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**Figure 1.** Ultrasonography showing a heterogenous mass containing a partially cystic portion.



**Figure 2.** Axial (A) and coronal (B) images of contrast-enhanced abdomen CT showing about an 8.4-cm- $\times$ -4.5-cm- $\times$ -5.1-cm heterogenous attenuation density mass at the duodenal second and third portion. Used with permission of Sung Pil Chung, MD, PhD, Department of Emergency Medicine, Yongdong Severance Hospital, Yonsei University College of Medicine, Seoul, Republic of Korea.

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A 9-year-old boy presented with abdominal pain and vomiting for 2 days. He had direct tenderness and guarding in the epigastric area. He had a history of contusion by bicycle handlebar 2 days previously. Abdominal radiography results were normal. Ultrasonography showed a heterogenous masslike lesion in the midabdomen (Figure 1). Computed tomography (CT) was performed to differentiate the cause of the abdominal mass (Figure 2).

*For the diagnosis and teaching points, see page 116.  
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Emergency physician Jay Baruch's new fiction collection, *Fourteen Stories: Doctors, Patients, and Other Strangers*, contains some of the best openers I can recall. From "Breathing" the book's first tale, "They caught me again this morning cuddling the oxygen tank." Midway through the volume, "Road Test" leads with "People jump wide of the vomit on the ER floor." Later, "The phone rang well after midnight, slicing apart a sweet and salty dream." And finally, "Too Long, Too Short" begins, "I made a terrible mistake the very first morning of my third year of medical school, in my surgery clerkship no less. I didn't know I was expected to lie." (This is 2 lines, I know, but I couldn't quote one without the next.) There are plenty more wonderful passages, as opening lines and contained within the stories themselves. I savored them all, but I can't list them all here.

Once you're hooked, Baruch's stories do not disappoint. We'll never meet any of his characters, since they're all products of his fertile imagination, but we've all been there, enmeshed in the situations he describes so vividly. We've interacted with the dying patient struggling for control as his life force ebbs. We've wrestled with the difficult and downright dangerous who we're only trying to help. We've considered and reconsidered our decision to enter—or remain in—the medical field. We wonder if we've done the right thing for some of our patients.

Even though Baruch's stories are created, from thin air as it were, he manages to tell our stories, and he does so beautifully. The moral dilemmas and dicey situations are all described in ways reminiscent of Richard Selzer's poetic prose. There's nothing flowery here though. It's all to-the-point, wryly humorous, real world material, and it does serve to make us stop and consider the professional lives we live and the meaning of the encounters we have daily in the emergency department.

In the end, it's as Baruch concludes in his thoughtful afterward about the power and value of narrative, "For the immediate future anyway, strangers will be coming to EDs and telling their stories to other strangers." We spend our lives careful considering the stories of strangers who are our patients. Now there are 14 more stories, told by a colleague, that are well worth considering just as carefully.

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### DIAGNOSIS:

*Duodenal hematoma.* Duodenal hematoma is rare but mostly observed in children after blunt trauma.<sup>1</sup> Duodenal hematoma and perforation are more frequent in the second and third segments, owing to the relative fixed position and the rich submucosal vascular supply of these segments.<sup>2</sup>

Symptoms and physical findings are nonspecific, with abdominal pain and bilious vomiting.<sup>2</sup> Diagnostic difficulty may arise if the parent or child fails to disclose an episode of trauma that is regarded as an unrelated event.<sup>3</sup> One third of patients become symptomatic more than 48 hours after injury because of increasing hematoma and obstruction.<sup>4</sup>

Ultrasonography showed a heterogenous mass containing a partially cystic portion. This finding suggests the possibility that the lesion could be a hematoma. Precontrast CT revealed a relatively high attenuation density. Contrast-enhanced CT showed that there was no change in the attenuation density of the same lesion, which suggested an acute hemorrhage. Additionally, contrast-enhanced CT might show associated lesions, such as active bleeding seen by extravasation of contrast material, parenchymal laceration, and perforation.

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