

A Case Study

Haematemesis and Melaena following Aspirin Administration

By U.P. Nand

A 16-year old student, C, was admitted to the hospital on November 13 on a complaint of having Haematemesis and Melaena with unknown cause as explained by the parents and the patient.

C has two elder brothers and two younger sisters—all in normal health. His father is a goldsmith.

Previous History : Having had haematemesis and melaena on the mornings of November 9 and 10.

No previous history of pain in the abdomen, Haematemesis or Melaena, severe cough, pain in Hypochondriac region or rise of temperature in the evening. He has not been suffering from Bronchiectasis. No injury to the abdominal wall.

No previous history of enteric fever, infective hepatitis, peptic ulcer or haemorrhoids or nephritis syndrome.

Aspirin tablets. The patient had taken Aspirin tablets continuously for 2 days to get relief from pain caused by a boil on Rt. forearm. This was followed by signs of haematemesis and melaena.

On examination during admission by the Physician :

(1) Patient was looking uncomfortable due to sudden haematemesis and melaena. He was not having pain in abdomen, was looking pale, temperature 100° F, Pulse 110 per minute, B.P. 100/60 mmHg; (2) No stigmata of portal cirrhosis of Liver observed; (3) Abdomen was soft. No rigidity. No tenderness. Liver and spleen not palpable; Bowel sound, lungs-clear; heart normal, general observation—looks anaemic.

Provisional diagnosis :— Haematemesis following Aspirin administration.

Pathological examination :

- (1) Blood—Hb % 40% (60gm%), R. B. C.—2.28 million, T.L.C.—8700 c.m.; D. L. C.—Poly — 65%, Lymph-31% Mono-2% Eosin-2% Immature cells—not found; P. C. V.-2%. Blood for MP at the height of temperature 100°F; P 112/ $\frac{R}{20}$ was done but was negative. Blood grouping and cross matching was done—Group —‘O’.
- (2) Stool, Routine. Ovacyst was negative, Reaction-acid; Occult blood-highly positive;
- (3) Urine. Reaction acid, Albumin nil, Sugar nil. Microscops-NAD.

Treatment and Diet : Hourly P.R. chart was maintained 100°F/100/22 PM; 4 hourly B.P. recorded which was between 100/60 mg to 120/60 mg. Diet. Ice cold milk 4oz 4 hrly.

Medicine : Injection Inferron 2 ML once a day; (started after doing a skin test for 1st dose.), Injection CP 5 lacs IM BD given; Temperature was controlled by cold compress and cold sponging.

Restricted to give aspirin composited drug. Tablet Novalgin was advised if temperature went above 103°F, but temperature was controlled by Cold compress and cold sponging.

On November 14 Injection Inferron and CP 5 lacs was continued as on previous day; Injection Antistine 10 Ampule IM was given and Blood transfusion (O) group 300 cc was given within 4 hours. No reaction was observed. G. C. after Blood transfusion was satisfactory.

Temperature gradually came down to 99°F, 108 pulse, Respiration 20, BP 120/60.

Patient became slightly comfortable; urine was passed but Bowel was not moved.

On the next day temperature was normal, Pulse—92/100 PM, good V. P. Respiration —20/24 PM.

Bowels :—Hard stool was passed—Tarry; was sent to pathology department, for Occult blood-test it was positive.

General condition of the patient was quite satisfactory.

Injection CP—5 lacs BD to control infection and Injection Inferron 2 cc IM given to increase the Haemoglobin and RBC Ice-cold milk diet only.

On November 16 TPR was recorded normal. BP 126/70; Treatment given as on previous day Abdomen was soft Urine out put 1660 cc satisfactory.

On November 11 general condition of the patient was satisfactory. Same treatment was continued; Diet was changed—Only Khichri started with 1/2 lemon, curd, Cold milk 1 litre in 24 hours. Stool was not passed, Urine out put-Satisfactory.

On November 18 his general condition was satisfactory, Temperature—98°F, Pulse—82/86 pm; Resp.-16/18; HP.-130/80.

Tarry stool was passed once. (It was sent to Pathology department for Occult blood analysis.) Report—Stool Occult blood slightly positive. Treatment was continued.

Patient was much nervous due to a melaena. (Psychologically encouraged the patient).

On the following day, No black stools and No Haematemesis, Urine output satisfactory, Temperature—Normal, Pulse—76/82, Resp. 16/18, B.P.—14/ night.

Treatment was revised. Tablet Gelusil 1 TDS (to be crushed and mixed in Oz of water and be given), Tablet Vita C 500 mg. OD, Diet—Rice — Curd—Vegetable, 1 lemon, 1 Egg flip. (given on trial basis); Blood HB%, TLC DLC, Platelet count done (To see the improvement).

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