A patient with urgency, frequency, and low serum C reactive protein concentration

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Answers on page 140.

A 74 year old woman was sent to the emergency room because of low abdominal discomfort, mild fever, and chilliness for one day. She had a history of diabetes mellitus with poor medical control and a compression fracture of the thoracic spine. Urgency and frequency were also noted five days before this event. In the emergency room, she felt drowsiness and shortness of breath. On examination she had no peritoneal sign and her heart sounds were normal with sinus rhythm. Her blood pressure decreased to 90/60 mm Hg. Laboratory tests showed leucocyte $15\,500/\text{mm}^3$, haemoglobin 94 g/l, and platelet count $38\,000/\text{mm}^3$. Her blood urea was 8.6 mmol/l, creatine 106 $\mu\text{mol/l}$, fasting blood sugar 4170 mg/l, sodium 134 mmol/l, potassium 2.37 mmol/l, and C reactive protein 0.2 mg/l. Her liver function test and coagulation profile

Figure 1 Computed tomography of the pelvis.

were all within the normal limit. Urine analysis showed pyuria and glycosuria.

Figure 1 shows a pelvic computed tomogram and figure 2 an abdominal erect film.

QUESTIONS

- (1) What do the computed tomogram and abdominal erect film show?

Figure 2 Abdominal erect film taken right after computed tomography.

- (2) What is the diagnosis?
- (3) What is the appropriate treatment for this patient?

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