Assessing Abdominal Aches

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Mary, 69, presents to the emergency department with a two-day history of increasing abdominal pain. The pain was initially right lower quadrant, but has now become generalized. She has had fever and chills in the last eight hours and feels dizzy and lightheaded.

She reports nausea, but no vomiting. There is no diarrhea or constipation and no urinary symptoms.

Mary's past medical history

- Appendectomy
- Cholecystectomy
- Hypertension
- Recently diagnosed leukemia
- Has never had kidney stones
- Medications: Ramipril and iron supplements

What's your diagnosis?

a) Amebiasis
b) Rhabdomyolysis
c) Typhlitis
d) Spontaneous bacterial peritonitis
e) Meckel's diverticulum

Mary's exam results

- Vitals
  - Heart rate: 110 beats per minute
  - Blood pressure: 90/70 mmHg
  - Temperature: 38.9 C
  - Respiratory rate: 22 breaths per minute
- Looks "unwell"
- Chest: Clear
- Heart sounds: Normal
- Severe right, lower quadrant tenderness with guarding and rigidity
- A few isolated bowel sounds are heard
- Rectal: Normal, but stool is positive for occult blood
- Lab tests
  - Complete blood count: Normal
  - Creatinine: Normal
  - Liver function test: Normal
  - Urinalysis: Normal

Mary's differential diagnosis

The initial differential includes:

- Leaking abdominal aortic aneurysm
- Ischemic colitis
- Large bowel obstruction
- Ovarian torsion (She has no appendix or gallbladder)

Answer:
Typhlitis

A surgical consult is requested. Computed tomography (CT) scans of the abdomen, with and without contrast, are obtained. They reveal a normal aorta and normal solid organs. There are marked inflammatory changes involving predominantly the cecum and ascending colon, with some involvement of the terminal ileum. This is compatible with typhlitis.

Typhlitis (or ileocecal syndrome) is an inflammation and/or necrosis of the cecum, appendix, and/or ileum in patients with leukemia, lymphoma, AIDS or other immunosuppressive states. Symptoms include:

- abdominal pain,
- nausea,
- vomiting,
- fever and
- bloody diarrhea.

Sepsis can result from colonic perforation.

Diagnosis is confirmed with a contrast CT of the abdomen. Mortality is high. Admission to intensive care with both intravenous antibiotics and possible surgical intervention is the standard treatment. Dx

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