

## History

A 54-year-old man presents to the emergency department with a 4-day history of abdominal distension, central colicky abdominal pain, vomiting and constipation. On further questioning he says he has passed a small amount of flatus yesterday but none today. He has had a previous right-sided hemicolectomy 2 years ago for colonic carcinoma. He lives with his wife and has no known allergies.

## Examination

His blood pressure and temperature are normal. The pulse is irregularly irregular at 90/min. He has obvious abdominal distension, but the abdomen is only mildly tender centrally. The hernial orifices are clear. There is no loin tenderness and the rectum is empty on digital examination. The bowel sounds are hyperactive and high pitched. Chest examination finds reduced air entry bibasally.

INVESTIGATIONS		Normal
Haemoglobin	12.2 g/dL	11.5–16.0 g/dL
White cell count	$10.6 \times 10^9/L$	$4.0\text{--}11.0 \times 10^9/L$
Platelets	$435 \times 10^9/L$	$150\text{--}400 \times 10^9/L$
Sodium	136 mmol/L	135–145 mmol/L
Potassium	3.7 mmol/L	3.5–5.0 mmol/L
Urea	6.2 mmol/L	2.5–6.7 mmol/L
Creatinine	77 $\mu\text{mol/L}$	44–80 $\mu\text{mol/L}$

An x-ray of the abdomen is performed and is shown in Figure 6.1.

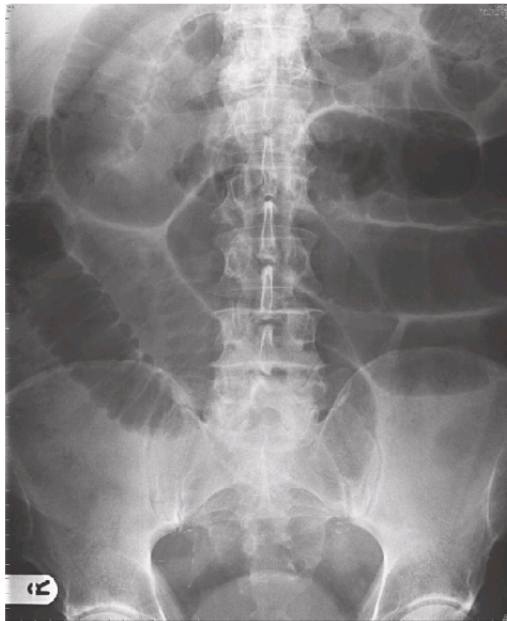


Figure 6.1 Plain x-ray of the abdomen.

## Questions

- What is the diagnosis?
- What features on the x-ray point towards the diagnosis?
- How should the patient be managed initially?
- What are the common causes of this condition?

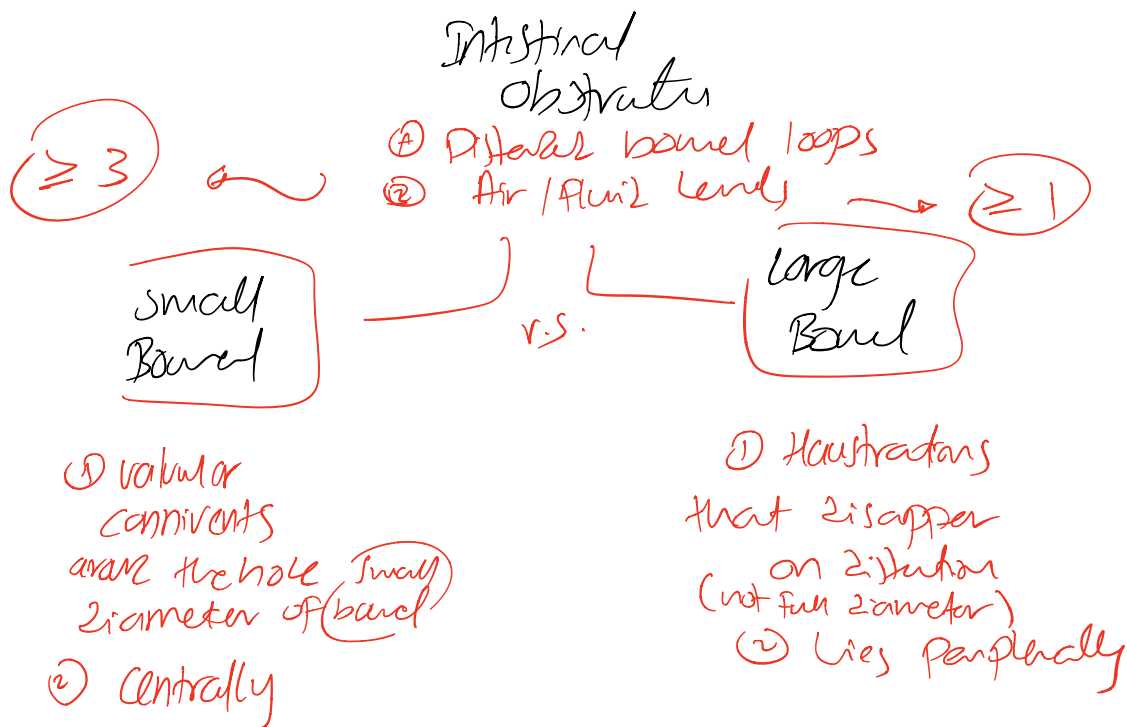
# ① Diagnosis

- intestinal obstruction (small intestinal obstruction)

due to

- ① Recurrence of tumor
- ② Adhesions from previous operation (Right hemicolectomy)

# ② X-Ray Features



### ③ How patient should be initially managed

