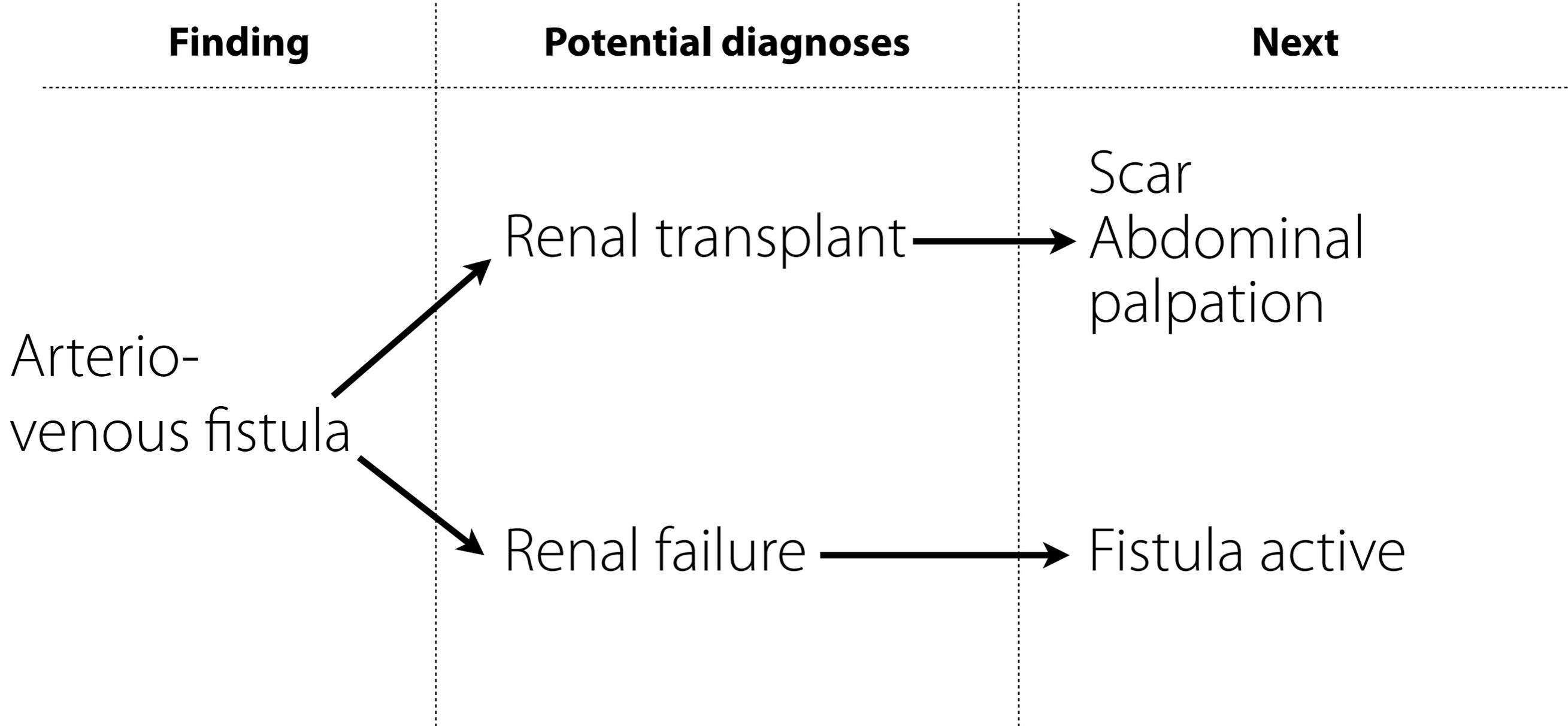


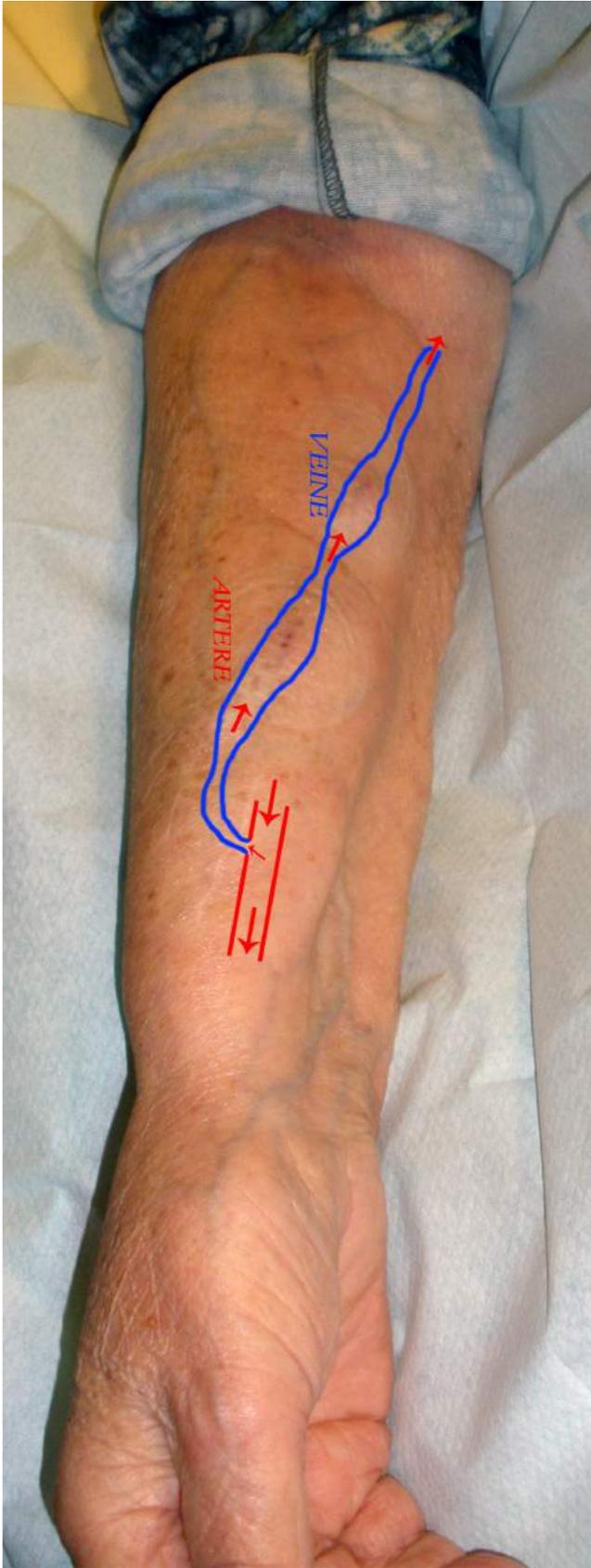
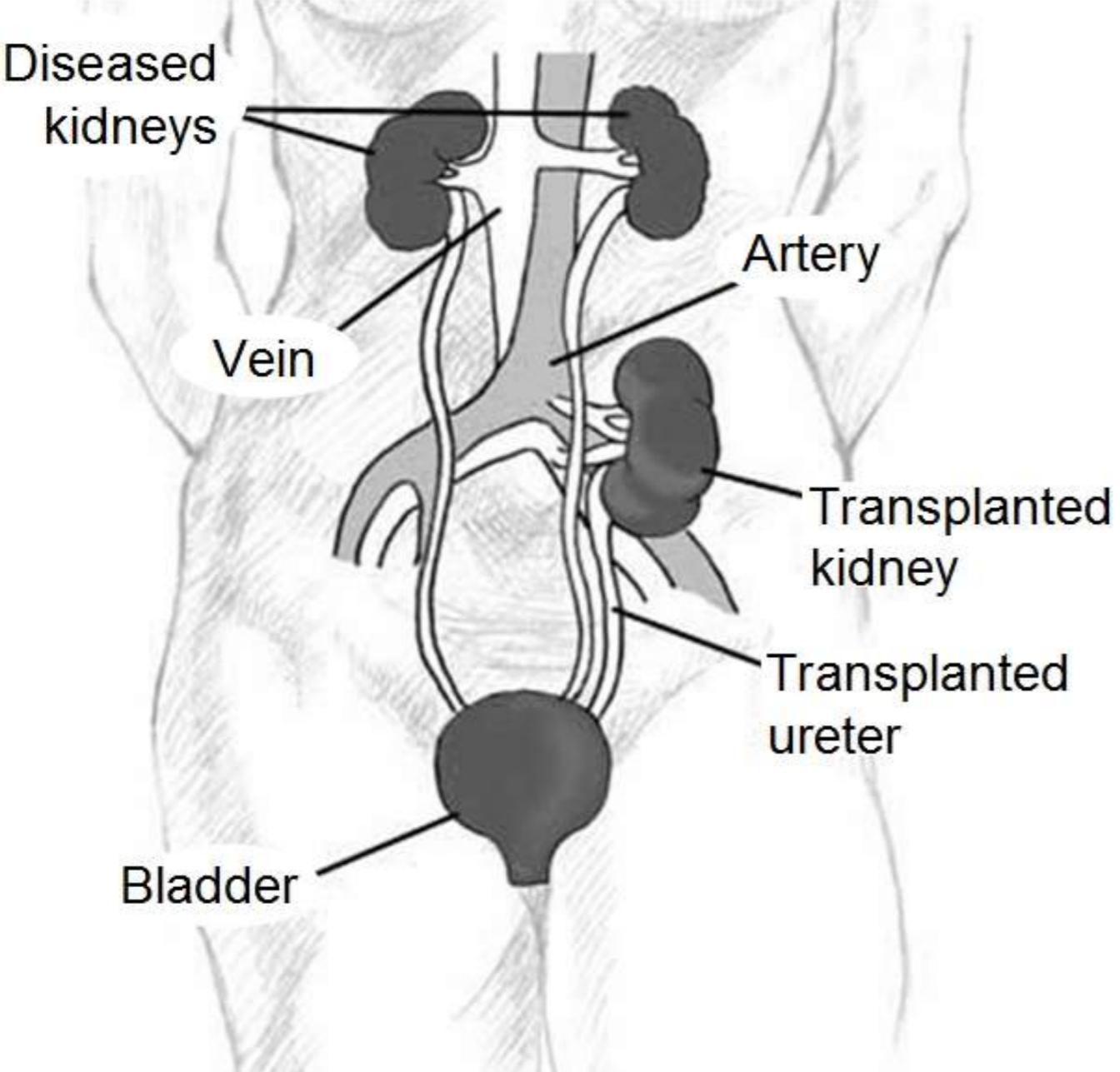
# Case 3: renal transplant



# Case 3: renal transplant

Finding	Potential diagnoses	Next
Arterio-venous fistula <b>No thrill</b> <b>Scar</b>	Renal transplant Renal failure	Abdominal palpation Signs of renal failure Insulin injection sites Cushingoid Skin malignancy

# Renal transplant



# Nephrectomy scar



# Renal transplant

I examined this gentleman's abdominal system. He had a scar on his left arm suggestive of a previous arterio-venous fistula and marks from blood glucose monitoring on his fingers. There was an oblique scar over his right iliac fossa. His abdomen was soft and not tender. There was smooth mass palpable beneath the scar in the right iliac fossa. There is no peripheral oedema and he is not Cushingoid. This man has had a renal transplant secondary to diabetes mellitus nephropathy. The transplant appears to be functioning, though I would like to auscultate his lungs for pulmonary oedema, measure his blood pressure, and test his urine.

# Renal transplant

## Presentation

## Relevance

Previous AV-fistula

Not currently on dialysis

Blood glucose marks

(Type 1) Diabetes as indication

Oblique scar with mass

Renal transplant

No peripheral oedema

Not in renal failure

Not Cushingoid

Side-effect of steroids

Auscultation, BP, and dip urine

For features of renal failure

# Viva questions

1. What are the indications for renal transplant?
2. What are the complications of renal transplant?
3. Is this transplant working? (i.e. *Is the patient in renal failure?*)

# Renal transplant

## - Indications

- Diabetic nephropathy → Insulin injection sites
- Polycystic kidney disease → Flank scars
- Glomerulonephritis

# Renal transplant

## - **Complications**

- Rejection → Renal failure
- Cushing syndrome → Round face, bruises etc.
- Skin malignancy → BCC and SCC
- Ciclosporin → Gum hypertrophy

# Signs of renal failure

- Scars: old A-V fistulae, neck line, peritoneal dialysis catheters
- Cachexia
- Pulmonary & peripheral oedema
- Pallor

# Case 4: inflammatory bowel disease

Finding	Potential diagnoses	Next
Stoma	IBD	Young, pallor ileostomy
	Diverticulitis	Elderly Colostomy
	Malignancy	Nil else
	Urostomy	Stoma appearance

# Case 4: inflammatory bowel disease

Finding	Potential diagnoses	Next
Stoma <b>Young</b>	IBD	Young, pallor ileostomy
	<del>Diverticulitis</del>	Elderly Colostomy
	<del>Malignancy</del>	Nil else
	<del>Urostomy</del>	Stoma appearance

# Signs of IBD

- Relatively young
- Pallor and slim
- Oral ulcerations
- Pyoderma gangrenosum (or erythema nodosum)
- Digital clubbing
- Medications

# Stomas for IBD



# Signs of complications of IBD



# Signs of complications of IBD

- Scars from Hickman lines (for parenteral nutrition)
- Cushingoid
- Gum hypertrophy & hypertension (ciclosporin)
- Jaundice or taking ursodeoxycholic acid (primary sclerosing cholangitis)
- Hepato-splenomegaly from amyloidosis

# Crohn's disease

I examined this gentleman's abdominal system. He was pale and slim. There was no digital clubbing. He has a stoma in his right iliac fossa and a midline laparotomy scar. His abdomen was soft and not tender. There were no hernias or fistulae. He was not Cushingoid. The differential diagnosis for these signs include: Crohn's disease with defunctioning ileostomy, Ulcerative colitis with an end ileostomy, and panproctocolectomy for familial adenomatous polyposis. I would like to examine him for perianal disease associated with Crohn's and take a history to assess disease activity.

# Crohn's disease

## Presentation

## Relevance

Pale & slim

Signs of Crohn's disease

No digital clubbing

Would be a sign of IBD

No hernias or fistulae

(Post-op) complications

Not Cushingoid

Side-effect of steroids

Examine for perianal disease

Sub-type of Crohn's

History for disease activity

Disease activity scores/monitoring

# Viva questions

1. What are the extra-intestinal manifestations of IBD?
2. What are the complications of IBD?
3. What are the indications for stomas in IBD?
4. What kinds of stomas are performed in IBD?

# Indications for stomas in IBD

## - **Crohn's**

- Failure of medical management (severe activity)
- Obstruction (from strictures)
- Fistulae

## - **Ulcerative colitis**

- Failure of medical management (severe activity)
- Toxic megacolon
- Malignancy

# Types of stomas in IBD

- **Crohn's**

- De-functioning (loop) ileostomy

- **Ulcerative colitis**

- End ileostomy (from pan-proctocolectomy)
- Diversion ileostomy, with ileal rectal pouch formation