PHOTO OUIZ

## **Fatal haemolytic shock**

## J. Vos<sup>1</sup>, D.J. van Westerloo<sup>1</sup>, S.P.C. Kleinsteuber<sup>2</sup>, J. Van Prehn<sup>2</sup>, M.S. Arbous<sup>1</sup>

Departments of <sup>1</sup>Intensive Care Medicine and <sup>2</sup>Medical Microbiology, Leiden University Medical Center, Leiden, the Netherlands

## Correspondence

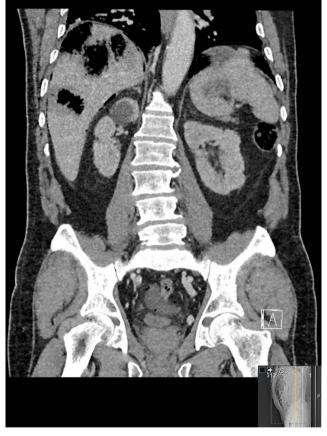
M.S. Arbous - m.s.arbous@lumc.nl

A 65-year-old man presented to his general practitioner with complaints of progressive abdominal pain, which had started two weeks earlier but had increased in severity during the past few days. The patient had a medical history of diabetes mellitus, hypothyroidism and ischaemic stroke. The general practitioner decided to refer him to the emergency department. On examination, the patient's only abnormal vital sign was a respiratory rate of 36/min. Laboratory findings revealed normocytic anaemia (haemoglobin level 6.8 mmol/l), haemolysis and lactic acidosis (pH 6.98, lactic acid 16.0 mmol/l). A coronal reconstruction of the abdominal CT with intravenous contrast on admission is shown. Within 48 hours of presentation the patient died due to multiple organ failure.

What is your diagnosis?

## **ANSWER**

You will find the answer on page 191 of this issue.



**Figure 1.** Coronary view of the abdominal computed tomography scan.