**Clinical cases**

1. The 50 years old woman was admitted in hospital on the 4th day of the disease. After physical examination and laboratory tests clinical diagnosis resulted in acute appendicitis. The surgeon decided to operate the patient. After entering to the abdominal cavity appendicular mass has been revealed.

Your further actions during surgery and management of the patient?

1. A patient with diagnosed appendicular mass has been treated conservatively with improvement. But on the 5th day after admission and on the 10th day of the onset of the disease, severe abdominal pain suddenly appeared in the patient. Objectively: the patient is droughty, temperature is febrile, tachycardia, tongue is dry, there was a single vomiting.Живот вздут, резко болезнен во всех отделах, брюшная стенка ограничена в подвижности при дыхании, определяется разлитой симптом Щеткина-Блюмберга . The abdomen is distended, sharply painful in all areas, the abdominal wall doesn’t take part in breathing, peritoneal signs are present.Лейкоцитоз возрос с 10,0  10 9 до 18,0  10 9 в 1 мкл . The leukocytosis increased from 10,0×10 9 to 18,0×10 9in 1 μl .

Какое осложнение наступило у больного? What complication did the patient get? Что следует предпринять? What should you do?

1. A 22-year-old patient, who was operated for acute appendicitis 16 hours ago, had weakness and dizziness.Температура нормальная. The temperature is normal.Больной бледен, пульс 110 в минуту. The patient is pale, pulse is 110 per minute.Живот мягкий, болезненный в области операционной раны. The abdomen is soft, painful around ​​the postoperative wound. В отлогих местах живота при перкуссии определяется укорочение перкуторного звука, граница которого смещается при повороте больного на бок. During percussion sound is shortened in both lateral sides, the location of which is displaced when the patient turns on his side. Лейкоцитов в крови 11,2  10 9 в 1 мкл. The leukocytes in the blood are 11.2x109.

Какое осложнение вы заподозрили у больного? What complication do you suspect in the patient?Чем подтвердите ваше предположение? What can confirm your diagnosis? Что следует предпринять? What should you do?

1. A 71-year-old patient has difficulties during urination for last 3 years. Urine is excreted by a thin slack stream with frequent urges to urinate. Год назад больной заметил в обеих паховых областях округлой формы выпячивания размером 5х5 см, исчезающие в горизонтальном положении. A year ago, the patient noticed rounded protrusions of 5x5 cm in both inguinal areas, disappearing in a horizontal position. Образования эти безболезненные, мягкой консистенции.The protrusions are painless, soft during palpation.Семенные канатики расположены кнаружи от выпячиваний . The spermatic cords are laterally from the swellings.Наружные отверстия пахового канала круглой формы диаметром 1,5 см.

Ваш диагноз и тактика лечения? Your diagnosis and treatment?

1. There has been revealed the left testicle inside a hernial sac of a left-sided inguinal hernia in the 16 years old patient during operation.

What type of hernia is this? What are the further steps of intervention in this patient?

1. During a operation for inguinal hernia after the dissection of the hernial sacвыделилось около 50 мл прозрачной жидкости с запахом мочи. about 50 ml of clear liquid with a smell of urine was presented in the wound. При ревизии оказалось, что вскрыт просвет мочевого пузыря.DurinDuring following revision injury of the bladder’s wall had been revealed.

Почему это произошло? Why did this happen? Как закончить операцию? How to finish the operation? Как избежать подобных осложнений? How to avoid such complications?

1. The 24 years old patient had episodes of abdominal pain and heartburn after 2 hours after spicy food for previous 3 years, rarely vomiting with acidic stomach contents bringing relief. He has noted sudden weakness and dizziness with a reducing if abdominal pain about 12 hours ago. There was no stool for 1 day; the patient urinates normally. There was a vomiting with blood, not copious, patient has is a feeling of heaviness in the stomach.

OBJECTIVELY: The condition is satisfactory. Moderately pale skin, the tongue is coated with a white fur, dryish. Pulmonary system is normal. Pulse rate is 78, BP is 130/90, respiratory rate - 18 per min. The abdomen is not distended, takes part in the breathing, soft and painless. Blood test: Hb - 149 g / l, erythrocytes - 3800000, Ht - 50%.

Your preliminary diagnosis? Your management and treatment?

1. A 45-year-old patient has been administered to the hospital with strangulated inguinal hernia after 2 hours after strangulation. During the operation the strangulated loop of the intestine slipped into the abdominal cavity before the hernial sac was opened, and its condition was not identified.

What will be your further actions?Что следует предпринять?

1. The 40 years old patient operated 30 days ago for acute gangrenous appendicitis with complicated postoperative period (prolonged fever, intraabdominal and pelvic abscesses formation), admitted to the hospital with complaints of pain in the right upper quadrant, chills, fever in the evenings up to 38.5C (in the morning up to 37.2C), gradually progressing icterus. Pulse rate is 110-120 per minute. Tongue is moist. The upper half of the abdomen takes part in breathing restrictedly. The abdomen is soft, but there are local tenderness and muscle tense in the right hypochondrium. Rebound tenderness is slightly positive. The lower liver margin is under the costal arch for 4 cm, and is acutely painful on palpation. WBC count is 18.0x109. Chest X-ray revealed limited mobility of right hemidiaphragm, lung tissue is normal. There is a small pleural effusion in the right side.

What is your diagnosis? How can you prove it? What is the management?

1. The 56 years old woman was admitted to hospital with a clinical picture of an exacerbation of chronic cholecystitis on the second day from its beginning. The condition of the patient was fair. Temperature was 38.1C, pulse was a 92 per minute. The abdomen is painful only in the right upper quadrant, where moderately muscle tension and rebound tenderness were detected. Other parts of the abdominal wall remained calm. Patient was treated conservatively.

Suddenly the patient's condition worsened: he has severe abdominal pain, anxiety, skin is pale, dyspnea and vomiting are appeared, the temperature rose up to 40C. The pulse became 120 per minute. Leukocytosis increased from 9.0x109 to 25.0x109. The abdomen is distended, diffuse tenderness, muscle tension and the rebound tenderness are detected in the right half of the abdominal wall.

Your diagnosis and management?

1. 36-year-old patient has been operated for strangulated inguinal hernia after 12 hours after strangulation. There were two loops of the small intestine in the hernial sac. After dissection of the strangulating ring, the color of the intestinal loops became normal, bowel peristalsis is present, the beating of the mesenteric vessels was good. Both loops have been placed back to the abdominal cavity with further hernioplasty. A day after the operation, the patient has been repeatedly operated for diffuse purulent peritonitis. There have been revealed perforation of the gangrenous intestinal loop during the operation.

What was the mistake of the surgeon that led to the peritonitis? What should be the surgical tactics in this situation?

1. The patient injured in car accident was delivered to the emergency department. OBJECTIVELY: skin is pale, blood pressure 60/40 mm Hg, pulse rate is 88 per minute, there is scratch in epigastrium measuring 15.0x4.0 cm.

What should be the management of this patient?

1. The 46 years old patient is suffering from an irreducible umbilical hernia for 3 years.Особых неприятных ощущений она не причиняла. It did not cause any problems for patient. Но в последние 3 дня у больной в области выпячивания появилась краснота, отечность и резкая болезненность при прикосновении.But during the last 3 days hernia become reddish, edematous and painful during palpation. Поднялась температура до 38  С. Язык чист , влажен. The temperature rose up to 38C. The tongue is clean, moist. Пальпация живота безболезненна. Palpation of the abdomen is painless. Симптомов раздражения брюшины нет. Peritoneal signs are absent.

Какое осложнение грыжи наступило? Your diagnosis and treatment?

1. The 65 years old patient has been operated for strangulated inguinoscrotal hernia. During operation the surgeon has revealed that the strangulated intestinal loop is not viable. The intestinal resection was performed.

What signs of nonviable intestine do you know? How should you perform resection of the nonviable gut? Which anastomosis is usually used? How does the operation end?

1. During surgery for a blunt abdominal trauma, there has revealed a rupture of small intestine from its mesentery for 6 cm at a distance in 2 meters from the Treitz's ligament.

What should you do in this case during surgery?

1. 72 years old patient was delivered to the emergency department with complaints of yellowish color of the skin and eyes, dark urine and light feces.

What diagnostic measures should be performed in the diagnostic department? What will be your differential diagnosis?

1. The 42 years old patient suddenly felt a sharp cramping pain in his stomach, soon frequent vomiting added. There is no stool, the flatus does not pass. On examination the patient's condition is moderately severe, he loud shouts, restless, often changes position. Temperature is normal, pulse is 112 per minute. Tongue is moist. The abdomen is distented in the upper half, on palpation it is soft, moderately painful, and peritoneal signs are absent. There is detected free fluid in the abdominal cavity. During palpation there is revealed ovoid mass in the left upper quadrant. On rectal examination there is no revealed pathology. Radiologically there are multiple air-fluid levels, small intestine is distended.

Your diagnosis and treatment?

1. A patient, who was operated for acute phlegmonous appendicitis 7 days ago, Она носит гектический характер. has a hectic temperature.Болей в области операционной раны больной не отмечает. The patient does not notice any pain in the operating wound and cЖалуется на болезненность в конце акта мочеиспускания, частые позывы на дефекацию.omplains of painful urination, frequent defecation. Язык суховат. The tongue is dry. Пульс 110 в минуту. Pulse rate is 110 per minute.Живот принимает участие в акте дыхания, мягкий при пальпации, болезненный в нижних отделах. The abdominal wall takes part in the breathing, is not tense during palpation, painful in the lower parts. Симптомов раздражения брюшины нет. Peritoneal signs are absent. Лейкоцитов в крови 18,0  10 9 в 1 мкл. The WBC count is 18.0x109. В области раны воспалительной реакции нет.There are no inflammatory changes in the postoperative wound and in the lungsВ легких при аускультации и рентгенологическом исследовании патологии не выявлено..

О каком осложнении можно думать? Your diagnosis ant management?

1. 2 years old health child suddenly had strong abdominal pain, lasted for several minutes. During the attack of pain, the child’s skin became pale, he grasped the stomach with his hands. Arrived ambulance found the child playing quietly, when a doctor examined the child, he did not discover any pathology. Approximately an hour later, the pain attack repeated. After the third attack the child was hospitalized in the surgical department. In the hospital the child had a bloody stool. The temperature remained normal, a pulse rate is 100 beats per minute. The tongue is dryish, coated with a white fur. The abdomen is not distended, takes part in the breathing, soft, painless. Digital rectal examination revealed the blood in feces. The leukocytes count is 10.2×109 in 1 μl.

What is your preliminary diagnosis? What diagnostic examination should be performed for the diagnosis?

1. 39-year-old woman suffering for 4 years from the attacks of intestinal obstruction due to adhesions, is being operated for acute intestinal obstruction. The surgeon divided a large number of adhesions.

What measures can be performed to prevent adhesions formation in the future?

1. A patient was operated for an acute phlegmonous appendicitis 5 days ago. Now he has abdominal pain in the right hypochondrium, worsening during an inspiration. The temperature is 38.7 ° C. The pulse is rapid, the tongue is wet. The abdomen is soft during palpation, but it is slightly painful in the right upper quadrant. The lower margin of a liver is under the costal arch for 6 cm. The Ortner’s sign is present. Auscultation of lungs didn’t reveal anomalies. There are without changes in pulmonary parenchyma and a small amount of pleural effusion on the right side on chest X-ray. The right hemidiaphragm is flattened, limited in mobility. Leukocytes count is 16.0×109 in 1 μl.

What complication has the patient? What investigation can help for diagnosis? What should be the management of the patient?

1. The young woman suddenly had severe pain in the lower half of the abdomen on the right side. The pain is constant, irradiated to the rectum. The general condition of the patient is satisfactory, the temperature is 38.8°C, the pulse rate is 100 per minute. The tongue is wet. The abdomen is not distended, takes part in the breathing. During palpation the abdominal wall is rigid, sharply painful in the right iliac area, rebound tenderness sign is positive in the lower half of the abdomen. The Rovzing’s sign is positive, the Sitkovsky’s sign is negative, but during movement abdominal pain is worsening. The leukocytes in the blood are 12.3×109 in μl.

What disease do you suggest? What additional investigation can be performed? What should be the treatment?

1. 23 years old woman is being operated for an acute appendicitis. During operation the catarrally changed appendix is identified. There is found a serous effusion in a small pelvis.

What actions should performed in this case?

1. A 22-year-old male presents to the emergency room with abdominal pain, anorexia, nausea, and low-grade fever. Pain started in the mid-abdominal region 6 hours ago and is now in the right lower quadrant of the abdomen. The pain was steady in nature and aggravated by coughing. Physical examination reveals a low-grade fever (100.5°F; 38°C), pain on palpation at right lower quadrant (McBurney sign), and leukocytosis (12,000/microliter) with 85% neutrophils.

Your diagnosis and management.

1. The 42 years old patient suffers from III degree thyrotoxic goiter for 4 years. Basal metabolism + 50%. Patient irritable, tearful. She notes the weight loss for 6 kg during last six months. Pulse is 132 per minute. She is referred to the clinic for operation.

What operation is indicated to the patient? What preoperative preparation is necessary? What will be the criterion for determining the readiness of the patient for surgery? Какое

1. An 80-year-old man presented to the hospital with a 2-week history of intermittent pain in his right iliac fossa, as well as bloating of the abdomen. There was associated vomiting as well, which was feculent. He also had a history of constipation for 2 days and reported a loss of appetite over the past 1 month.

His medical history included hypertension, chronic obstructive pulmonary disease and critical aortic stenosis, for which he has been on medication for a number of years. The patient did not report any history of anaemia or episodes of diarrhoea or rectal bleeding. There was no family history of colonic malignancies, thereby ruling out hereditary colorectal cancer syndromes.

General examination was unremarkable. The abdomen was distended. A per rectal examination revealed empty rectum. Bowel sounds were sluggish.

Your diagnosis and treatment.

1. A young woman accidentally drank about 50 ml of diluted acetic acid. There were sharp pains in the mouth, pharynx, along the esophagus and in the epigastric region. The patient is retarded, has an unquenchable thirst and abundant salivation. Pulse is frequent, weak, blood pressure is low. The patient is suffered from repeated vomiting, often with an amount of blood. Soon after getting a burn, the laryngeal edema developed. Intoxication increasing, oliguria is noted.

Your diagnosis? Your management?

Однако в правой подвздошной области отчетливо определяется плотное, неподвижное образование размером 10х12 см, прилегающее к гребешку подвздошной кости, болезненное при пальпации.

1. The 63 years old patient is suffering from gastric ulcer. He was treated previously. A year ago there was an episode of bloody vomiting. He was treated at home. 2 months ago, during 3 days there was a black stool, a weakness. There was an acute weakness and dizziness, a brief syncope, twice abundant vomiting with blood clots, a liquid cherry-colored stool a day ago. Abdominal pain is not present.

OBJECTIVE: The condition is serious. The patient is semi-conscious, apathetic, has regurgitation of blood. Skin is pale. Pulse - 136 bpm, weak. BP 50/20 mmHg, BR - 26 per minute, CVP - 0. The abdomen is distended in epigastrium, soft and painless. Rebound tenderness sign is absent. Feces are liquid, cherry-colored. The blood test: Hb-42 g/l, Erythrocytes – 1 150 000, leukocytes - 8900, hematocrit - 19%. There is no urine in patient.

Your diagnosis and treatment?

1. 20 years old patient is admitted to the emergency surgery department. About 45 minutes ago, an unknown struck in the patient’s abdomen with something like a knife. Objectively: the skin is pale, there is a stab wound 1,5x0,3 cm with sharp angles, flat edges, bleeding moderately in the paraumbilical area.

What will be your actions?

1. The patient has been hit in the abdomen during the explosion with a heavy blunt object. After it patient had sharp abdominal pain and weakness. Objectively: the condition is serious. Skin is pale and covered with cold sweat. Peritoneal signs are positive, bowel sounds are absent. Repeated vomiting. Pulse rate is 144 per minute, weak. Blood pressure is 65/30 mm. Hg. Hepatic dullness is not identified. The abdominal wall does not participate in the breathing, it is rigid.

Your diagnosis and management?