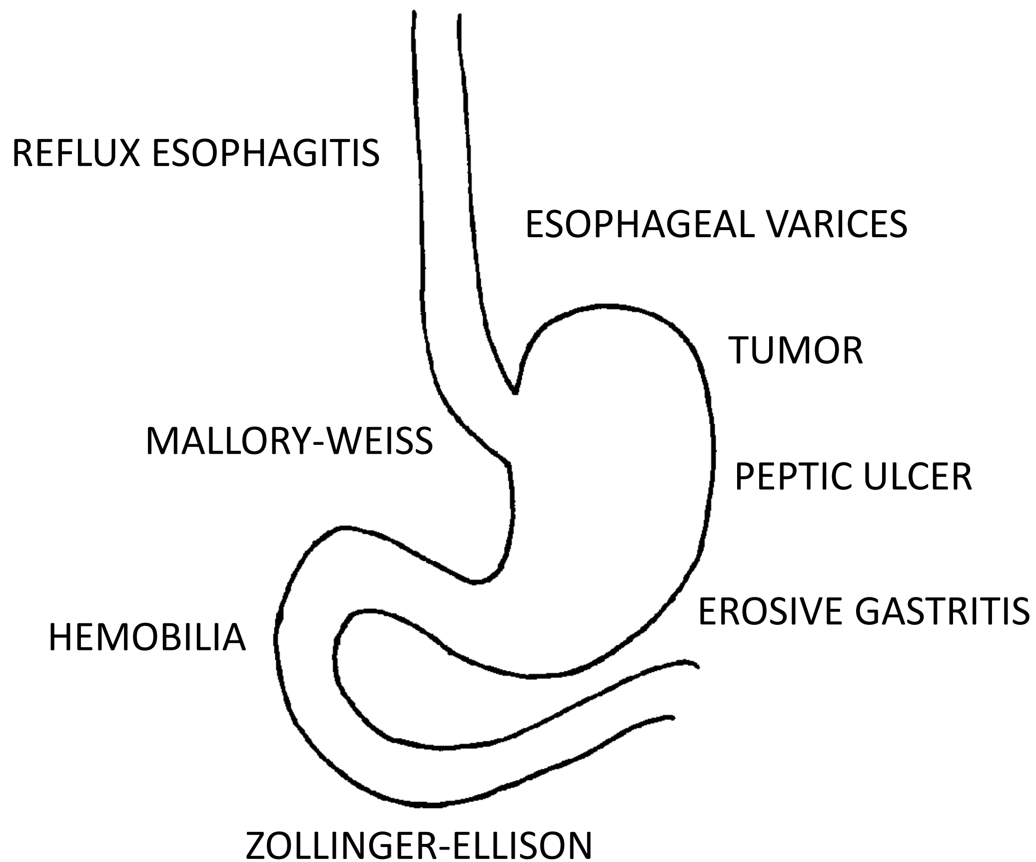
GI BLEEDING

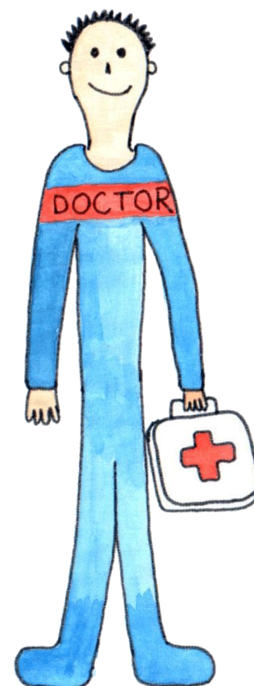
MOSTLY

MORE SEVERE

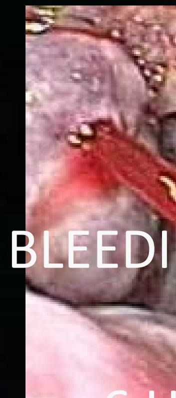
MELENA

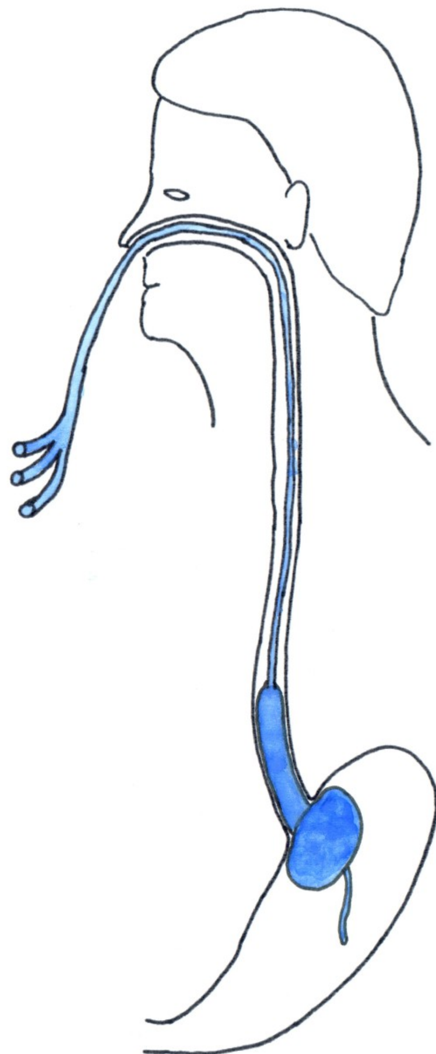
CAUSES OF BLEEDING INTO UPPER GIT

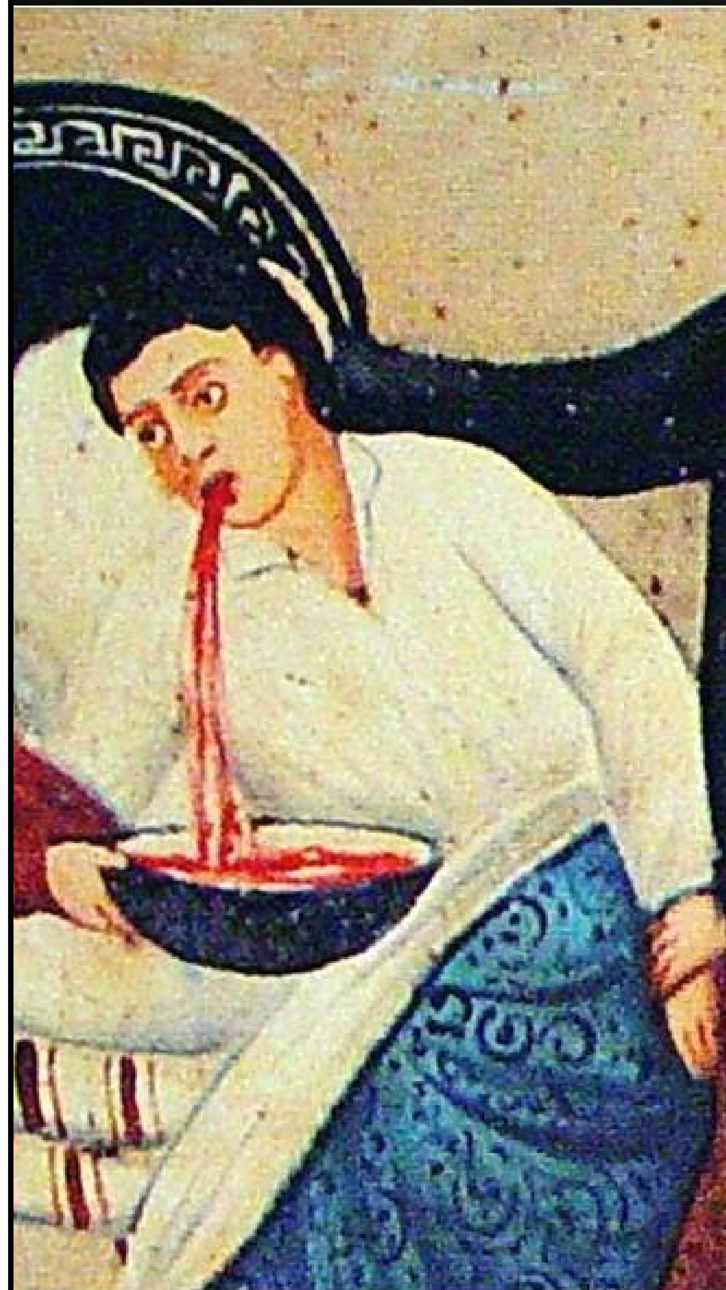




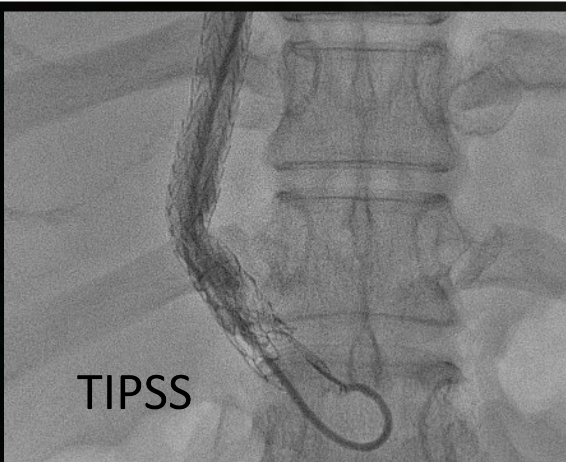
SENGSTAKEN – BLAKEMORE (INTERIM MEASURE)

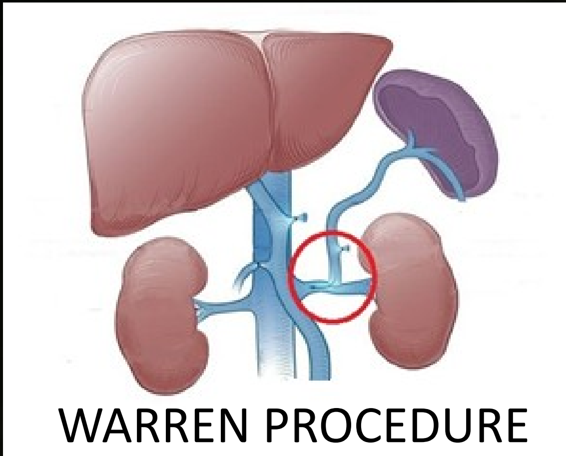


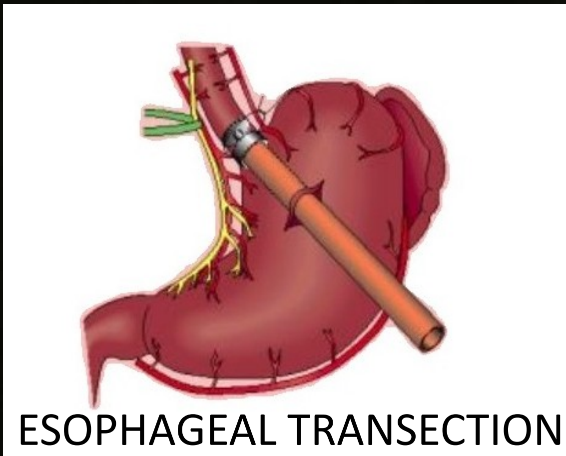




OTHER TREATMENT







ACUTE APPENDICITIS

IT COULD BE DIFFICULT

EVEN FOR A SKILLED

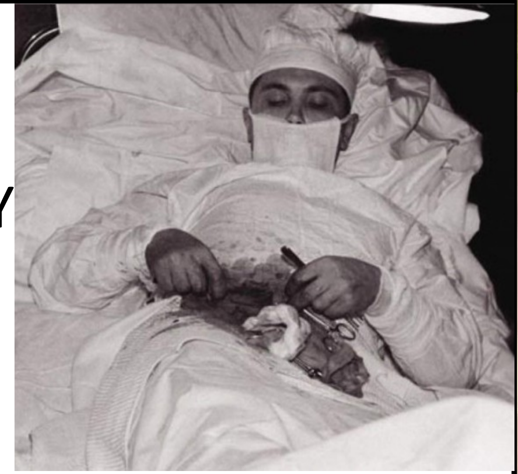
DIAGNOSTICIAN

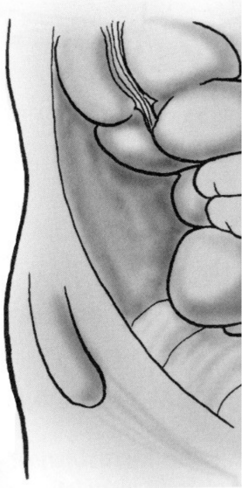
ACUTE APPENDICITIS

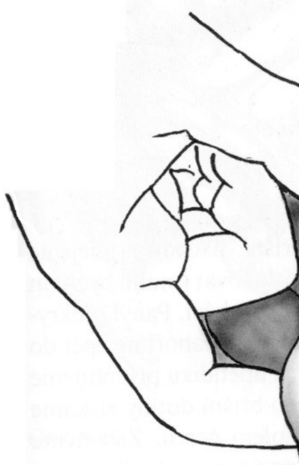
LEONID ROGOZOV (1934-2000)

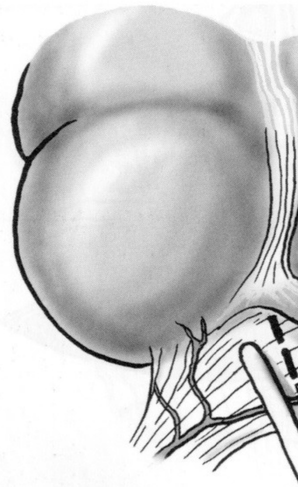
in May 1961 as the only doctor in an antarctic station diagnosed his own appendicitis and later on performed appendectomy on himself

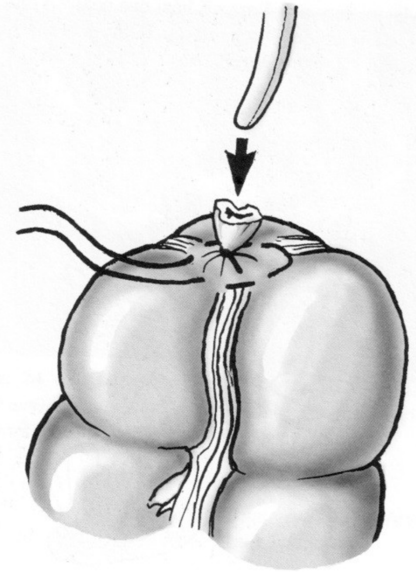
EED TO KNOW THE APPENDECTOMY











AND WHO IS THIS GENTLEMAN?

ALFRED NOBEL
WAITING, WHEN
YOU DISCOVER RELIABLE
METHOD OF APPENDICITIS
DIAGNOSING

THE SUN SHOULD NOT BOTH RISE AND SET ON ACUTE ABDOMEN

THANKS