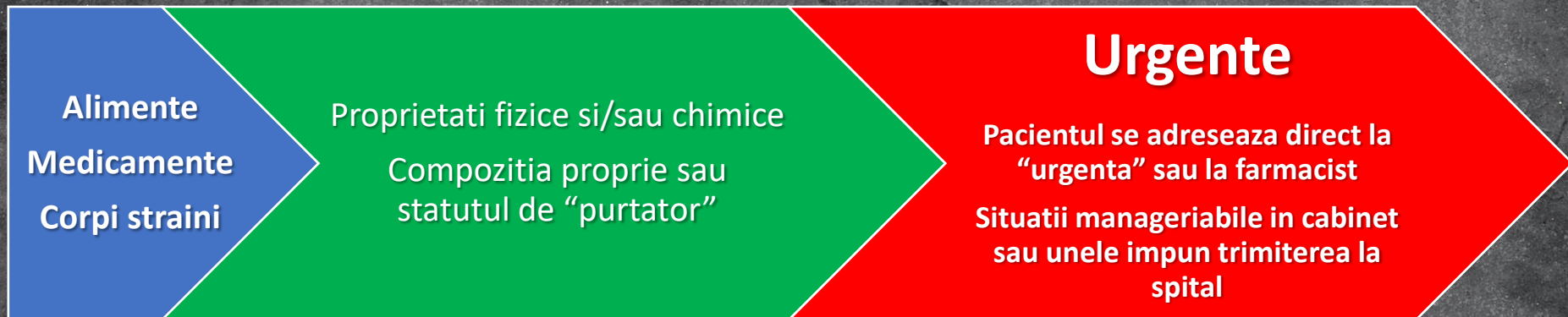


“Alimente” si “urgente” de la corpi straini la colica biliara si gastroenterocolita



Dan Pitigoi
Oct 2022

Inghitim ... voluntar / involuntar / accidental



Alimente contaminate situatie foarte frecventa la noi

Factori de risc

- **Adulti varstnici**
 - sistem imunitar mai lent, mai putin eficient)
- **Femei gravide**
 - modificari metabolice si circulatorii; reactii mai severe, care pot atinge chiar si fatul
- **Sugarii (0-1 an) si copiii mici (1-4)**
 - Sistem imunitar in curs de dezvoltare
- **Persoane cu boli cronice**
 - DZ, boli hepatice, SIDA, chimioterapie, radioterapie
- **Persoane tinere, necasatorite / divorate / vadove, chiriase, corporatiste, studente**

Mancare comandata

- **Conditile de igiena a personalului**
- **Calitatile ingredientelor (purtatoare de "agenti nepoftiti")**
 - Termene de garantie
 - Ingrediente congelate

Simptomatologie

- Greață, varsături
- Crampe / dureri abdominale, borborisme
- Scaune diareice (de regula apoase)
- Febra, frisoane
- Stare de slabiciune

Alimente contaminate situatie foarte frecventa la noi

Contaminant	Onset of symptoms	Foods affected and means of transmission
Campylobacter	2 to 5 days	Meat and poultry. Contamination occurs during processing if animal feces contact meat surfaces. Other sources include unpasteurized milk and contaminated water.
Clostridium botulinum	12 to 72 hours	Home-canned foods with low acidity, improperly canned commercial foods, smoked or salted fish, potatoes baked in aluminum foil, and other foods kept at warm temperatures for too long.
Clostridium perfringens	8 to 16 hours	Meats, stews and gravies. Commonly spread when serving dishes don't keep food hot enough or food is chilled too slowly.
<u>Escherichia coli</u> (E. coli)	1 to 8 days	Beef contaminated with feces during slaughter. Spread mainly by undercooked ground beef. Other sources include unpasteurized milk and apple cider, alfalfa sprouts, and contaminated water.
Giardia lamblia	1 to 2 weeks	Raw, ready-to-eat produce and contaminated water. Can be spread by an infected food handler.
Hepatitis A	28 days	Raw, ready-to-eat produce and shellfish from contaminated water. Can be spread by an infected food handler.

Alimente contaminate situatie foarte frecventa la noi

Contaminant	Onset of symptoms	Foods affected and means of transmission
Listeria	9 to 48 hours	Hot dogs, luncheon meats, unpasteurized milk and cheeses, and unwashed raw produce. Can be spread through contaminated soil and water.
Noroviruses (Norwalk-like viruses)	12 to 48 hours	Raw, ready-to-eat produce and shellfish from contaminated water. Can be spread by an infected food handler.
Rotavirus	1 to 3 days	Raw, ready-to-eat produce. Can be spread by an infected food handler.
Salmonella	1 to 3 days	Raw or contaminated meat, poultry, milk, or egg yolks. Survives inadequate cooking. Can be spread by knives, cutting surfaces or an infected food handler.
Shigella	24 to 48 hours	Seafood and raw, ready-to-eat produce. Can be spread by an infected food handler.
Staphylococcus aureus	1 to 6 hours	Meats and prepared salads, cream sauces, and cream-filled pastries. Can be spread by hand contact, coughing and sneezing.
Vibrio vulnificus	1 to 7 days	Raw oysters and raw or undercooked mussels, clams, and whole scallops. Can be spread through contaminated seawater.

Alimente contaminate situatie foarte frecventa la noi

Prevention

- **Wash your hands, utensils and food surfaces often.** Wash your hands well with warm, soapy water before and after handling or preparing food. Use hot, soapy water to wash utensils, cutting boards and other surfaces you use.
- **Keep raw foods separate from ready-to-eat foods.** When shopping, preparing food or storing food, keep raw meat, poultry, fish and shellfish away from other foods. This prevents cross-contamination.
- **Cook foods to a safe temperature.** The best way to tell if foods are cooked to a safe temperature is to use a food thermometer. You can kill harmful organisms in most foods by cooking them to the right temperature.

Cook ground beef to 160 F (71.1 C); steaks, roasts and chops, such as lamb, pork and veal, to at least 145 F (62.8 C). Cook chicken and turkey to 165 F (73.9 C). Make sure fish and shellfish are cooked thoroughly.

- **Refrigerate or freeze perishable foods promptly** — within two hours of purchasing or preparing them. If the room temperature is above 90 F (32.2 C), refrigerate perishable foods within one hour.
- **Defrost food safely.** Don't thaw food at room temperature. The safest way to thaw food is to defrost it in the refrigerator. If you microwave frozen food using the "defrost" or "50% power" setting, be sure to cook it immediately.
- **Throw it out when in doubt.** If you aren't sure if a food has been prepared, served or stored safely, discard it. Food left at room temperature too long may contain bacteria or toxins that can't be destroyed by cooking. Don't taste food that you're unsure about — just throw it out. Even if it looks and smells fine, it may not be safe to eat.

Alimente contaminate situatie foarte frecventa la noi

Atitudini posibile

- Pacientul actioneaza dupa traditii populare / reclame TV
- Pacientul se adreseaza farmacistului
 - ANTIDIAREICE = Imodium, Loperamid, Smecta, etc
- Pacientul vine la consult medical
 - Reglator de contractii pe colon (trimebutina / mebeverina / alverina / otilonium bromidum)
 - Antibiotic intestinal (rifaximina)
 - Sursa de probiotic si fibre vegetale (lactat fermentat cu fulgi de cereale la micul dejun)
 - Hidratare adecvata (ceai cu paine prajita si branza telemea)

Substante caustice

Ingestion of Caustic Substances

Robert S. Hoffman, M.D., Michele M. Burns, M.D., M.P.H.,
and Sophie Gosselin, M.D.

N ENGL J MED 382;18 NEJM.ORG APRIL 30, 2020

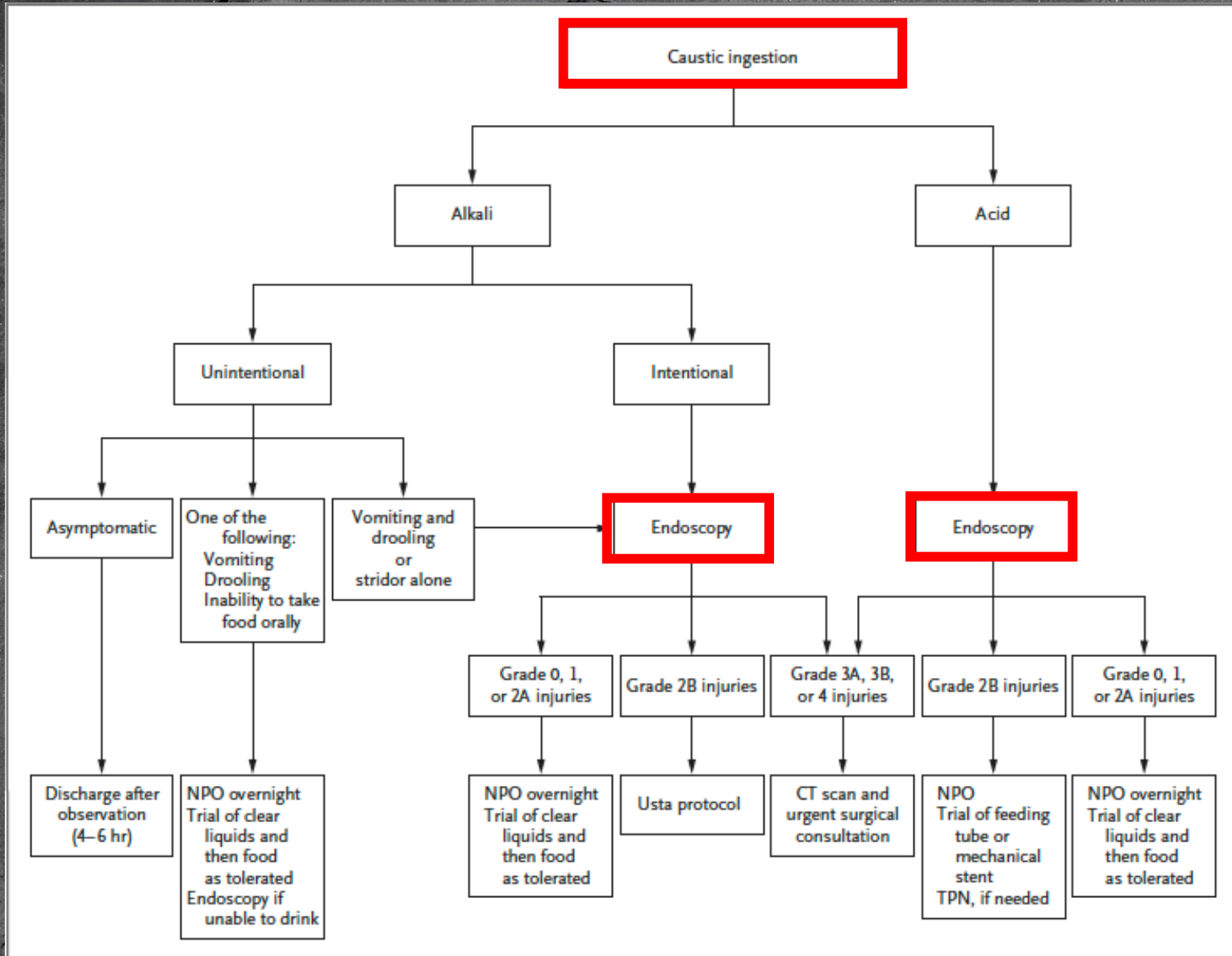
Table 1. Common Caustic Substances and Their Uses.

Chemical	Common Uses
Classic alkalis	
Ammonium hydroxide	General cleaner and grease remover
Sodium hydroxide or potassium hydroxide	Drain opener, oven cleaner, hair relaxer, grease remover
Sodium hypochlorite	Bleach, swimming pool chlorinator
Classic acids	
Acetic acid	Food pickling, photographic stop bath
Hydrochloric acid	Toilet bowl cleaner, mold and mildew remover
Oxalic acid	Metal polish
Phosphoric acid	Rust remover
Selenous acid	Gun bluing agent
Sulfuric acid	Drain opener, large lead-acid batteries
Miscellaneous or unique caustics	
Cationic detergents (e.g., benzalkonium chloride)	Surface cleaner, preservative
Hydrofluoric acid	Rust and graffiti remover
Hydrogen peroxide	Surface and food cleaner
Phenol	Surface disinfectant
Zinc chloride	Soldering flux

Table 2. Common Classification of Caustic-Induced Gastrointestinal Injuries and Prognoses.

Grade	Findings	Prognosis
0	Normal	Complete recovery
1	Edema and erythema	Complete recovery
2A	Friability, hemorrhage, and superficial ulcerations	Stricture unlikely
2B	Deep ulcerations (either discrete or circumferential), in addition to friability, hemorrhage, and superficial ulcerations	High risk of stricture, low risk of perforation
3A	Small, scattered areas of necrosis	High risk of stricture, greater risk of perforation than with grade 2B injury
3B	Extensive necrosis	High risk of perforation and strictures
4	Perforation	Often fatal

Substante caustice

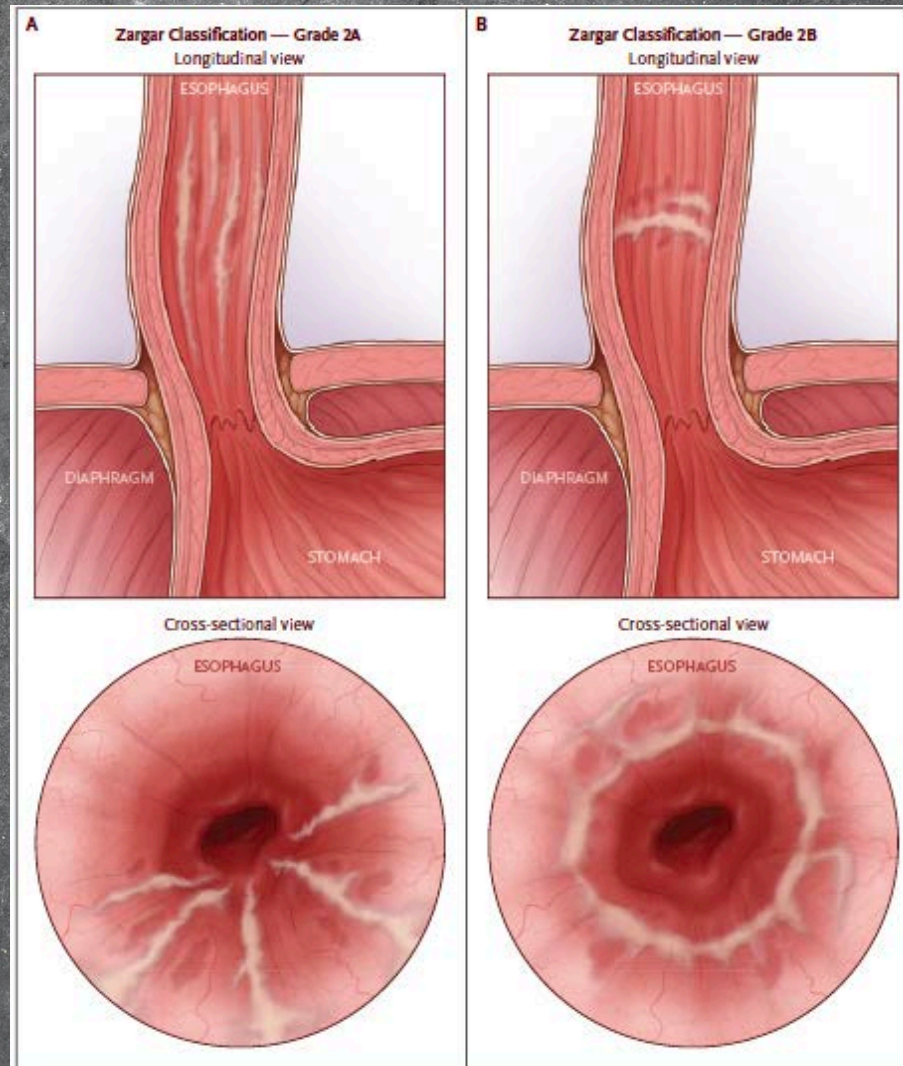


Substante caustice

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Corpi straini

de regula pacientul este indrumat catre un centru specializat
(imagistica adecvata, endoscopie terapeutica, chirurgie de urgenta)

- **Materiale chimice organice** (greutate atomica redusa)

- Plante, tepi de flori, bucati de lemn, plastic, poliuretan, cauciuc, fibre
- Invizibile la raze X, neidentificabile pe CT ci doar pe IRM

- **Metale cu greutate atomica redusa**

- Aluminiu si derivati, sticla, silicon, roci calcaroase, oase de peste sau de pui
 - Dificil de evidentiat la raze X, deci la CT (implica ajustari ale imaginilor), vizualizabile la IRM

- **Metale cu greutate atomica crescuta**

- Fier (otel), nichel, cupru, plumb, argint, aur
- Vizibile la raze X

Corpi straini

de regula pacientul este indrumat catre un centru specializat
(imagistica adecvata, endoscopie terapeutica, chirurgie de urgenta)

Atitudini posibile

- Pacientul este indrumat catre spital

- **Extractie endoscopica**

- Echipa de endoscopie, antrenata in asemenea proceduri
- Atentie la complicatii posibile: perforatii, sangerari, ulceratii
- Atentie la contraindicatii: pacient incapabil de cooperare; perforatii

- **Extractie chirurgicala**

- Obiecte voluminoase sau ascutite
- Perforatiile
- Absenta unui endoscopist cu experienta sau ineficienta tentativei endoscopice
- Pozitie nemodificata timp de 48-72 ore

- Copii

- Monede, baterii, jucarii mici

- Boli psihice

- Prizonieri

- Carausii de "droguri"

- Abuz / accident sexual

- Prezenta unor obiecte chirurgicale "neridicate"

Alimente cu grasimi

Colica biliara

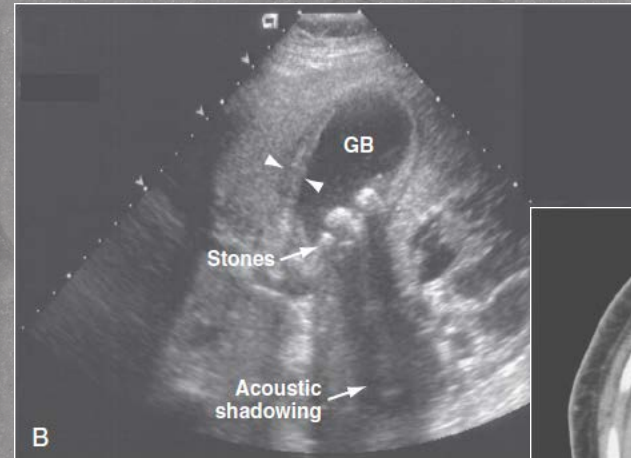
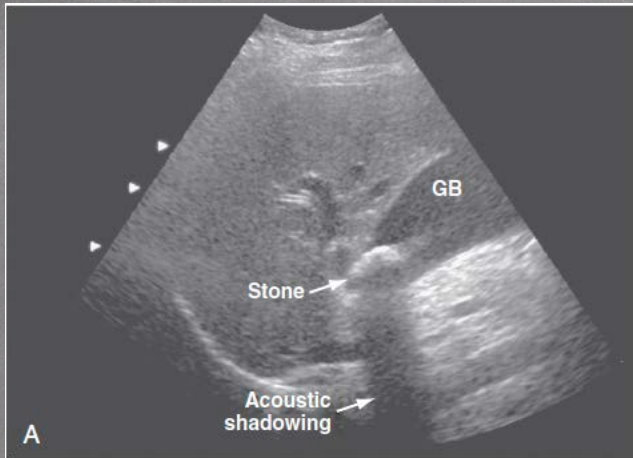
- Durere in hipocondrul drept survenita intr-o secventa tipica
 - Instalata rapid postprandial (cel mult 2-3 ore), dupa ingestia unor alimente care necesita o cantitate mare de bila ptr digestie (grasimi animale / emulsionate / prajeli)
 - Daca dureaza peste 6 ore = colecistita acuta
 - Sensibilitate la palpare in hipocondrul drept (pana la aparare musculara)
 - Semnul Murphy (durerea se accentueaza la palpare in inspir profund)
 - La un pacient cunoscut (75%) sau nu a poseda LITIAZA BILIARA VEZICULARA, care fie "infunda" canalul colecistic (fara icter) sau canalul coledoc (cu icter sau macar colestaza biochimica)
 - Se poate insoti de greata, varsaturi alimentare, febra, frisoane
 - NU varsaturi bilioase (amare)!!!

Colica biliara imagistica

Gastrointestinal and Liver Disease

PATHOPHYSIOLOGY | DIAGNOSIS | MANAGEMENT

- Diagnostic
 - De regula este un diagnostic supraestimat (mai ales daca e suspectat doar pe criteriile clinice)
 - Clinica, Imagistica si date de laborator



- **Atentie la LBV asimptomatica !!!**

Colica biliara imagistica

Gastrointestinal and Liver Disease

PATHOPHYSIOLOGY | DIAGNOSIS | MANAGEMENT

US	Cholelithiasis	<p>Stones manifest as mobile, dependent echogenic foci within the gallbladder lumen with acoustic shadowing</p> <p>Sludge appears as layering echogenic material without shadows</p> <p>Sensitivity >95% for stones >2 mm</p> <p>Specificity >95% for stones with acoustic shadows</p> <p>Rarely, a stone-filled gallbladder may be contracted and difficult to see, with a "wall-echo-shadow" sign</p> <p><i>Best single test for stones in the gallbladder</i></p>
	Choledocholithiasis	<p>Stones are seen in the BD in only ≈50% of cases but can be inferred from the finding of a dilated BD (>6 mm diameter), with or without gallstones, in another ≈25% of cases</p> <p><i>Can confirm, but not exclude, BD stones</i></p>
	Acute cholecystitis	<p>Sonographic Murphy sign (focal gallbladder tenderness under the transducer) has a positive predictive value of >90% in detecting acute cholecystitis when stones are seen</p> <p>Pericholecystic fluid (in the absence of ascites) and gallbladder wall thickening to >4 mm (in the absence of hypoalbuminemia) are nonspecific findings but are suggestive of acute cholecystitis</p>
CT	Complications of gallstones	<p>Not well suited for detecting uncomplicated stones but excellent for detecting complications such as abscess, perforation of gallbladder or BD, and pancreatitis</p> <p>Spiral CT may prove useful as a noninvasive means of excluding BD stones; some studies suggest improved diagnostic accuracy when CT is combined with an oral cholecystographic contrast agent</p>
ERCP	Choledocholithiasis	<p>ERCP is the standard diagnostic test for stones in the BD, with sensitivity and specificity of ≈95%</p> <p>Use of ERCP to extract stones (or at least drain infected bile) is lifesaving in severe cholangitis and reduces the need for BD exploration at the time of cholecystectomy</p> <p>Recommended for patients with a high clinical probability of choledocholithiasis</p>
	Cholelithiasis	<p>When contrast agent flows retrograde into the gallbladder, stones appear as filling defects and can be detected with a sensitivity rate of ≈80%, but US remains the mainstay for confirming cholelithiasis</p>

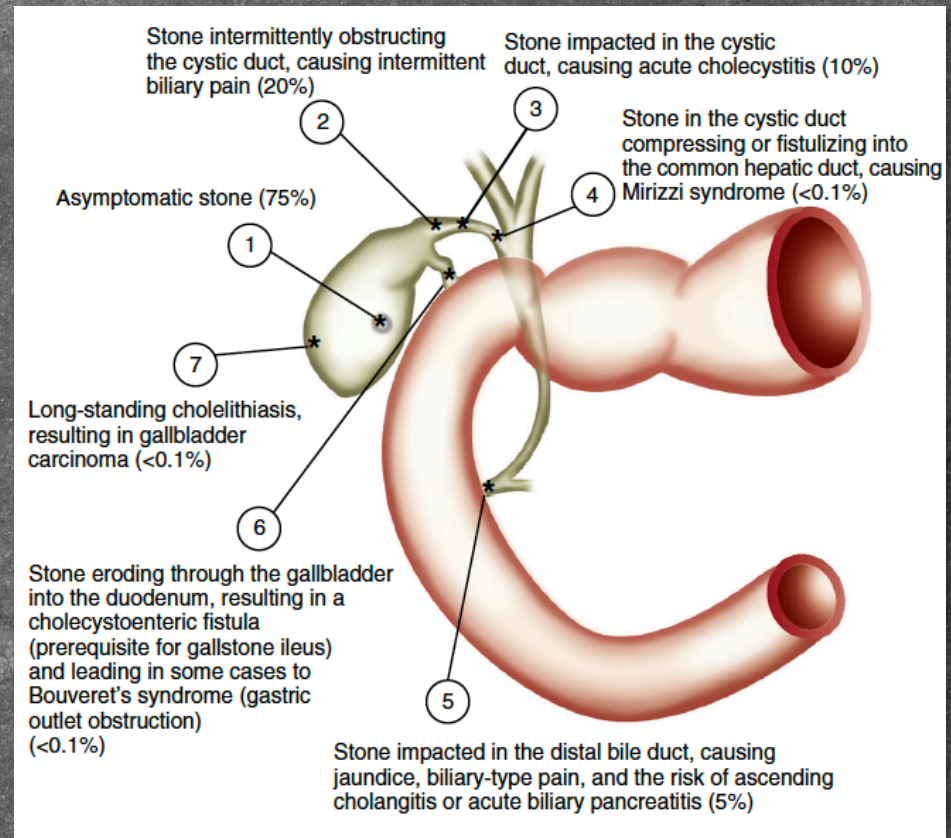
Colica biliara

LBV - tratament, istorie naturala si complicatii

- Conditia se amelioreaza in 6-12 ore cu tratament simptomatic
 - Daca nu ... decompresia imediata a CBP (ERCP cu extractia LB sau macar un stent)
- Infectia este tinuta sub control in 2-3 zile
- Tratament definitiv planificat
 - Colectectomie "la rece"

Gastrointestinal and Liver Disease

PATHOPHYSIOLOGY | DIAGNOSIS | MANAGEMENT



Atentie la ce inghit pacientii nostri

- Sa ne recunoastem limitele si sa facem ceva util ptr cei pe care-l putem ajuta
 - Istoric amanuntit ptr stabilirea factorului declansator al urgentei "alimentare"
 - Tratament in cabinet
 - In special situatiile cu alimente contaminate
 - Trimitere la un specialist antrenat in problema respectiva
 - Corpi straini sau colica biliara

