

Can we still rely on abdominal X-Ray?

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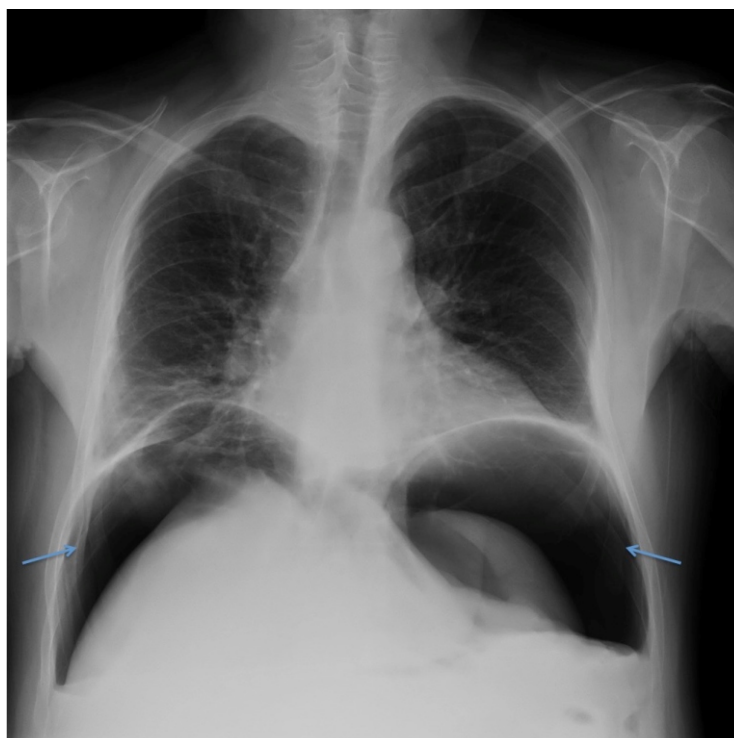
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Description

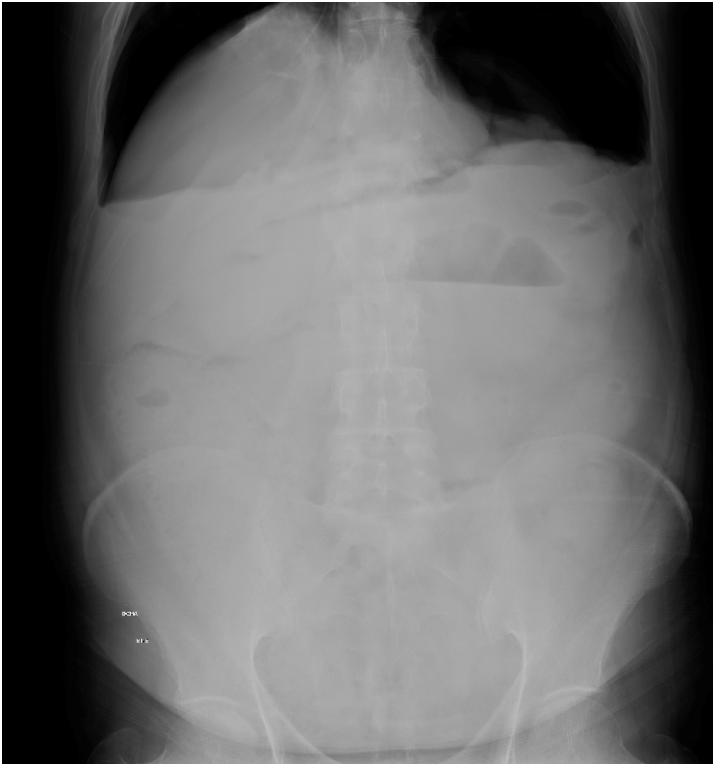
A 50-year-old man, with past history of alcohol abuse, presented to the Emergency Department (ED) with cough, sudden abdominal pain and distension. He had a BP of 110/79 mmHg, Heart rate 140 bpm, axillary temperature 38.5°C and SpO₂ 97%. Physical exam showed abdominal rebound tenderness. Laboratory workup was remarkable for WBC 12.200/ μ L [3.700-11.600], CRP 162 mg/dL [0.0-3.0]. Chest X-ray (Panel A) after normal abdominal X-ray (Panel B), showed diffuse pneumoperitoneum (arrows), confirmed with abdominal CT (Panel C). He underwent an emergency laparotomy, with the diagnostic finding of colonic perforation and fecaloid peritonitis due to a colorectal mass.

Abdominal pain is one of the most common presenting complaints to the ED. The increasing demand for a quality and timely emergency care, might increase the number of unnecessary investigations, such as plain abdominal radiography, leading to an overwhelming number of ionizing tests with normal results, waste of time and financial resources.

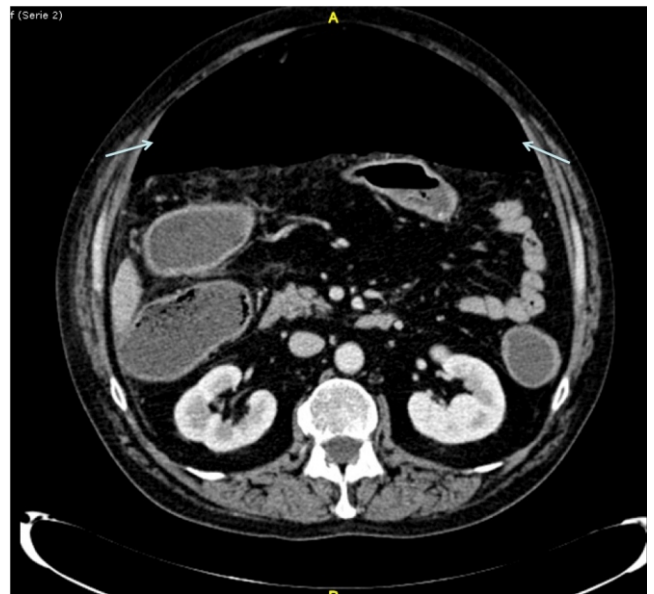
Figures



Panel A



Panel B



Panel C

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