

A young diabetic taxi driver has developed gangrene of his left foot following an accident. He has three daughters in the family and he is the only earning member.

A young diabetic patient developed gangrene in left foot who is the only earning member and a car driver.

1. How will you treat the patient?
 - Control of DM then below knee amputation followed by rehabilitation with artificial limb.
2. Do you have any alternative to amputation?
 - No
3. What should be the optimum length of stump?
 - The stump must be of sufficient length
 - Preferably 10-12 cm
 - Minimum 8 cm
4. What is the optimum length of stump for above knee amputation?
 - Not less than 20 cm.
5. What should be the measure for artificial joint?
 - There must be room for the artificial joint the stump must not be too long
 - Below the knee: 8 cm proximal to ankle joint
 - Above the knee: 12 cm proximal to knee joint

INTERACTIVE STATION

Q1. Tell your findings

- CT scan of the abdomen showing large hypodense area in the Rt lobe of the liver with ring enhancement containing small hypodense shadow within a large lesion.

Q2. What are the immunological tests?

- ELISA test.

Q3. What are the other sites of this disease?

- Lung
- Brain

Q4. What are the stages of the disease?

- Active
- Transitional
- Inactive

Q5. What is the Rx of the inactive stage?

- No Rx, only observation.

Q6. What are the Mx option?

- Medical: Albendazole & praziquetel 2 wks
 - Albendazole - 2m
 - The clinically examine the pt if response then albendazole 1 yrs.
- Surgery: Minimal invasive

Q7. What are the surgical options?

- Mersupioalization & tube drainage
- Deroofing & omentoplasty
- Total cystopericystectomy
- Hepatic lobectomy

Q8. What precaution do you take during operation?

- Mop soaked with hypertonic saline & packed in around the operative field to prevent spillage of the toxic fluid of the hypertonic saline within the cyst instillation.

Q9. What are the scolicial agents?

- 20% hypertonic saline
- 5% silver nitrate
- 95% ethanol
- Absolute alcohol

Q10: What are the specific complications of the open?

- Biliary leakage & biliary peritonitis.
- Hypersensitivity reaction.



Fig: Peroperative picture of intussusception

Q1. What is your diagnosis?

Ans- Intussusception

Q2. What are the causes of this disease?

Ans- Idiopathic, submucosal lipoma, tumour, polyp, gastroenteritis,

Q3. Which sex is more affected?

Ans- Male

Q4. How patient present this disease?

Ans- Features of intestinal obstruction

Q5. How you will treat?

Ans- Resuscitation, Hydrostatic/ pneumatic reduction, surgery

Q6. If peroperative gangrene, how treat you?

Ans- Resection & anastomosis

Q7. Which type is common?

Ans- Iliocolic (child), colocolic (adult)

Q8. Give example of retrograde intussusception?

Ans- Retrograde jejuno gastric intussusception

Q9. Tell complication of this disease?

Ans- Gangrene, perforation, peritonitis

Q10. What pathophysiology of this disease?

Ans- One gut enters into the adjacent gut causing intestinal obstruction.