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MEETING ABSTRACT Open Access

Emphysematous cholecystitis. Advantages of abdominal ultrasound in the ED

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Background

Emphysematous cholecystitis (EC) is an entity with high morbidity and mortality, and therefore require a diagnosis agile and dynamic, allowing appropriate management to avoid complications. The emergency ultrasound (US) allows a versatile and comprehensive management, improving the prognosis of this disease in the majority of cases.

Objective

we present a case of EC, diagnosed at ER, through the use of US scanning used by Emergency Phisicians.

Patients and methods

a patient with abdominal pain, with a final diagnosis of an EC assessing US, performed by EP.

Results

We report the case of a 72 year old patient with prior stroke without sequelae and hypertensive, with abdominal pain of 7 days duration, high fever and bilious vomiting. Physical examination was marked hypotension (80/45 mmHg), distal coldness, pallor and sweating, 38.5 ° C, 145 spm. The distended abdomen with abolished peristalsis and positive Murphy right upper quadrant. Rest without findings of interest. Analytically glucose was 505 mg / dl, creatinine of 2.44 mg / dl, bilirubin 2.2 mg / dl, AST 350, LDH 407, amylase 125, 19500 leukos with neutrophilia and pH of 7.13, with lactic 12. Was performed in consultation abdominal US showed a thickened gallbladder wall (8 mm), well-circumscribed, oval, distended and gas in the same light, compatible with emphysematous cholecystitis. Support measures were initiated, antibiotics, insulin therapy and emergency surgery was indicated. This allowed a favorable high after joining UCI in 7 days without further complications.

Conclusion

EC is a rare entity that represents 1% of all cholecystitis, clinically indistinguishable, but with a worse prognosis (25% mortality) and more complications. Here debut comes as poorly controlled diabetes. The use of abdominal US in ER allows for both a rapid and versatile, with proper treatment start, this being vital to good patient outcomes.

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