

Short Report

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Improvement Of Graphene Induced Abdominal Distension with Melena, Nephropathy by Graphene Exfoliator Nacl + Kcl Solution

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Description

A 63-year-old man with right corona radiata infarct presented to our hospital with a history of abdominal distension, 500 cc melena, vital signs: Blood pressure 90 (systolic)/60 (diastolic), heart rate 90, total leukocyte count of 11500/cmm, hemoglobin 11.3 g/dl, platelet 414000/ μ l, stool occult blood: Positive, a prothrombin time 15.5 sec (normal range: 10-15), Blood Urea Nitrogen (BUN) 41.7 mg/dL, Creatinine (Cr) 2.28 mg/dL, serum sodium/potassium/chloride 137/4.9/108 nmol/L, aspartate transaminase and alanine transaminase 45 IU/L and Erythrocyte Sedimentation Rate (ESR) 40 mm in the first hour using Westergren method. The intravenous infusion of a solution consisting of 250 mL normal saline over 6h for 3 days with supportive care resulted in recovery

of the symptoms with BUN/Cr 22.8/1.69 mg/dL, platelet 264000/ μ l with negative stool blood [1-7]. Ischemic bowel disease is due to inadequate oxygenated blood supply to the bowel walls. Ischemic bowel disease includes acute and chronic mesenteric ischemia affecting the small bowel and colon ischemia with embolism, arterial or venous thrombosis. Embolism to the visceral vessels is the most common cause of mesenteric ischemia. Atrial Fibrillation (AF) is a risk factor for ischemic bowel disease in patients with atrial fibrillation. AF-related irregular heart rhythm may predispose to hypoperfusion and ischemia of the bowel walls. CT findings of the ischemic bowel disease encompass the presence of pericolonic fluid was found in the acute phase and bowel wall thickening in the subacute phase [8].



Figure 1: Computed Tomogram: Gastric varix



Figure 2: Computed Tomogram: Small bowel wall edema

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