MY TUMMY IS ABOUT TO BLOW

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1. INTRODUCTION

Abdominal Compartment Syndrome (ACS) is a near fatal condition that remains a diagnostic challenge till date. A tense abdomen, respiratory distress and oliguria is said to be the triad of ACS. However, in view of its non-specific presentations, lack of proper measuring tools and delay of the timely intervention, it has resulted in high mortality rate.

2. CASE

A 26-year-old lady was rushed to the Emergency Department (ED) with complaints of a 2-day history of vomiting, diarrhea, abdominal distension and respiratory distress. Her abdomen was grossly distended, rock hard and tender. Patient developed severe respiratory distress, thus was intubated and ventilated. Chest radiograph shows air under diaphragm bilaterally and abdomen radiograph shows dilated large and small bowels with pneumoperitoneum. 2 hours post intubation, patient was noted to be pulseless and cardiopulmonary resuscitation was commenced. Noted there was subcutaneous emphysema on her right chest. A chest tube was inserted and foul-smelling fecal like material was drained out. Patient eventually succumbed to death.

3. DISCUSSION

Intra - abdominal hypertension (IAH) and ACS represent a severity of disorder that carries a significant morbidity and mortality if left untreated. In this case, patient presented with the triad of ACS which is tense abdomen, shortness of breath and oliguria/ anuria. The WSACS method for diagnosing IAH is by using an intra- abdominal pressure monitor. Such equipment is not available at our local setting, which is one of the pitfalls in tackling ACS. Gold standard treatment includes surgical decompression in the operating theater. However, in the local setting of ED, abdominal paracentesis via a large bore branula could have been performed to reduce the intra – abdominal pressure but there are many challenges and limitations faced in performing this procedure.

4. CONCLUSION

IAH and ACS are a diagnostic challenge and has to be intervened immediately. An early suspicion and abdominal intervention are needed to save patients with ACS. In the ED setting, intravenous fluids, inotropic support, head positioning, gastric decompression via nasogastric tube and abdominal paracentesis may be performed early in suspicion of ACS.

Keywords: *Abdominal Compartment Syndrome, Intra - abdominal Hypertension, Abdominal Paracentesis*