

1. Prof. Dr. Nasser Muhammad Amjad

Volume 16 No 2

(Dec 2017) 2. Assoc. Prof. Dr. Junaini Kasian 3. Assoc. Prof. Dr. Mohd Nazli Kamarulzaman 4. Assoc. Prof. Dr. Samuel Gunasekar 5. Asst. Prof. Dr. Ahmad Faidzal Othman 6. Asst. Prof. Dr. Faisal Elagili Search IMJM 7. Asst. Prof Dr. Mohd Norhisham Azmi Abdul Rahman article search here ... Show 10 entries Search: Go Name Size Hits A 4-Year Audit of Open Method Chemoport 0.2 16 **Related Links** Insertions through Cephalic Vein Performed MiB In Hospital Tengku Ampuan Afzan • The IIUM Official Website 0.2 17 An Analysis of the Quality Of Life among • The Kulliyyah of Diabetic Foot Ulcer Patients in Kuantan, MiB **Medicine** Pahang **Childhood Pancreatitis: A Case Series** 0.2 12 MiB 0.2 21 Colonic Perforation in Percutaneous Nephrolithotomy: A Case Report MiB 0.2 10 Complete Tracheal Transection Following Blunt Trauma: A Case Report and Review MiB of Literature 0.2 **Degloving Penile Injury with Urethral** 16 Avulsion: A Case Report MiB Intestinal Evisceration in Domestic 0.2 15 Violence: A Stab Wound Injury MiB Intra-Abdominal Solid Organ Injury 0.2 10 Management in Pediatrics MiB 0.2 12 Isolated Small Bowel Perforation Following Blunt Trauma MiB Management of Electrocuted Major Burns 0.2 13 in District Hospital MiB



© 2019 Default copyright text

POSTER PRESENTATION

Abstract ID: 04

Colonic Perforation in Percutaneous Nephrolithotomy: A Case Report Mohd Fahmi AAziz¹, NE Mahno¹, Siti Kamariah CM², Mohd Nazli MZ¹

1. Department of Surgery, International Islamic University of Malaysia Medical Centre, Pahang, Malaysia

2. Department of Radiology, International Islamic University of Malaysia Medical Centre, Pahang, Malaysia.

We aim to report a rare case of colonic perforation post percutaneous nephrolithotomy (PCNL) and its conservative management. We report a 63-year-old Malay, thalassemia carrier male who underwent an uncomplicated left PCNL for a left renal stone. On second postoperative day, clinically evidence of subcutaneous emphysema. Serial CXR imaging confirmed presence of air under diaphragm. Small colonic perforation was diagnosed which subsequently developed localized collection retroperitoenally. He was successfully treated with non-operative management including intravenous antibiotic, surgical drainage and good nutrional has successfully support healed the collection. Serial CT renal protocol showed a healed retroperitoneal collection and patient made a good clinical recovery. PCNL has promising stone clearance rate. However, it carries complications. A rare yet important complication; colonic perforation is a serious complication that if detected earlier, good clinical recovery can be achieved conservatively.

KEYWORDS: Percutaneous nephrolithotomy, complication, bowel injury