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ABDOMINAL DISTENSION POST
ANALGESIA

Loke Kien Yip¹, Zakiah¹, Ranjini¹
 Department of Emergency and Trauma,
 Hospital Tuanku Ampuan Rahimah, Klang,
 Malaysia.

INTRODUCTION

Ketamine is often be used for sedation and analgesic purpose. It has side effects but often not serious. The following case demonstrated patient who had paralytic ileus post ketamine administration.

CASE REPORT

A 2-year-old girl with no known comorbid was involved in a motorvehicle accident where she was a pillion rider without helmet; hit by a car. On arrival, primary survery was normal. It was noted her GCS was E4V4M6, pupils 3 mm reactive bilateral with some abrasion wound over left side of the face. Blood pressure 79/50mmHg with pulse rate 154bpm. At same time noted clotted blood at external genitalia. Otherwise abdomen was soft and non tender at this time. Patient was given intravenous ketamine 10mg on titrated dose each time with a total of 100mg over 45mins for gynaecological examination. Gynaecology team review noted there is was right labia minora haematoma but not expanding. Three and half hour later, the mom noted that the patient abdomen becoming more distended. Serial FAST scan noted no free fluid. Chest xray was normal but abdominal xray noted dilated bowel. Patient regained full consciousness later and was admitted for cerebral concussion. She was put on nasogastric tube, kept nil by mouth with intravenous drip. Abdomen distension resolved by itself throughout hospital

stay. Child was discharged well on day 3 post trauma.

DISCUSSION

Ketamine is the preffered drugs for analgesia as it is considered relatively safe. Beside its analgesic properties, it creates a trance-like state and provides sedation with amnesia, while preserving upper airway and spontaneous breathing. Opiod based drugs when used for analgesic cause more respiratory depression than ketamine. Ketamine is a NMDA receptor antagonist, and also acts on opiod receptors and monoamine transporters. μ -opioid receptor have constipating effects by increasing the tone of intestinal smooth muscle, and reducing propulsion and the strength on contraction. Common complications of ketamine will be emergence reaction, hypersalivation and nausea and vomiting. Rarely paralytic ileus occur post ketamine administration.

CONCLUSION

The use of ketamine in children for analgesic is very common hence we must be able to look for potential complications. Beside ketamine, other drugs that might induce paralytic ileus the muscarinic antagonist and tricyclic antidepressant drugs.

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"BEHIND THE SCAR"; THE
UNUSUAL COMPLICATION OF
POST ECTOPIC SURGERY

I Fadzillah¹, M M Amin¹, C T Chow¹, M M Saed¹
¹Emergency & Trauma Department, Hospital
 Sultanah Aminah, Johor, Malaysia

INTRODUCTION

Internal herniation is a rare complication and has low incidence of less than 1%. We present a case of intestinal obstruction due to small

bowel entrapment in preperitoneal space secondary to previous laparotomy for ruptured left tubal pregnancy.

CASE

A 38-year-old Chinese lady presented to Emergency Department (ED) at day 9 post laparotomy for ruptured left tubal pregnancy. During the first presentation, she complained of mild abdominal pain without vomiting. She was discharged with analgesia without doing abdominal X-ray. She returned to ED five days later with persistent abdominal pain and symptom of intestinal obstruction.

An abdominal X-ray revealed dilated stomach and small bowel. Patient was admitted and underwent laparotomy. Intraoperatively, the stomach and small bowel were distended and tense with segment of small bowel 30 cm from terminal ileum was entrapped in a potential space at the preperitoneal region secondary to previous surgery. Post operatively, patient was admitted to ICU for ventilatory support and extubated at day 5 post operation. She developed severe gastrophoresis and required total parenteral nutrition.

DISCUSSION

CT scan is a better imaging modality for evaluation of abdominal pain, but the patient was not subjected for to one because her condition deteriorated and proceeded for laparotomy. Intraoperatively, there was an internal herniation leading to a mechanical obstruction and required decompression by performing enterotomy at mid jejunum. This complication is very rare and less than 1 % incidence. Post operation, patient developed severe gastrophoresis that resolved after resting the bowel by

keeping nil by mouth and total parenteral nutrition.

CONCLUSION

Numerous studies have demonstrated low sensitivity for plain abdominal radiography in the evaluation of acute abdominal pain, but it is still the method of choice in ED for cases of suspected obstruction, perforation or foreign body especially in post operation patient.

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POINT OF CARE ULTRASOUND IS USEFUL IN DIAGNOSING SOFT TISSUE TUMOUR

J Md Noor¹, MIK Mohamad¹, M A M Mokhtar¹, S S Hamzah², N F Yasin³

¹Universiti Teknologi MARA, Malaysia

²Hospital Sg Buloh, Sungai Buloh, Selangor, Malaysia

³Universiti Malaya, Malaysia

INTRODUCTION

Differential diagnosis of a large soft tissue swelling is multiple, but perhaps the most feared diagnosis is a soft tissue sarcoma. Inappropriate aspiration may cause seeding of the cancer cells and complicates future management of the soft tissue sarcoma.

CASE REPORT

This is a case of a 44 year old male, with a one month history of left thigh swelling. There was no fever, pain, discharge and no trauma. On examination, there was a large swelling over antero medial aspect of the thigh. A junior doctor suspected underlying abscess and attempted needle aspiration but it was a dry aspirate. Bedside ultrasound showed a well encapsulated dense lesion, rather homogenous in appearance. The diagnosis of possible benign soft tissue tumour was made. But because of it's