

Picture Quiz: Questions

An Unusual Cause of Abdominal Pain and Anaemia

MMY Lee, CD McKenna, AJ Hart, D Scott & MA Rahilly

Case history

A 52-year old gentleman was referred to acute medicine by an out-of-hours general practitioner, with an unexplained 'collapse'. The patient stated to have just 'tripped and fallen' with no new preceding symptoms immediately beforehand. Closer questioning revealed that he also been suffering from general malaise, shortness of breath, and five days of right upper quadrant pain and abdominal swelling. In the last six months he had lost thirty-eight kilograms in weight. He was diagnosed with a deep vein thrombosis in 1999 for which he had been treated with Warfarin. Both his parents had deep vein thromboses in their late 60s. He was a non-smoker, drank minimal alcohol and worked as a janitor. He was no longer anti-coagulated.

Dr Matthew Meng Yang Lee
MBChB, FY2,
Acute Medicine,
NHS Fife

Dr Christopher David McKenna
MBChB, MRCP,
Consultant in Acute
Medicine,
NHS Fife

Dr Alistair James Hart
MRCP, FRCPath
Consultant Haematologist,
Victoria Infirmary,
Glasgow

Dr David Scott
BSc, MBBS, MRCP, FRCR
Consultant Radiologist,
NHS Fife

Dr Maeve Anne Rahilly
FRCPath
Consultant
Histopathologist,
NHS Fife

Correspondence:
Dr Matthew Lee

Acute Medicine,
Victoria Hospital,
Hayfield Road,
Kirkcaldy,
Scotland,
KY2 5AH
Email: the.matthew.lee@gmail.com

Table 1. Initial lab results.

Haemoglobin 6.8 g/dl (13.5-18) and despite transfusing 2 units of red cells, dropped to 5.0 g/dl two days later	Lactate dehydrogenase 405 U/L (140-270)
Mean corpuscular volume 81.7 fl (80-100)	Albumin 34 g/L (38-50)
Blood film: 'no diagnostic features'	Bilirubin 27 umol/L (2-20)
Direct Coombs's test: positive	Alkaline phosphatase / gamma-glutamyl transferase / alanine transaminase: normal

On admission, he was haemodynamically stable and afebrile. On examination, notable findings

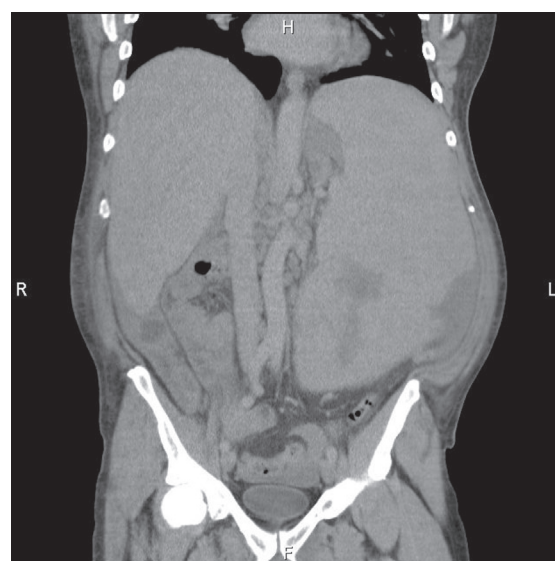


Figure 1. Computed tomography scan: Coronal view.

were pallor, splenomegaly, abdominal distension and shifting dullness. Bowel sounds were normal. Cardiac, respiratory and neurological examinations were unremarkable. Initial laboratory results are shown in Table 1.

Questions

1. What abnormalities are shown on the CT scan (Figure 1)?
2. What is the likely cause of the anaemia?
3. What is the likely underlying cause for these abnormalities?
4. What treatment should be undertaken?