

뇌신경재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

P 3-79

Management of ischemic colitis in the patient with chronic subdural hemorrhage: a case report

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Recurrent vomiting is a common problem in the patients with traumatic brain injury, which increases risk of aspiration pneumonia, malnutrition, and causes other medical problems such as acid-base imbalance.

We report the female patient with chronic subdural hemorrhage, who underwent recurrent vomiting, aspiration pneumonia, ileus, and severe constipation due to chronic ischemic colitis. 3 years ago, she underwent traumatic event, developed left frontotemporoparietal subdural hemorrhage, and had ventriculoperitoneal shunt. She have continued to be admitted in multiple hospitals because of recurrent vomiting and aspiration pneumonia, and eventually, had feeding jejunostomy 1 year ago. After jejunostomy tube change, the patient had peritonitis and underwent emergent explorative laparotomy and shunt externalization. After a few days, she started to have severe constipation and abdominal distension which were thought to be the symptoms of chronic ischemic colitis, which was revealed in computed tomography scan. We tried various methods to relieve the symptoms including medication and endoscopic decompression, but all failed. Finally, she had ileostomy and the symptoms of ileus and pseudoobstruction are resolved.

This case shows that when the elderly patient with traumatic brain injury have intractable vomiting, chronic ischemic colitis should be considered as one of causes, and treatment of chronic ischemic colitis can be relatively successful with jejunostomy and ileostomy, which is less invasive than explorative surgery such as hemicolectomy.