

CLINICAL RADIOLOGY OF  
ACUTE ABDOMINAL DISORDERS



KIMPTON

# CLINICAL RADIOLOGY OF ACUTE ABDOMINAL DISORDERS

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*406 Illustrations on 224 Figures*

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TO  
KIT  
and

ALICE, RICK and JONSIE



## Preface

THIS work started with the thought of concisely correlating the radiologic manifestations of the "acute abdomen" with clinical and pathological processes. At the outset it became evident that the definition of "acute abdomen" was quite indefinite. Some held that the condition referred only to illness of a dramatic and catastrophic nature. Others preferred a broader usage, regarding any abdominal disturbance requiring medical attention as a condition which, while less intense, nevertheless was acute. It became apparent that the term could not be restricted to a single group of symptoms or diseases, and that one could not state clearly just how or when an abdominal disorder became an "acute abdomen."

Thus, from a rather narrow consideration we came to the broader aspect of acute abdominal disorders. The diversity of clinical symptoms, if one reflects for a moment, can be reduced to a list of well-known manifestations such as pain, nausea, vomiting, distension, constipation, diarrhea and the other basic symptoms. It is apparent that the eliciting of a picture rather than of a list of complaints is fundamentally important in arriving at a diagnosis. Another moment's reflection will show that qualifying adjectives and adverbs, a sense of timing of symptoms, and careful correlation of complaints with the observations made on physical examination may reveal a condition which is not acute insofar as drama is concerned, but nevertheless is one which requires prompt medical attention. In this way, abdominal complaints which are not those of an "acute abdomen" still may indicate an urgent need for help.

At this point the radiologist has a vital

position in the development of the diagnosis and the ultimate course of treatment. It is within his realm that the shadows of disease are reflected in gray, black and white. I have not attempted to cover radiologic technic, presuming that anyone attempting abdominal examination is well grounded in such fundamentals. Nor will I assess the relative value of one view against another, or of fluoroscopic examination as apposed to films. It is impossible to generalize, except to say that an examination poorly conceived and executed even with the most modern equipment, and inaccurately interpreted with the best of secretarial gadgetry, still jeopardizes the patient's well-being. Hence, the saving of films, or reliance on fluoroscopic examination alone, or the performance of the examination by unskilled and untrained professional or technical persons is to be deplored. By the same token, and this is particularly true in children and young adults, every effort must be made to keep exposure to radiation to a minimum. This, then, is the province of the radiologist or anyone using radiologic methods—to help, not to harm; to be thorough, not to relegate responsibility to technicians or unqualified assistants; to assume the privileged responsibility of proper examination while the patient is being examined, not to wait until tomorrow morning to "read the films." In short, to render a medically trustworthy and valuable consultation is the purpose of the examination. There is no such thing as "routine," and the most dangerous study is the one reported as "normal."

The text has been purposely kept to a minimum, and references to the literature are scant. Appended to each section is a list of

articles worth reviewing as a start towards more detailed information. Imbedded in the text are the observations of many, many workers, and my thanks goes to them and to my teachers, colleagues, friends and house officers who contributed in the slow accumulation of the material. Almost all the illustrations are from my own experience. The others are acknowledged with thanks in the legends. The material upon which this work is based was seen mainly at the Jewish Hospital of Brooklyn and the Long Island Jewish Hospital. I take pleasure in acknowledging the many pleasant associations I had with the former, and now have with the

latter. I am grateful to Mr. Jerome Sloven, my good friend and chief technician for many years, for his devoted attention in furthering this work. The photographs were made by Mr. Marvin Ehlin. My secretary, Mrs. Ann Duncan was assisted by Mrs. Jarmila Dvorak. To all of them, my thanks.

The Lea & Febiger organization has been most considerate and helpful, and I am indebted to them for their whole-hearted co-operation. It is indeed a privilege and a pleasure to work with such pleasant and competent people.

BERNARD S. EPSTEIN

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