

PP129 COLIC IS NOT ALWAYS A COLIC

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Introduction

Renal and splenic infarction is uncommon in the emergency department and may be under-diagnosed. Given the vague and non-specific clinical presentations, renal and splenic infarction impose a challenge for the emergency physician to make a diagnosis promptly and preserve the organs' function.

Case background

We presented a case of a previously healthy gentleman who visited our emergency department with severe acute left colicky flank pain which radiated to the left groin area. He was initially treated for left renal colic however after repeated multimodal analgesia, the pain remained persistent. Hence, we proceeded with computed tomography (CT) abdomen and CT angiography for this patient in suspicion of mesenteric ischemia or abdominal aortic dissection. CT imaging showed that this gentleman has left renal and splenic infarction due to renal and splenic arteries thrombosis.

Discussion

We found this case is interesting as renal and splenic infarction is rarely encountered in the emergency department. Their non-specific and mimics of the acute abdomen of other causes give a challenge for emergency physicians to diagnose and treat promptly. As for acute ischemic stroke and myocardial infarction; time is crucial to

ensure that these organ functions are preserved. However, renal and splenic infarctions are not as straightforward as acute stroke or myocardial infarction to detect and diagnose.

Conclusion

Acute abdominal pain of uncertain underlying cause creates a diagnostic dilemma for most emergency physicians. A proper assessment by emergency physicians and a high index of suspicions for those having acute abdominal pain is crucial.

Keywords

Renal infarction, splenic infarction, renal colic