澳大利亚 John Murtagh 全科病案研究（十五）
——6 岁女孩腹痛和呕吐：一个引以为戒的故事

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【关键词】腹痛；呕吐；阑尾炎；腹胀
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1 病史

患儿，朱莉，女，6 岁，和家人一起在海边别墅度假时，出现了严重的腹部中间部位疼痛，并伴有呕吐。

根据时间顺序来讲述这个患儿的故事。

第 1 天：突然出现腹部中下部位疼痛，并伴有呕吐。患儿脸色苍白。

第 2 天：腹部疼痛和呕吐没有减轻；患儿行走困难，出现发热，脸色苍白。医生到家后给患儿看诊，测量体温，并劝说患儿服用药物，说：“可能是阑尾炎，但更可能是肠胃炎。我给她开一些抗生素，她应该会好一些。”

第 3 天：患儿的腹痛日益加重，且呕吐严重，体温也升高了，还出现了腹泻，患儿已经无法起床。医生在电话里解释说：“腹泻是因为吃了抗生素，我再给她开点止泻剂合剂吧。”下午，朱莉的妈妈给医生打电话，说她非常担心，因为朱莉在 1 h 内情况更恶化了。妈妈说，医生是不是要带朱莉去医院。医生说：“没有必要到医院来，医院医生给孩子做治疗措施，和我给她在家做的治疗是一样的。”

第 4 天：患儿的病情继续恶化，患儿非常虚弱，不停地腹泻。朱莉的妈妈到医院求诊，得到的回答是“肠胃炎一般要持续好几天”。当日下午，朱莉的父母带孩子去 30 km 以外的基层医院。急诊科医生诊断为急性阑尾炎和腹膜炎。经手术切除已经穿孔的阑尾，并清除了盆腔内的脓肿。

第 10 天：朱莉出院回家，非常嗜睡而且很虚弱，仍然有腹痛。

第 12 天：朱莉的腹痛再次加剧，发热、恶心且腹泻。

这次家长给我们（全科医生）打电话。我是第一次来给儿童看病。家长问：“孩子腹痛。”我：“可能是阑尾炎，需要进行诊断。”家长：“我想带他去住院。”我告诉他们：“不要忘记做腹部检查。”

第 13～18 天：患儿腹痛、发热、恶心及腹泻一直持续。医生给患儿进行了保守治疗，但是患儿却变得虚弱无力。

第 19 天：腺体经直肠自然排出，2 d 后症状逐渐减轻。

第 22～41 天：朱莉出院回家，开始逐渐好转。不过腹部仍有间断绞痛。

第 42～151 天：这 100 多天朱莉非常健康，无异常，且无腹痛。

第 152 天：这是个周日。朱莉突然出现阵腹痛，紧接着

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A 6 year old girl presents with abdominal pain and vomiting – A classic cautionary tale

John Murtagh

Case history

Julie V, aged 6, was enjoying a summer vacation with her family at a seaside resort when she developed severe central abdominal pain and vomiting. The following story is presented in chronological sequence.

Day 1; Sudden onset of central to lower abdominal pain and vomiting. Patient looked pale.

Day 2; Abdominal pain and vomiting persisted; difficulty in walking, febrile. Patient appeared very sick and pale. The doctor made a home visit, took her temperature and palpated her abdomen. "It could be appendicitis but it's probably gastroenteritis. I'll prescribe antibiotics and she should settle." 

Day 3; Abdominal pain now very severe, vomiting and fever worse; Diarrhoea developed and Julie was too sick to get up. The doctor explained over the telephone, "The diarrhoea is due to the antibiotics. I'll prescribe an antidiarrhoea mixture". PM; Mother telephoned the doctor to say how concerned she was because Julie was having more pain. "I have to see the child before she is given anything," said the doctor. "It's not necessary. They'd only do what you're already doing at home."

Day 4; Saturday, am; Patient worse; very pale; diarrhoea now almost continuous. Mother visited doctor's surgery and was told, "These gastro things can go on for a few days". PM; Patents took Julie to a base hospital about 30 km away. The casualty doctor diagnosed acute appendicitis and peritonitis. At surgery a perforated gangrenous appendix was removed and a pelvic abscess drained.

Day 10; Julie was discharged home, very lethargic and weak with residual abdominal pain.

Day 12; Julie developed abdominal pain, fever, nausea and diarrhoea. I was called to see her for the first time. Examination revealed a tender abdomen and a tender boggy mass palpable per rectum. A diagnosis of pelvic abscess was made and the patient was hospitalised under the care of her surgeon.

Days 13 - 18; Pain, fever, nausea and diarrhoea persisted. Conservative treatment was given but the patient grew weak and wasted.

Day 19; Spontaneous discharge of pus per rectum relieved her symptoms over the next 2 days.

Days 22 - 41; Julie went home and gradually improved, despite intermittent bouts of colicky abdominal pain.

Days 42 - 151; Julie was very healthy and normal, free of abdominal pain.

Day 152; Sunday; Julie had a sudden bout of agonising abdominal pain followed by vomiting. As I was unavailable at the time, the locum service was contacted. A young locum appeared at the door of the house and was told the history, with the suggestion that this new development could be related to the previous illness. "Do you want me to stay or go?" he asked. He stayed and examined Julie's ear and throat; palpated her abdomen; and asked her to walk, hop on one leg and then jump. (She failed the latter tests.) He then announced confidently "There's absolutely nothing wrong – she's possibly coming down with a gastro thing. That will be $100. All in 3 minutes!

Day 153; The patient remained in bed, sleeping almost constantly and moaning occasionally with pain. She had no bowel movement. Her temperature started to rise in the evening and she grew pale.

Day 154; She developed very severe pain and had a (?) haematemesis at 1 am. She was visited by her regular doctor and admitted to hospital at once. After several hours of resuscitation in intensive care, being treated with intravenous fluids and antibiotics, she was taken to theatre for a laparotomy. A loop of small bowel, obstructed by adhesions, was found to be gangrenous and perforated leading to blood – stained faecal peritonitis. The section of bowel was removed, an end – to – end anastomosis performed, and the abdominal cavity carefully cleaned with cephalin solution.

Days 155 - 180; Julie had a long convalescence in hospital with treatment for a subphrenic and a pelvic abscess. Although she had recovered, Julie looked like the victim of a concentration camp at the time of discharge from hospital.

Lessons learned

- Appendicitis should never be underestimated, especially in young children. It should be foremost in mind when "gastroenteritis" appears to be getting worse.

- A rushed physical examination, especially in the home, can be full of hazards. In particular the all important rectal examination gets neglected.

- In this case the previous history appears to have been ignored. Any current illness should always be assessed within the context of the past history.

- The importance of continuing care by the same doctor is obvious. Perhaps we should make ourselves more accessible after house to these patients’ and families.

- We should be considerate of the difficult position of parents with sick children and be sensitive to pleas for help. Unfortunately, the many anxious calls for help in this case resulted in angry responses.

- It's easy to be wise after the event. Now 20 years later, Julie continues to have problems after further surgery for adhesions and intra – abdominal abscesses. She is seeking specialised treatment for her infertility.

(本文编辑：康丽诗)

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