

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.

### PP 41

#### POINT OF CARE ULTRASOUND IS USEFUL IN DIAGNOSING SOFT TISSUE TUMOUR

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### 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

its significant size, soft tissue sarcoma has to be ruled out, hence the patient was referred to orthopaedic oncology unit. MRI scan confirms this finding of homogenous lesion suggestive of intramuscular lipoma.

## **DISCUSSION & CONCLUSION**

Point of care ultrasound is a useful adjunct to narrow down differential diagnosis of a swelling and fast track patient to the appropriate unit.

### **PP 42**

#### **ULTRASOUND SIGNS OF SEVERE DENGUE – THE E-C-G APPROACH**

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## **INTRODUCTION**

Dengue is a mosquito borne viral that are endemic in South East Asia and Pacific region. The incidence is increasing and so is the severity and mortality. According to WHO guidelines, severe dengue is characterized by severe plasma leakage, severe haemorrhage and severe organ impairment. Plasma leakage can be difficult to detect clinically in the initial stage. Myocardial depression, a sign of end organ impairment is also difficult to assess. Early detection of these signs can direct the patient to be placed under closer monitoring. It also results in a more judicious fluid therapy, which is the mainstay of dengue treatment.

## **CASE REPORT**

We present five cases of dengue fever with ultrasound evidence of severe dengue. These patients have plasma leakages either in pleural or

peritoneal cavity. One patient had myocardial depression. All five patients had gallbladder oedema with reticular pattern, a findings consistent with severe dengue, but not specified in the WHO guidelines. 3 of these patients were admitted to intensive care unit. All 5 patients survived.

## **DISCUSSION & CONCLUSION**

Based on this, we suggest the ultrasound approach to identify some of the signs of severe dengue. Clinicians should look for effusions (pleural, peritoneal and pericardial), cardiomyopathy, gallbladder oedema, or E-C-G. Any positive findings will add value to the management of the patient in terms of monitoring and volume of fluid. Whether these findings have direct effect on mortality and morbidity requires a proper clinical study.

### **PP 43**

#### **CAN ULTRASOUND ASSIST IN ASSESMENT OF STRIDOR?**

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## **INTRODUCTION**

Stridor is a potential airway nightmare. Preparation for impending respiratory collapse has to be made emergently. Cricothyroidotomy, which is hailed as the airway rescue in "can't intubate, can't oxygenate (CICO)", can have devastating outcome in certain patient. This case highlight ultrasound as a potential tool in assisting with airway management.

## **CASE REPORT**

A 56 years old gentleman presented to ED with 3 days history of shortness of breath. He has been