

CBL GIT Mod. (2nd Wk) Clinical Case

A 48 year old male, presents at the emergency department with generalized abdominal tenderness and blood in vomiting (hematemesis). He has a past medical history of abdominal pain which disappears on eating, black stools (malena) and heart burn which has resulted in decreased appetite. He has been leading a stressful life and working long hours for his upcoming task. He is a chain smoker and drinks occasionally.

Physical examination reveals pallor of the conjunctiva and poor oral hygiene pulse 110, BP 100/60 and respiratory rate of 18/min. Palpation of the abdomen shows generalized tenderness in abdomen and marked rigidity. Bowel sounds are decreased. Laboratory investigations shows hemoglobin 09 g/dL, WBC 9000 g/dL, platelets 210,000, peripheral smear shows microcytic hypochromic red blood cells. ECG shows ventricular tachycardia. Chest X-ray reveals air under the diaphragm (which is not a normal finding)



Endoscopy report shows a 3cm punched out oval lesion on the superior part of the posterior wall of the intestine