

“Only Visible From There: Findings of the Charts”

Dr. Dvir Ilan, Dr. Amir Shahar, Dr. Mahmoud Marisat, Dr. Daher Egbaria
Emergency Department, Yoseftal Medical Center, Eilat, Israel

- OBJECTIVE** Showcasing and debating extreme lab values and unusual clinical findings in patients arriving to the smallest ED in Israel.
- METHODS** A team of 4 physicians reviewed selected cases from the past 2 years using Chameleon, PACS and OFEK, followed by a focused literature review.
- RESULTS** Four cases were chosen: acetaminophen >530 µg/mL, urea >550 mg/dL, hematocrit 74.3%, and severe edema collected into the scrotum.
- CONCLUSIONS** Despite its small size and remote location, Yoseftal’s ED encounters extreme cases that often require creative management solutions.

4 EXTREME CASES

1

ACETAMINOPHEN

> 530 µg/mL



- Presentation: GCS 3, hypothermic.
- Labs: Acetaminophen 531µg/mL; repeated value 560 µg/mL. High-anion-gap metabolic acidosis, pH 6.86; lactate up to 12.9.
- Treatment: NAC protocol, urgent hemodialysis and transfer for ICU.

EXTREME POISONING - HIGH-RISK, MULTIDISCIPLINARY CARE

2

UREA LEVELS

> 550 mg/dL



- Presentation: General weakness & coughing.
- Labs: Urea 558 mg/dL; Cr 16.6 mg/dL; K+ 7.3 with peaked T waves
- Treatment: Urgent hemodialysis after 3 weeks without scheduled dialysis.

EXTREME AZOTEMIA - LIFE-SAVING RENAL SUPPORT

3

HEMATOCRIT

> 74%



- Presentation: Vomiting.
- Labs: Hematocrit 74.3%; hemoglobin 26.7 g/dL
- Treatment: Fluids, transferred for further care.
- Outcome: Patient passed away within 12 hours of arrival.

EXTREME HEMOCONCENTRATION - RISK OF THROMBOSIS

4

GIANT SCROTAL ASCITES



- Presentation: Accidental fall and a rapid formation of a massive scrotal edema (in the setting of ascites and anasarca).
- Labs: Hb 4.8 g/dL; PLT 12K/µL
- Ultrasound showed clear fluid and soft-tissue edema without abscess.

EXTREME FLUID OVERLOAD - CHALLENGING MANAGEMENT



SMALLEST ED.

BIG CHALLENGES.

EXTRAORDINARY CARE.