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CURRENT STATE OF ABDOMINAL COMPUTED TOMOGRAPHY PERFORMED IN EMERGENCY DEPARTMENT OF A TERTIARY UNIVERSITY HOSPITAL AND DEVELOPMENT OF A PRELIMINARY INTERPRETATION CHECKLIST

Ju-Hyun Songª

°Korea University Ansan Hospital, South Korea

Statement of the Problem: Abdominal computed tomography (CT) is a widely recognized method to diagnose patients with acute abdominal pain in the emergency department (EDs). We aimed to investigate the current state and interpretations of abdominal CT performed in the ED of a tertiary university hospital.

Methodology & Theoretical Orientation: This was a retrospective study based on an abdominal CT database and medical records of patients over 15 years of age, who had visited our ED between January 1 and December 31, 2013. The data collected included CT types, final interpretations, characteristics of the patients, and location of pain at the time of CT.

Findings: A total of 1,978 abdominal CTs were performed among 1,923 patients during the research period. The most frequent organs involved in the major diagnosis were those in the urinary system, followed by the appendix, liver, large intestine, and gallbladder. The most frequently interpreted diagnosis in these organs was in the order of urinary stone, appendicitis, liver cirrhosis, infectious colitis, and acute cholecystitis. The most frequent location of pain was the right lower quadrant (429 cases, 21.7%), and the most frequently performed CT type was contrast-enhanced abdominal and pelvic CT (1,260 cases, 63.7%).

Conclusion & Significance: Various interpretations were derived based on the abdominal CTs, ranging from critical to mild diseases and from common to rare diseases. Based on this study, we have developed a preliminary interpretation checklist for abdominal CT.

Biography

Ju-Hyun Song is an Emergency Physician who is interested in Emergency Radiology and Education. From this study, he and his colleagues developed a preliminary interpretation checklist for abdominal CT. Emergency department residents in his institution are now utilizing that checklist for preliminary interpretation of abdominal CT. In addition to this study, he investigated learning curve for competent diagnosis of acute appendicitis using abdominal computed tomography. In that study, novice residents require 16 to 20 checklist interpretation to acquire acceptable CT interpretation for acute appendicitis. He plans to investigate learning curve for other significant diseases such as diverticulitis, cholecystitis and ureteral stone using preliminary interpretation checklist.

Songcap97@hotmail.com

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