

CLINICAL QUIZ

Intramural Gas: Would it be Life-threatening?

Azna Aishath Ali¹, Syamim Johan², Firdaus Hayati^{3*}, Chiak Yot Ng⁴

¹ Department of Surgery,
Indira Gandhi Memorial Hospital,
Male', Republic of Maldives

² Department of Surgery,
Queen Elizabeth Hospital, Kota Kinabalu,
Sabah, Malaysia

³ Department of Surgery,
Faculty of Medicine and Health Sciences,
Universiti Malaysia Sabah,
Kota Kinabalu, Sabah, Malaysia

⁴ Department of Medicine,
Faculty of Medicine and Health Sciences,
Universiti Malaysia Sabah,
Kota Kinabalu, Sabah, Malaysia

*Corresponding author's email:
firdaushayati@gmail.com

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QUESTION

A 74-year-old gentleman, an active smoker with no known comorbidities, presented with 4 days history of abdominal discomfort and distention with additional 2 days history of nausea and vomiting. He had no constitutional symptoms. He was independently active. On examination, he was conscious, oriented, cachexic looking and dehydrated. He was tachycardic but normotensive. The abdomen was distended with no peritonitis. Bowel sound was sluggish. Digital rectal examination revealed a mass, felt 3 cm from the anal verge. It was friable and bled on touch. The urine was concentrated with an output of 0.5 mL/kg/hour. Blood investigation demonstrated neither leukocytosis nor lactic acidosis. He was pushed for contrast-enhanced computed tomography (CECT) scan of the abdomen and the imaging views are as shown in Figure 1 (axial view) and Figure 2 (coronal view). Please interpret the figures and suggest the provisional diagnosis.

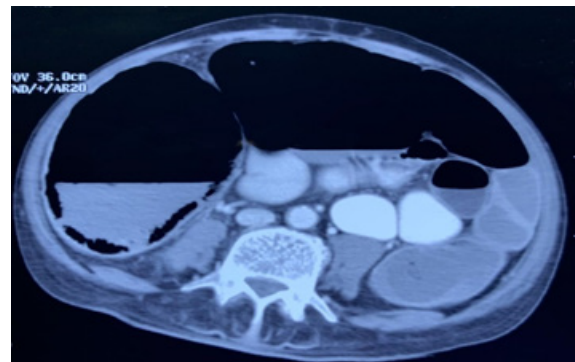


Figure 1 Axial image of CECT of the abdomen

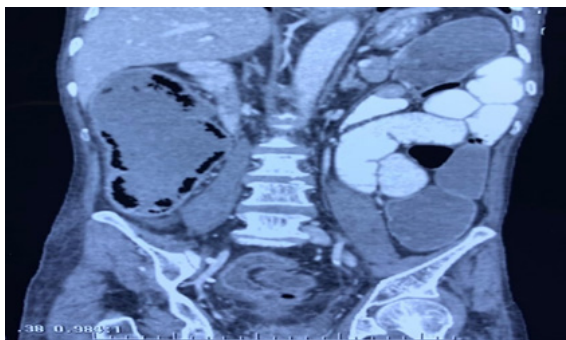


Figure 2 Coronal image of CECT of the abdomen

Please find the answer in the next issue.

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