



Preface

Surgical emergencies in the medically ill patient



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A primary goal of the emergency physician is to diagnose acute illness and injury promptly and accurately. This presents a formidable challenge when important decisions must be based on limited historical and diagnostic data. In addition to the provision of life-saving interventions, the timing and nature of specialty consultation may also prove critical to patient outcome.

The emergency physician is in a unique position within the medical community. He or she must be equally comfortable with patients of all age groups and both genders. Patients may present to the emergency department with any number of overlapping and complicating factors such as trauma, pregnancy, mental illness, or immunocompromise. Because the practice of emergency medicine spans such a broad spectrum of pathology, the emergency physician is uniquely qualified to make important diagnoses that cross the domain of more than one specialty.

The identification of surgical emergencies in patients with medical illness or presumed medical illness is central to the successful practice of emergency medicine. As every emergency physician recognizes, the decision to admit a patient to a particular service within the hospital is a key branch point in management—one that may significantly narrow the spectrum of further diagnostic evaluation and treatment. Unfortunately, the presence of a surgical emergency may be easily overlooked when it occurs against the background of a recurrent or chronic medical illness, such as is the case with perforation in inflammatory bowel disease. In some acute conditions, such as myocardial infarction or stroke, surgical approaches to therapy may not

come to mind because these conditions are usually managed by medical specialists. In other instances, the presence of a surgical emergency may be obscured by a nonspecific presentation, as is often the case in the pediatric or geriatric patient with gastrointestinal symptoms.

The goals of this issue of the *Emergency Medicine Clinics of North America* are to highlight emergent surgical complications of medical illness and to identify those situations in which early surgical consultation is crucial to management. Although some of the surgical emergencies examined in this issue may be uncommon or difficult to diagnose, if they are not considered in the emergency department they may go unrecognized until late in the clinical course, when significant morbidity or even mortality have already occurred.

As a result of this issue's unconventional theme, it has been truly a collaborative effort of emergency physicians, surgeons, and other specialists. We are grateful to all of our contributors for their willingness to be flexible and for turning our vision for this issue into a reality. It is our hope that it will provide a template for cooperation among all specialists and serve as a useful reference for years to come.

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