

新光醫療財團法人

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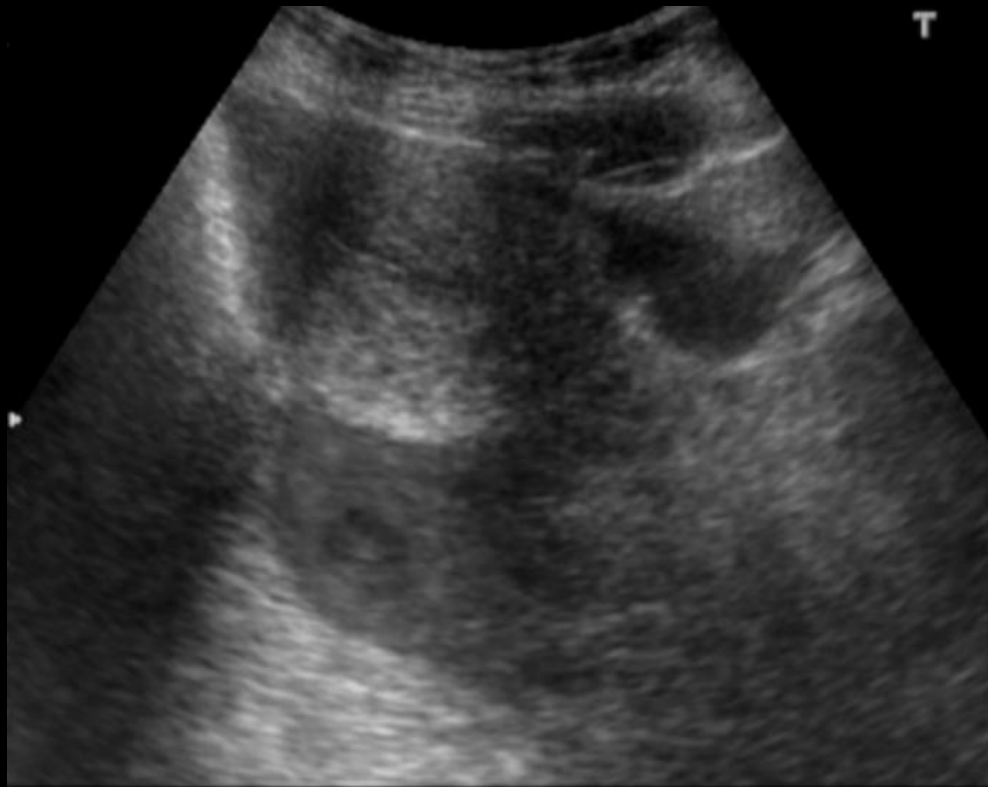
1. 游離液一定都是黑色的影像？

43M with cirrhosis



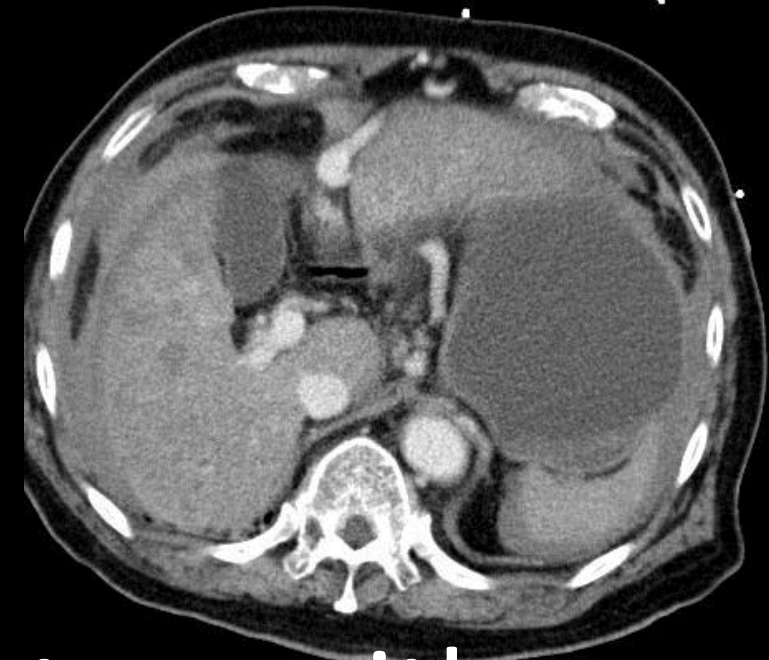
Cirrhosis with ascites

36F with abdominal pain & shock



Ruptured ectopic pregnancy &
Hemoperitoneum

80M with abdominal pain & shock



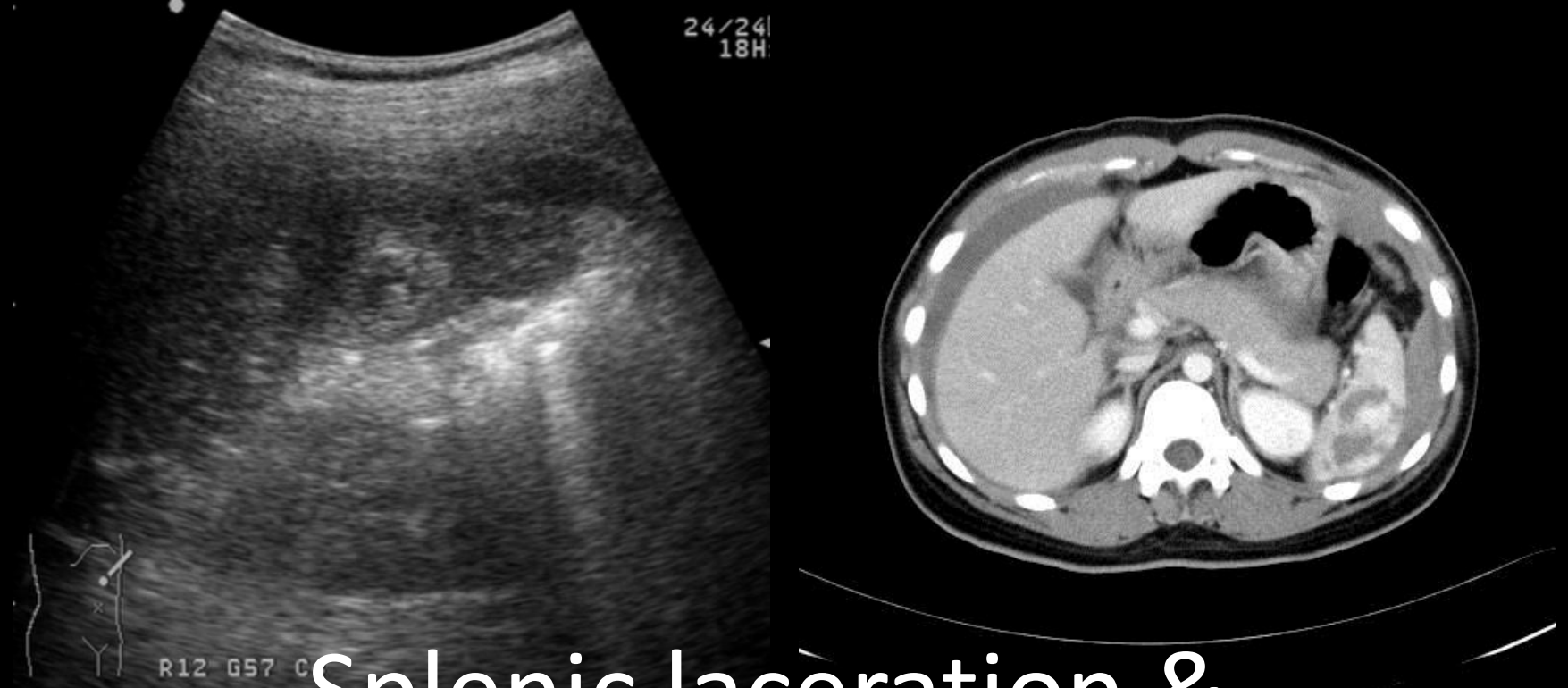
HCC rupture with
hemoperitoneum

56M cirrhosis with septic shock



Cirrhosis with SBP

21F, MBA with LUQ pain



Splenic laceration &
hemoperitoneum

如何避免誤認

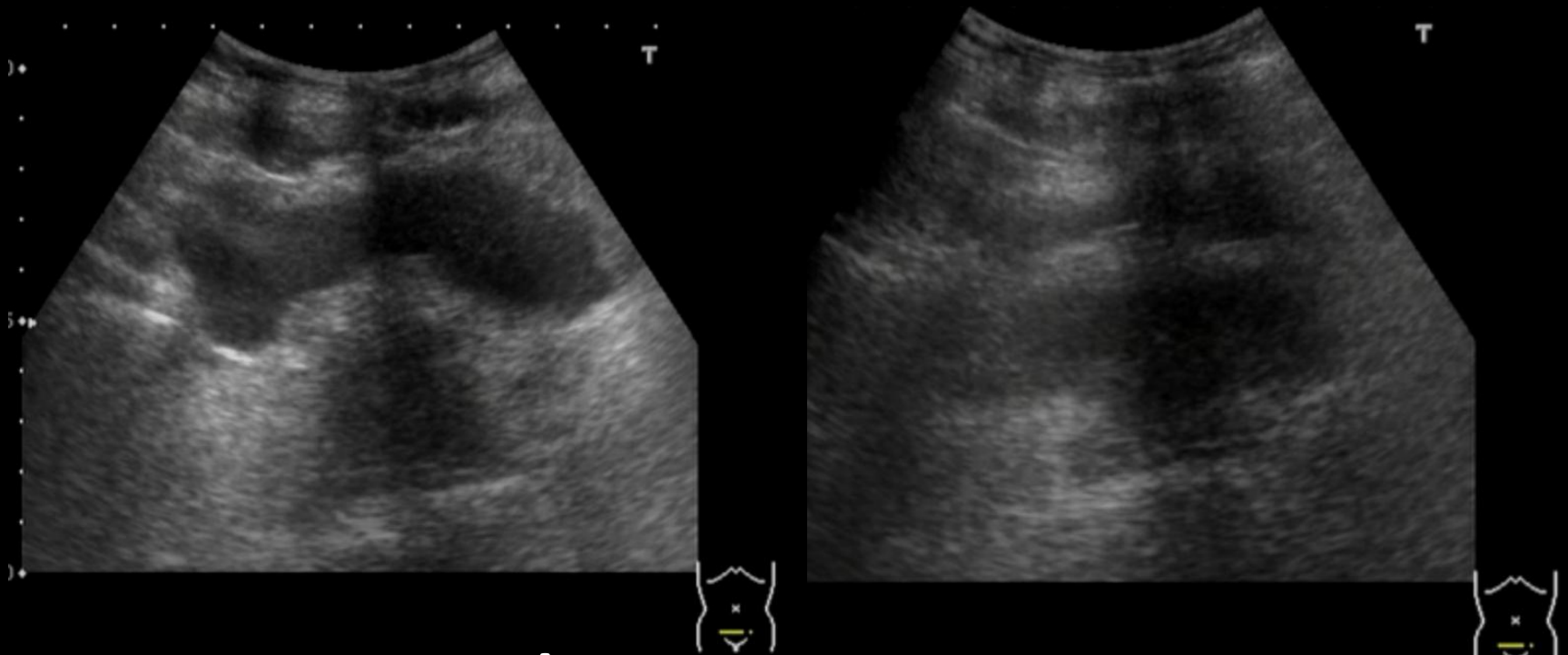
掃描多個介面

注意echogenecity

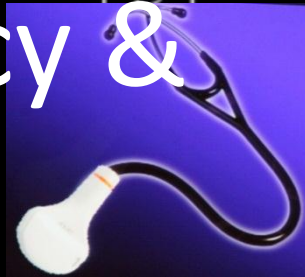
注意content

2. 到底是CDS fluid或UB ?

36F with abdominal pain & shock



Ruptured ectopic pregnancy &
Hemoperitoneum



22F with abdominal pain & vomit



Corpus luteum cyst rupture & hemoperitoneum



如何避免誤認

掃描時永遠要包含兩個介面

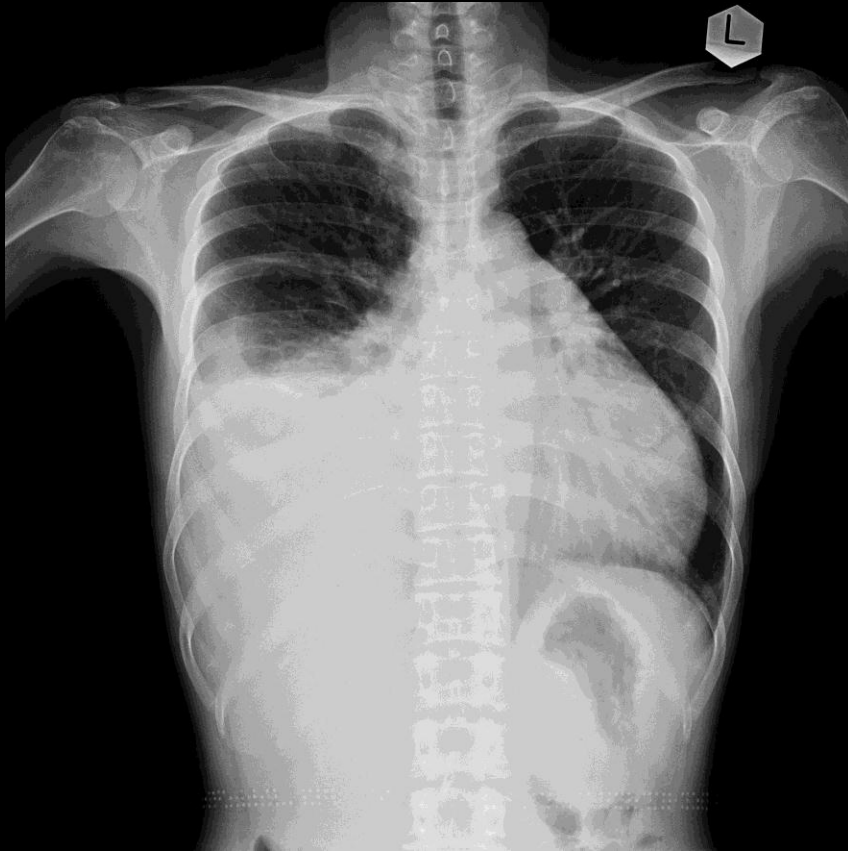
Transverse view

Longitudinal view

如果邊界是尖銳的，腹水的可能性大增

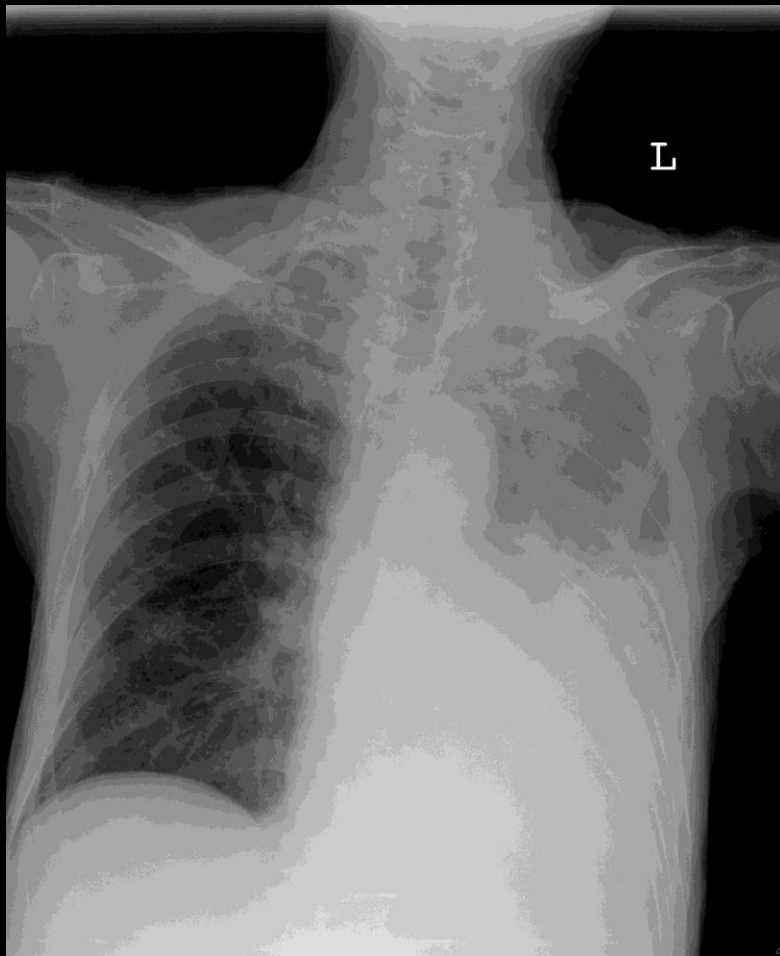
3. 單純肺積水嗎??

28F with SOB



Simple PLE

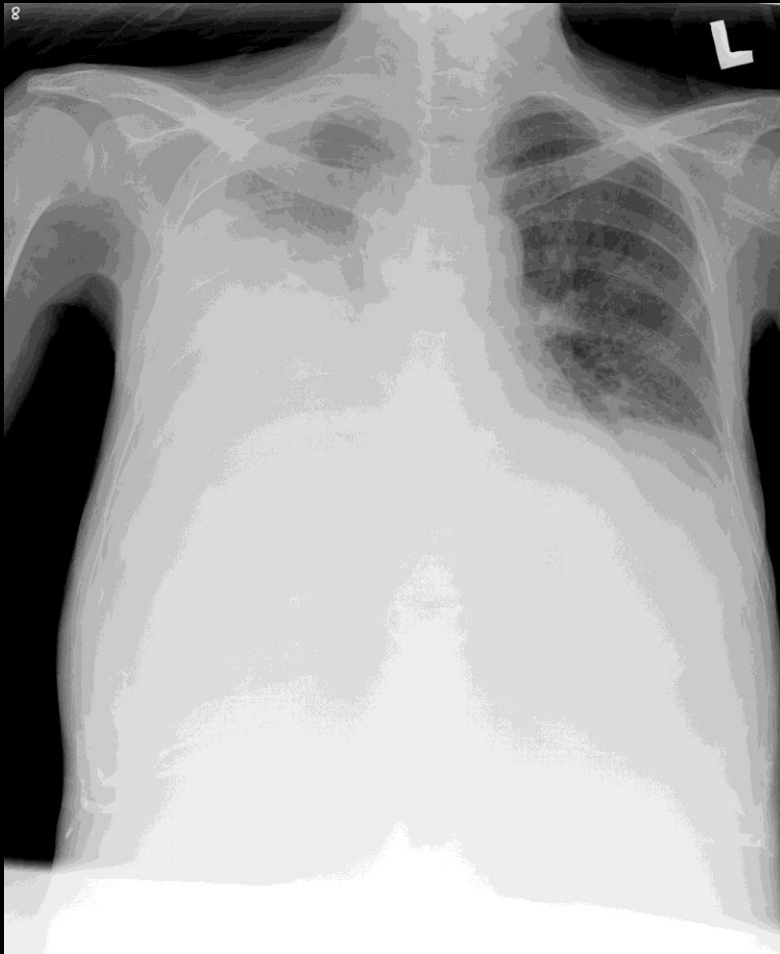
79F with fever and SOB



Empyema



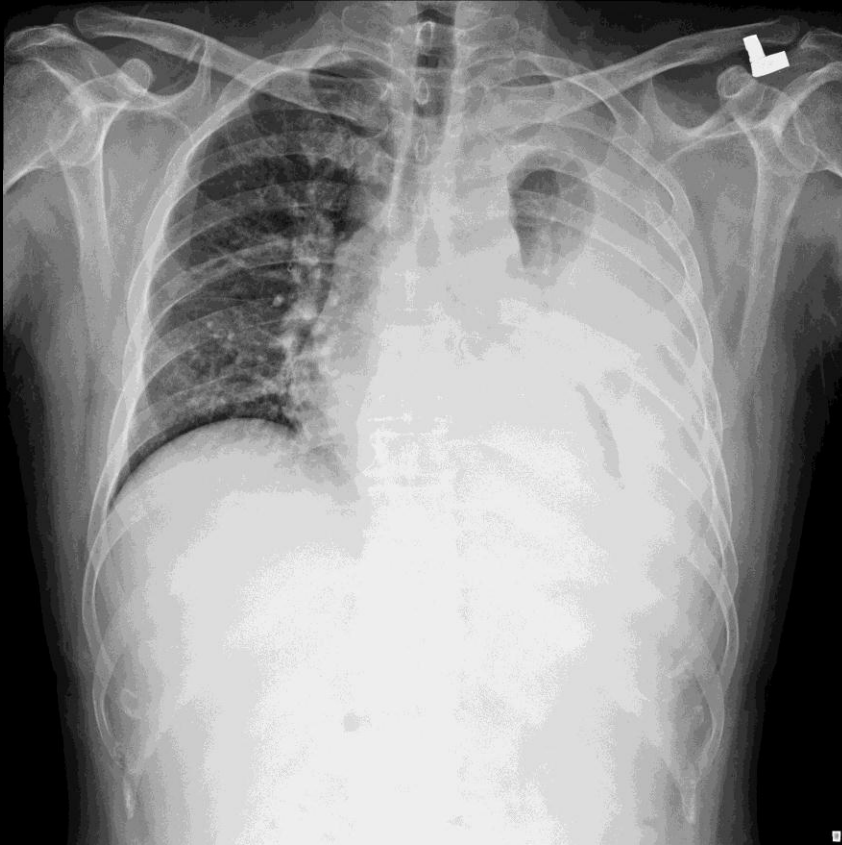
46F, PBC with fever & SOB



Empyema

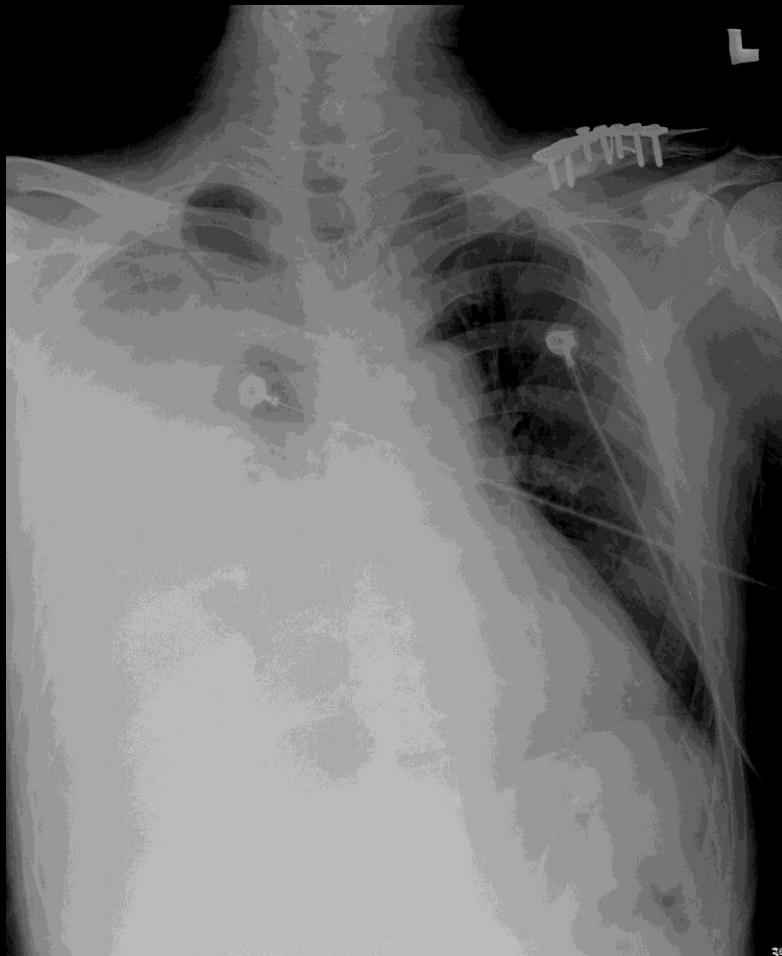


47M with SOB



Hemothorax

47M with chest pain & sweating



Pneumohemothorax

如何避免誤認

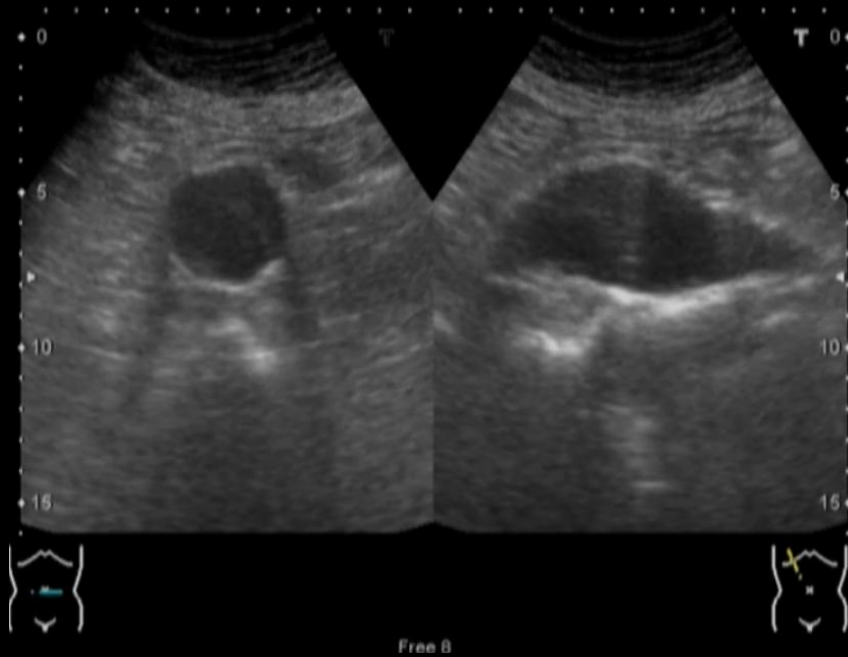
注意

Echogenecity

Content (fibrin/septation)

4. 是Renal colic或是AAA ?

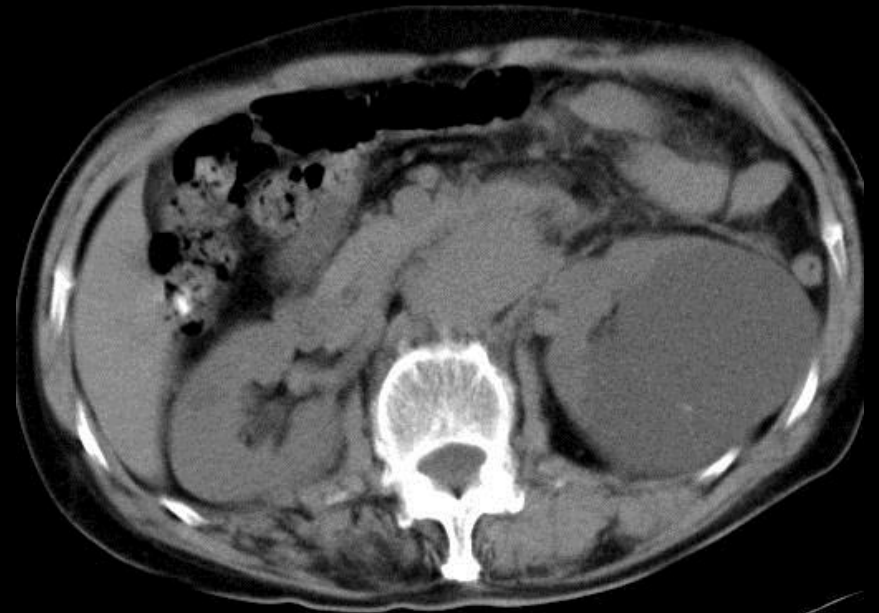
AAA with mural thrombus



59M with left abdominal pain



59M with left abdominal pain



AAA & Ruptured AAA



如何避免誤認

大於50歲懷疑結石痛者一律進行AAA protocol

接著看有無水腎

無水腎不代表非renal colic

SKHER AAA protocol

- Any patient: age ≥ 50 y/o
 - Syncope / hypotension/dizziness and/or
 - Abdominal / back / flank / groin pain
- EUS – Abdominal aorta evaluation
 - Subxiphoid area, longitudinal & transverse
 - From just below diaphragm to bifurcation
 - Epigastrium, SMA, and 3cm above bifurcation
 - AAA: diameter more than 3cm (≥ 5 cm, high risk)

5. AAA破裂用超音波診斷嗎??

59M with left abdominal pain



Ruptured AAA &
retroperitoneum hemorrhage



76M with low abdominal pain



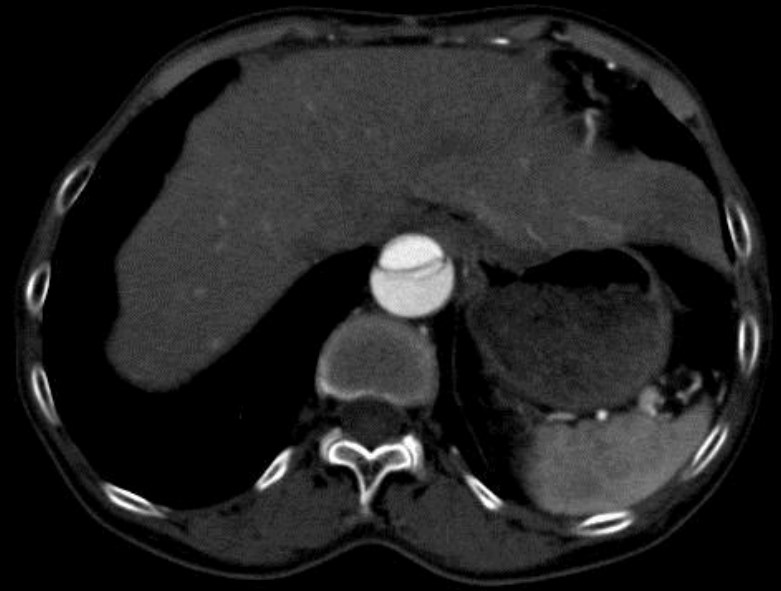
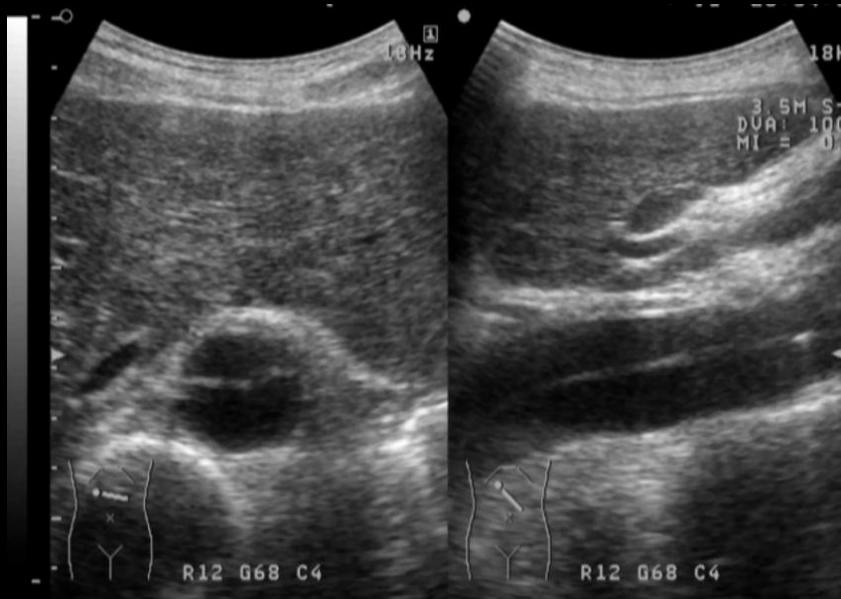
Ruptured AAA &
displaced calcification

78M, AAA s/p grafting with abdominal pain & shock

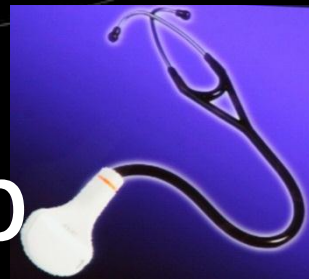


Ruptured AAA with graft

65F with postprandial epigastralgia



Aortic dissection with flap

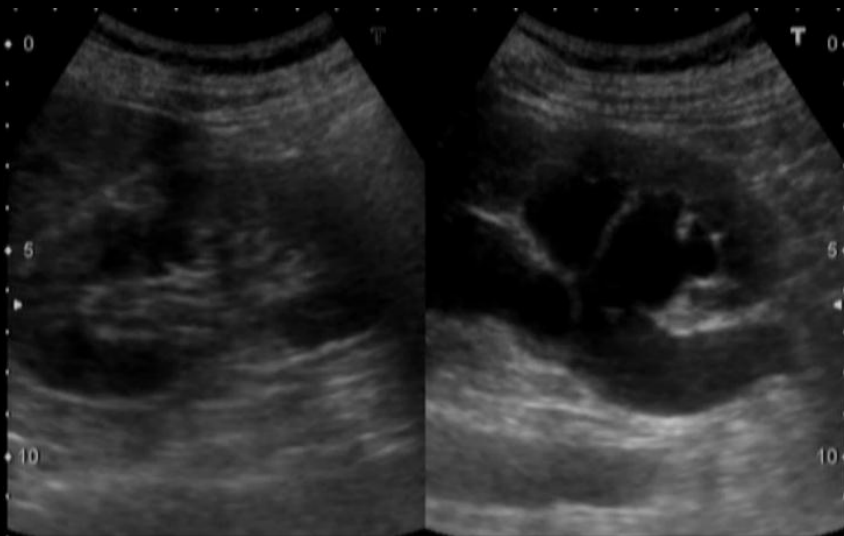


如何避免誤認

超音波可用來診斷有無AAA，
但診斷破裂與否最好搭配其他工具
注意後腹腔echogenic fluid

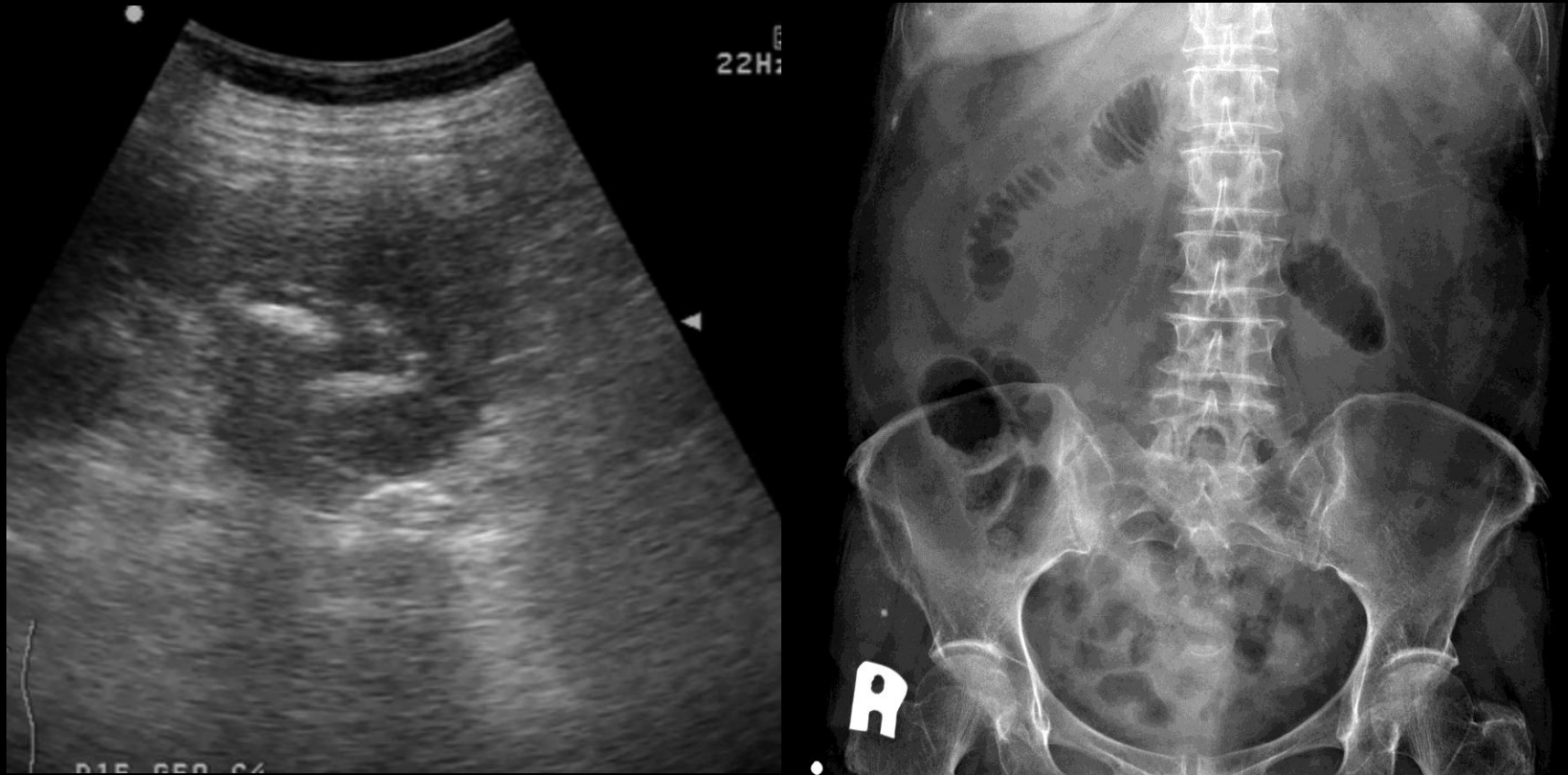
6.有結石嗎??

71F with left flank pain



L ureteral stone with obstruction³

66F with high fever



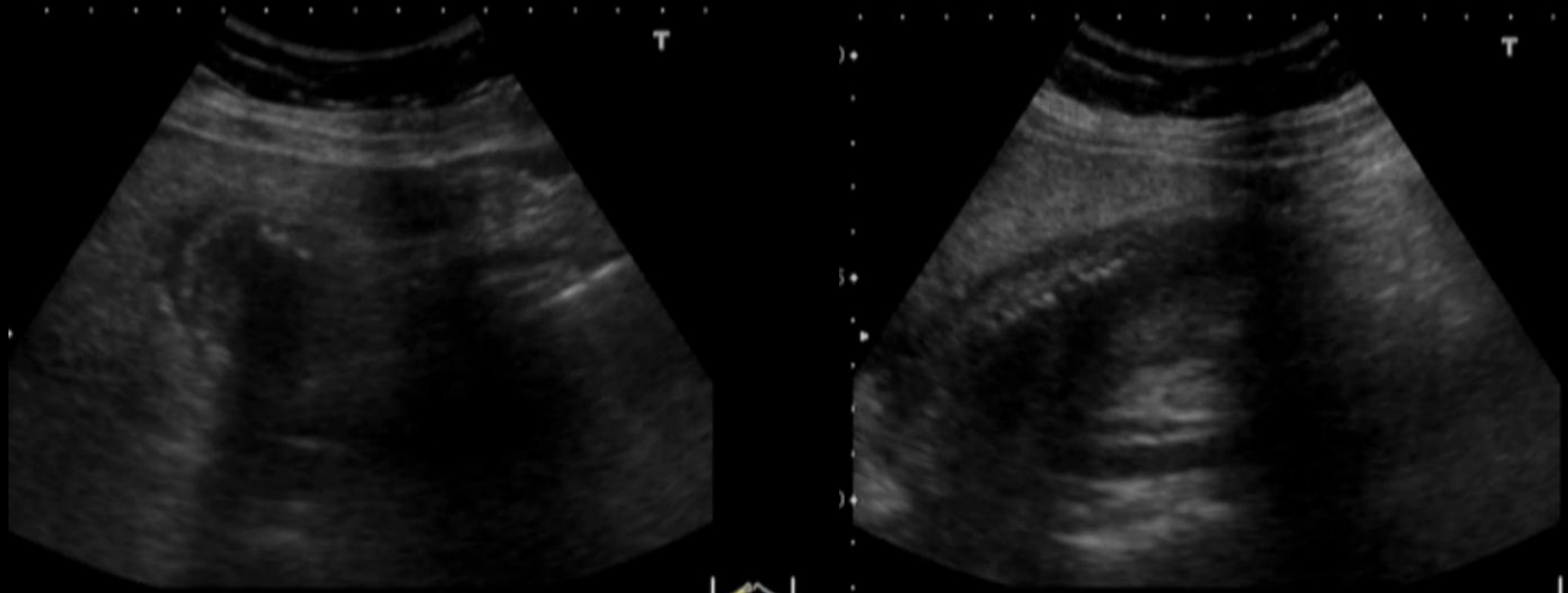
Left UPJ stone with obstruction 34

75F with epigastralgia



GB stones

31F with RUQ pain



GB stones with sludges &
cholecystitis



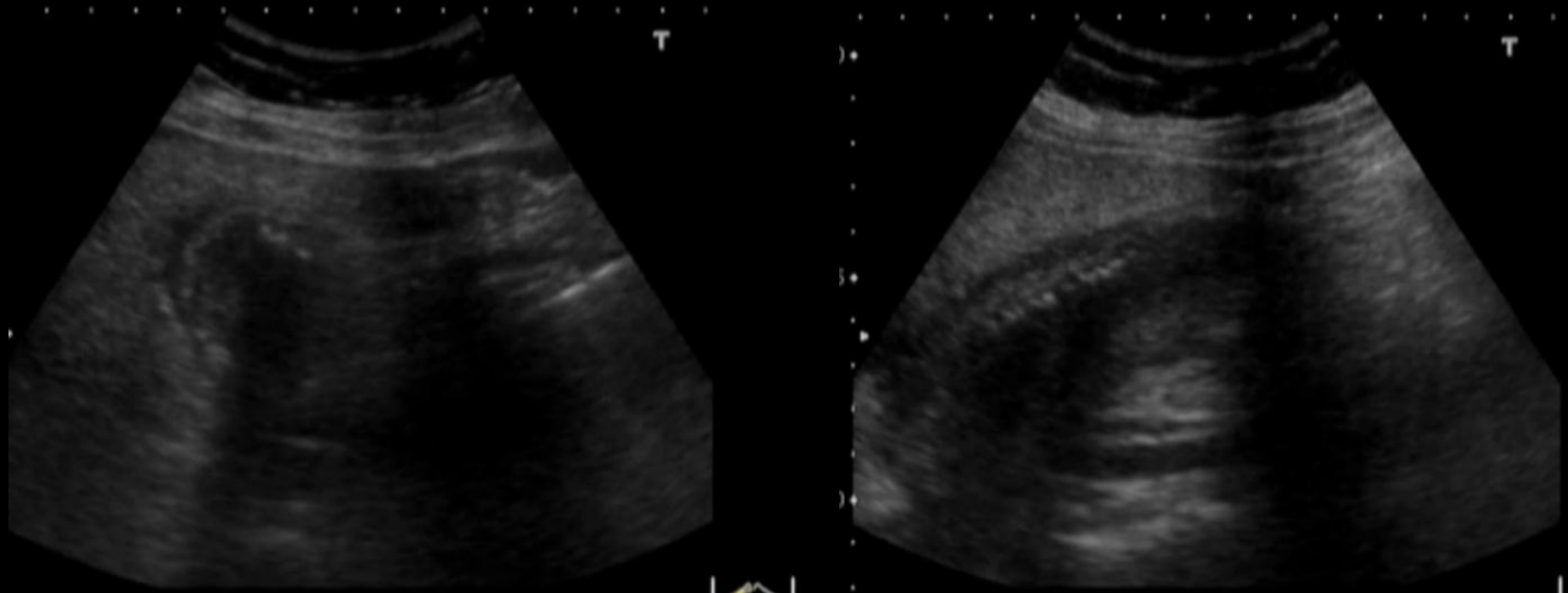
如何避免誤認

注意高回音結構 (direct)

注意acoustic shadow (indirect)

7. 有膽囊炎嗎？

31F with RUQ pain



GB stones with sludges &
cholecystitis



44M with RUQ pain



Calculous cholecystitis

41M with RUQ pain



Calculous cholecystitis



67F with epigastralgia



GB neck stone &
cholecystitis

79M with sepsis and RUQ pain



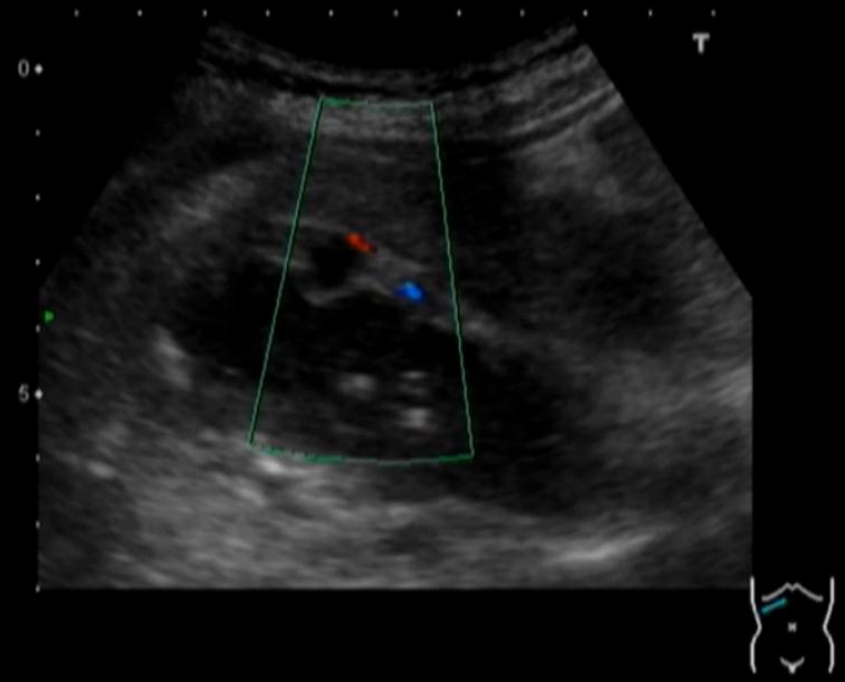
GB empyema &
pneumobilia



85M with RUQ pain



Free B



Free B

GB empyema



如何避免誤認

沒有單一影像証實

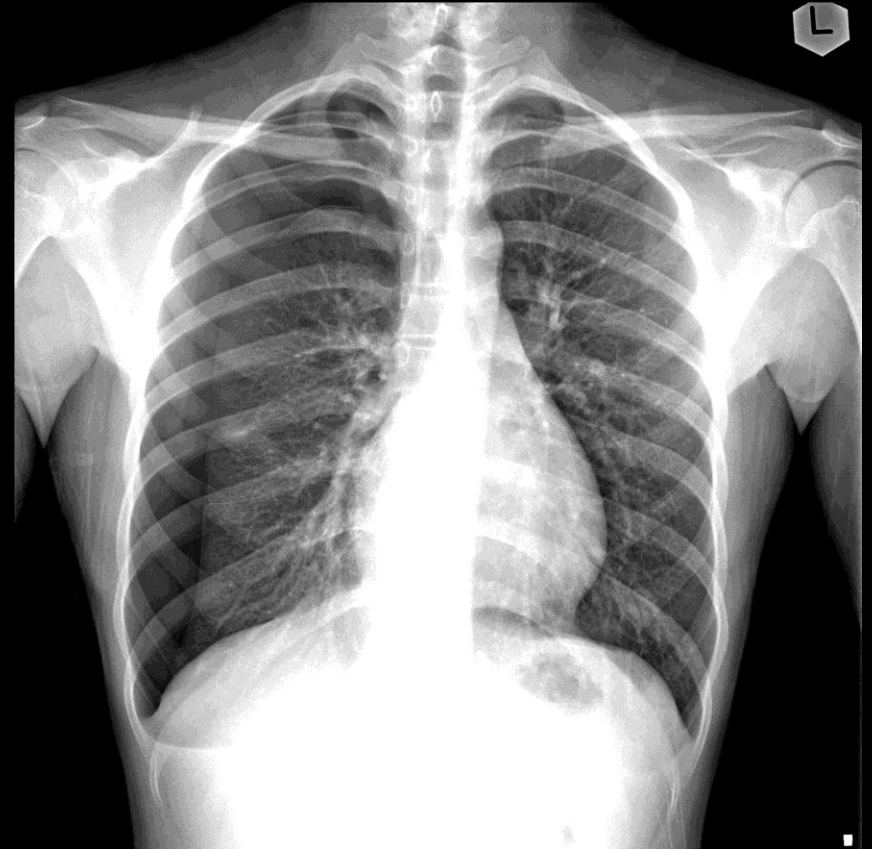
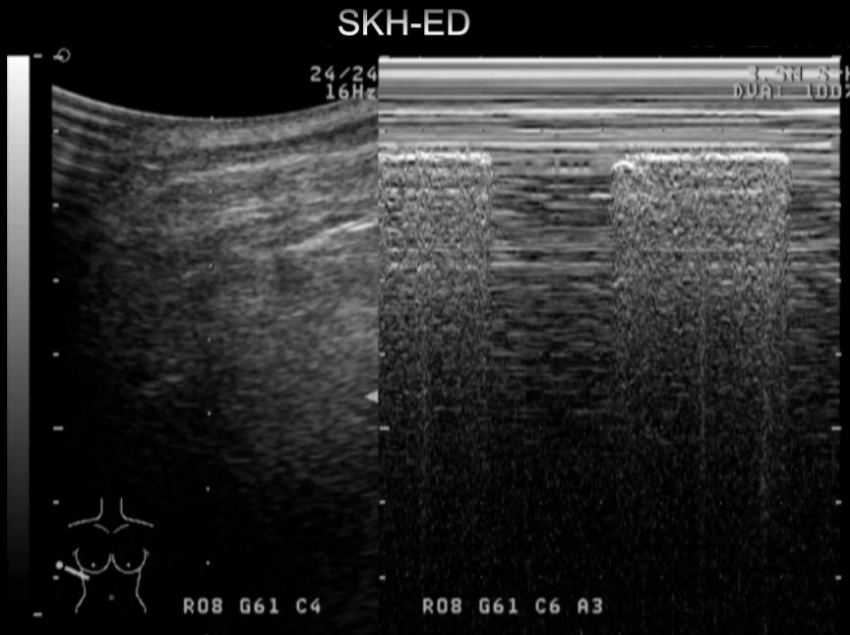
大多會有GB stone

注意生理和其他病理性膽囊壁增厚

Echo Murphy's sign的限制

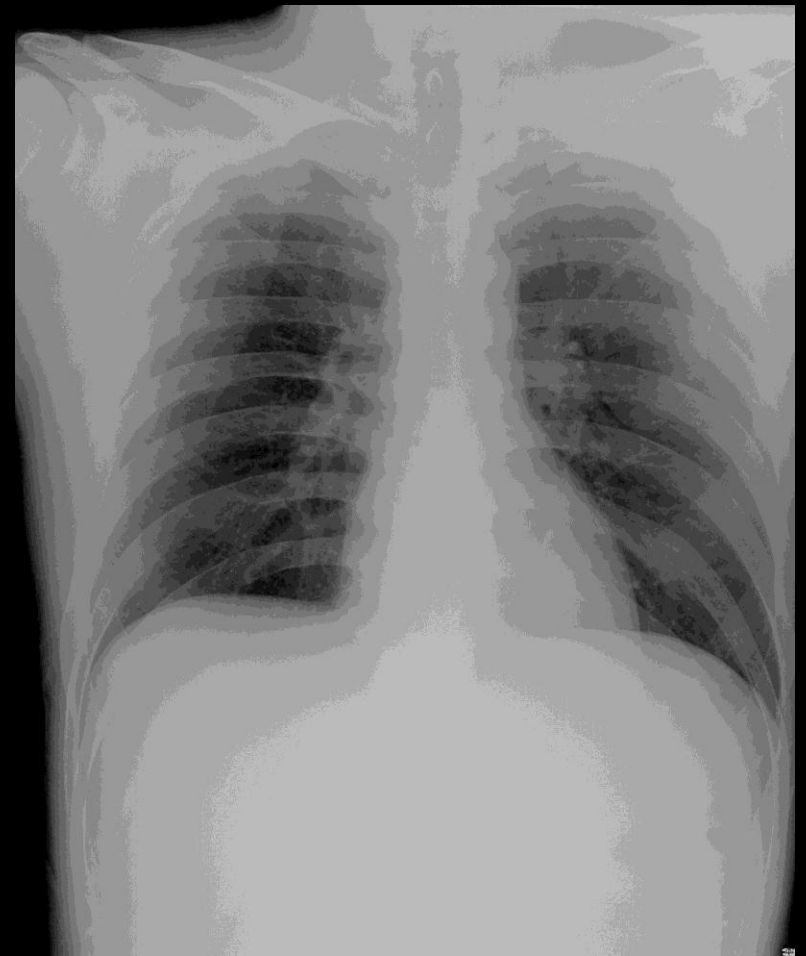
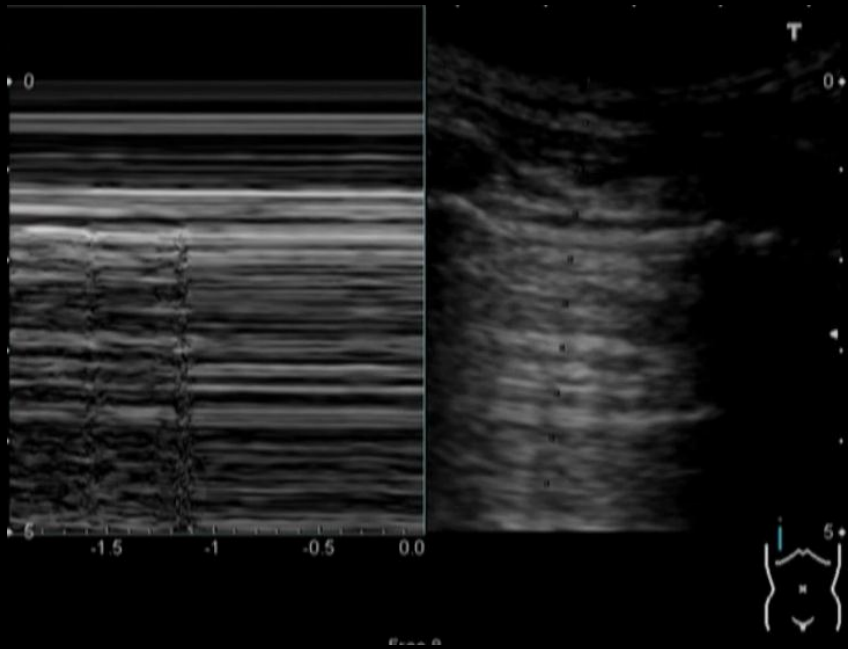
8.有氣胸嗎？

16M with right chest pain



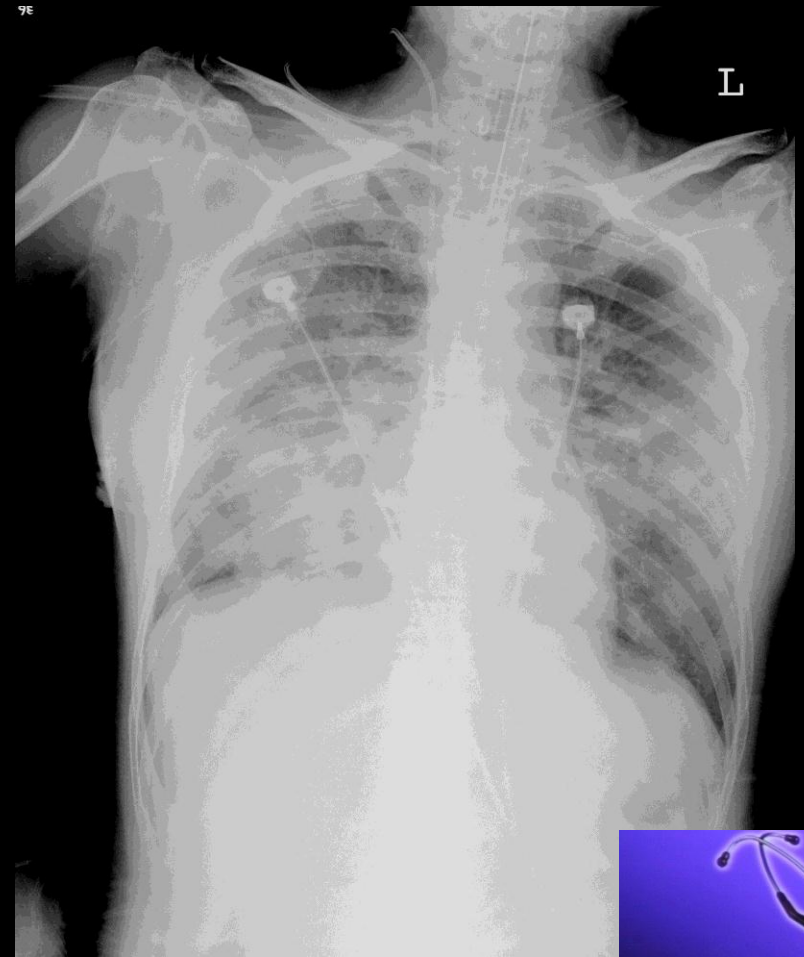
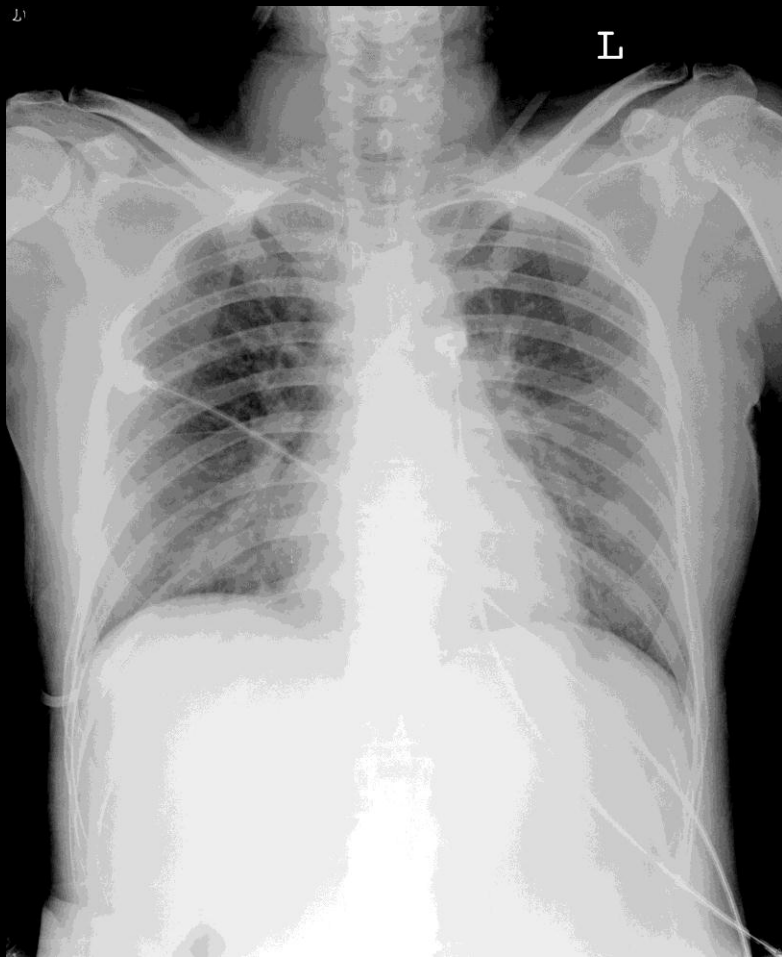
PTX with lung point

28M with right chest pain



Occult PTX

39F, jump from bridge with hypoxia



PTX & Lung contusion



如何避免誤認

Barcode sign (suspect PTX)

Lung pulse (rule out PTX)

Seashore sign (rule out PTX)

Comet-tail artifacts (rule out PTX)

Lung point (rule in PTX)

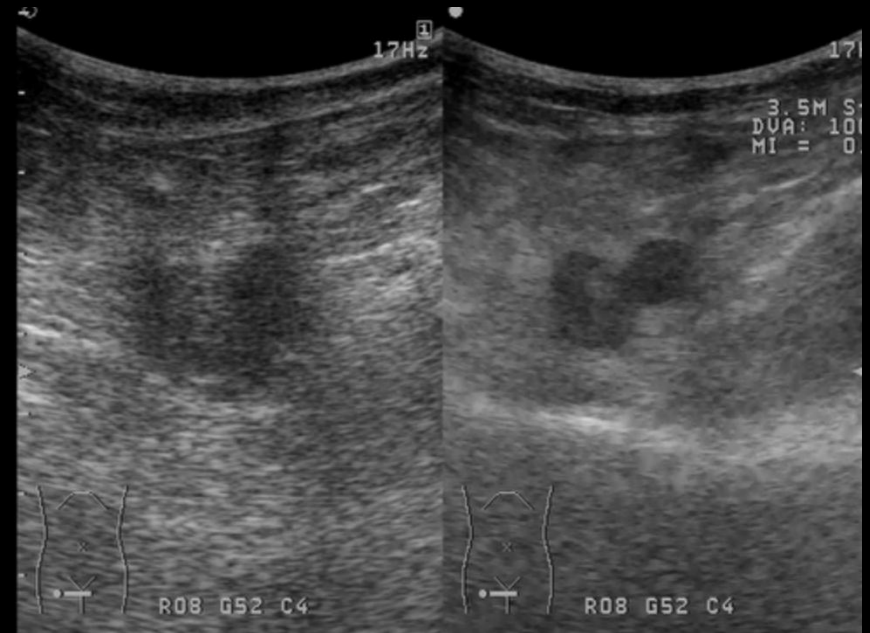
9.腳腫，有DVT嗎？

56M with left leg swelling and pain



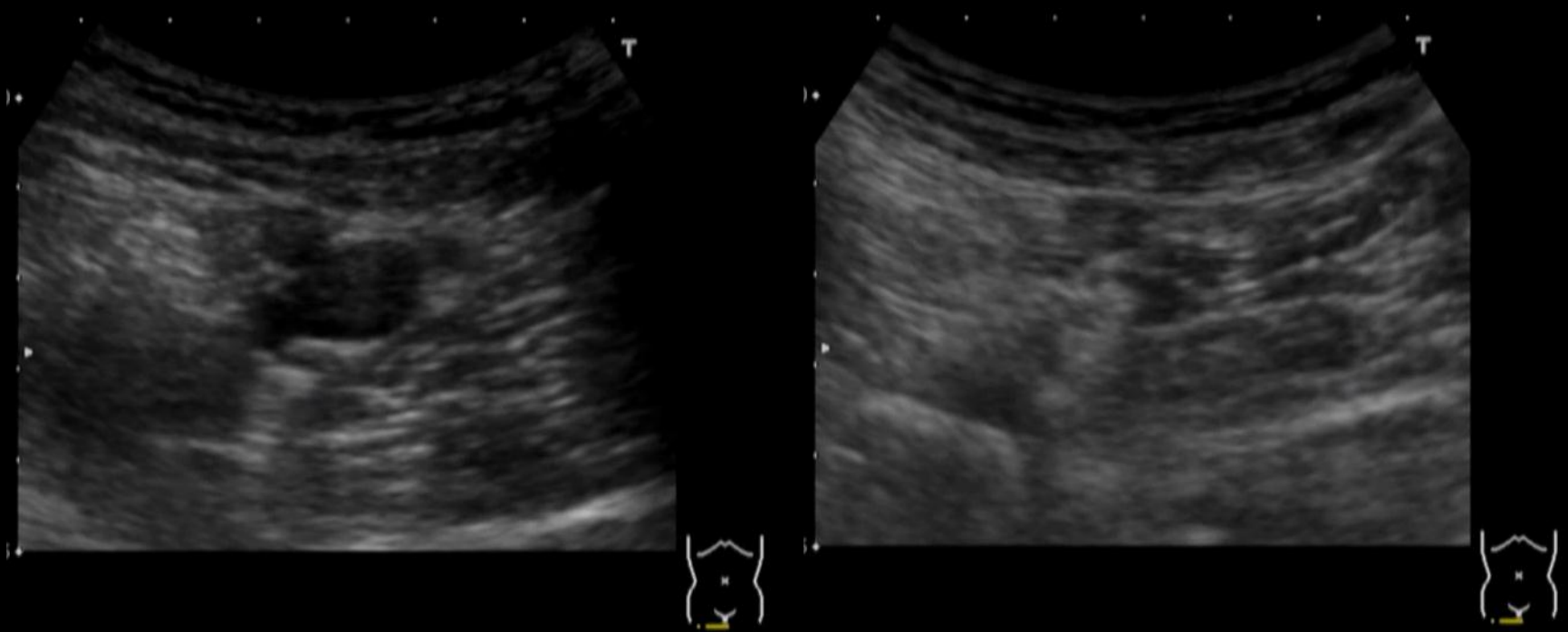
Lymphadenopathy

72F with fever and left leg swelling



DVT

45M with right leg swelling



Mid-thigh DVT



如何避免誤認

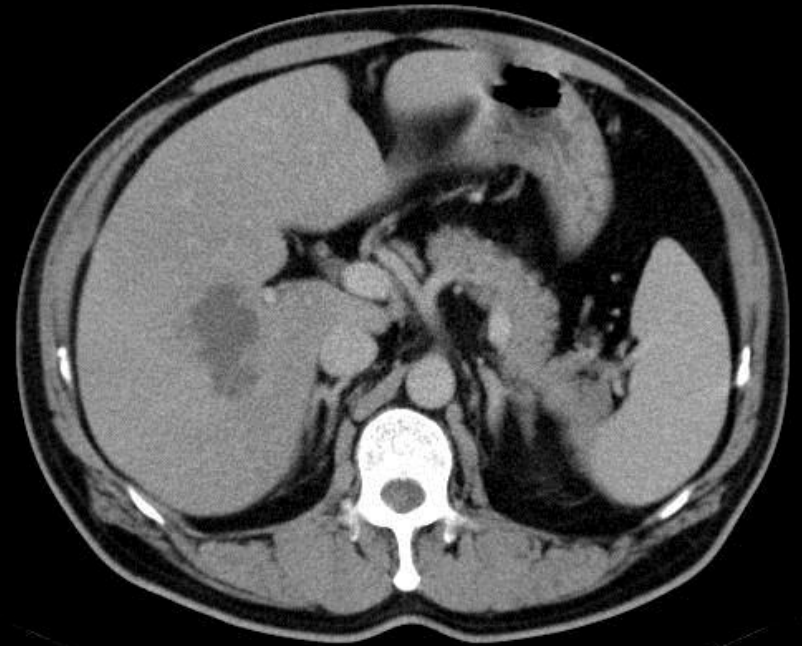
Compress to complete collapse vein

2-points (section) scan

Scan along the target (LN/Vessel)

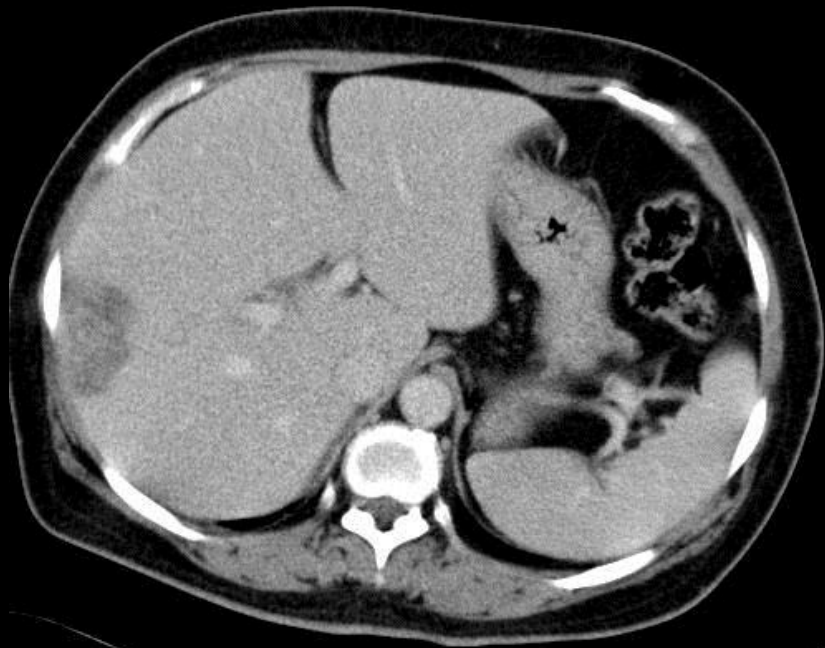
10. 發燒，有肝膿瘍嗎？

52M with severe sepsis



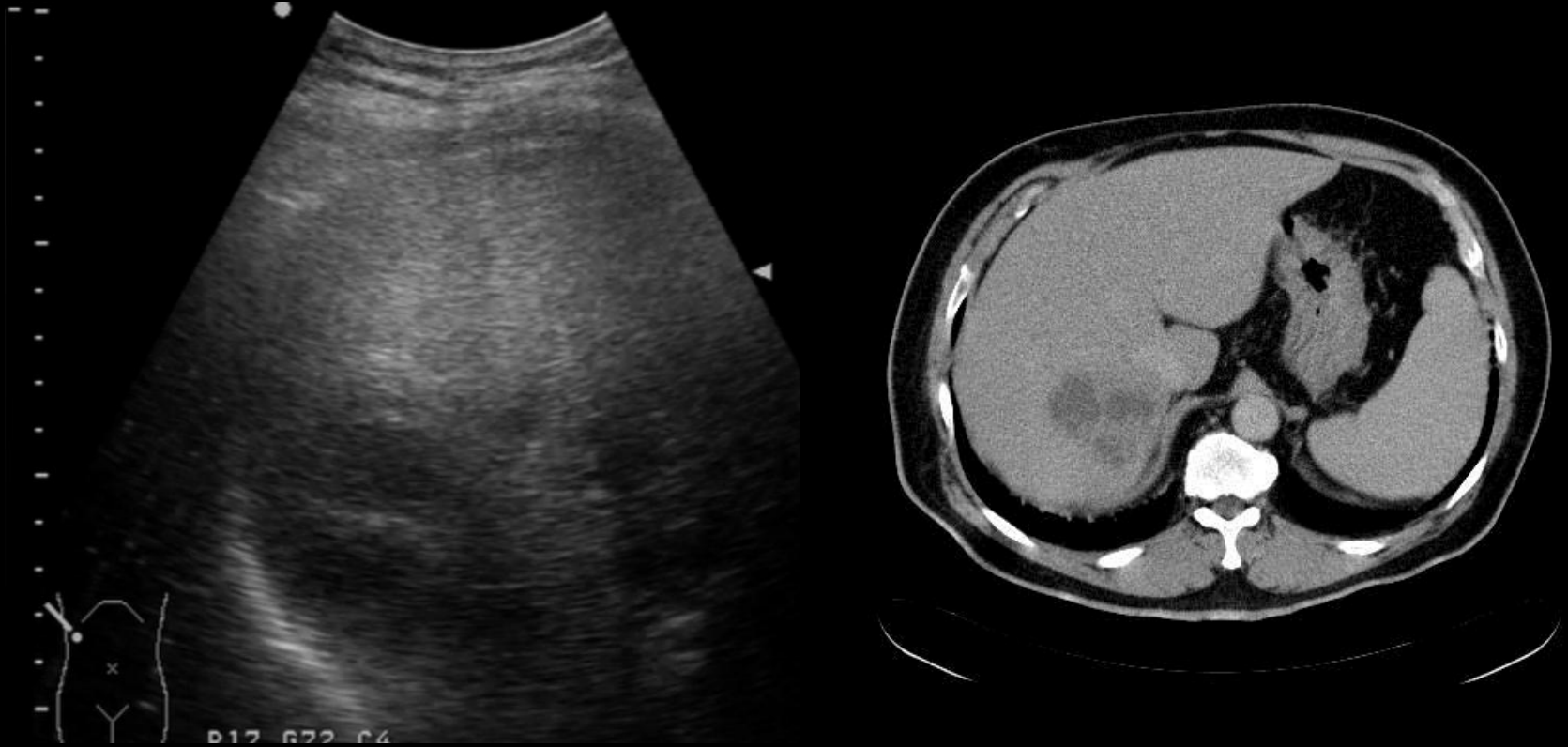
Liquified liver abscess

54F with fever and right flank pain



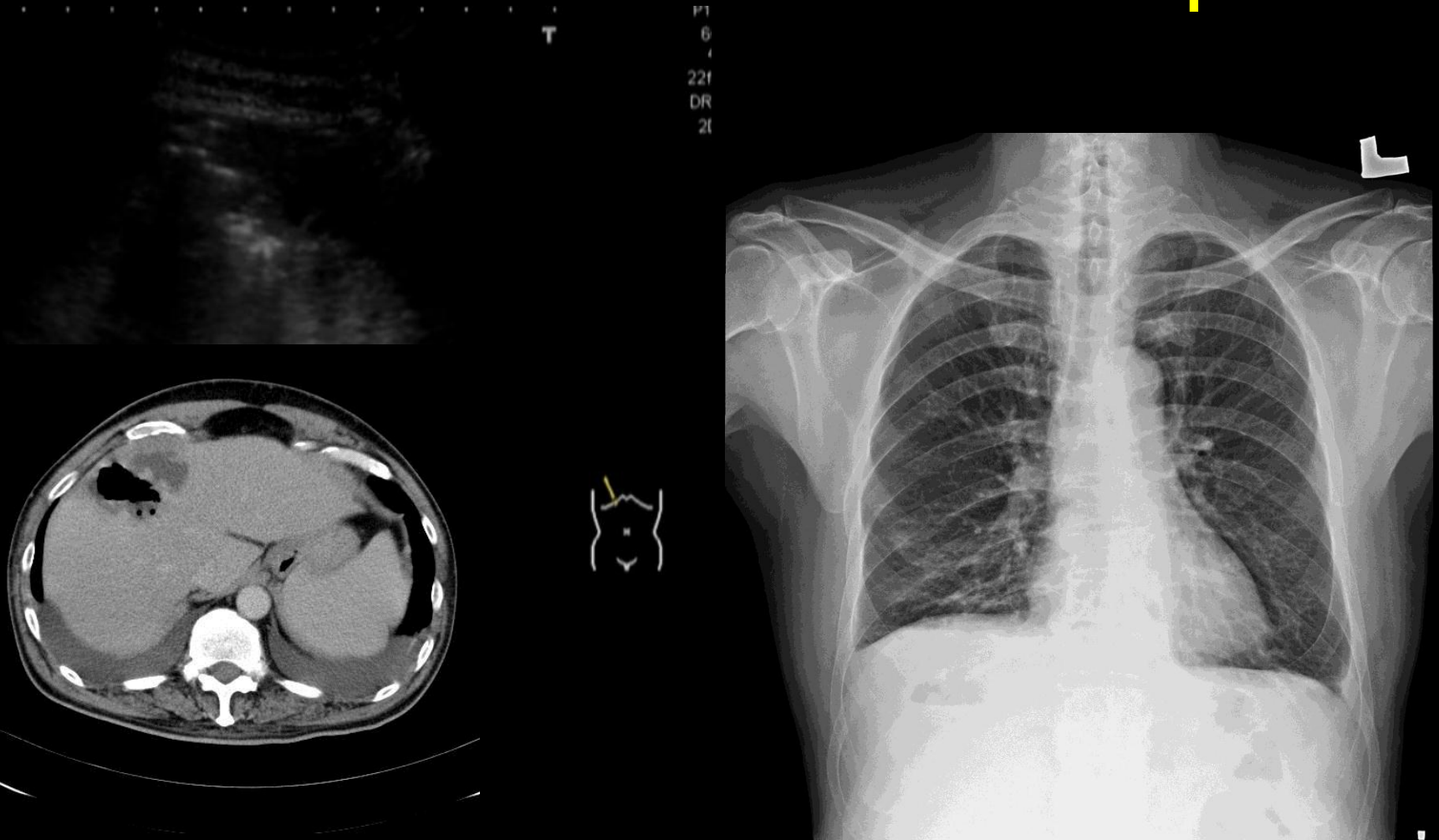
Isoechoic liver abscess

75M with severe sepsis



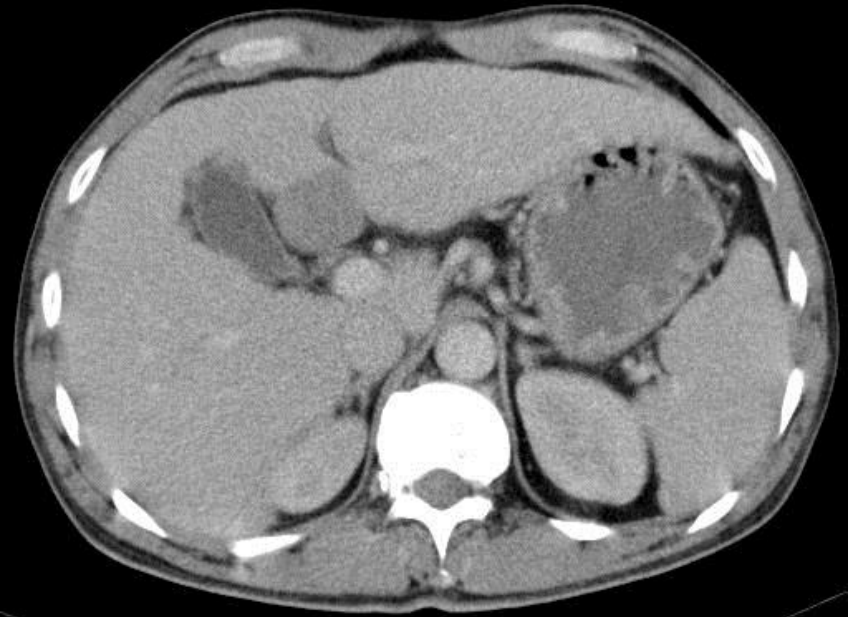
Liver abscess under diaphragm

61M with DM & severe sepsis



Gasforming liver abscess

49M with epigastralgia



Easily missed liver tumor

如何避免誤認

沒看到不代表不存在
實質器官掃描有其陷阱
儘可能不要用來做為排除的工具

Take Home Message

- History + PE形成Impression
- 利用超音波來回答臨床Specific questions
- 急診超音波是Point-of-Care US
- 了解US限制才能善用在臨床決策



謝謝聆聽

歡迎指教及給予回饋

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