

Watershed infarct [5][12]

- **Definition:** border-zone infarct in the region between the territory of two major arteries that supply the brain (watershed area)
- **Etiology:** sudden decrease in blood pressure or cessation of blood flow through both vessels → ischemia in the susceptible region between two vascular territories
 - Cortical border zones: territories between the anterior and middle cerebral arteries and between the middle and posterior cerebral arteries
 - Internal border zones: territories between the superficial and deep branches of the MCA
- **Clinical features**
 - Signs of systemic hypoperfusion (e.g., tachycardia, low blood pressure, pallor, sweating)
 - Diffuse neurological deterioration
 - PCA-MCA watershed region: bilateral visual loss (cortical blindness)
 - ACA-MCA watershed region: proximal limb weakness with sparing of the face, hands, and feet (“man-in-the-barrel syndrome”)

MULTIPLE SCLEROSIS

Clinical features

- **Constitutional symptoms**: fatigue, headache
 - **Optic neuritis** [16][17][18]
 - Most often the earliest manifestation
 - Typically unilateral
 - Can be painful
 - Impaired vision and color blindness
 - Relative afferent pupillary defect (Marcus Gunn pupil)
 - **Internuclear ophthalmoplegia (INO)** as a result of a lesion in the **medial longitudinal fasciculus (MLF)**
 - Ipsilateral medial rectus weakness but an intact convergence reflex
 - Disconjugate, lateral gaze nystagmus in the contralateral eye
 - More frequently bilateral than unilateral
 - **Demyelination of spinal cord tracts**
 - **Lhermitte sign**: a shooting electric sensation that travels down the spine upon flexion of the neck
 - **Pyramidal tract lesion**: upper motor neuron weakness, spasticity, hyperreflexia, positive Babinski sign, impaired gait
 - **Dorsal spinal column lesion**: loss of vibration and fine-touch sensation, numbness, paresthesias, sensory ataxia usually involving the trunk or one or more limbs
 - **Neuropathic pain**
 - **Absent abdominal reflex** [19]
 - **Cerebellar involvement**: poor postural control, imbalance, gait dysfunction, Charcot neurological triad of scanning speech, nystagmus, and intention tremors
-

MULTIPLE SCLEROSIS

- **Transverse myelitis**
 - Asymmetric paraplegia, unilateral sensory loss, bladder dysfunction
 - Partial transverse myelitis is a common early manifestation of MS, causing asymmetric neurologic dysfunction below the lesion.
- **Cranial nerve palsies**: diplopia, facial palsy, trigeminal neuralgia (can be bilateral) [20][21]
 - **Trigeminal neuralgia** (TN) typically manifests unilaterally.
 - Bilateral TN should raise concern for MS, especially in younger patients.
- **Autonomic dysfunction**: bowel and bladder neurogenic disorders (e.g., urinary incontinence), impaired sexual function
- **Changes in mental state**: depression, emotional changes, memory deficits, impaired concentration
- **Uhthoff phenomenon**: a reversible exacerbation of neurological symptoms following an increase in body temperature, e.g., physical exertion, a warm bath, or fever

Fundoscopy is normal in 60% of cases of optic neuritis. Neither the patient nor the doctor are able to see anything.

Uhthoff phenomenon triggered by a viral infection may mimic an exacerbation of MS.

MS is a chronic condition that typically manifests in a relapsing-remitting form characterized by episodic CNS dysfunction (exacerbations) with at least partial recovery between episodes.

Huntington Disease

◆ CLASSIC TRIAD (VERY HIGH-YIELD)

1 MOVEMENT DISORDER – CHOREA

- Involuntary, irregular, dance-like movements
- Face, trunk, limbs
- Early: subtle fidgeting
- Late: rigidity & dystonia

 *Dance-like movements = Huntington*

2 PSYCHIATRIC SYMPTOMS (OFTEN FIRST)

- Depression
- Irritability
- Personality change
- Psychosis
- Suicidal ideation

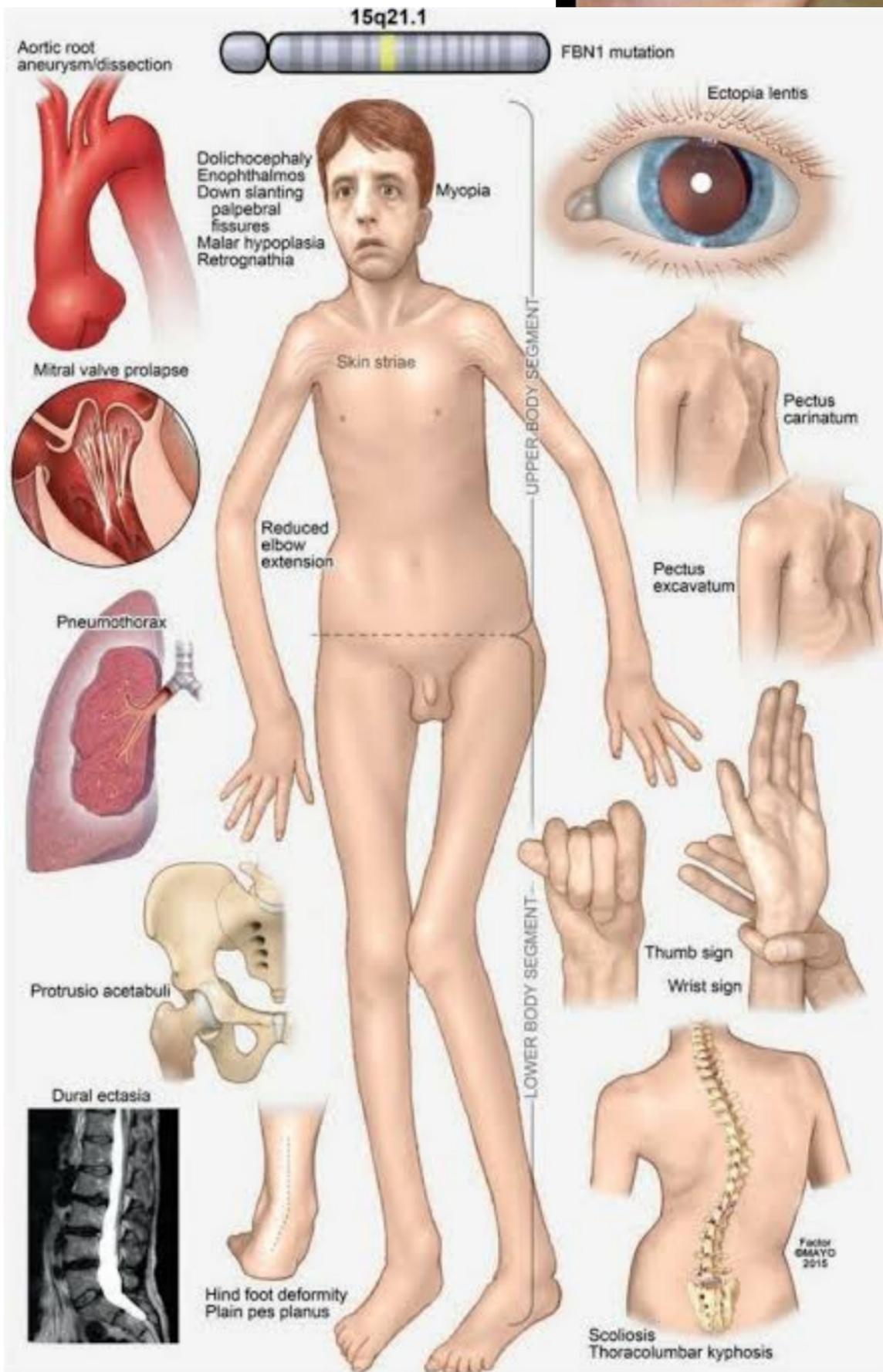
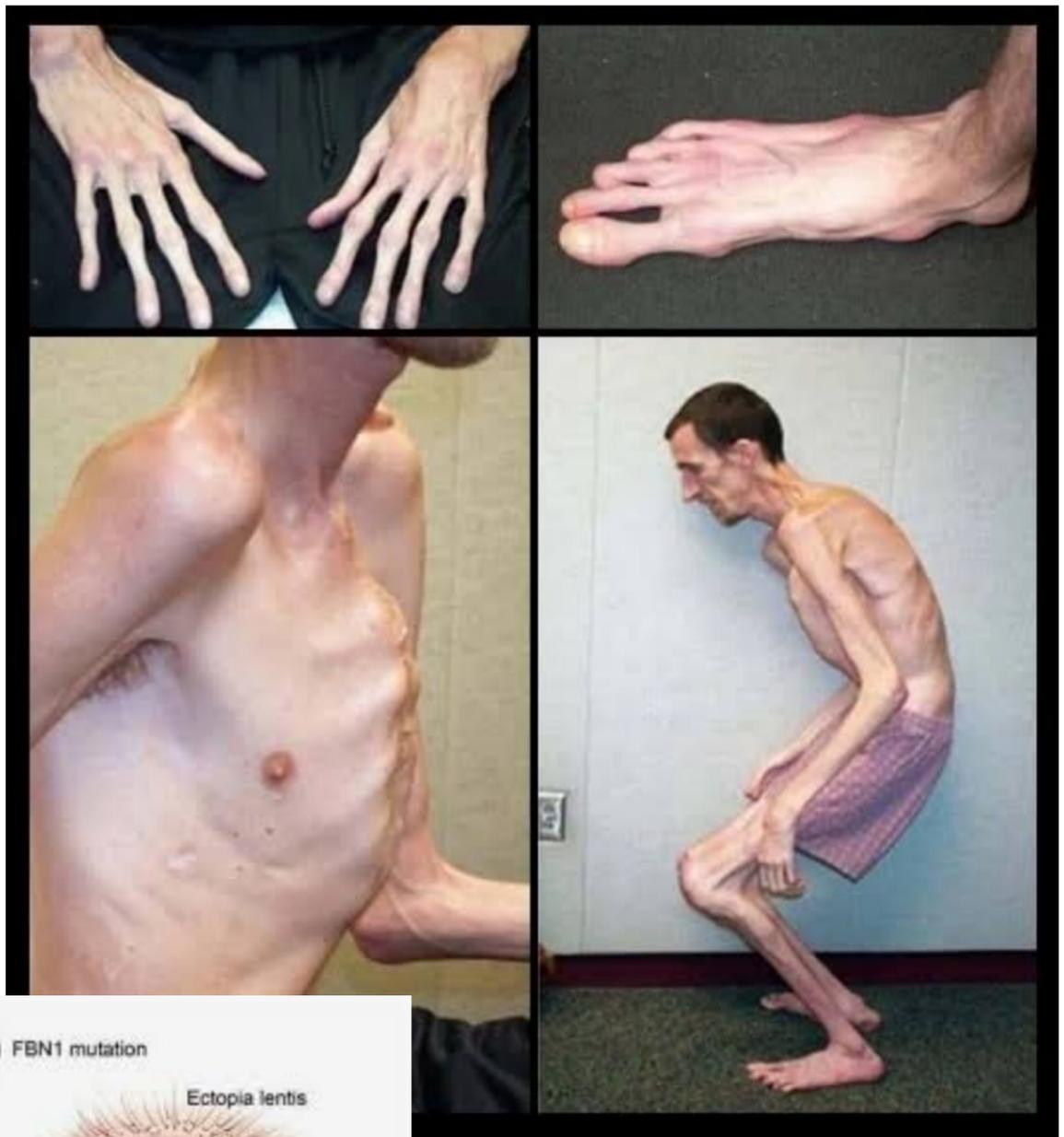
 *Behavior change before motor signs*

3 COGNITIVE DECLINE

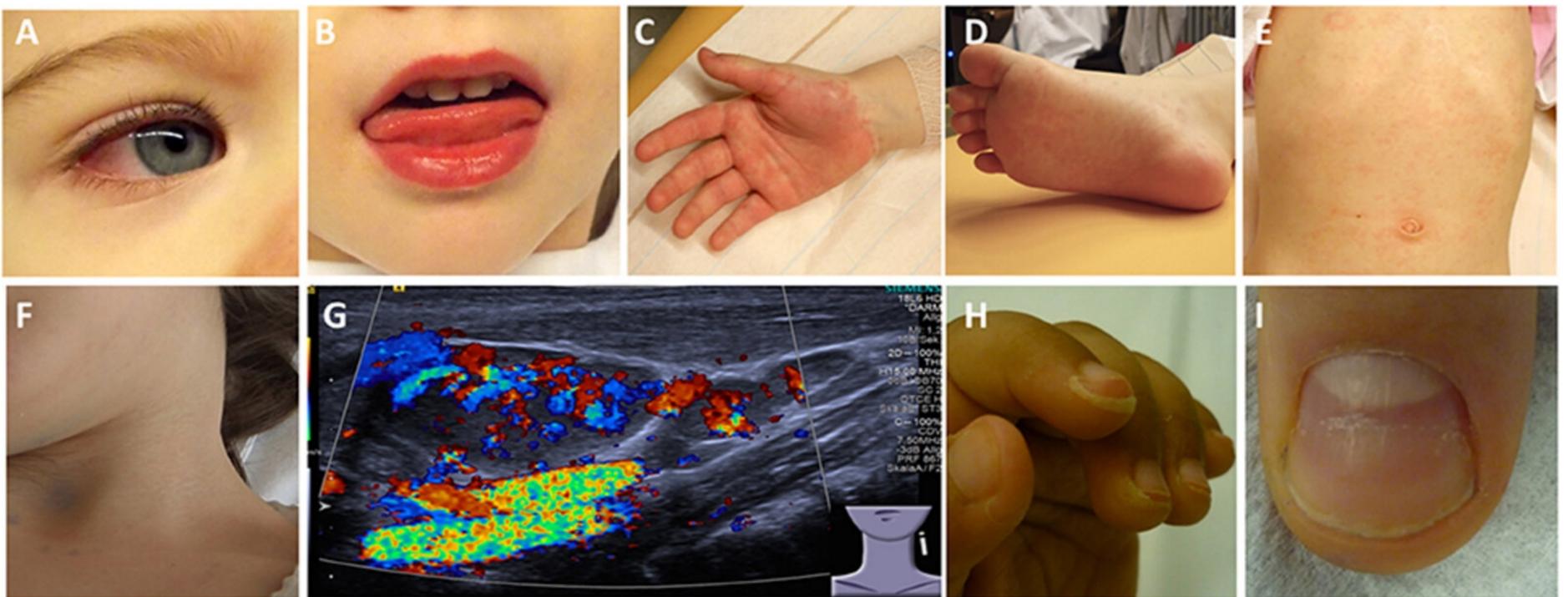
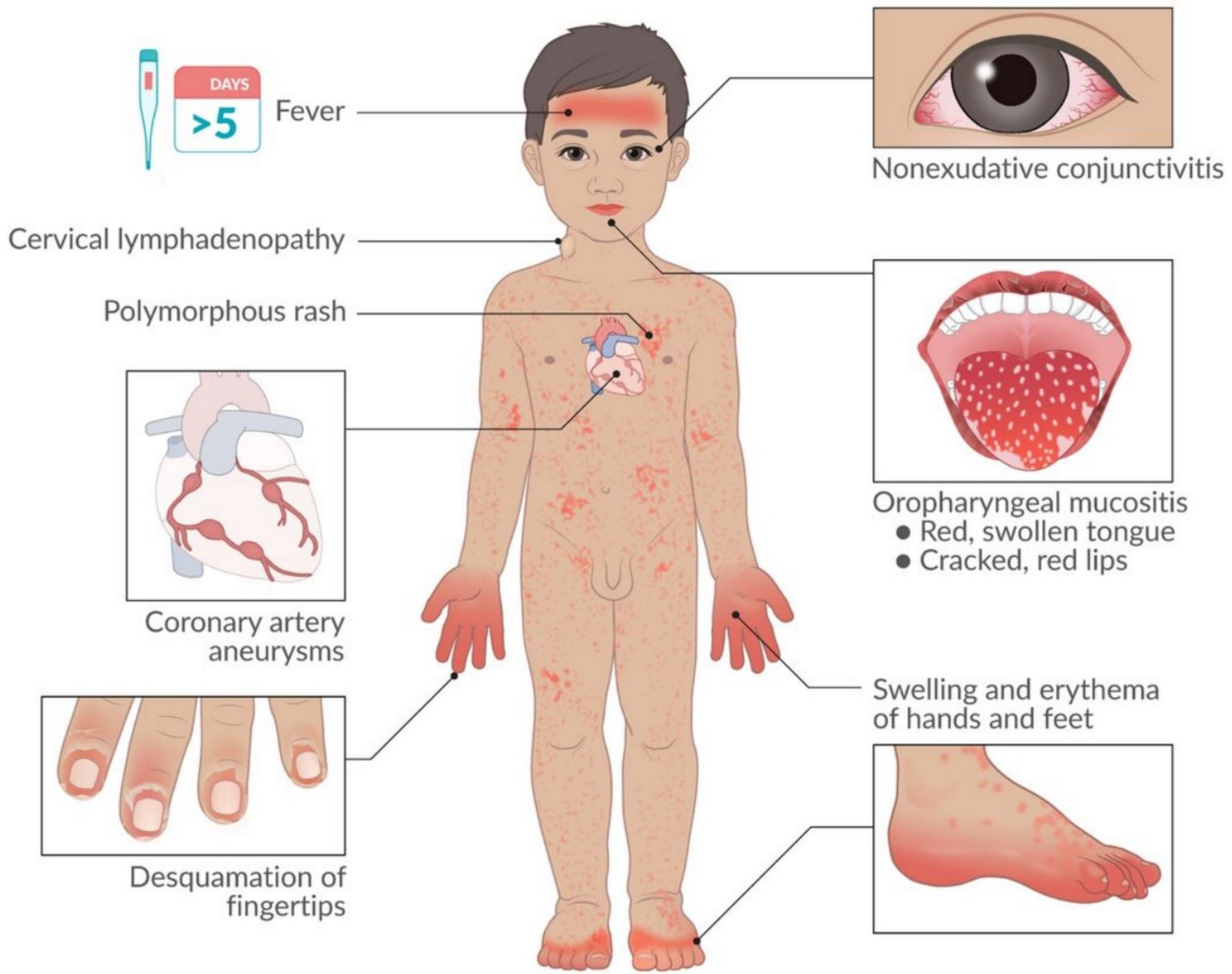
- Progressive dementia
- Poor executive function
- Memory impairment (later)

 *Young dementia + chorea*

MARFAN SYNDROME



Kawasaki Disease



1. Acetaminophen (Paracetamol) Poisoning

Typical Presentation (often staged)

Early (0–24 hrs):

- Nausea, vomiting
- Diaphoresis
- Pallor
- Mild abdominal discomfort
- Patient may appear relatively well (⚠️ deceptive)

24–72 hrs:

- Right upper quadrant pain
- Hepatomegaly
- Rising AST/ALT (often >1000 IU/L)
- Prolonged PT/INR

72–96 hrs (severe cases):

- Acute liver failure
- Jaundice
- Hypoglycemia
- Encephalopathy
- Bleeding tendency

MCQ Clues

- Overdose + initial mild symptoms
- Massive transaminase elevation
- Rumack–Matthew nomogram
- Antidote: N-acetylcysteine (NAC)



2. Amphetamine Toxicity

Typical Presentation (Sympathomimetic toxidrome)

- Agitation, anxiety
- **Hyperactivity**
- **Dilated pupils (mydriasis)**
- Tachycardia, hypertension
- Hyperthermia
- Sweating
- Insomnia
- Bruxism (teeth grinding)

Severe Features

- Seizures
- Rhabdomyolysis
- Psychosis
- Arrhythmias

MCQ Clues

- Young patient, party drug
 - **Excited, hyperthermic, dilated pupils**
 - No respiratory depression
 - Treated with **benzodiazepines** (not beta blockers)
-

3. Cocaine Toxicity

Typical Presentation

- Euphoria → agitation
- **Severe hypertension**
- Tachycardia
- Chest pain
- Hyperthermia
- Dilated pupils

Key Complications

- Myocardial infarction (even in young patients)
- Stroke
- Seizures
- Aortic dissection

MCQ Clues

- Chest pain + normal coronary arteries
- Nasal septum perforation (chronic use)
- **Do NOT use beta blockers**
- Treated with **benzodiazepines + nitrates**

4. Benzodiazepine Overdose

Typical Presentation

- CNS depression
- Drowsiness
- Slurred speech
- Ataxia
- Confusion

What is NOT prominent

- No respiratory depression (unless combined with alcohol/opioids)
- No significant hypotension

MCQ Clues

- Calm, sleepy patient
- Normal vital signs
- Flumazenil is antidote (⚠ avoid in chronic users → seizures)

5. Organophosphate Poisoning

Classic Cholinergic Toxidrome

Remember **DUMBBELSS / SLUDGE**

- Diarrhea
- Urination
- Miosis (pinpoint pupils)
- Bronchospasm
- Bradycardia
- Emesis
- Lacrimation
- Sweating
- Salivation

Additional Features

- Muscle fasciculations
- Weakness
- Respiratory failure

MCQ Clues

- Farmer / pesticide exposure
 - **Pinpoint pupils + copious secretions**
 - Low acetylcholinesterase levels
 - Antidotes: **Atropine + Pralidoxime**
-

6. Carbon Monoxide (CO) Poisoning

Typical Presentation

- Headache
- Dizziness
- Nausea
- Fatigue
- Confusion

Severe Poisoning

- Syncope
- Seizures
- Coma
- Cardiac ischemia

MCQ Clues

- Fire exposure / faulty heater
- **Cherry-red skin** (rare but classic)
- **Normal PaO₂ but low O₂ saturation**
- Treated with **100% oxygen / hyperbaric O₂**

7. Ethanol (Alcohol) Intoxication

Acute Presentation

- Slurred speech
- Ataxia
- Disinhibition
- Nystagmus
- Confusion

Severe Intoxication

- Hypoglycemia
- Hypothermia
- Respiratory depression
- Coma

Chronic Alcohol Use

- Tremors
- Peripheral neuropathy
- Liver disease
- Wernicke encephalopathy (confusion, ataxia, ophthalmoplegia)

MCQ Clues

- Give thiamine before glucose
- Elevated AST > ALT (2:1 ratio)

8. Methanol Poisoning

Typical Presentation (Delayed 12–24 hrs)

- Headache
- Dizziness
- Nausea, vomiting
- **Visual disturbances** (“snowstorm vision”)
- Blurred vision → blindness

Labs

- **High anion gap metabolic acidosis**
- Elevated osmolar gap

MCQ Clues

- Homemade alcohol ingestion
- Severe acidosis + vision loss
- Antidotes: **Fomepizole or ethanol**
- Hemodialysis in severe cases

9. Snake Bite

General Presentation

- History of snake exposure
- Fang marks
- Local pain and swelling

Neurotoxic Snake (e.g. cobra, krait)

- Ptosis
- Diplopia
- Dysphagia
- Respiratory paralysis

Hemotoxic Snake (e.g. viper)

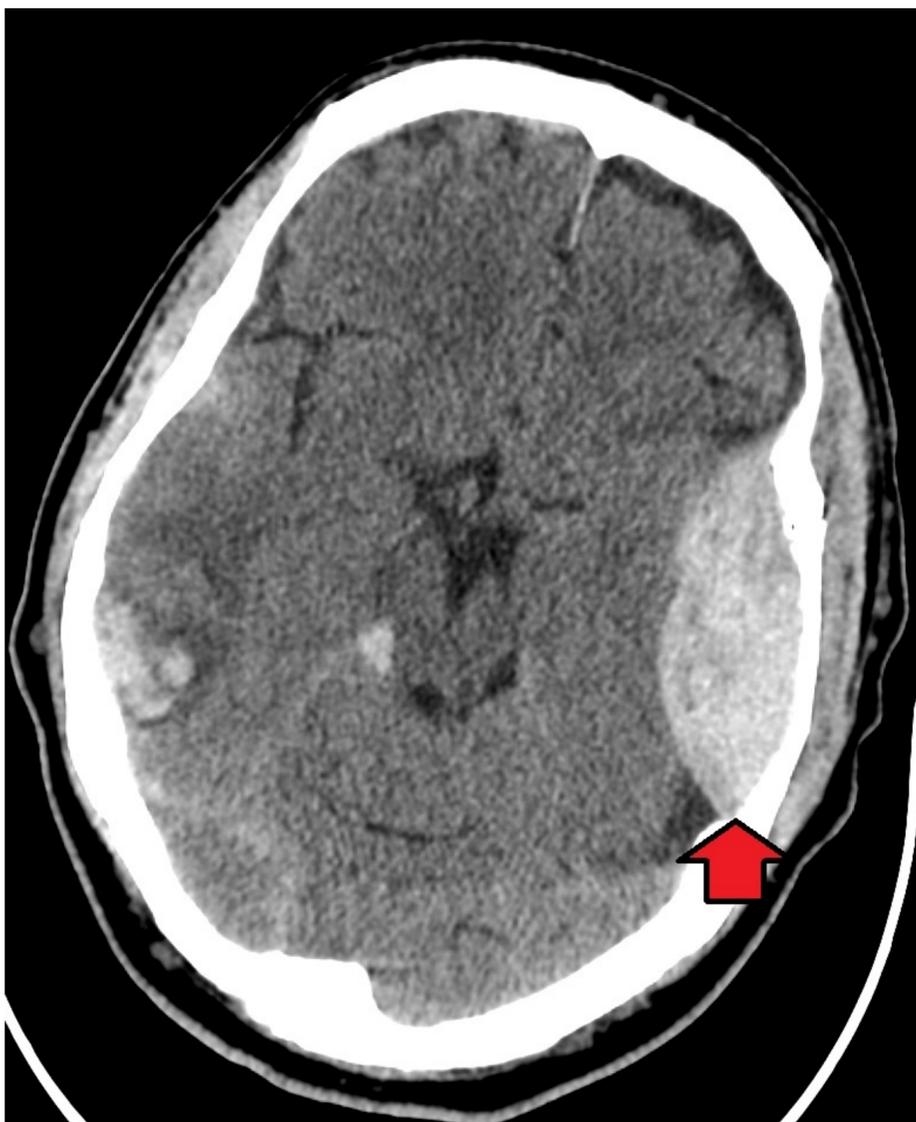
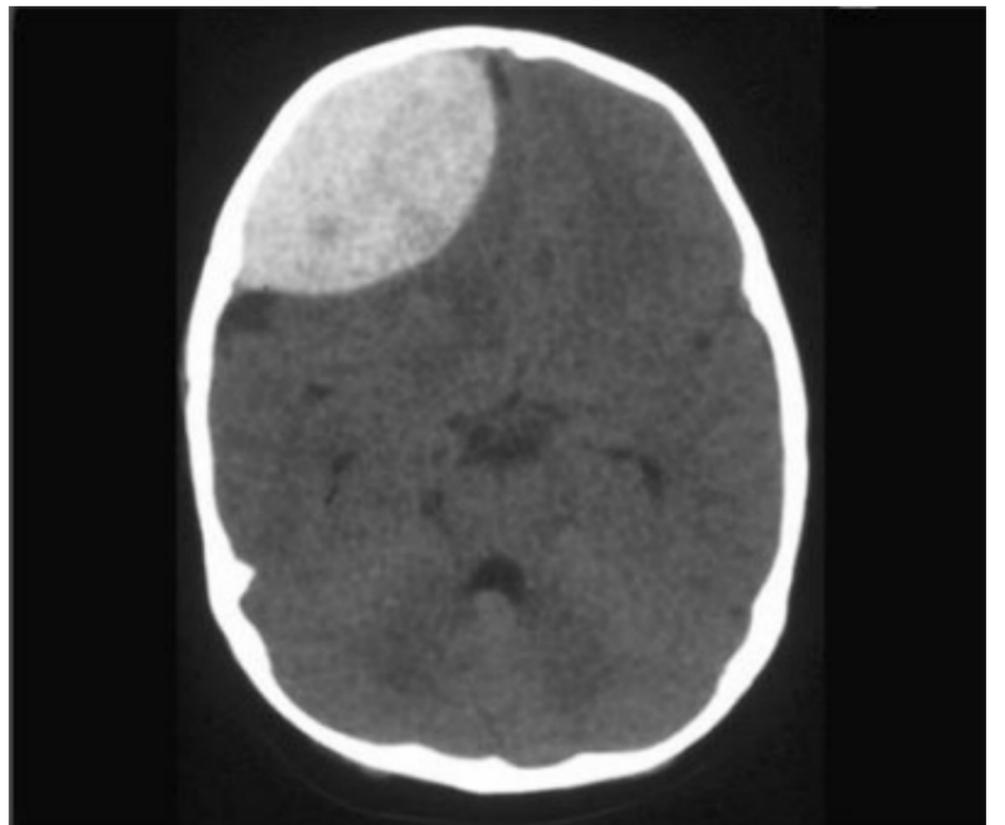
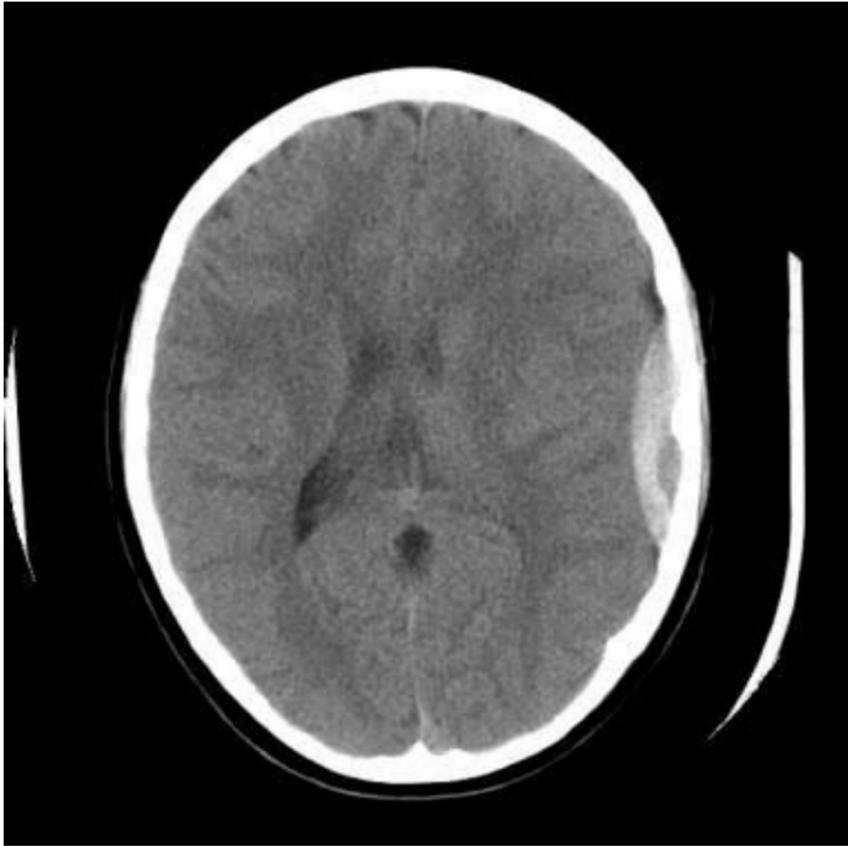
- Bleeding gums
- Hematuria
- Ecchymosis
- Prolonged clotting time (20-minute whole blood clotting test)

MCQ Clues

- Neuro signs → respiratory failure
- Bleeding → coagulopathy
- Treatment: Polyvalent anti-snake venom (ASV)

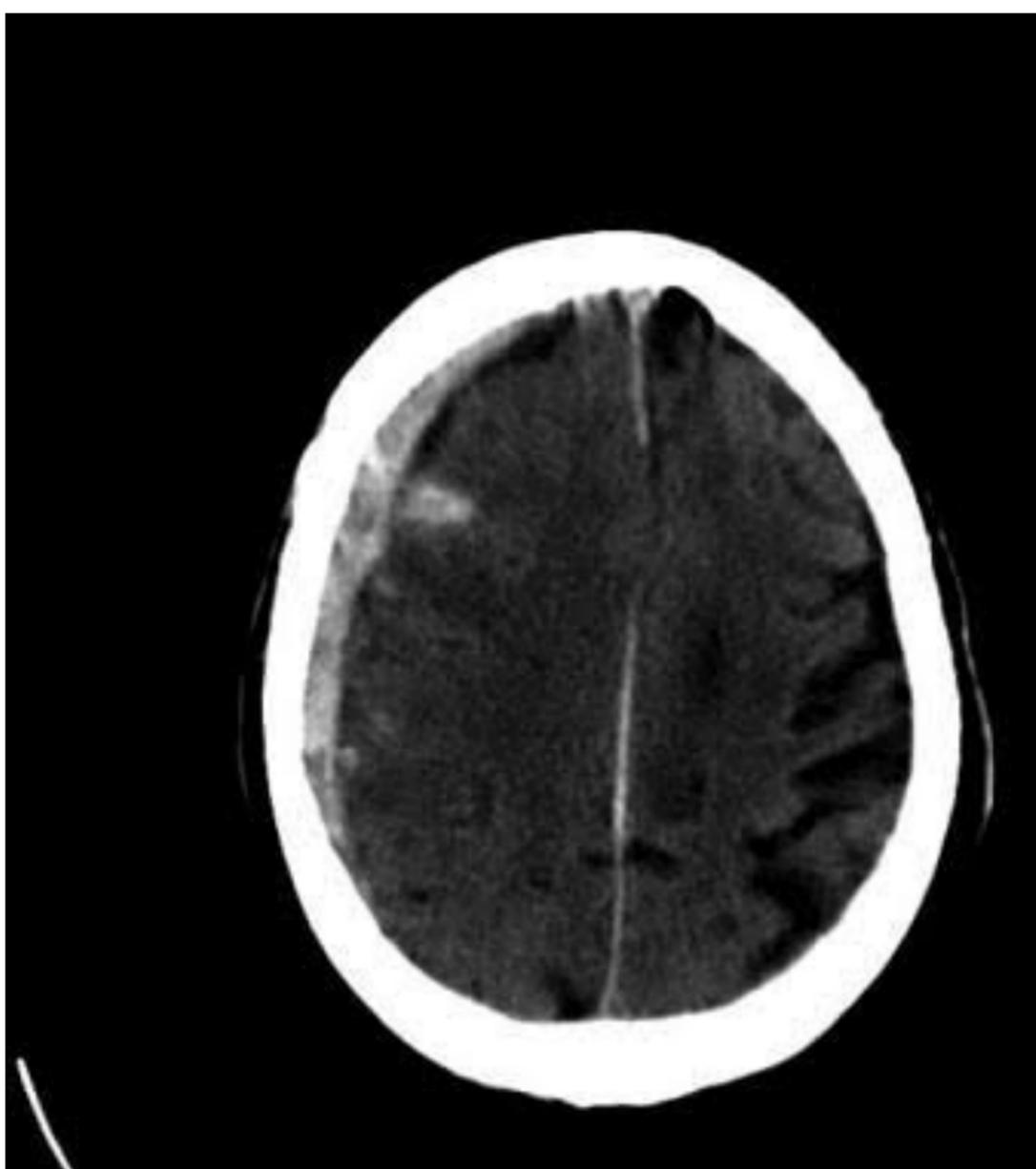
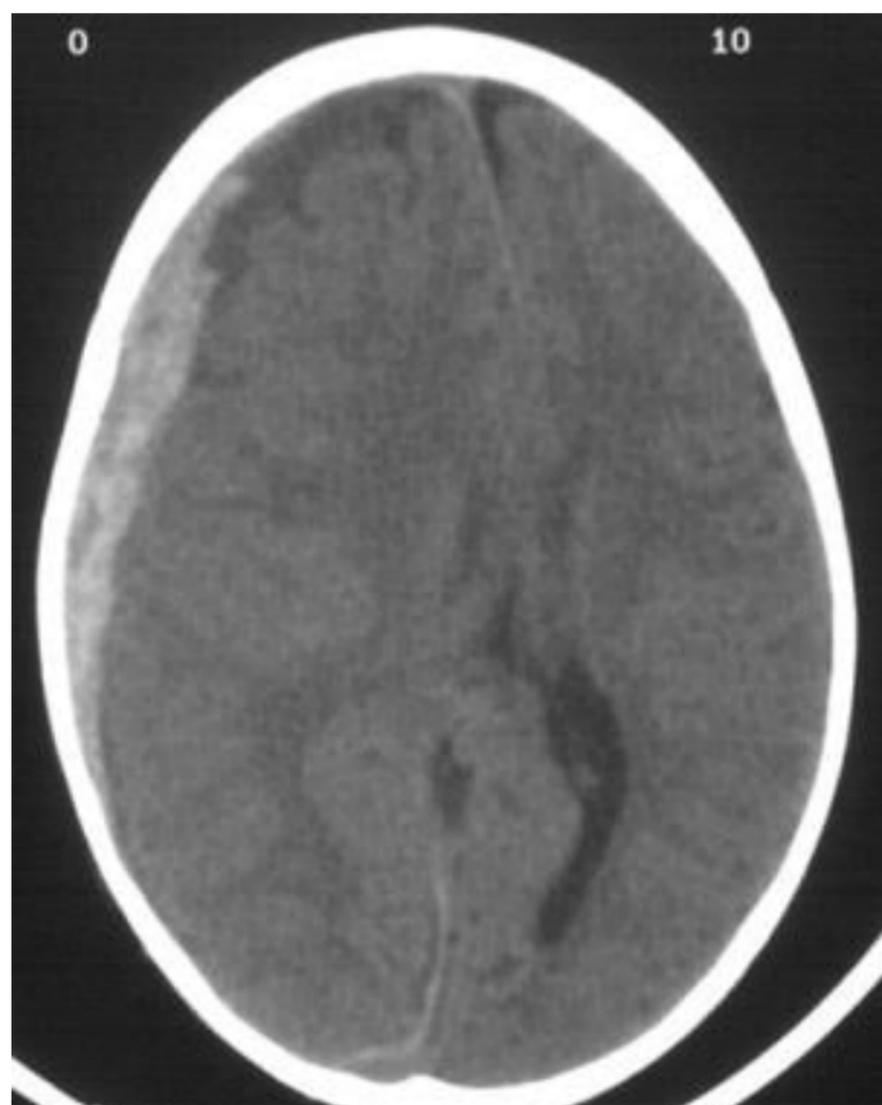
EPIDURAL HEMATOMA

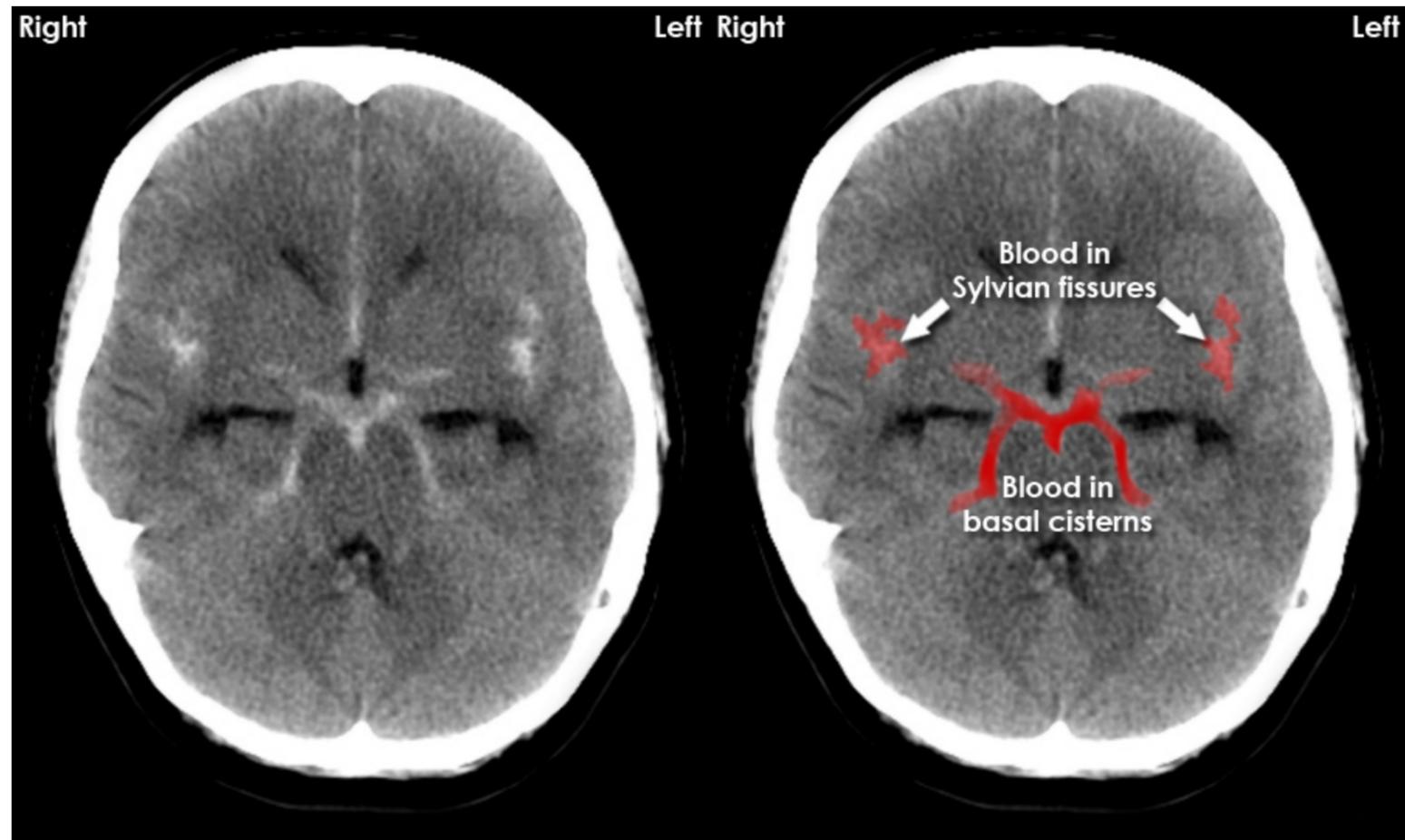
* CT shows lentiform (biconvex), hyperdense collection bw skull and brain



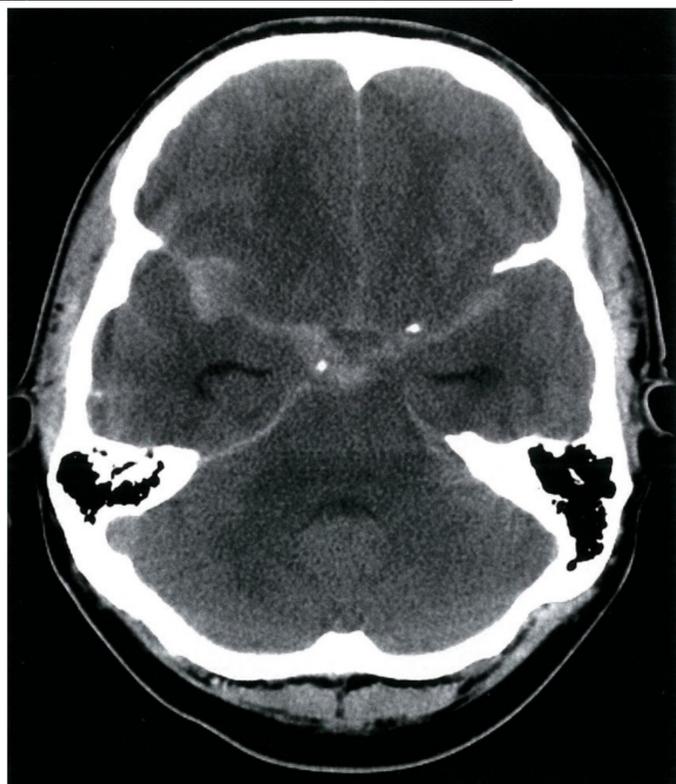
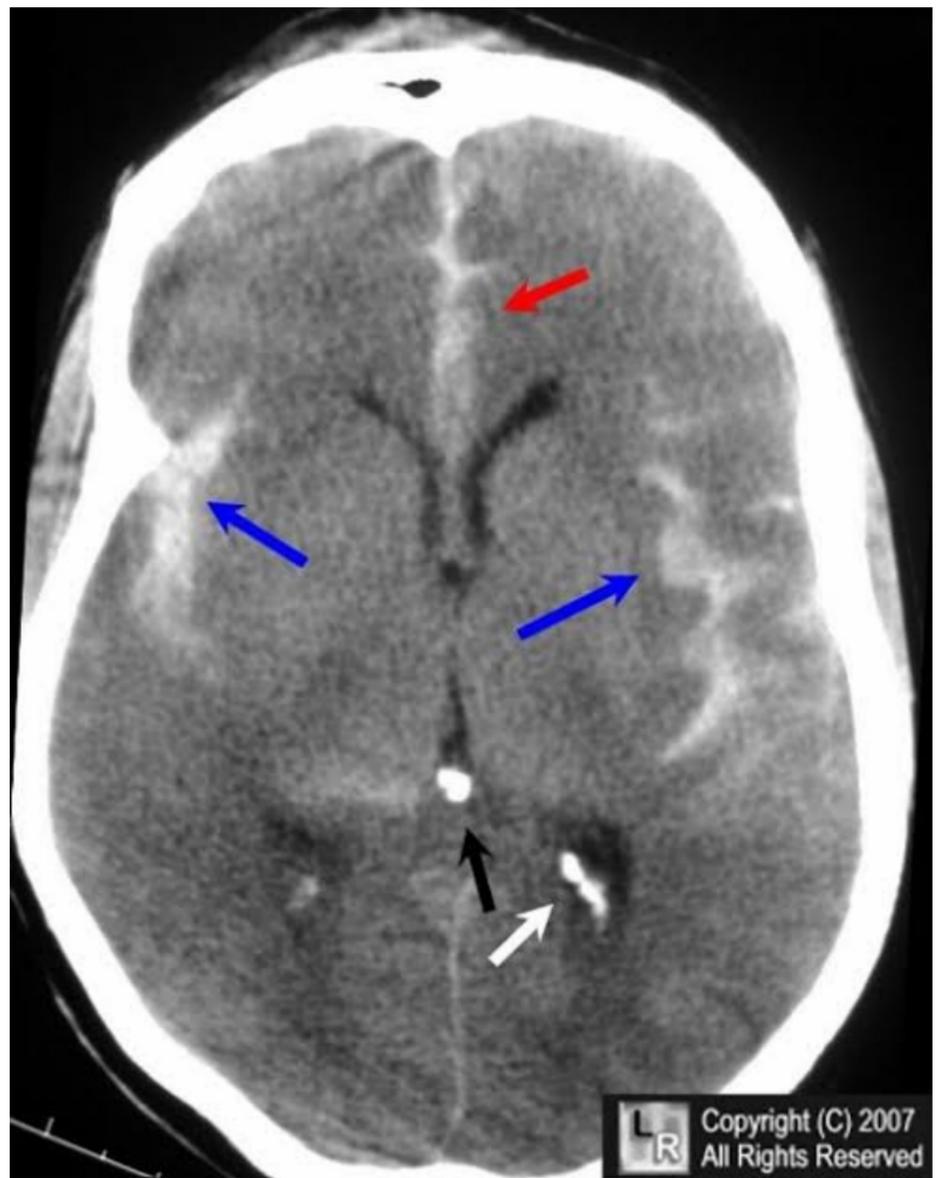
Subdural Hematoma

CT shows diffuse and concave
Crescent shaped hyperdense collection

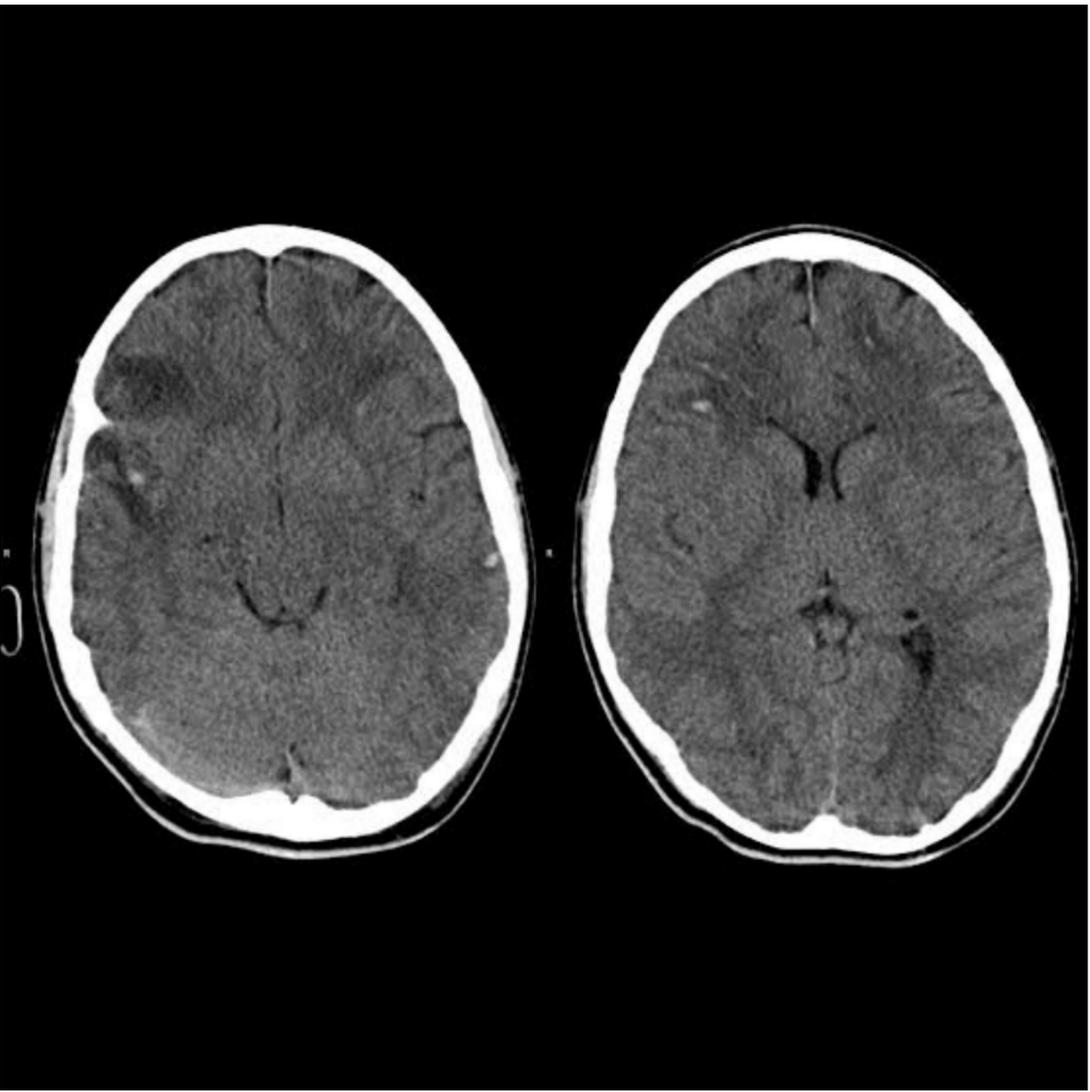
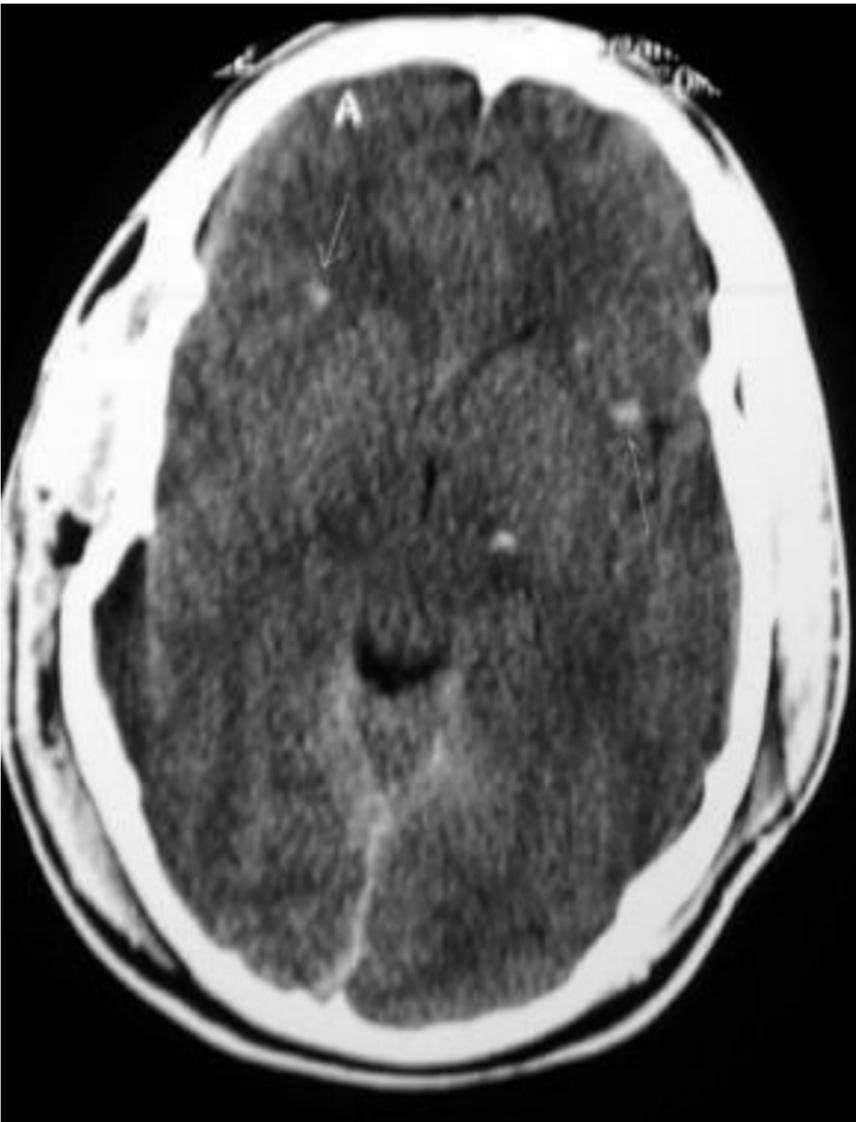




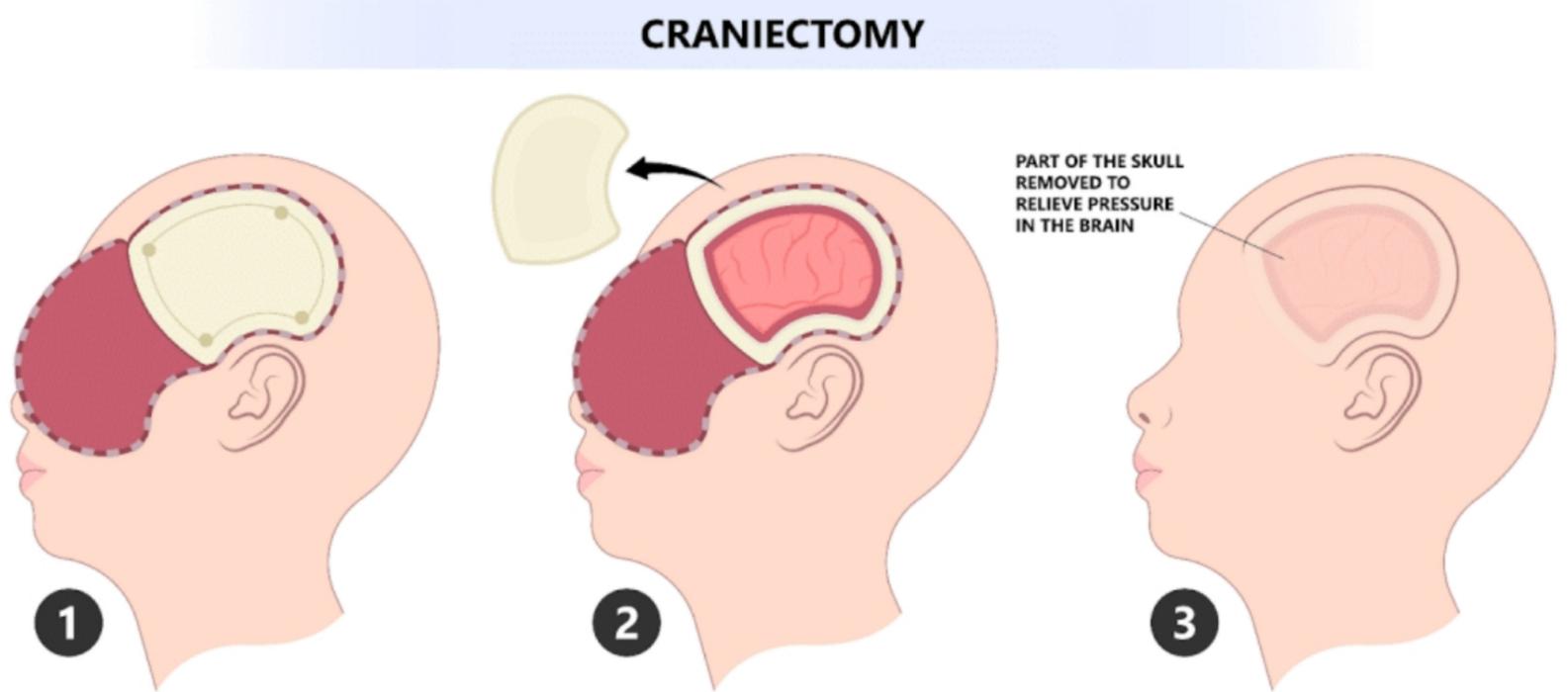
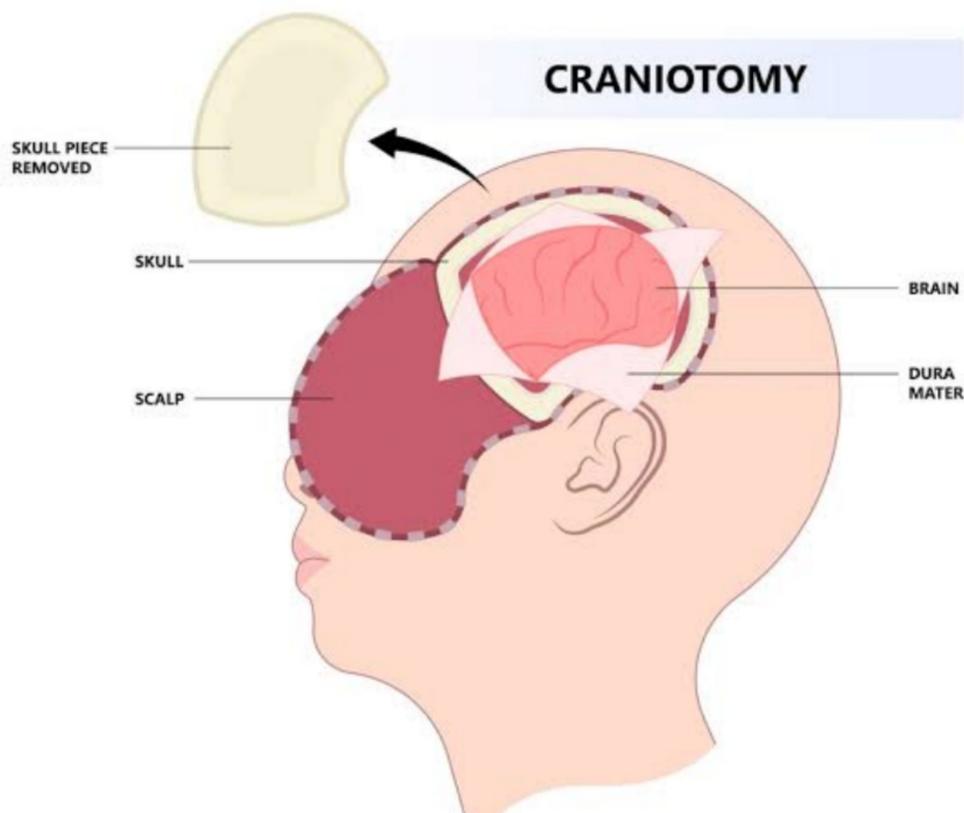
Subarachnoid Hemorrhage



Diffuse Axonal Injury CT



Punctate hemorrhage in corpus callosum and brainstem



The Difference Between Craniotomy and Craniectomy

Craniotomy



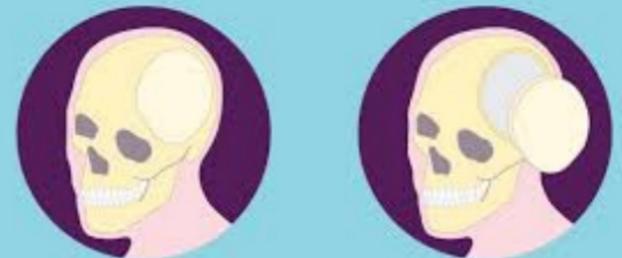
Usually the first part of further brain surgery

The bone flap is temporarily removed



It's later returned to the skull after surgery

Craniectomy

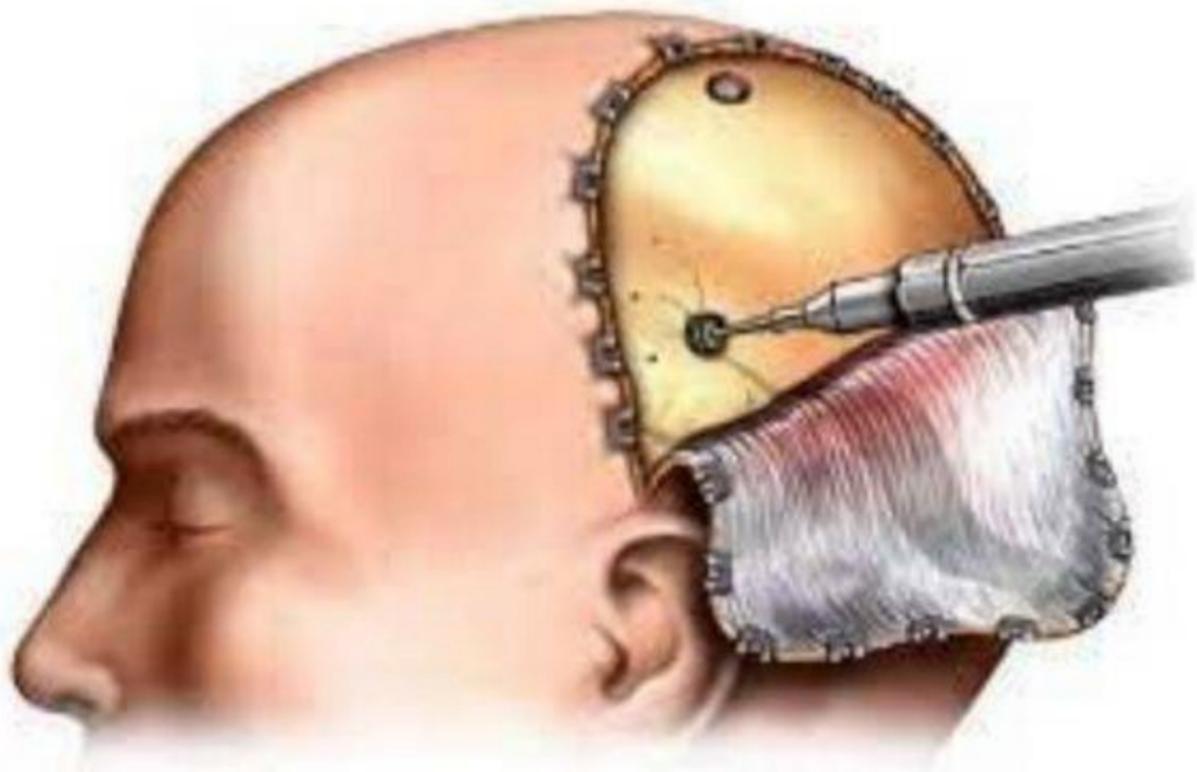
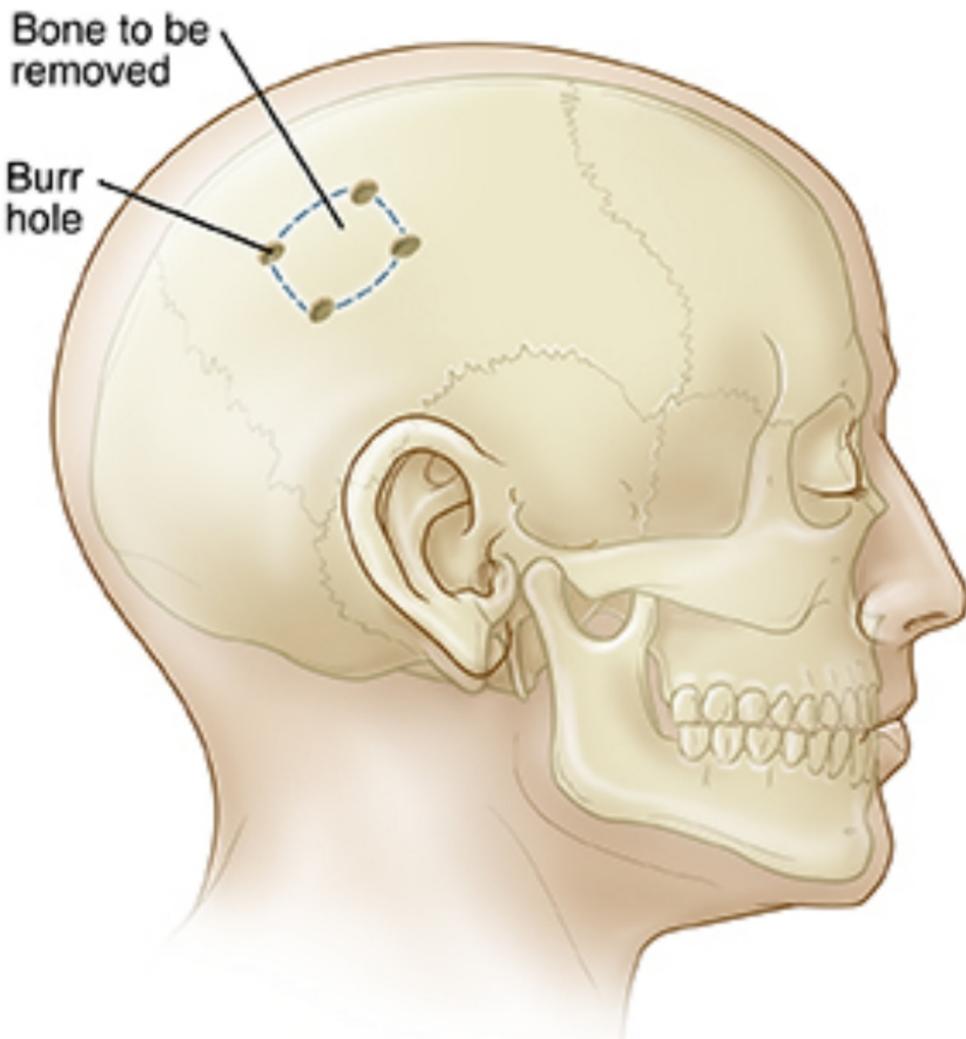


Often performed to relieve pressure on the brain

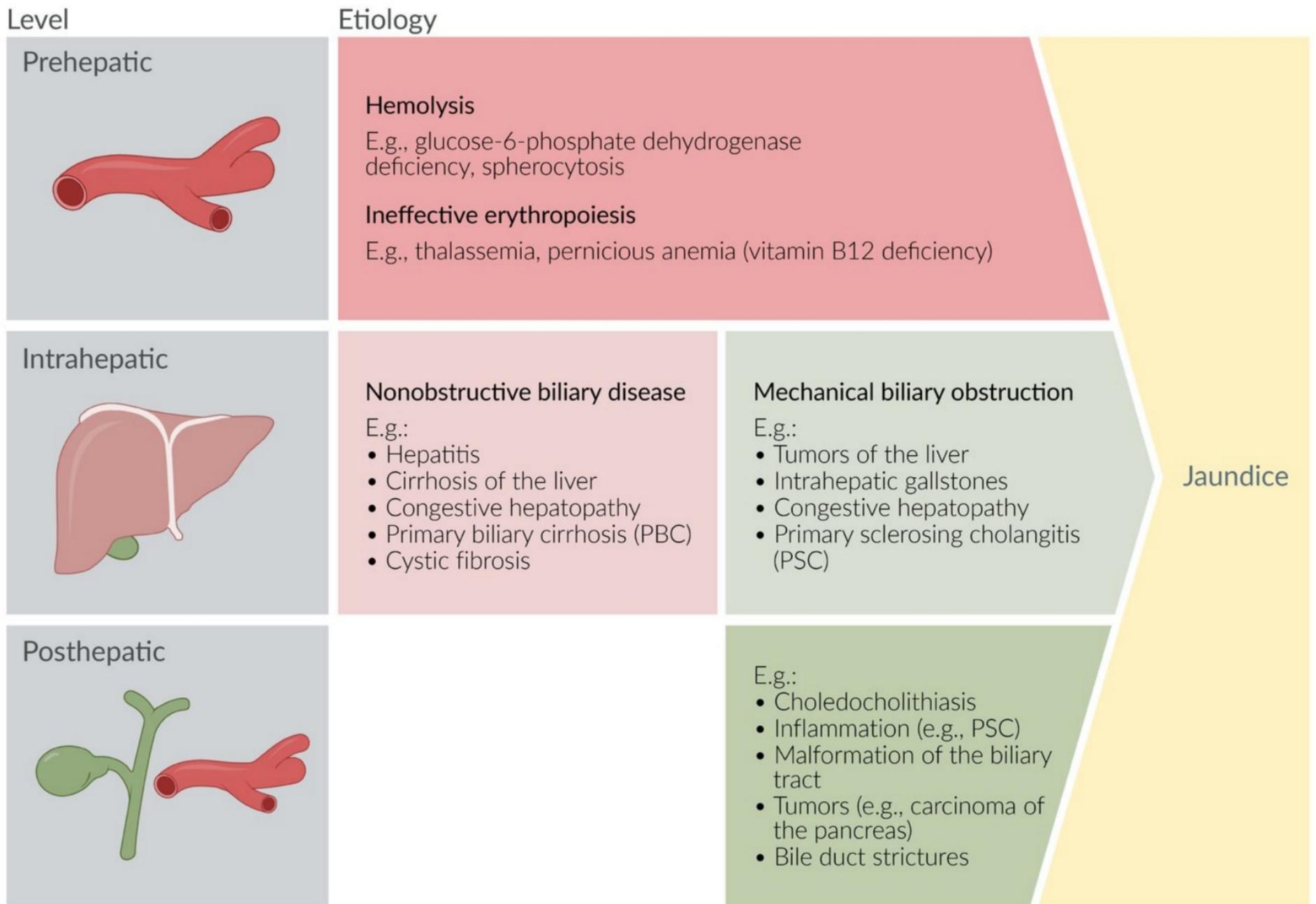
The bone flap is surgically removed



It's not immediately put back after surgery



Jaundice



CIRRHOSIS

1. General / Early Presentations

Typical stem:

A middle-aged patient with chronic liver disease presents with...

- Fatigue, weakness
 - Anorexia, weight loss
 - Nausea
 - Right upper quadrant discomfort
 - **Jaundice**
 - Pruritus (esp. cholestatic component)
-

2. Portal Hypertension Presentations (VERY COMMON MCQs)

A. Ascites

- Progressive abdominal distension
- Shifting dullness, fluid thrill
- **Low serum albumin**
- High SAAG (>1.1 g/dL)

MCQ clue:

Cirrhotic patient with abdominal distension and dilated abdominal veins

B. Variceal Bleeding

- **Hematemesis / melena**
- Hypotension, shock
- History of chronic alcohol use or hepatitis

Key association:

- Esophageal varices due to portal hypertension
-

C. Splenomegaly & Hypersplenism

- Enlarged spleen
- **Pancytopenia** (↓ platelets first)

MCQ clue:

Cirrhosis with thrombocytopenia but normal bone marrow

3. Hepatic Encephalopathy (VERY HIGH-YIELD)

Typical presentation:

- Confusion, personality change
- Sleep reversal
- Asterixis (flapping tremor)
- Coma in severe cases

Precipitating factors often tested:

- GI bleed
 - Infection
 - Constipation
 - Hypokalemia
 - High protein intake
-

4. Stigmata of Chronic Liver Disease (Classic MCQ Triggers)

Look for multiple signs together:

- Spider angiomas
- Palmar erythema
- **Gynecomastia**
- Testicular atrophy
- Loss of body hair
- Caput medusae
- Clubbing
- Leukonychia

MCQ stem:

Male patient with gynecomastia, spider nevi, ascites

5. Coagulopathy & Bleeding Tendency

- Easy bruising
- Epistaxis
- GI bleeding
- **Prolonged PT/INR**

Why:

- ↓ clotting factor synthesis
-

6. Hepatorenal Syndrome

Classic presentation:

- Cirrhosis + ascites
- Progressive renal failure
- **Low urine sodium**
- No improvement with fluids

MCQ clue:

Renal failure in cirrhotic patient with normal kidneys

7. Spontaneous Bacterial Peritonitis (SBP)

Typical stem:

- Cirrhosis with ascites
- Fever
- Abdominal pain
- Worsening encephalopathy

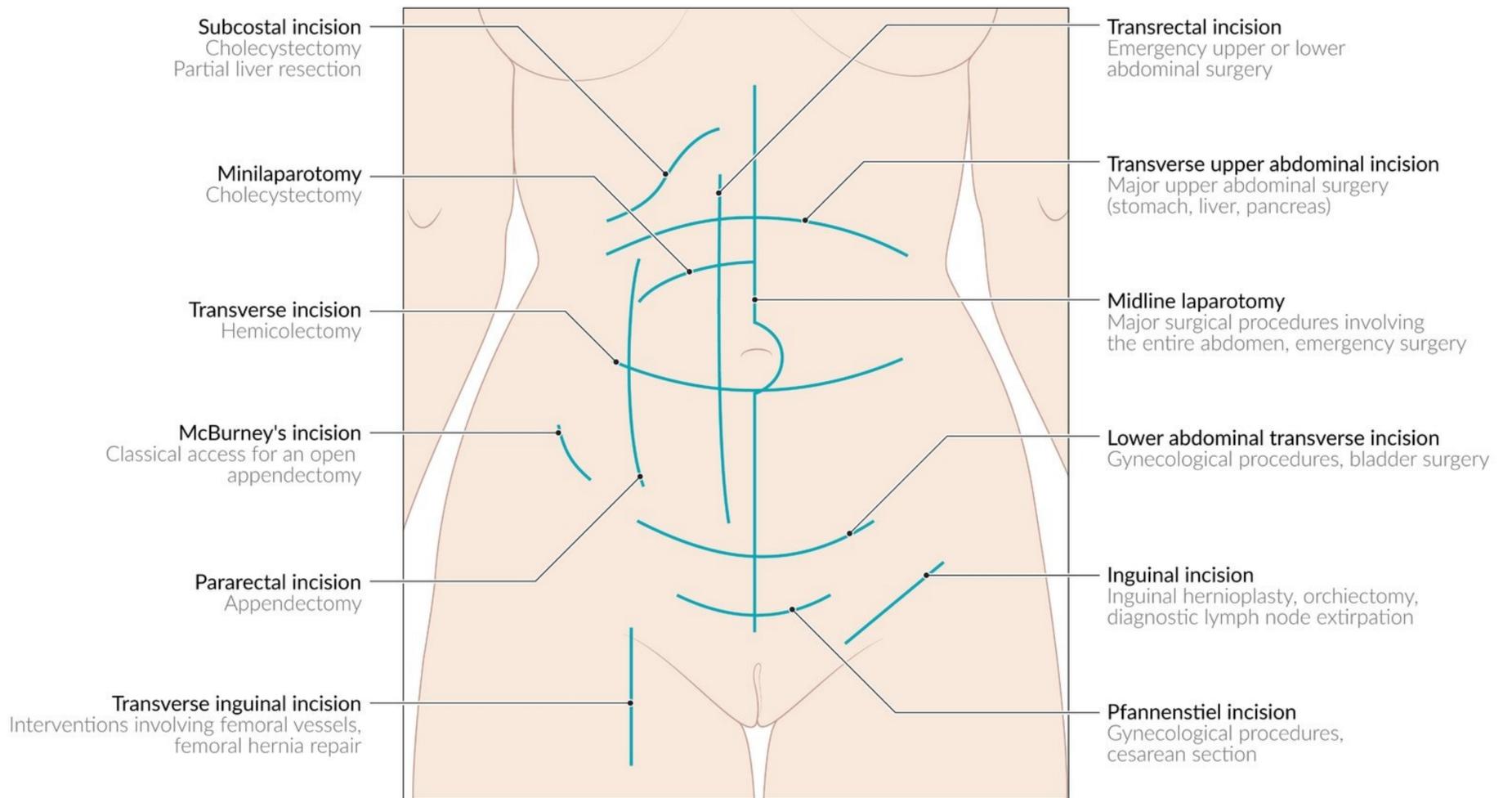
Diagnosis:

- Ascitic fluid neutrophils $\geq 250/\text{mm}^3$

8. Lab Pattern MCQs

Common lab findings:

- ↓ Albumin
 - ↑ Bilirubin
 - ↑ INR / PT
 - ↑ AST & ALT (AST > ALT in alcoholic cirrhosis)
 - ↑ ALP (if cholestatic)
 - ↓ Platelets
-



Acute Appendicitis

Epidemiology

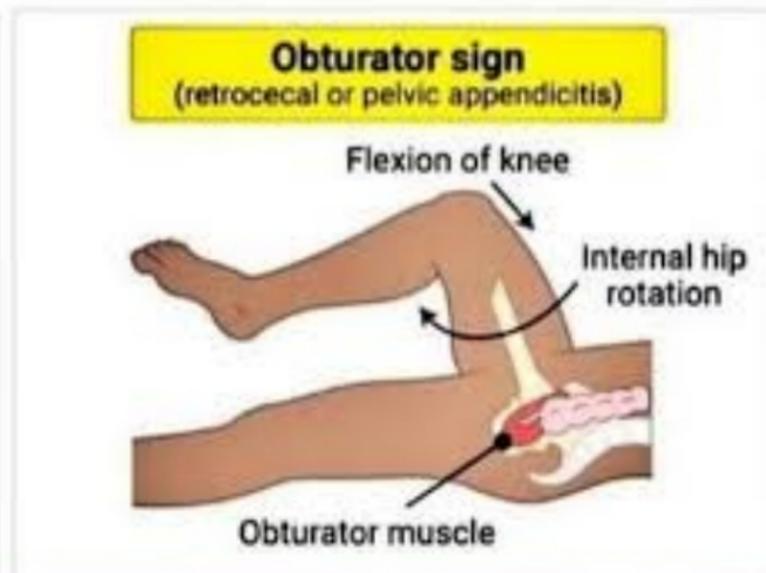
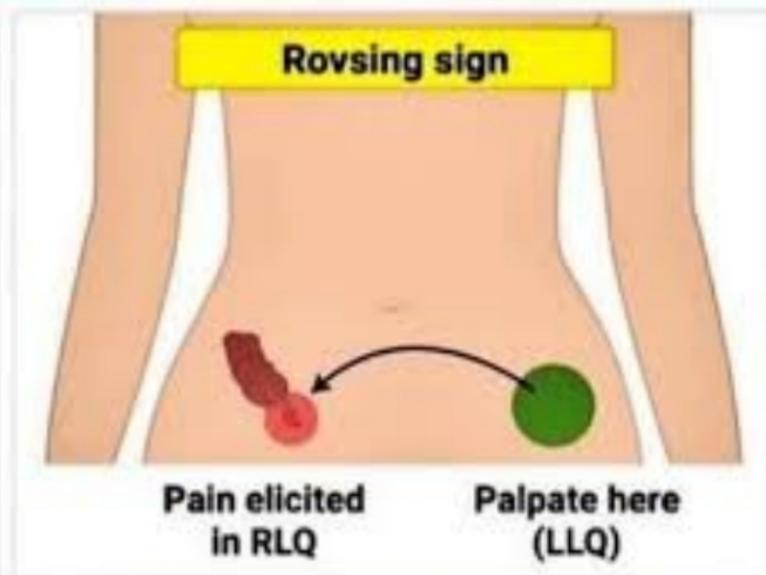
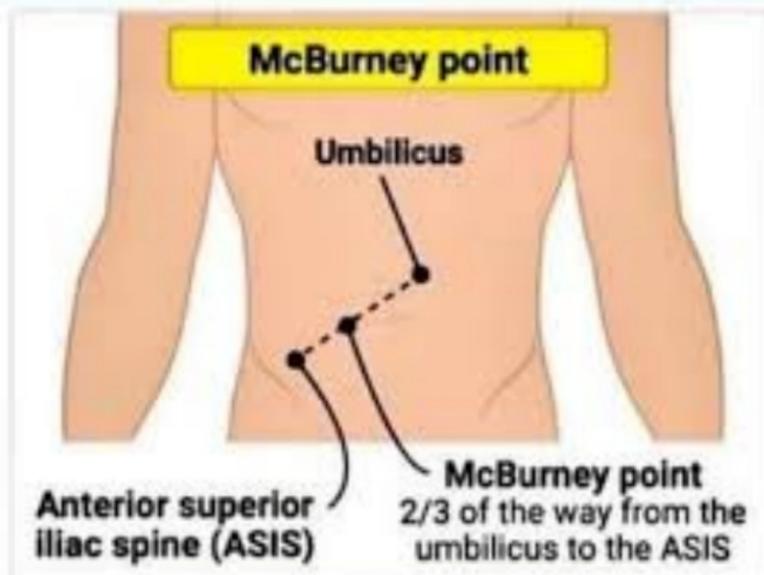
- Most common in 10- to 19-year-old group
- More common in boys and men

Clinical

- Right lower quadrant abdominal pain
- Anorexia
- Nausea and vomiting
- Periumbilical pain that migrates to RLQ
- Fever

Atypical features

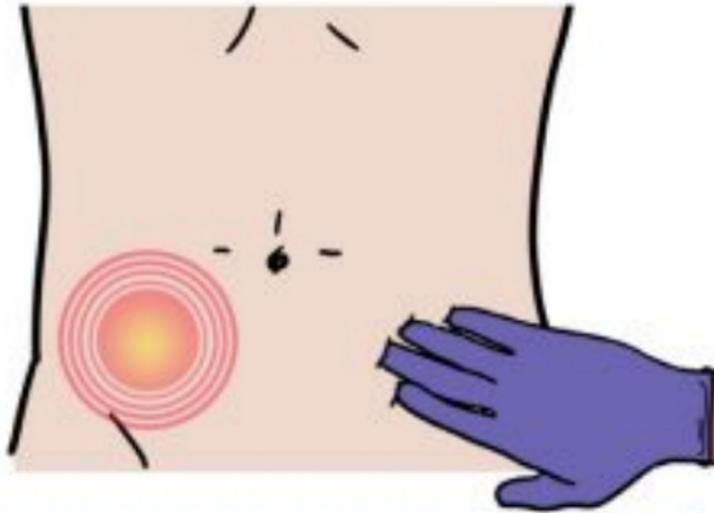
- Dyspepsia
- Flatulence
- Bowel irregularity
- Diarrhea
- Generalized malaise



Management

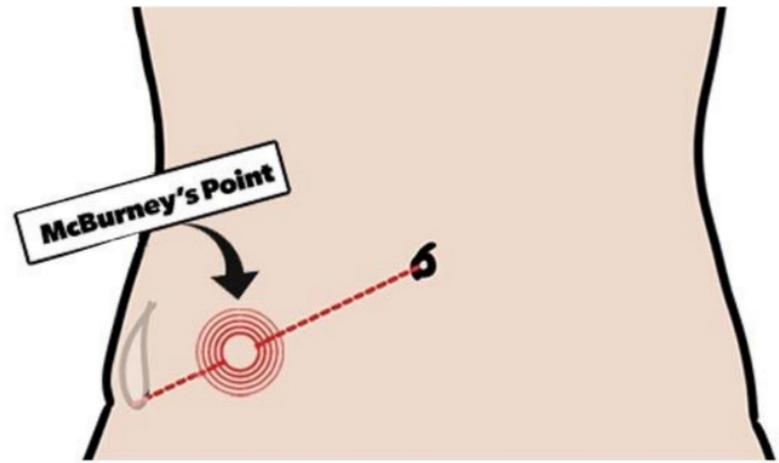
- Appendectomy
- Antibiotics only (reserved for cases of nonperforated, uncomplicated appendicitis)

Rovsing's Sign



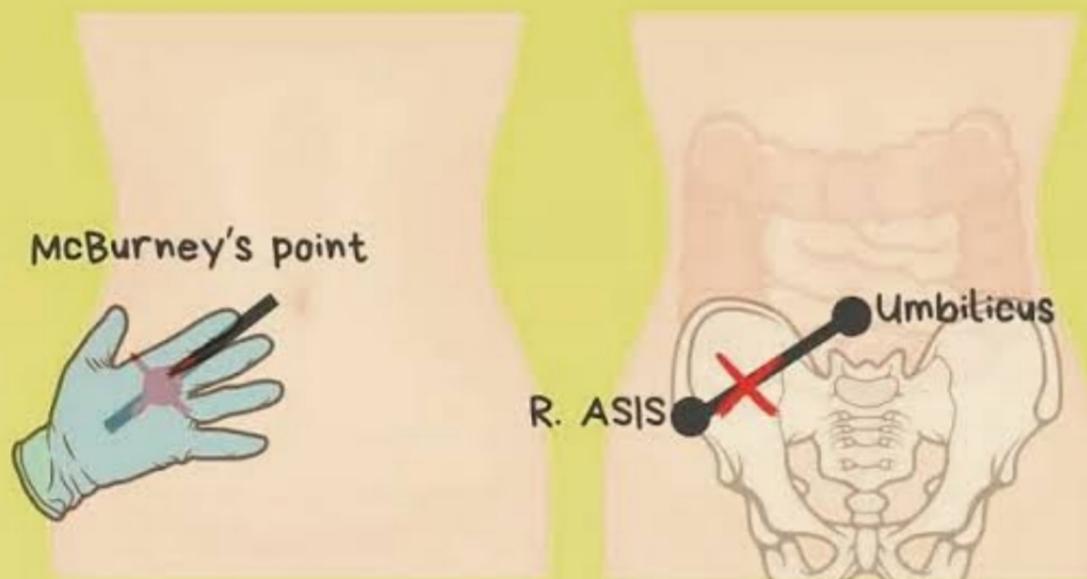
A positive Rovsing's sign is when there is tenderness in the RLQ when palpating the LLQ
This could also mean **appendicitis**

McBurney's Sign



A positive Mcburney's sign is when significant pain is elicited by palpating this area in the RLQ.
This could mean appendicitis.

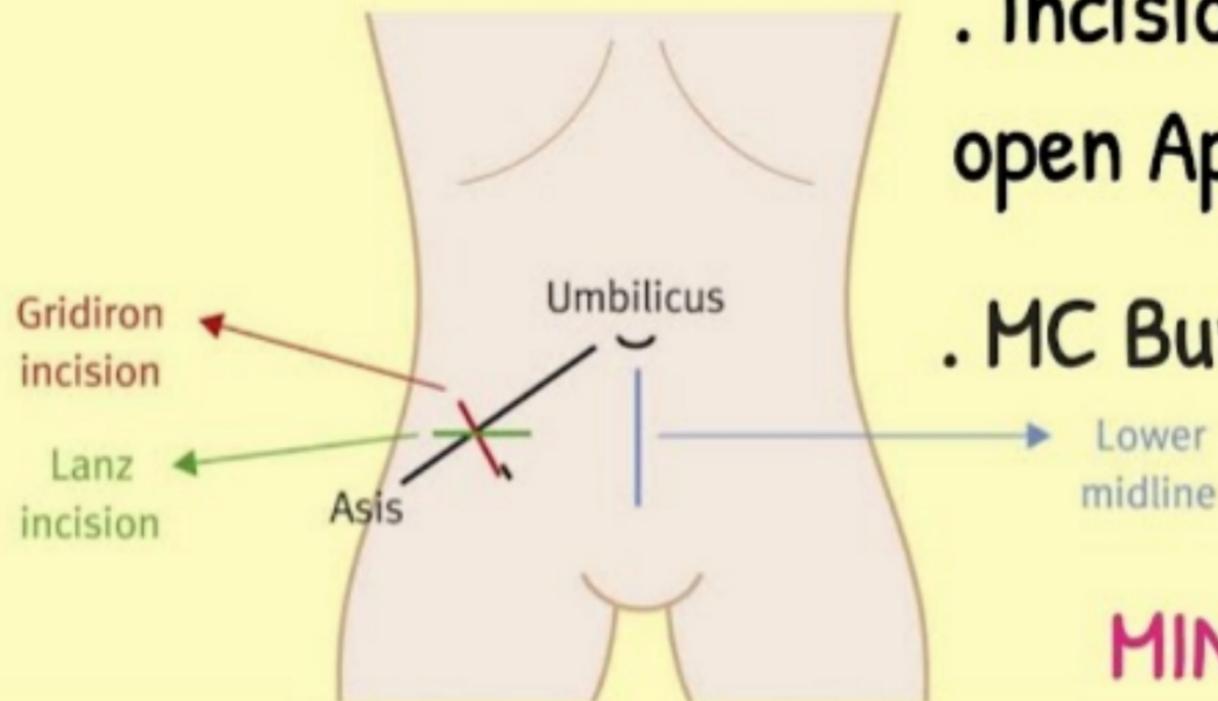
REBOUND TENDERNESS



Locate McBurney's point which is a point 3/4 away from the umbilicus to the R. ASIS in the lower right quadrant to locate the position of the appendix.

A positive finding is when rebound tenderness is felt when pressed upon this point and released quickly.

Incisions for open appendectomy

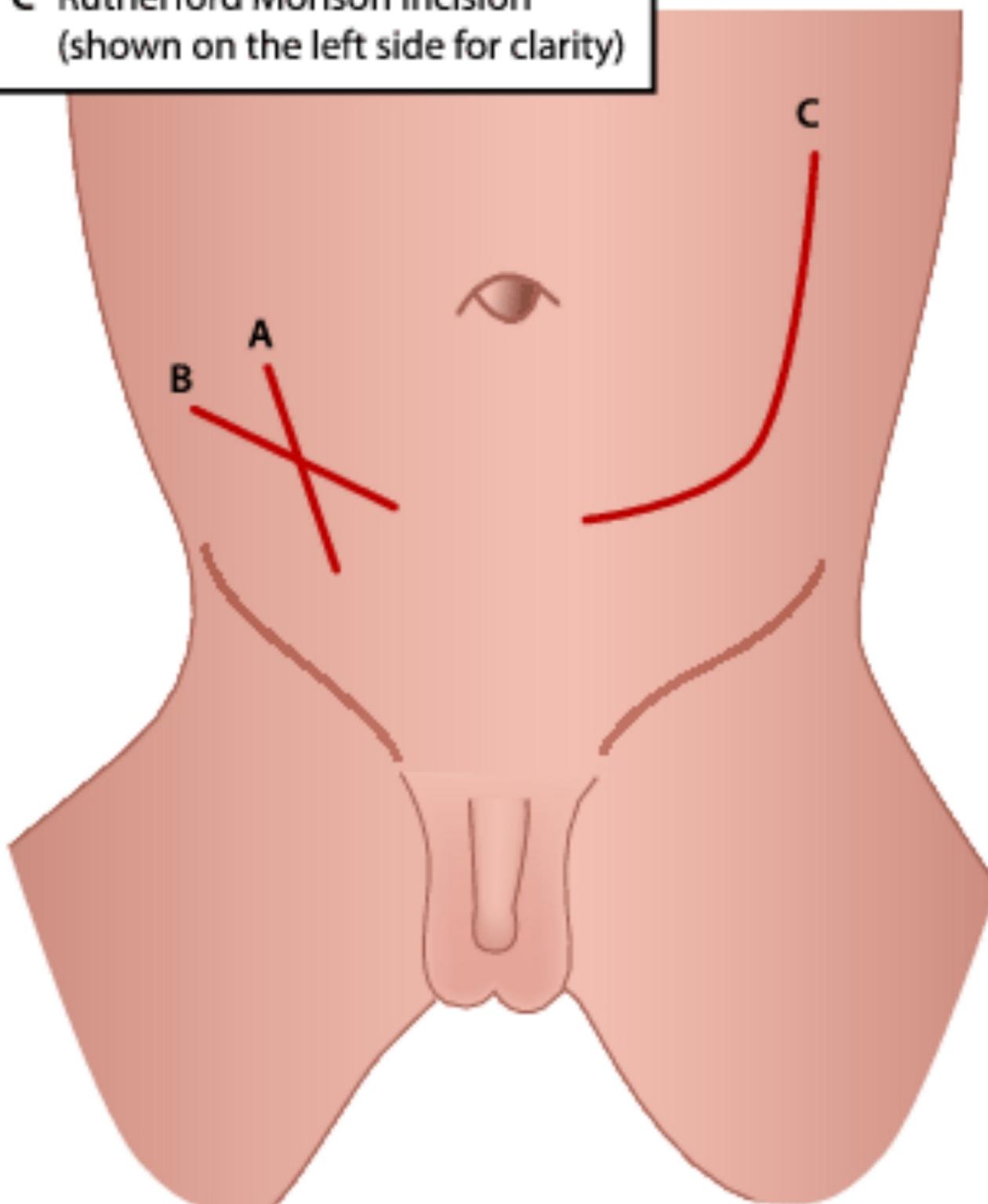


. Incisions for open Appendectomy

. MC Burney's point

MINI MEDICOS

- A Grid-iron incision
- B Lanz incision
- C Rutherford Morison incision (shown on the left side for clarity)

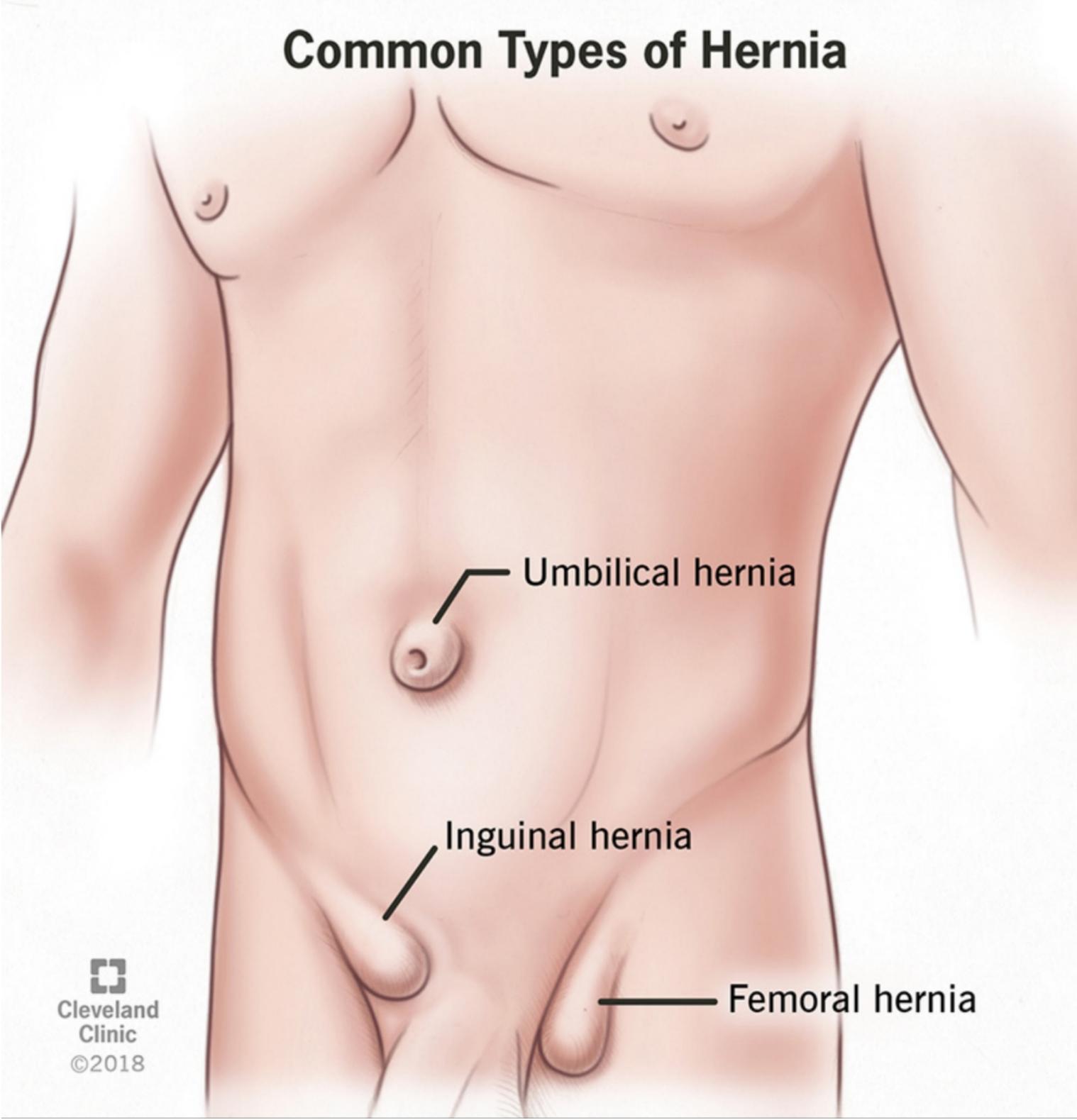


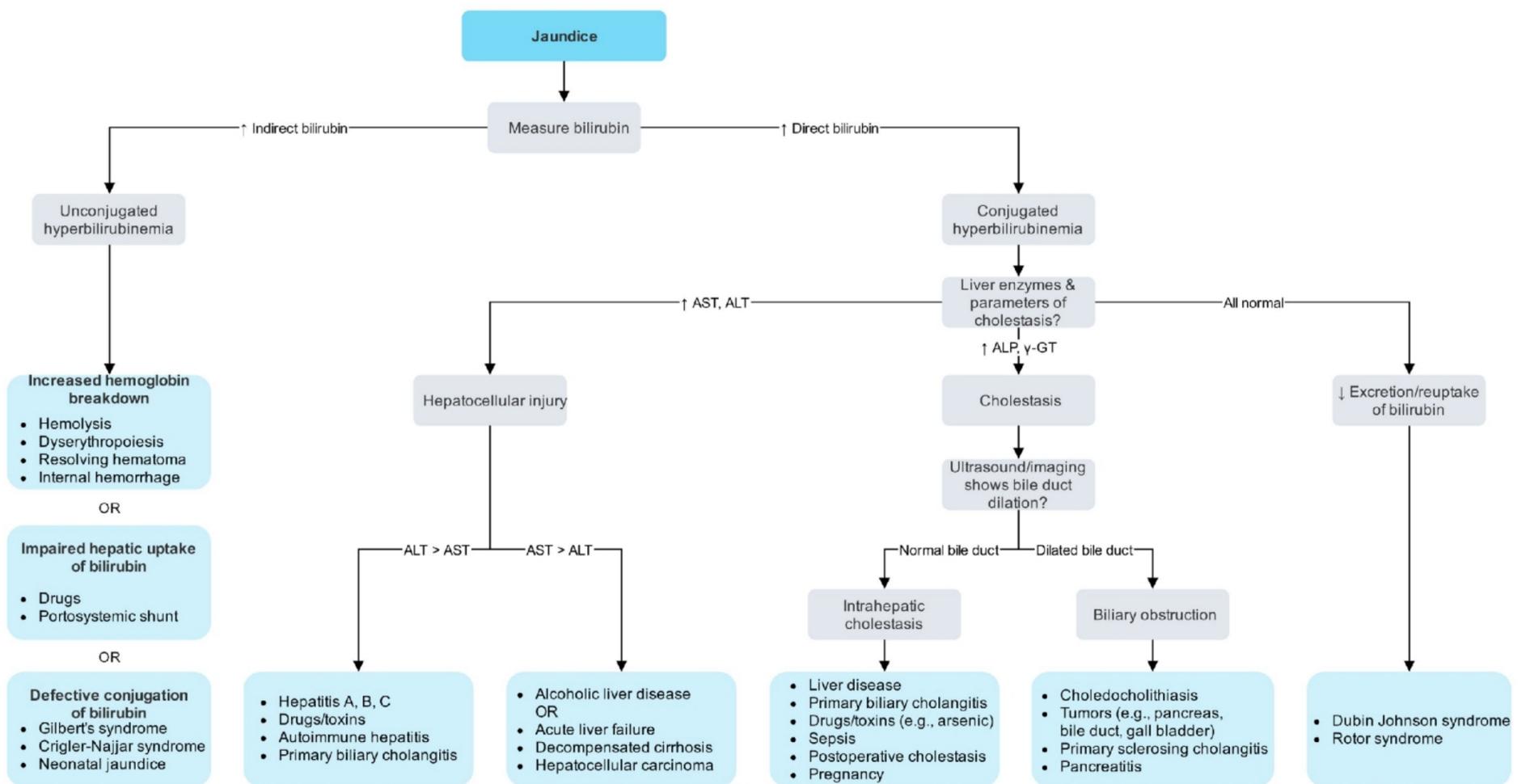


Babcock Forceps

Babcock forceps are specialized, atraumatic surgical instruments used for grasping and manipulating delicate tissues and tubular structures, such as the intestines, without causing damage. They are widely used in general, gynecological, and urological surgeries.

Common Types of Hernia



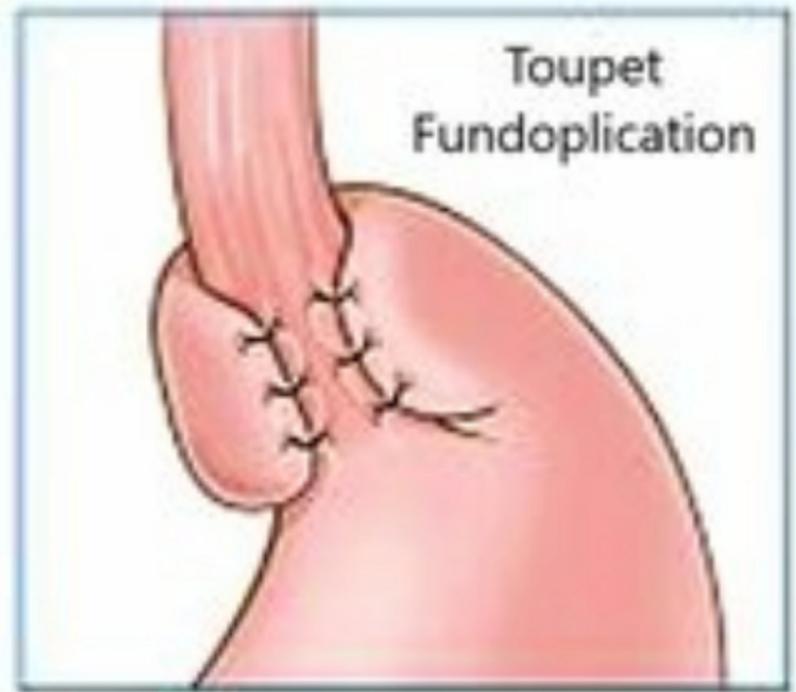
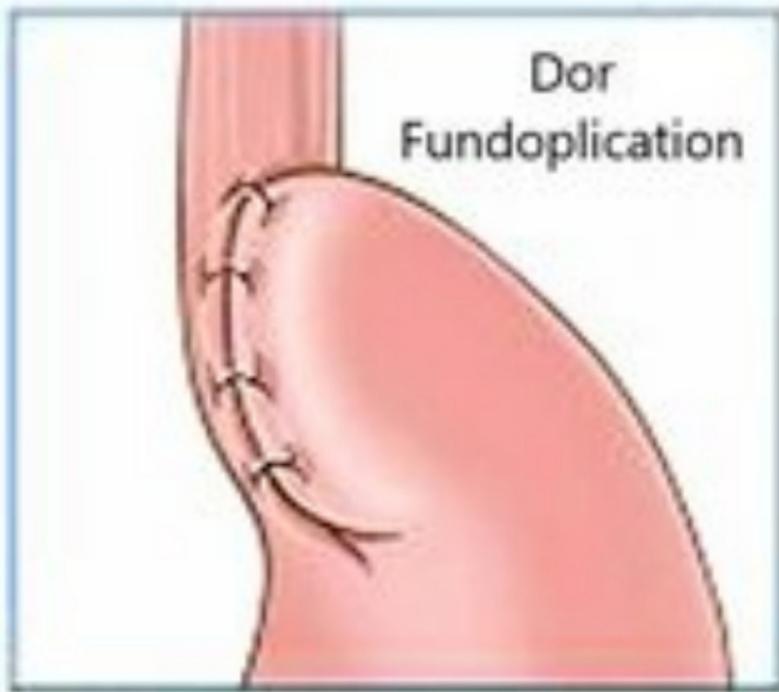
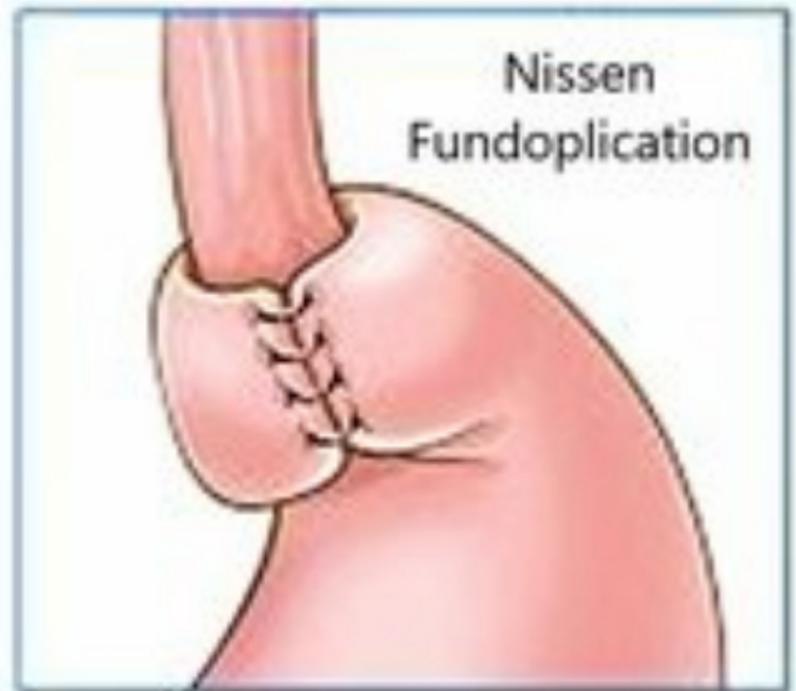
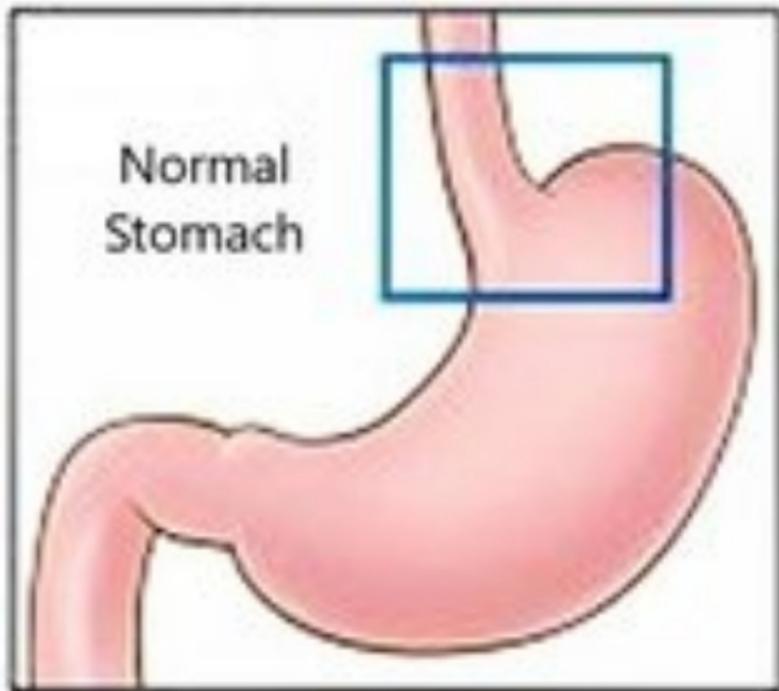


Fecal Peritonitis

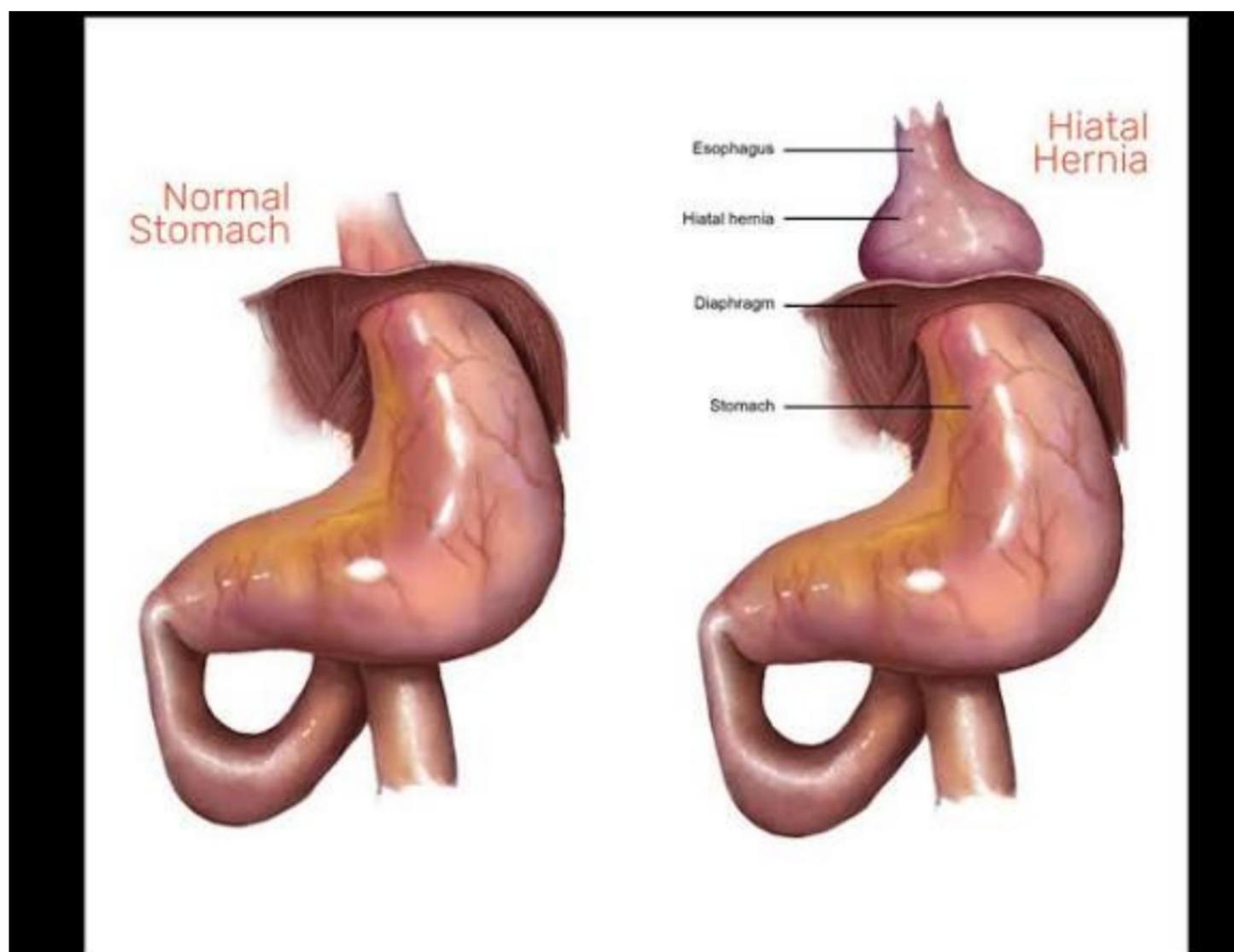
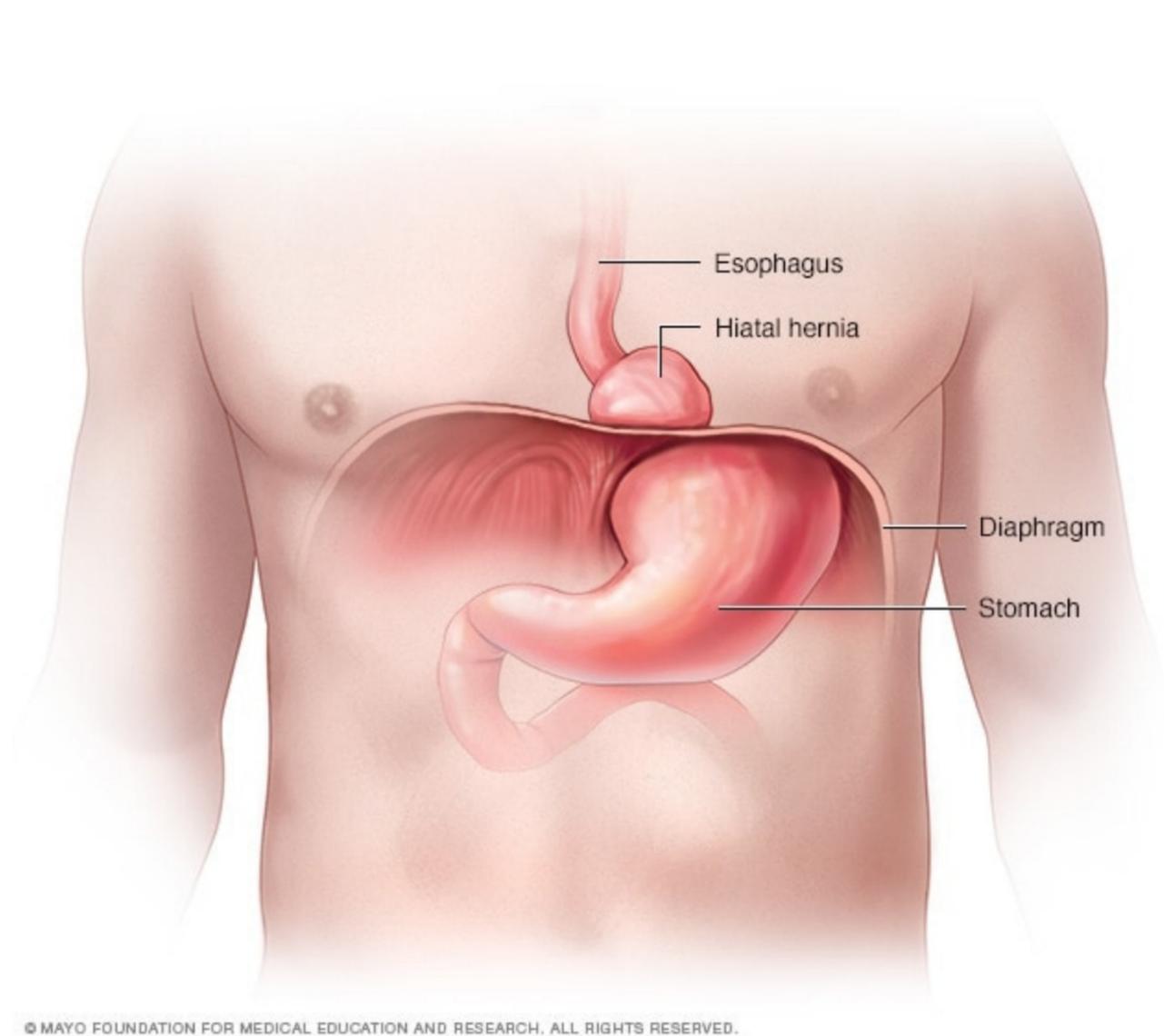


Soft tissue density material in paracolic gutters, medial to properitoneal fat planes, displacing bowel medially. Free gas is seen as 'football sign'.

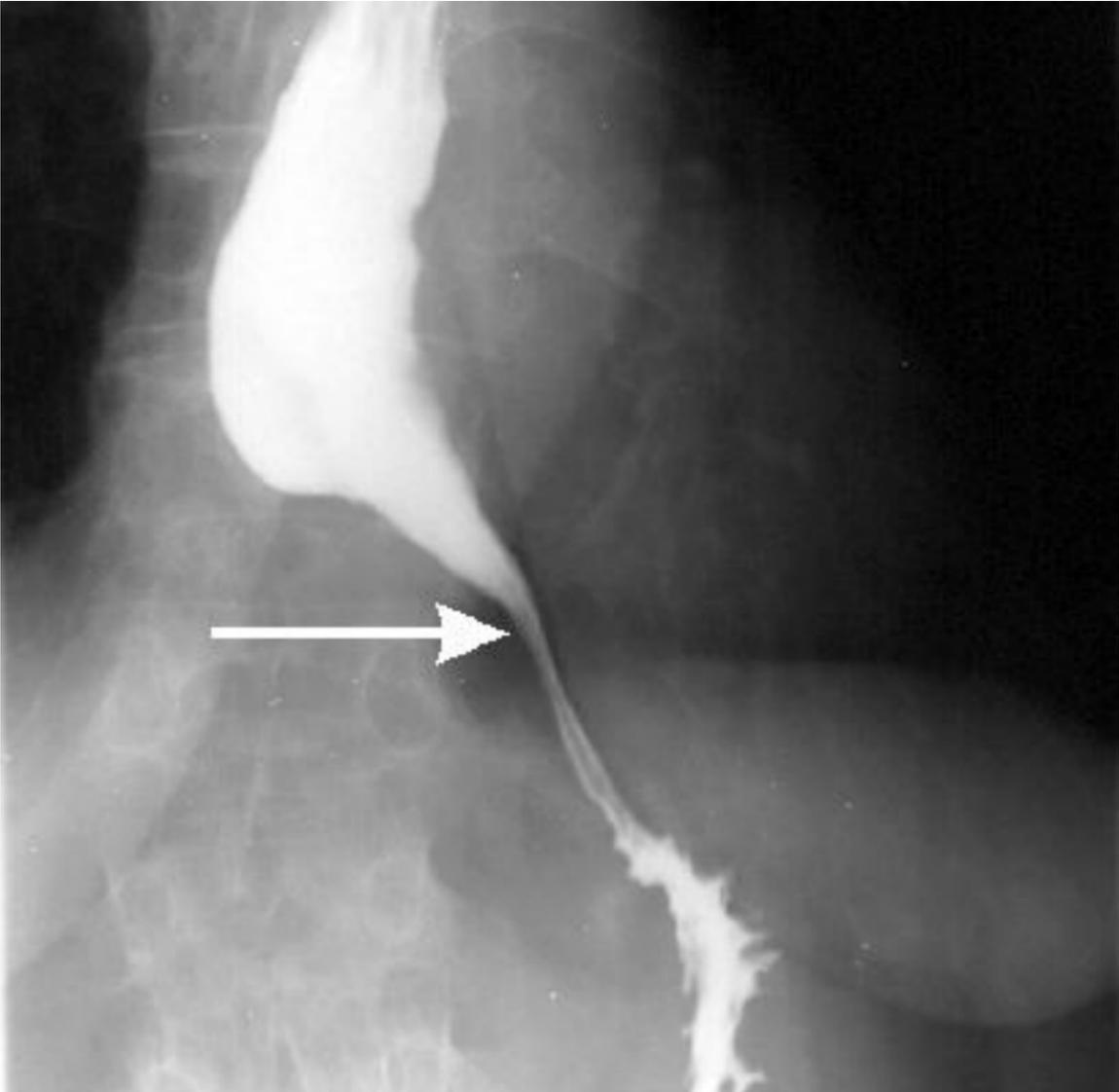
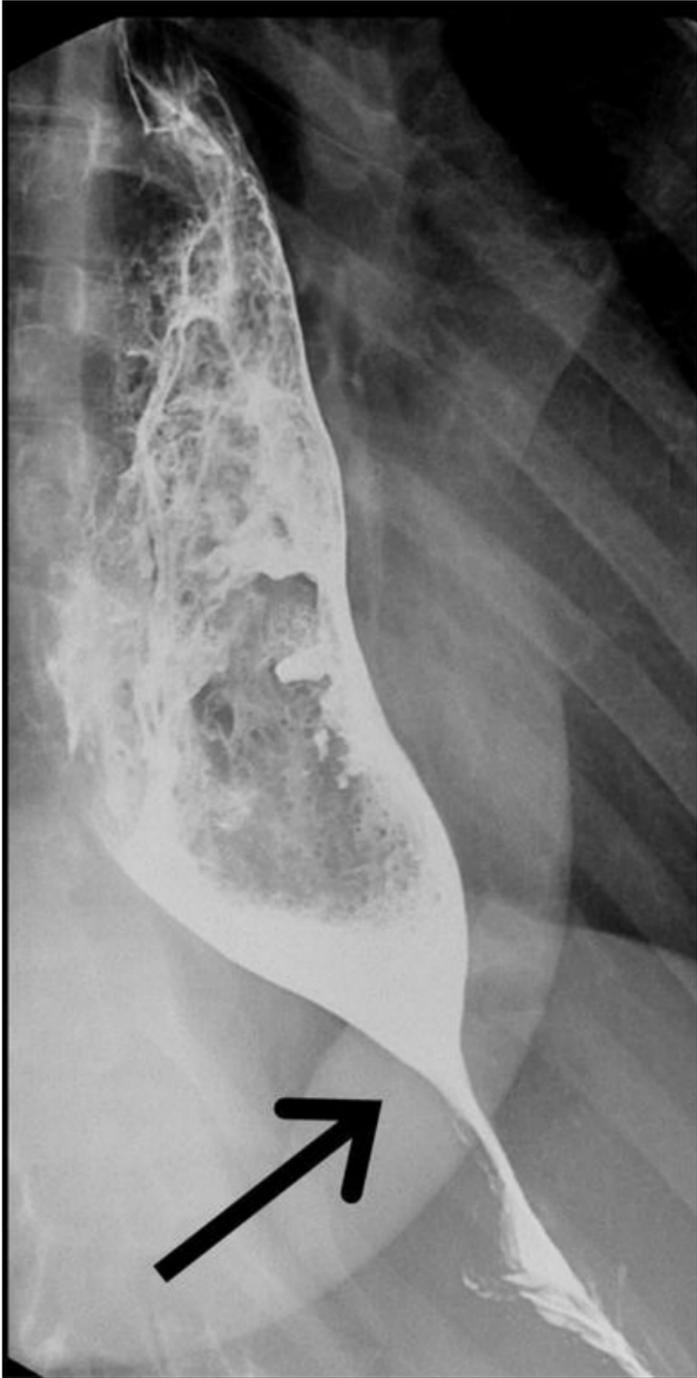
Fundoplication for GERD



Hiatal Hernia

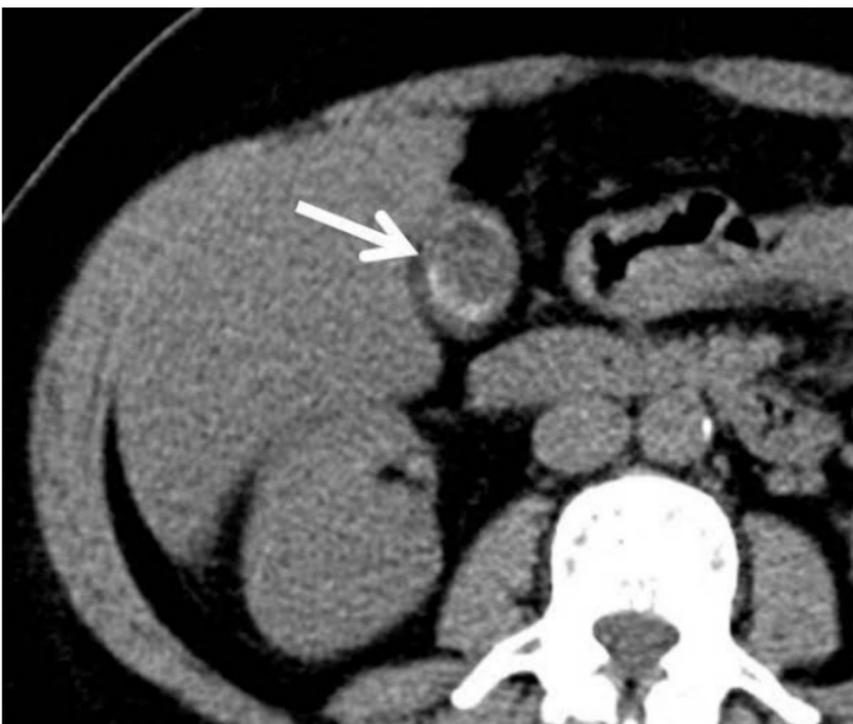
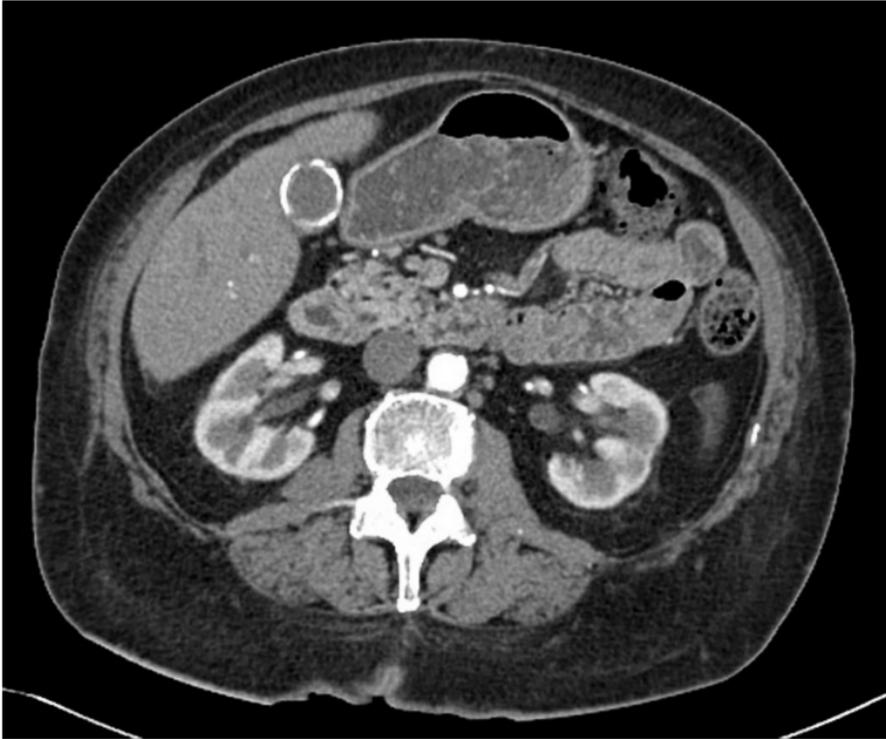


Bird beak sign seen in Achalsia



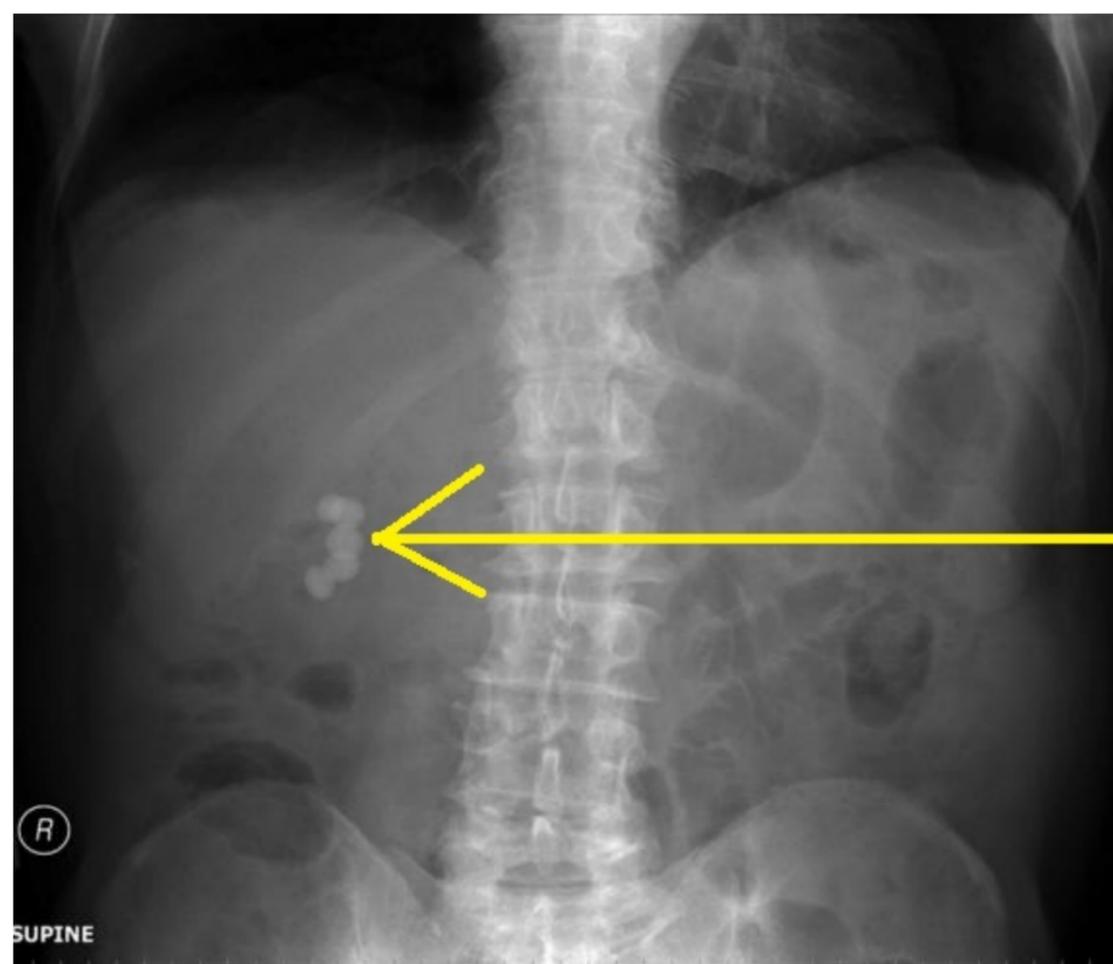


Porcelain Gallbladder



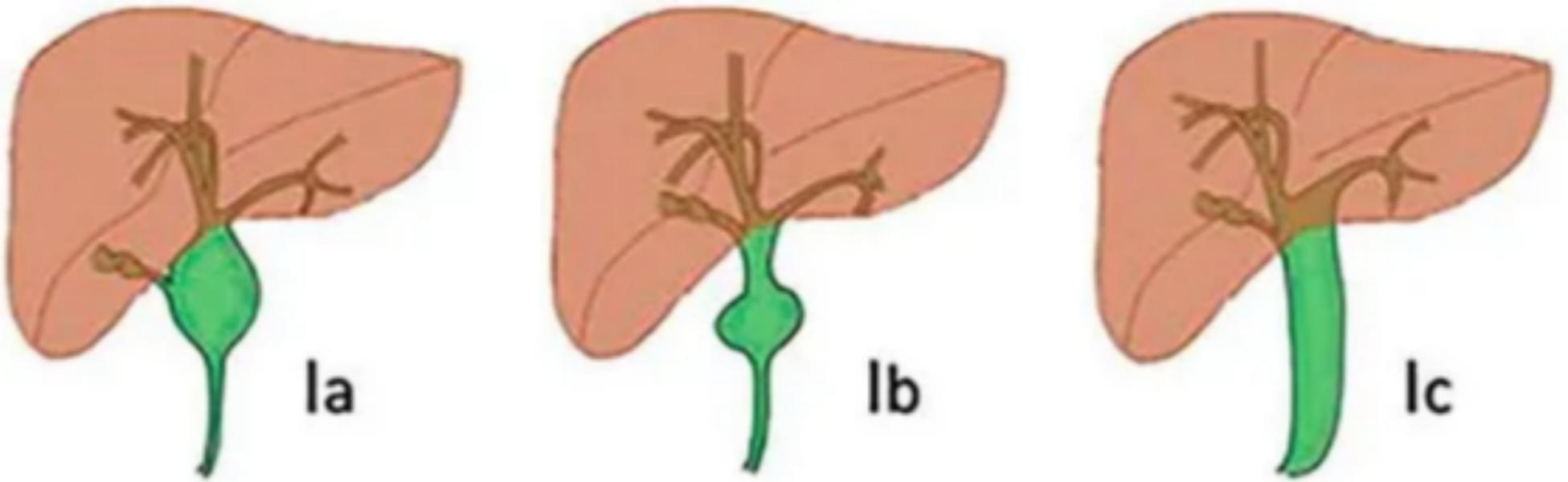


Gallstones



Gallstones shown within the gallbladder cavity

CHOLEDOCHAL CYST

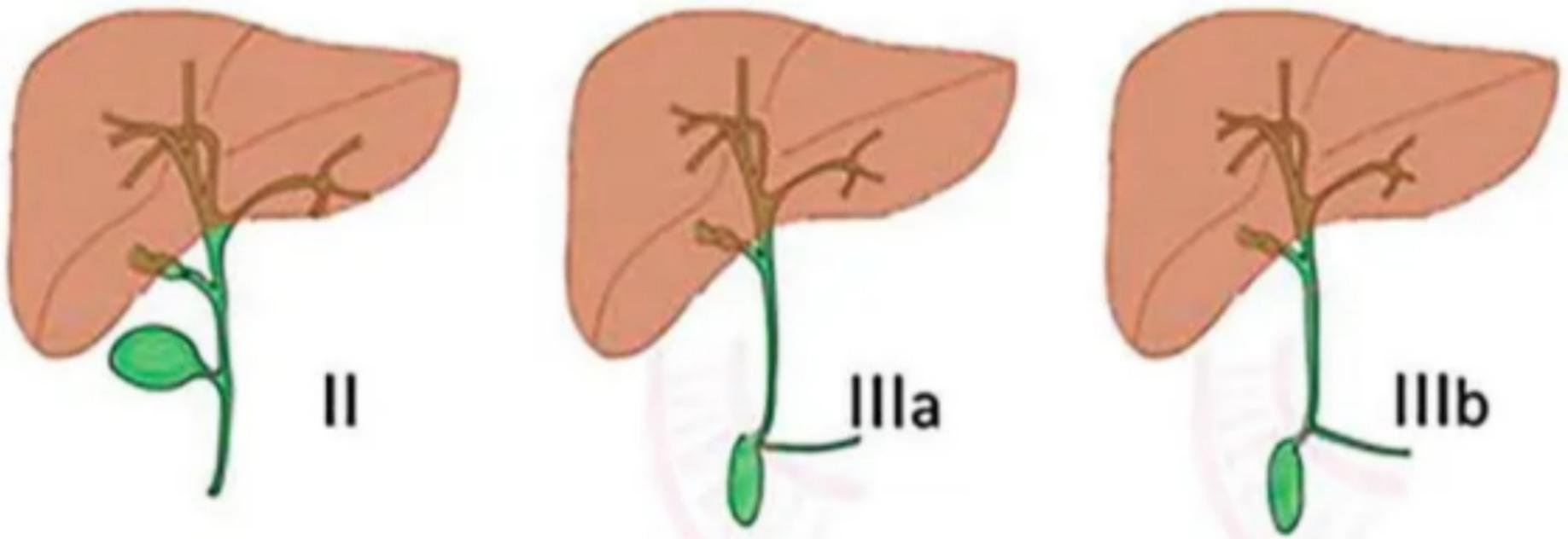


Type I - cystic dilatation of entire extra hepatic bile ducts, normal Intrahepatic ducts

Ia - sacular and diffuse

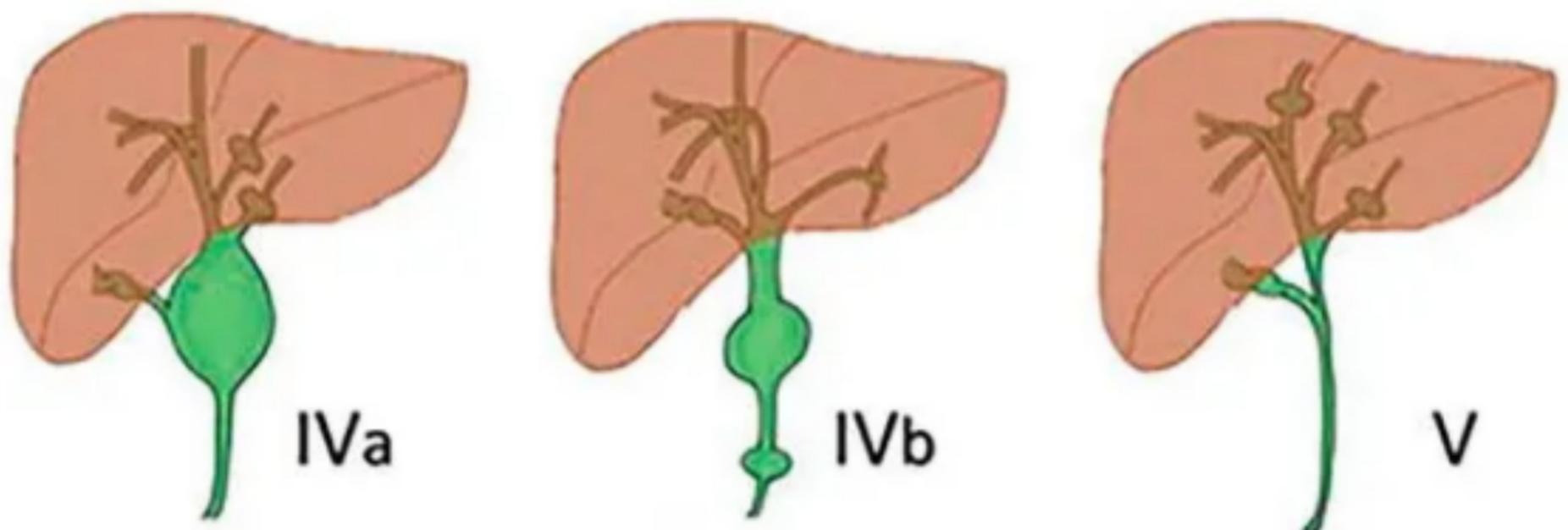
Ib - sacular and segmental

Ic - fusiform and diffuse



Type II - cystic dilatation of Diverticulum of CBD

Type III - Choledochocele - cystic dilatation of intra duodenal portion of CBD

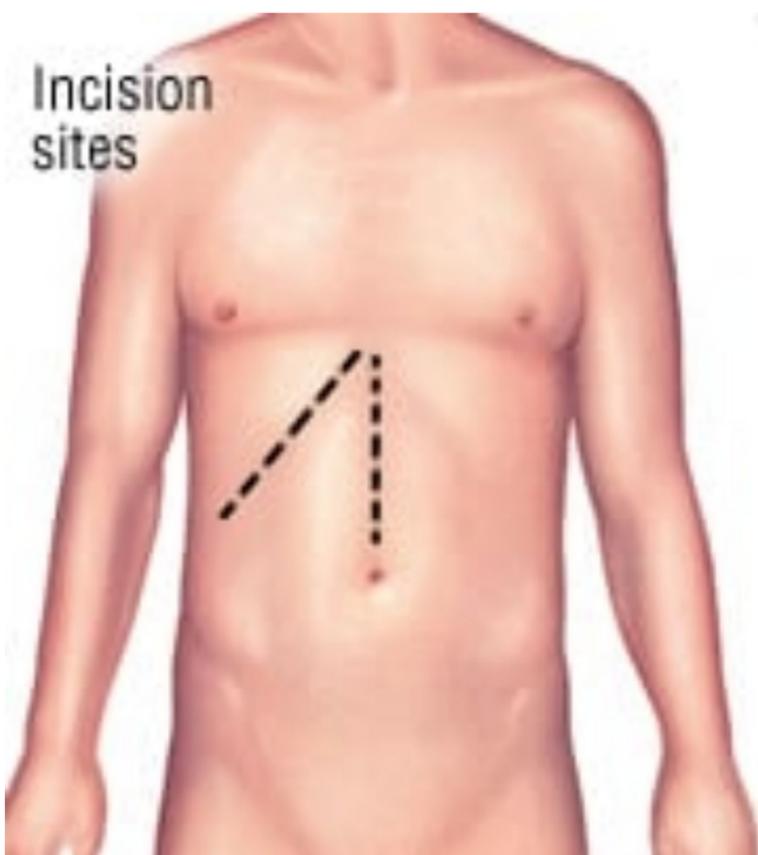
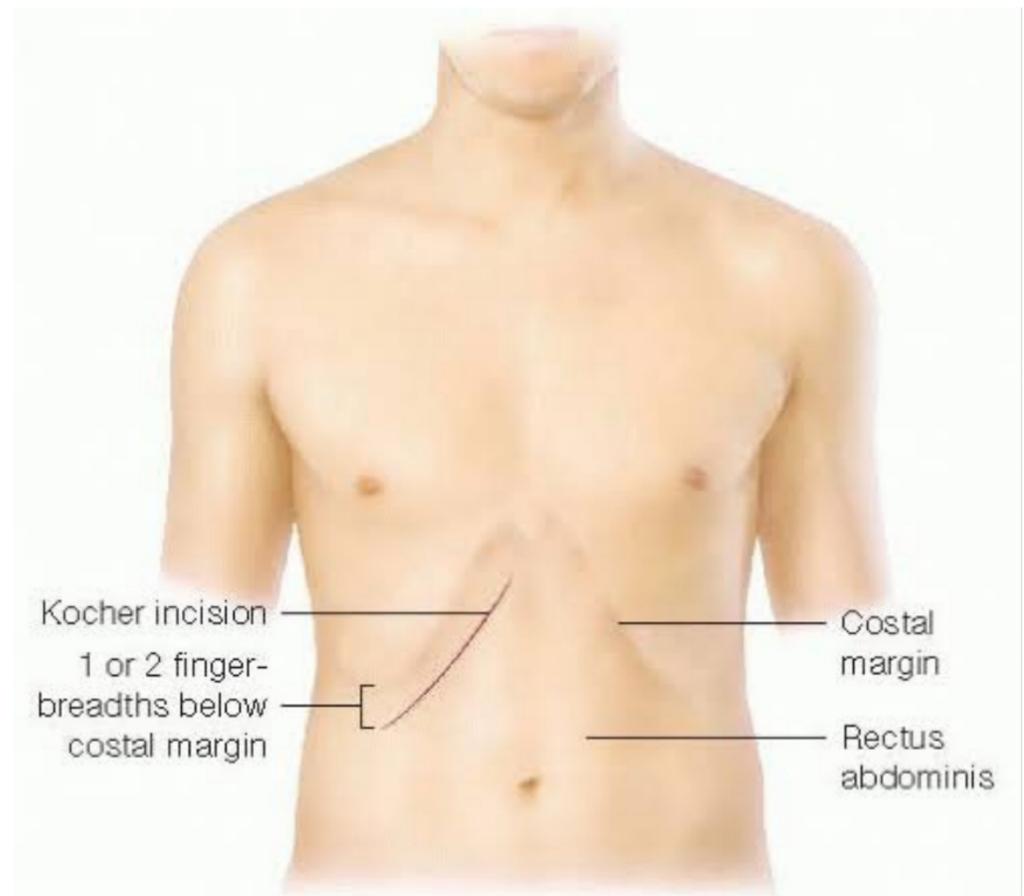
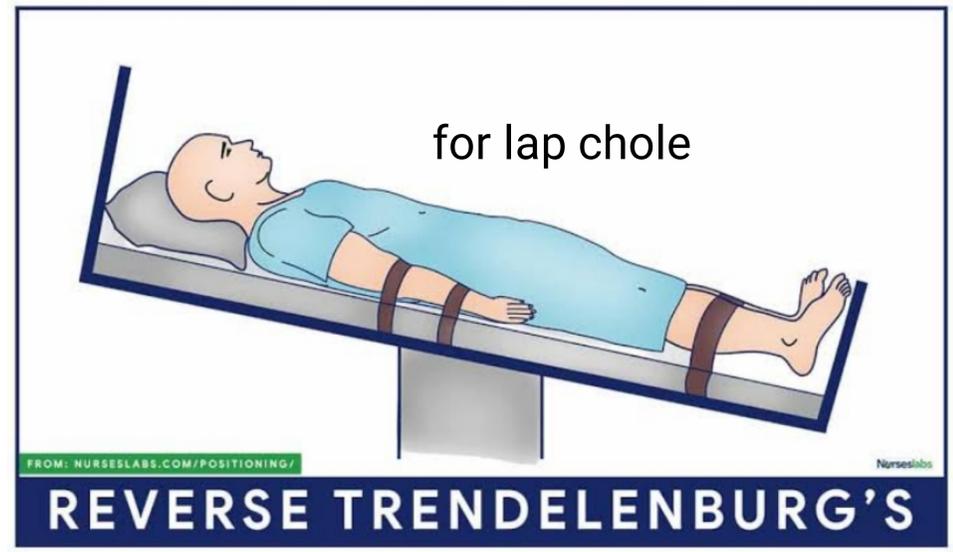
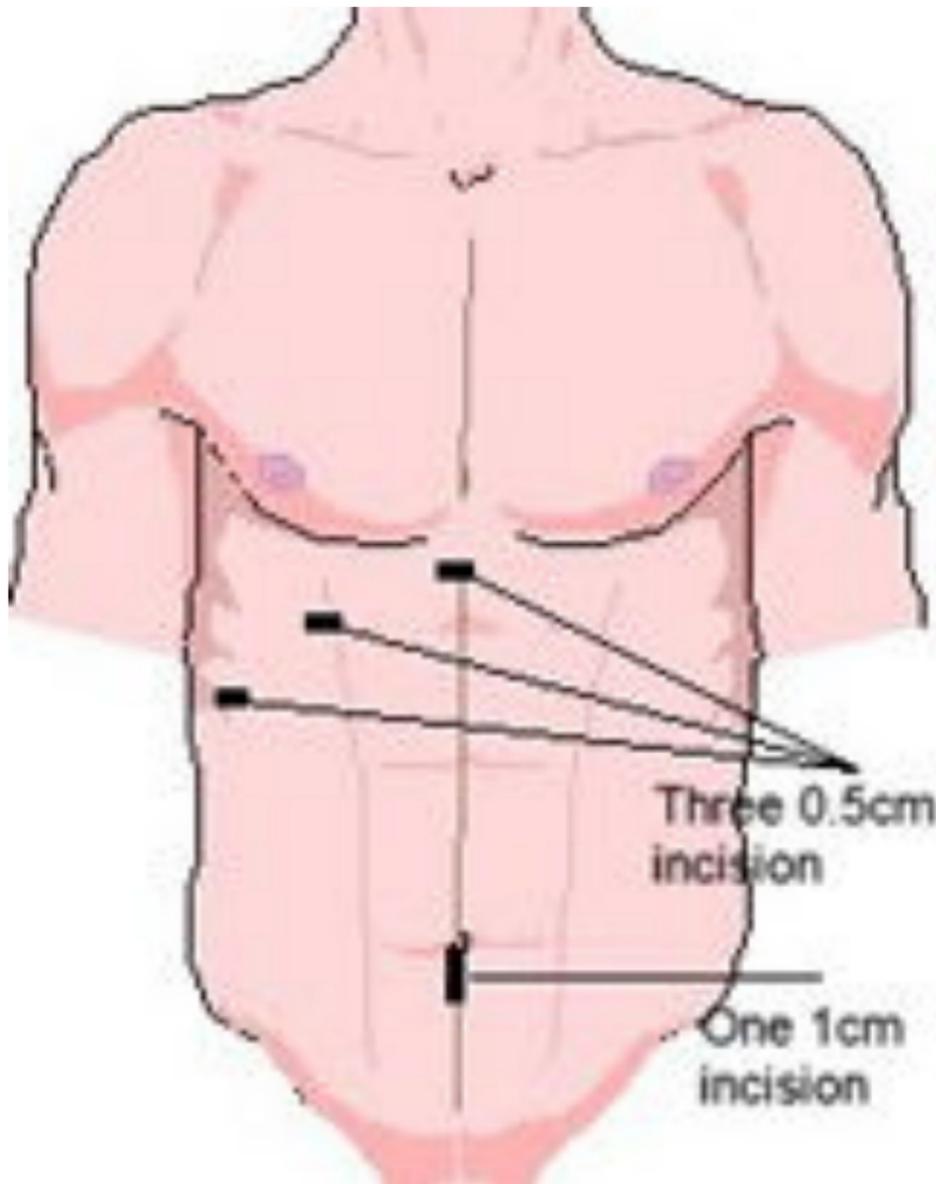


Type IV a - Multiple cystic dilatation of extra hepatic and Intrahepatic bile ducts

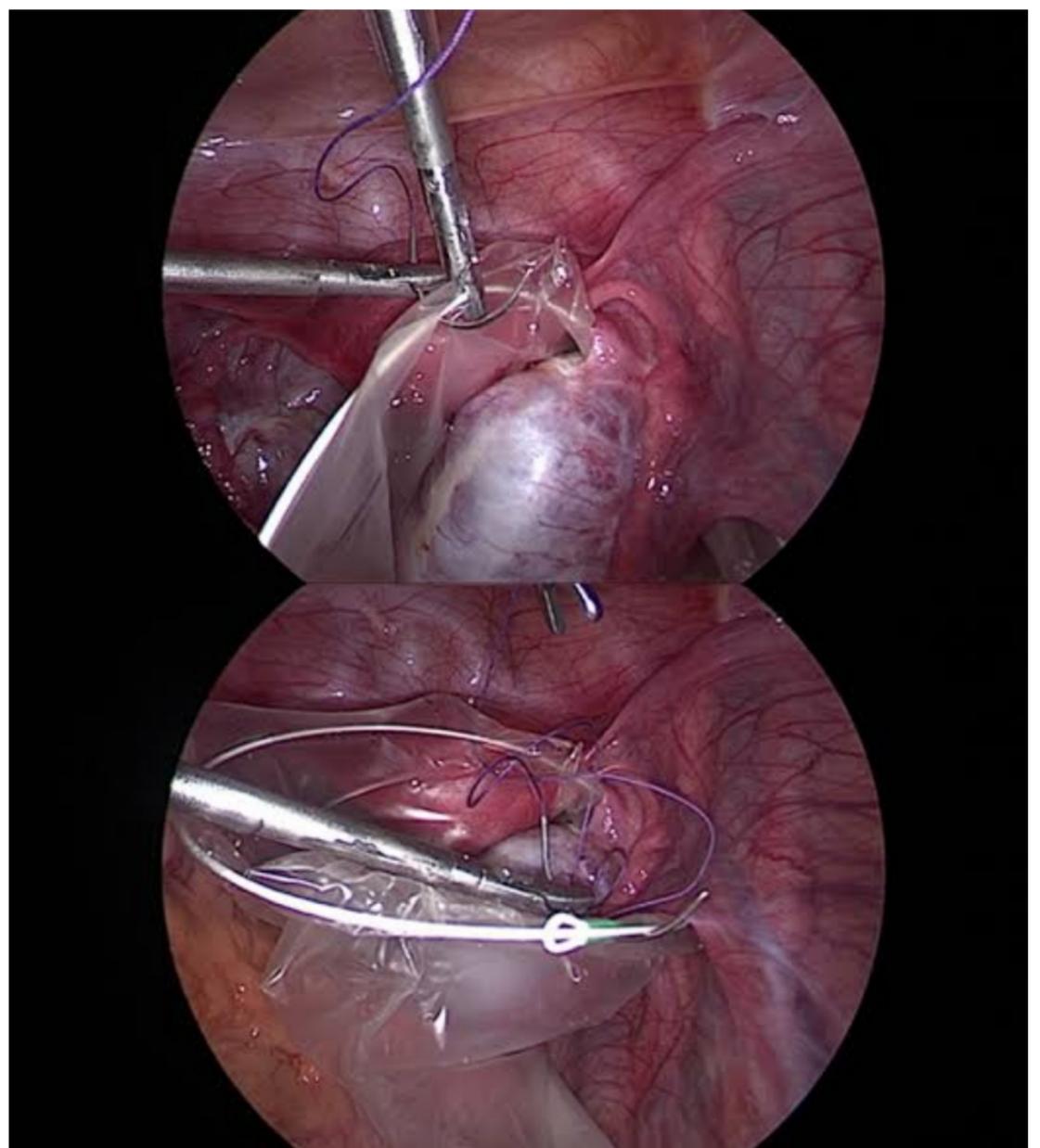
Type IV b - Multiple cystic dilations of extra hepatic bile ducts only

Type V - Caroli's disease - multiple cystic dilatation of Intrahepatic bile ducts only

Cholecystectomy



An endobag (or specimen retrieval bag) is a sterile, single-use pouch used in minimally invasive (laparoscopic/endoscopic) surgery to collect and safely remove tissues, organs, or foreign objects from the body, preventing contamination of the abdominal cavity, especially with cancerous or infected samples like gallbladders, appendices, or tumors.



Sentinel Loop Sign

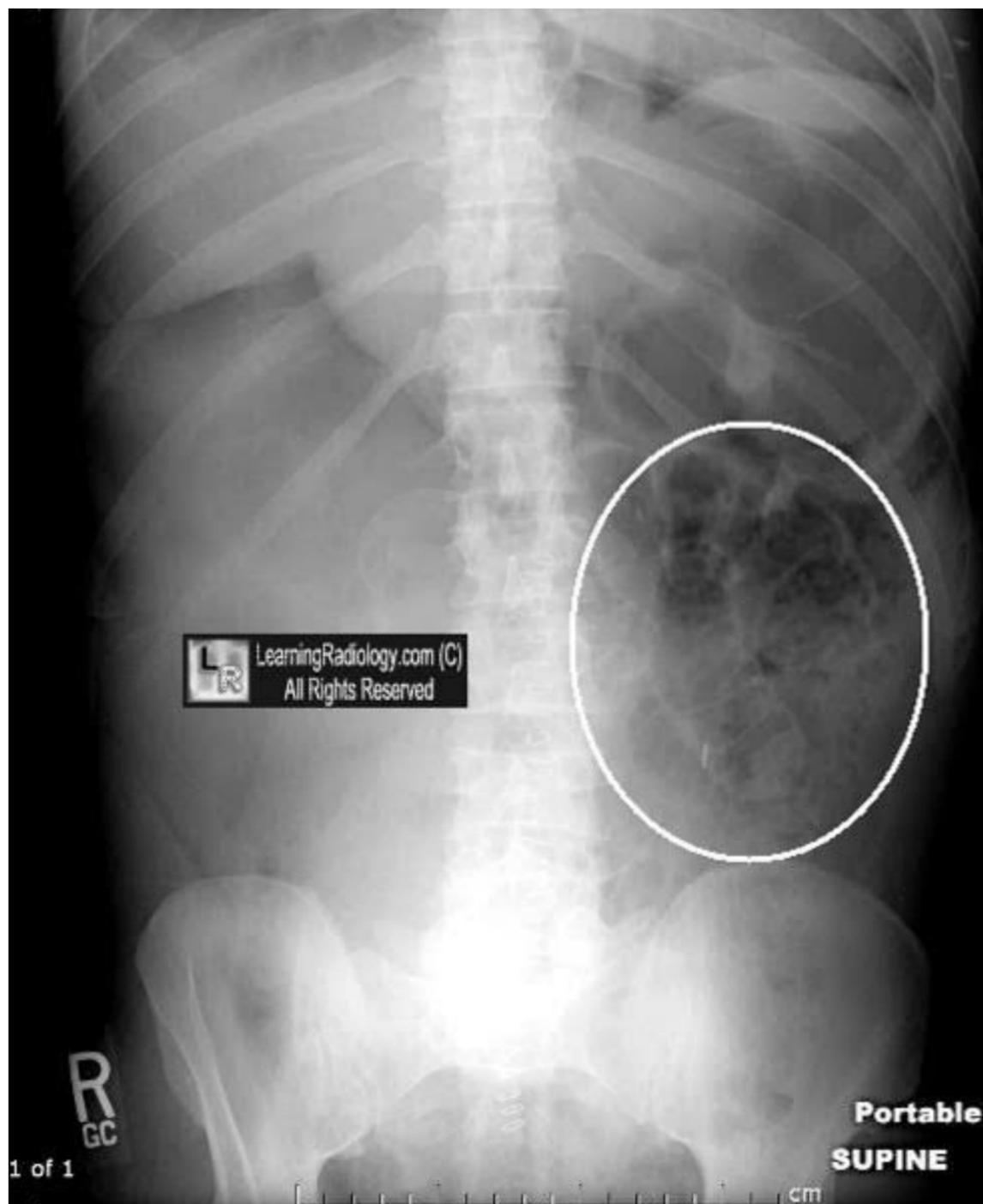


A **sentinel loop** is a short segment of [adynamic ileus](#) close to an intra-abdominal inflammatory process. The sentinel loop sign may aid in localizing the source of inflammation. For example, a sentinel loop in the upper abdomen may indicate [pancreatitis](#), while one in the right lower quadrant may be due to [appendicitis](#).

Colon cutoff sign - classically seen in pancreatitis

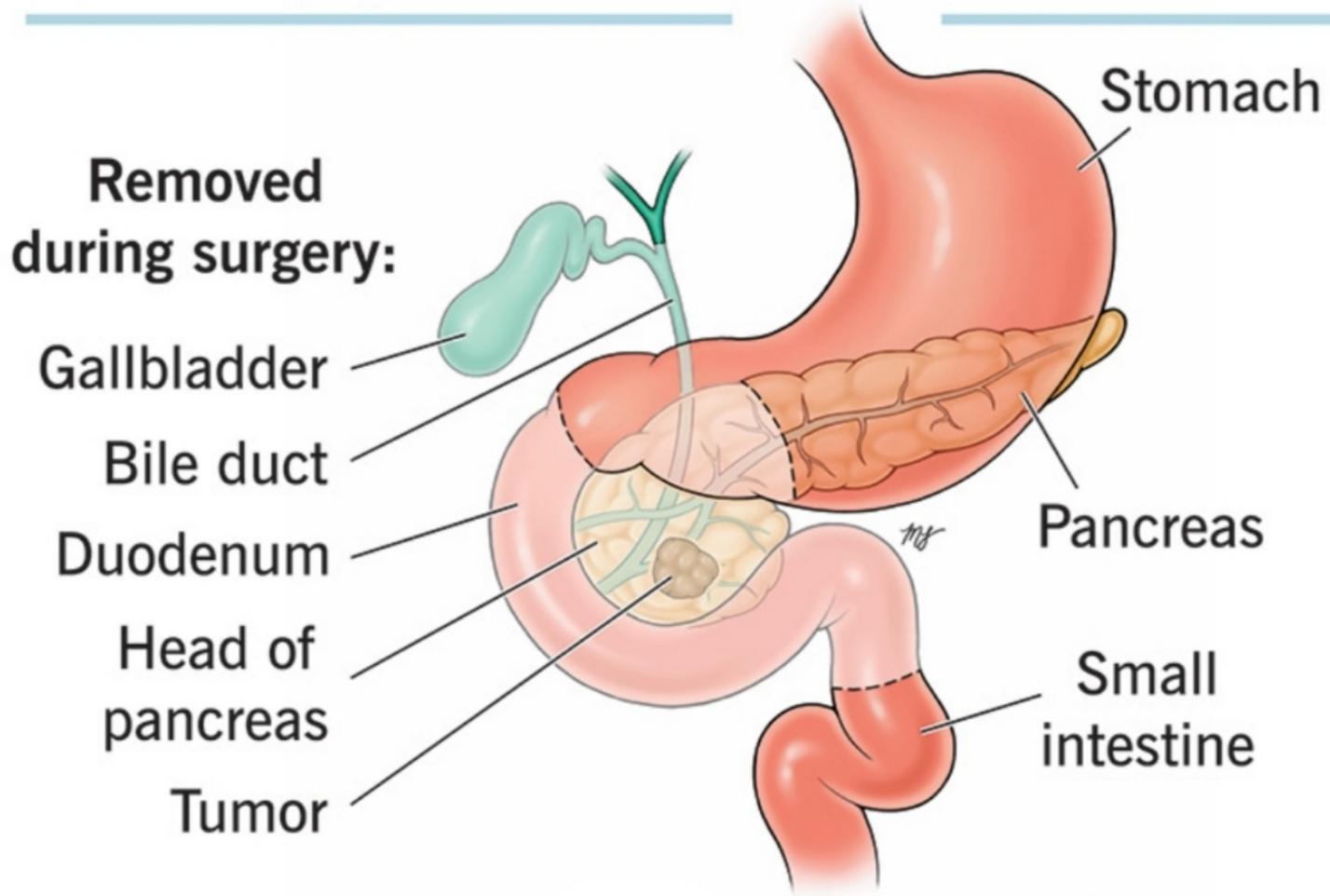


Renal halo sign seen in pancreatitis

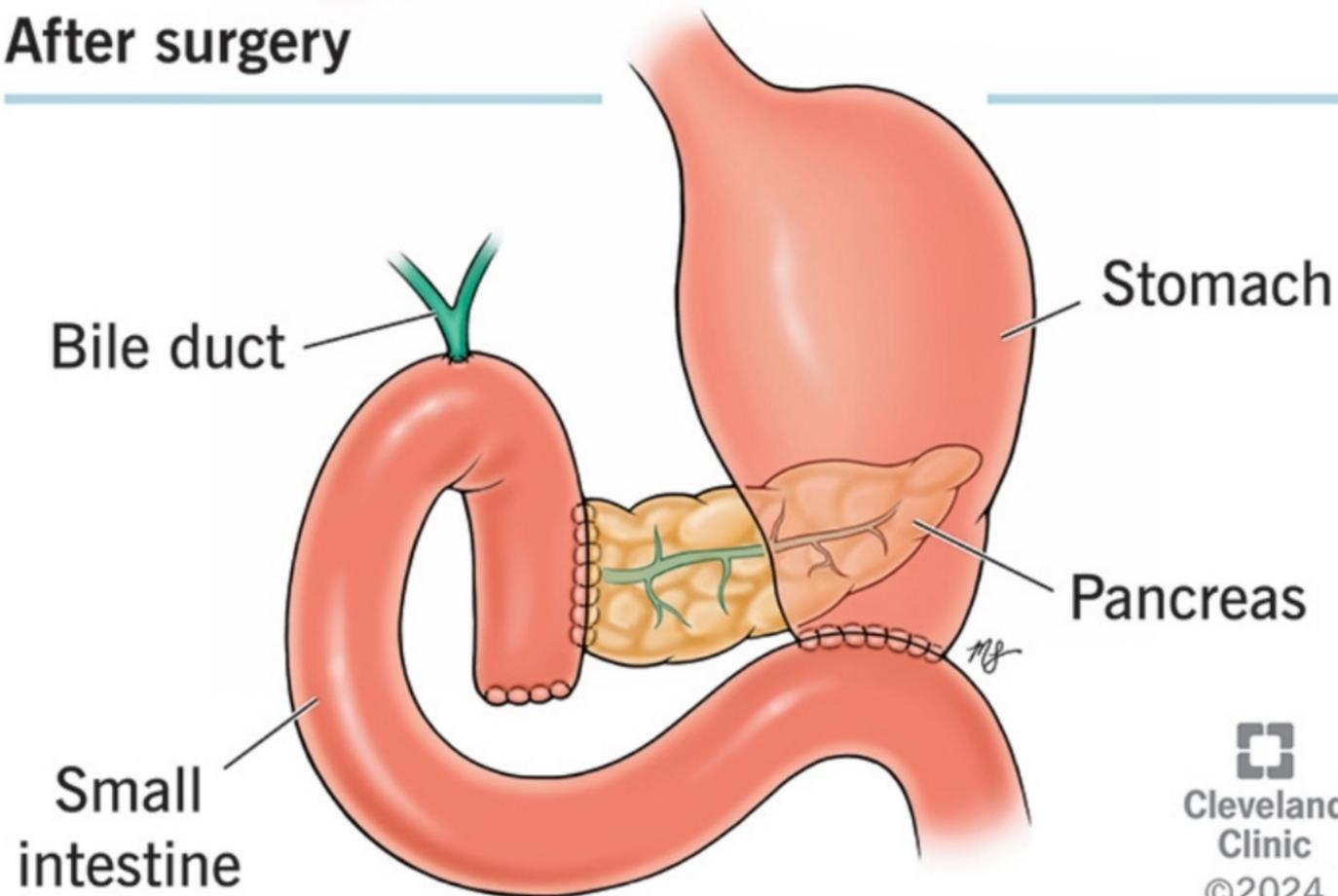


Whipple procedure

Before surgery



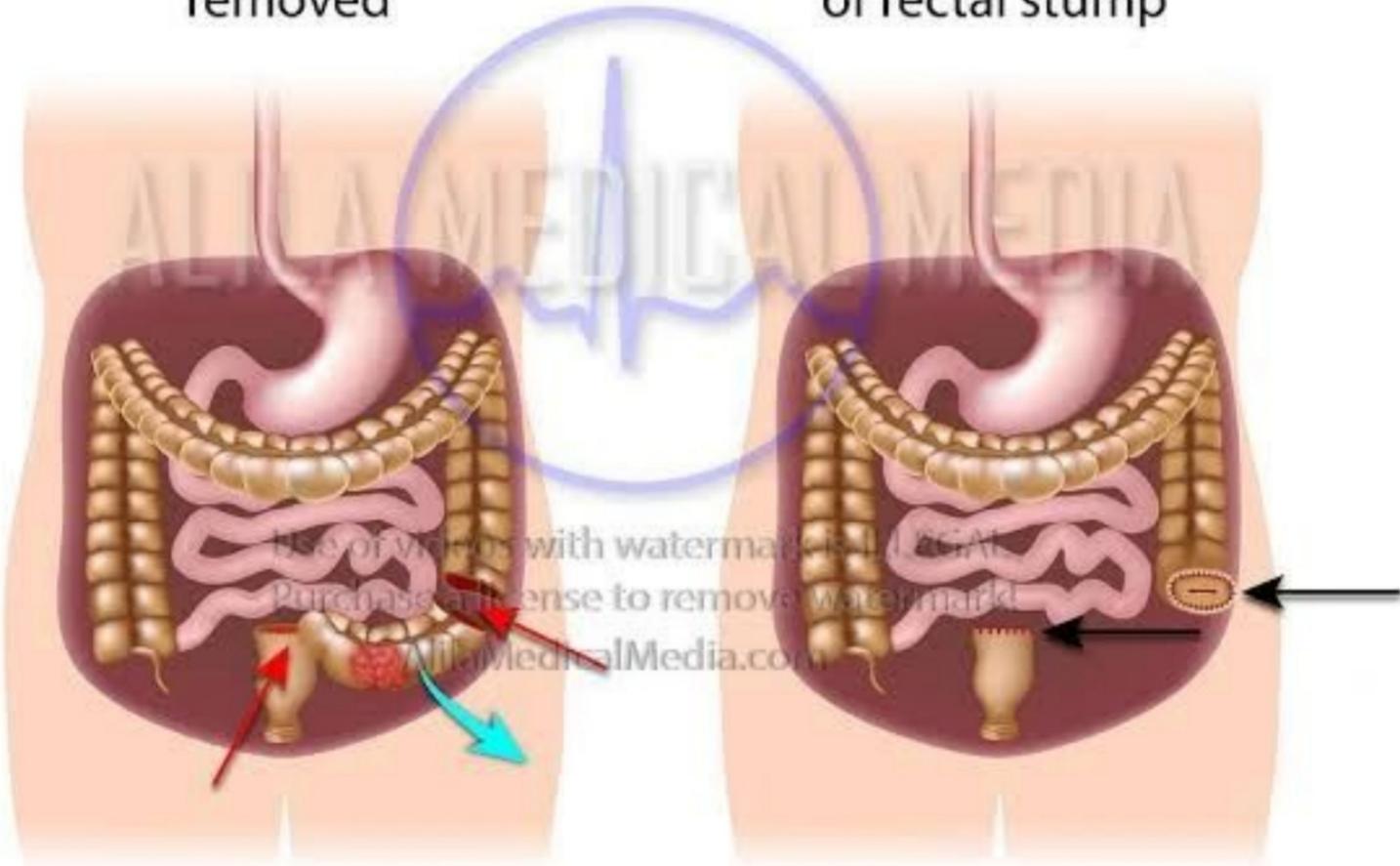
After surgery



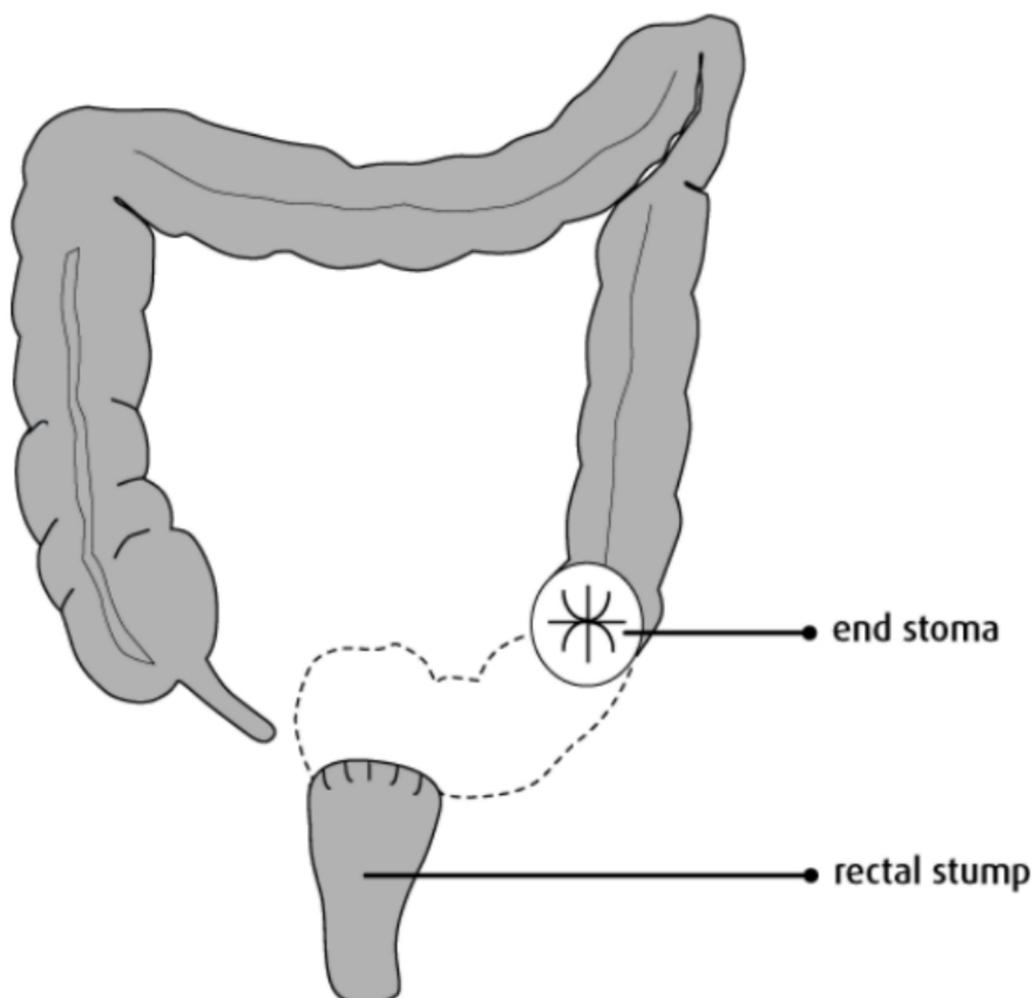
Hartmann's Procedure

Rectosigmoid colon removed

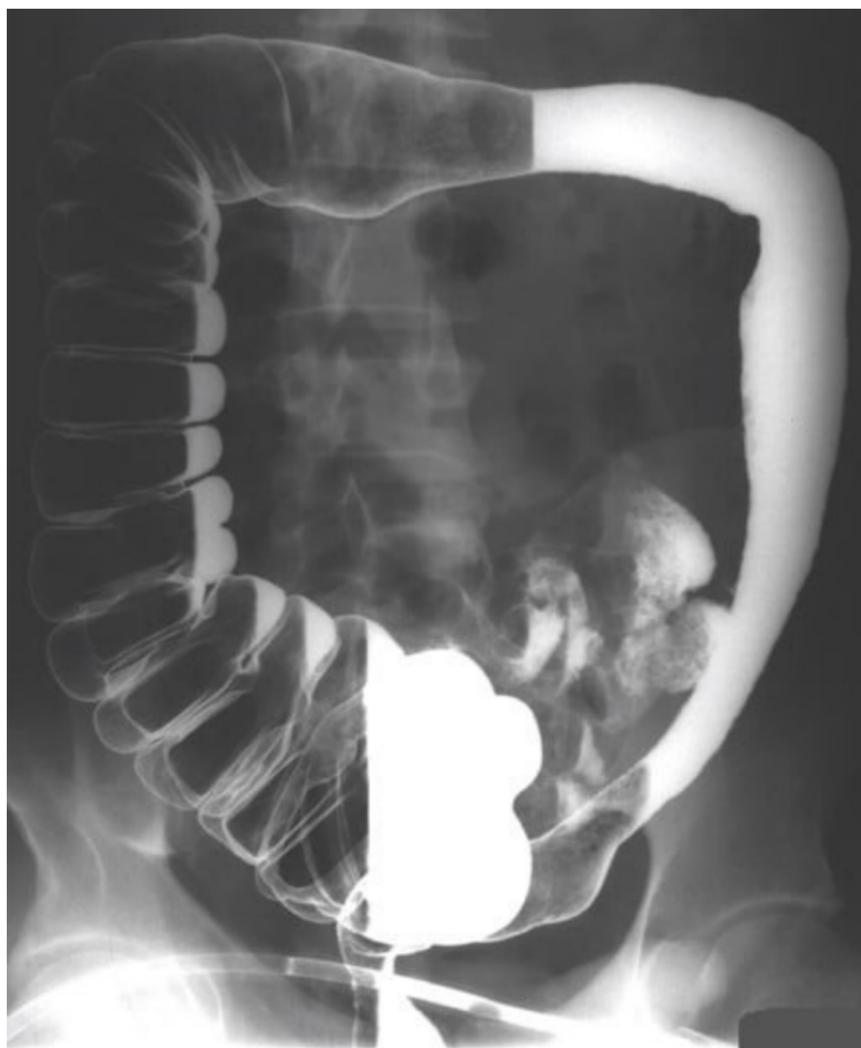
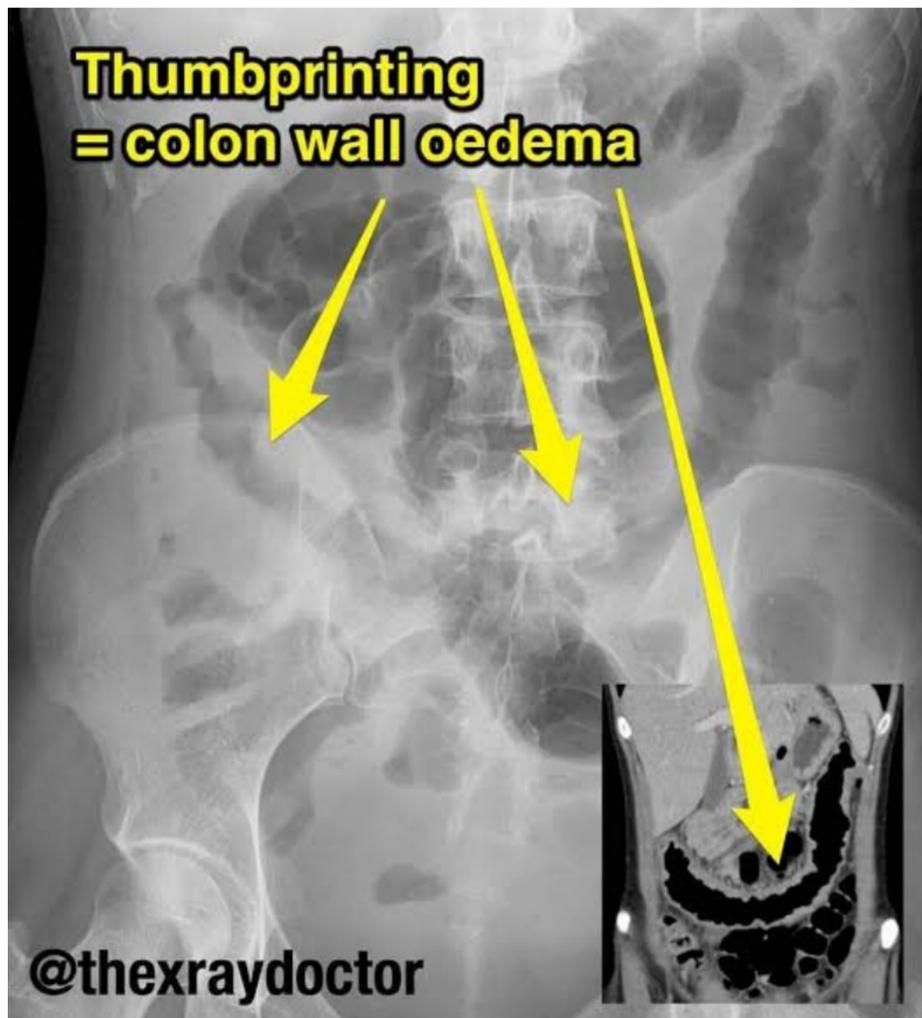
Colostomy and closure of rectal stump



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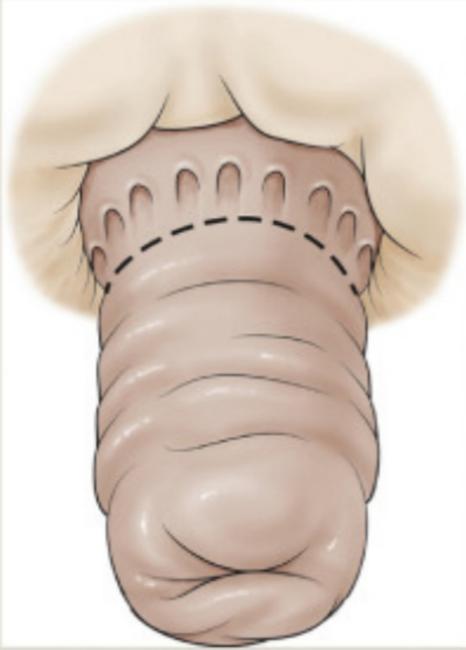
Ulcerative colitis



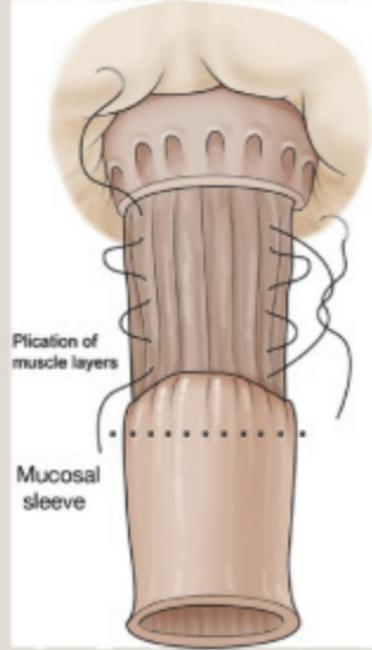
Procedures for Rectal Prolapse

Delorme's procedure

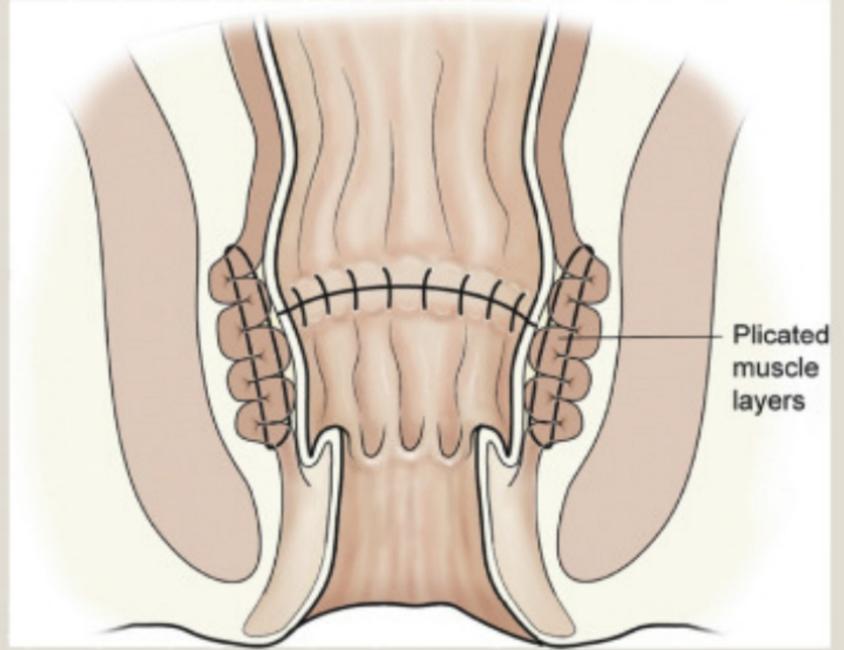
a



b

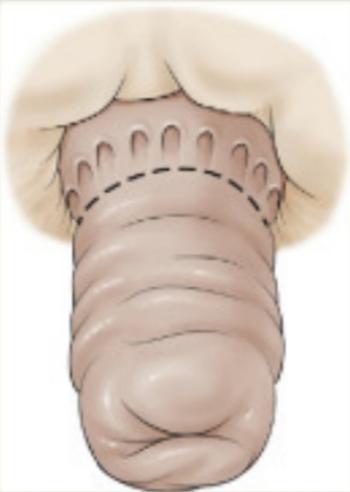


c



Altemeier's procedure

a



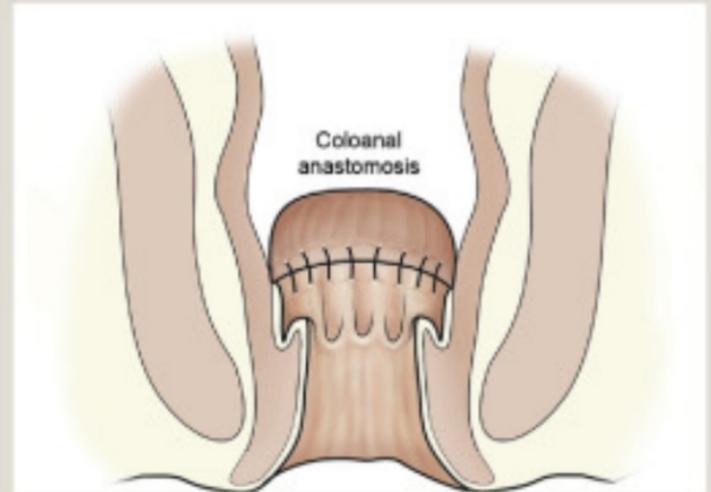
b



c



d



VITAMIN	DAILY REQUIREMENTS	DEFICIENCY	TOXICITY
Vitamin B1 (Thiamine)	1.0 – 1.5 mg	Beriberi (four types) 1.Dry beriberi (peripheral neuritis) 2.Wet beriberi (cardiac manifestation) 3.Cerebral beriberi (Wernicke Korsakoff syndrome) 4.Infantile beriberi	No established toxic level (Toxicity with water-soluble vitamins are not common as any excess amount will leave through the urine)
Vitamin B2 (Riboflavin)	1.3 – 1.7 mg	Cheilosis (fissures at angle of mouth), Glossitis (inflammation of mouth), dermatitis, vascularization of cornea	None
Vitamin B3 (Niacin)	15 – 20 mg	Pellagra characterized by 4 D's Dermatitis, Diarrhea, Dementia, Death	-Vasodilation and flushing - Liver damage
Vitamin B5 (Pantothenic Acid)	5 – 10 mg	Burning feet syndrome	None
Vitamin B6 (Pyridoxine)	1.6 – 2 mg	Neurological disorders (depression, nervousness, irritability), Epileptic convulsions, dermatitis, hypochromic microcytic anemia	Pyridoxine seems to be safe at levels 100 to 150 mg/day. Women, self medicating for PMS taking 500 to 5000 mg/day have shown peripheral neuropathy within 1 to 3 years
Vitamin B7 (Biotin)	150 – 300 µg	Deficiency is uncommon as biotin is synthesized by intestinal microorganisms in large quantities Experimentally induced symptoms are nausea, anorexia, glossitis, dermatitis, alopecia (loss of hair), depression, muscle pain	None
Vitamin B9 (Folic Acid)	200 µg	Megaloblastic or macrocytic anemia, neural tube defects, promotes birth defect spina bifida	None
Vitamin B12 (Cobalamin)	3 µg	Pernicious anemia (intrinsic factor deficiency), megaloblastic anemia (functional folate deficiency), neuropathy (dementia), Methylmalonic aciduria	None
Vitamin C (Ascorbic Acid)	60 – 70 mg	Scurvy (bleeding tendency, muscle weakness, swollen bleeding gums, loosening of teeth, osteoporosis, poor wound healing)	Severe diarrhea and deficiency of oxalate stones in kidneys

Vitamin A	800 – 1000 retinol equivalents	Night blindness, xerophthalmia, formation of Bitot's spots, dry, rough and scaly skin, retardation of growth in children, infertility	Nausea, vomiting, alopecia (loss of hair), scaly and rough skin, bone and joint pain, teratogenic effect on fetus
Vitamin D (Cholecalciferol)	200 – 400 IU	Rickets (in children), Osteomalacia (in adults)	Nausea, vomiting, anorexia, increased thirst, loss of weight, hypercalcemia, formation of kidney stones
Vitamin E (Tocopherol)	8 – 10 mg	Hemolytic anemia, Retrolental fibroplasia in premature infants	None
Vitamin K	70 – 140 µg	Hemorrhagic disorder, Increased clotting time	-hemolytic anemia and kernicterus in infants with low birth weight

OBSESSIVE-COMPULSIVE DISORDER (OCD)

CAUSE

* UNKNOWN *

- Genetics + environment
- Identical twins more often than non-identical
- **SEROTONIN**
NEUROTRANSMISSION

TREATMENT

- psychotherapy
 - ↳ Cognitive behavior therapy
 - Exposure & Response
 - ↳ Anxiety **LOWER**
without
compulsion
- Medication
 - ↳ Selective Serotonin Reuptake Inhibitor
 - [Symptoms & side effects]
 - ↳ MORE medication & psychotherapy

AUTISM SPECTRUM DISORDER

- One or more
- Vary in severity

1. SOCIAL COMMUNICATION & INTERACTION

- (1) Social reciprocity ~ how child responds & reciprocates
- (2) Joint attention ~ wanting to share an interest
- (3) Nonverbal communication ~ using or interpreting
- (4) Social relationships ~ developing & maintaining friends

2. RESTRICTED or REPETITIVE behavior/interests/activities

- lining up toys, flapping hands, imitating
- fixed on certain routines (same school route)
- Restrictive thinking; specific knowledge (titanic, vacuums)

AUTISM SPECTRUM DISORDER

NEEDS SOME SUPPORT

Social communication

↳ full sentences

↳ conversation difficult

Repetitive/Restrictive

↳ difficulty switching activities



NEEDS VERY SUBSTANTIAL SUPPORT

Social communication

↳ few words

↳ rarely interact

Repetitive/restrictive

↳ extremely resistant to change

↳ interferes with daily life

LEVEL 1

LEVEL 2

LEVEL 3

SEVERITY

AUTISM SPECTRUM DISORDER

CAUSE

- ↳ GENETIC ~ Affects ^{Social + communication} brain development
- gene(s) unknown
- ↳ ENVIRONMENTAL TRIGGERS?
- no clear risk factors

TREATMENT

- ↳ Tailored to each child
- educational programs & behavior therapy

Phenylketonuria

Epidemiology

Incidence: Approx. 1:15,000

Etiology

Most common: mutation in phenylalanine hydroxylase gene (1)

Less common: mutations causing tetrahydrobiopterin deficiency (2)

Inheritance

Autosomal recessive

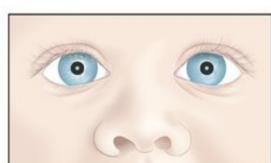
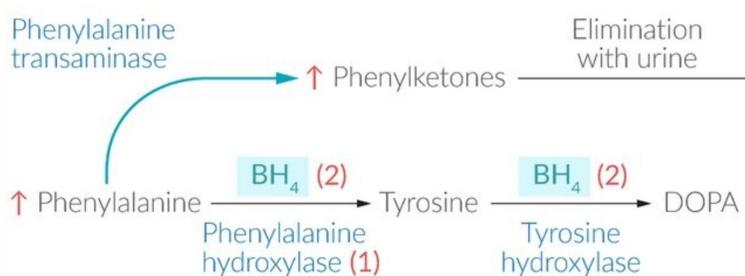
Diagnostics

Serum phenylalanine levels (measured on 2nd-6th day after birth)

Treatment

Low phenylalanine and high tyrosine diet
BH₄ supplementation in case of deficiency

Biochemical pathway



Hypopigmented irises

Hypopigmentation of hair and skin

Neurological features

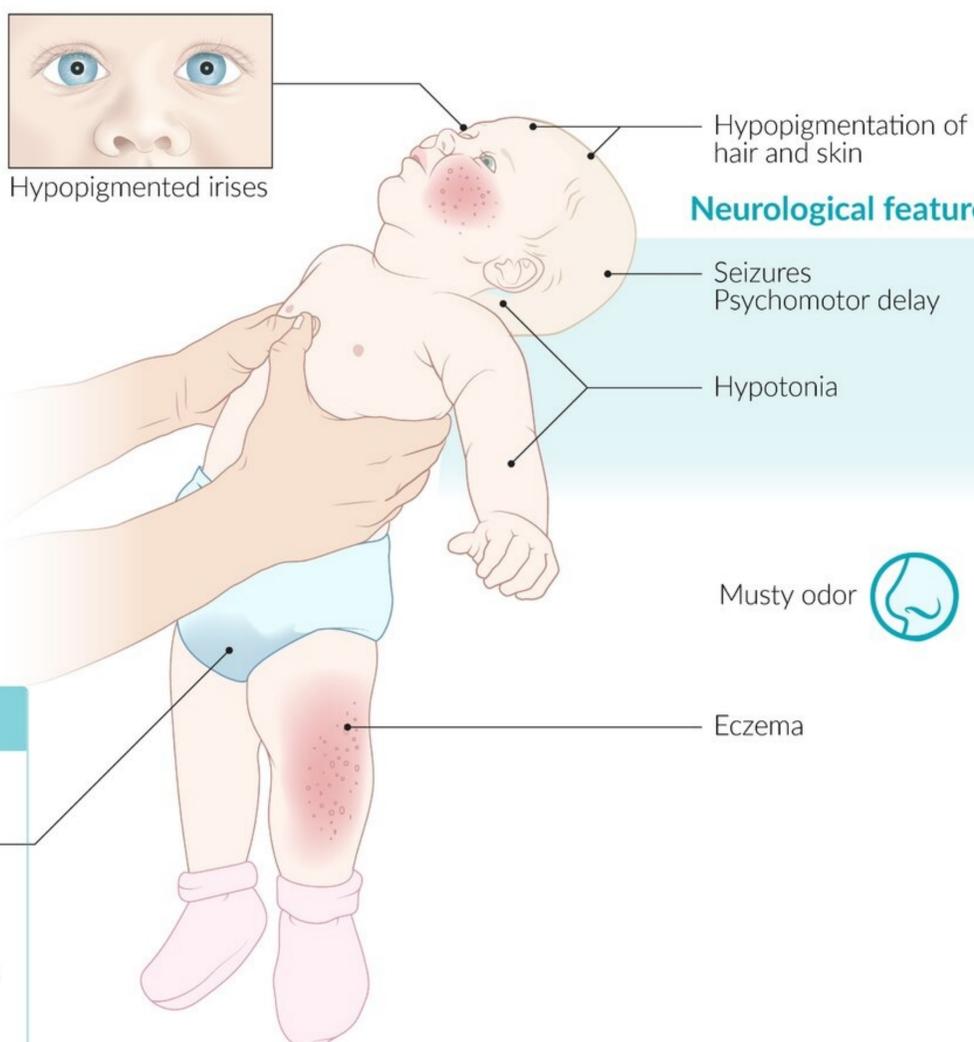
Seizures
Psychomotor delay

Hypotonia

Musty odor



Eczema



Lateral prone radiograph for imperforate anus

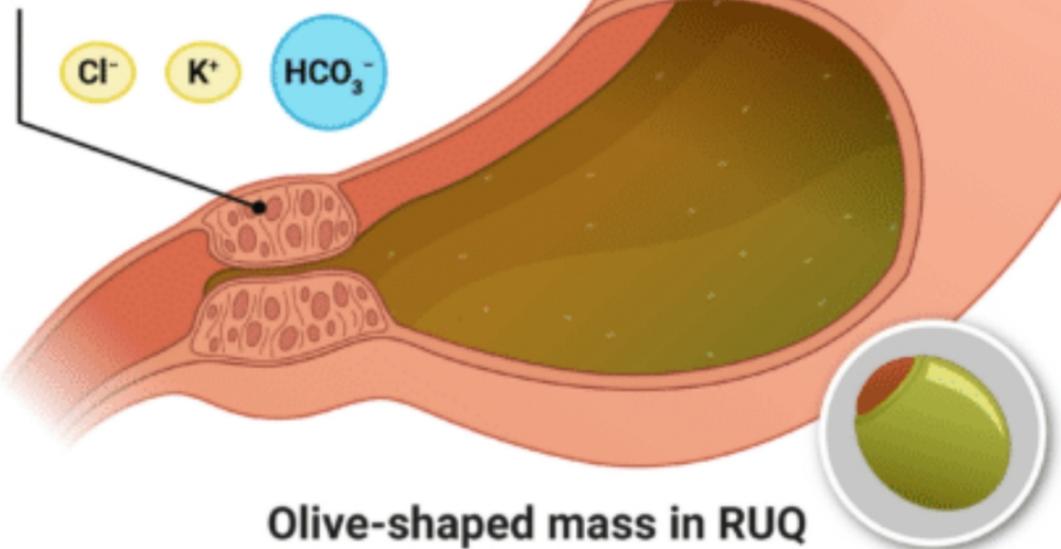


Pyloric Stenosis

Progressive nonbilious vomiting

Most common 2 weeks–2 months of life

Hypertrophied pylorus



Olive-shaped mass in RUQ

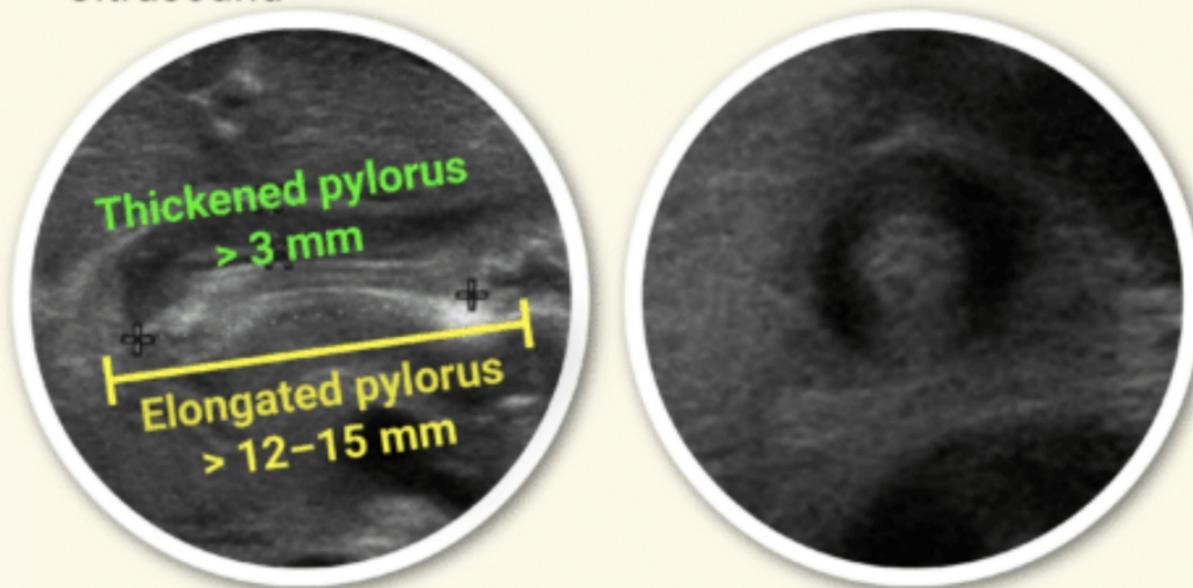
Hypochloremic hypokalemic metabolic alkalosis

Clinical

- Projectile, nonbilious vomiting
- Immediate postprandial vomiting
- Infant is hungry between feedings (hungry vomiter)

Diagnosis

- Ultrasound



Management

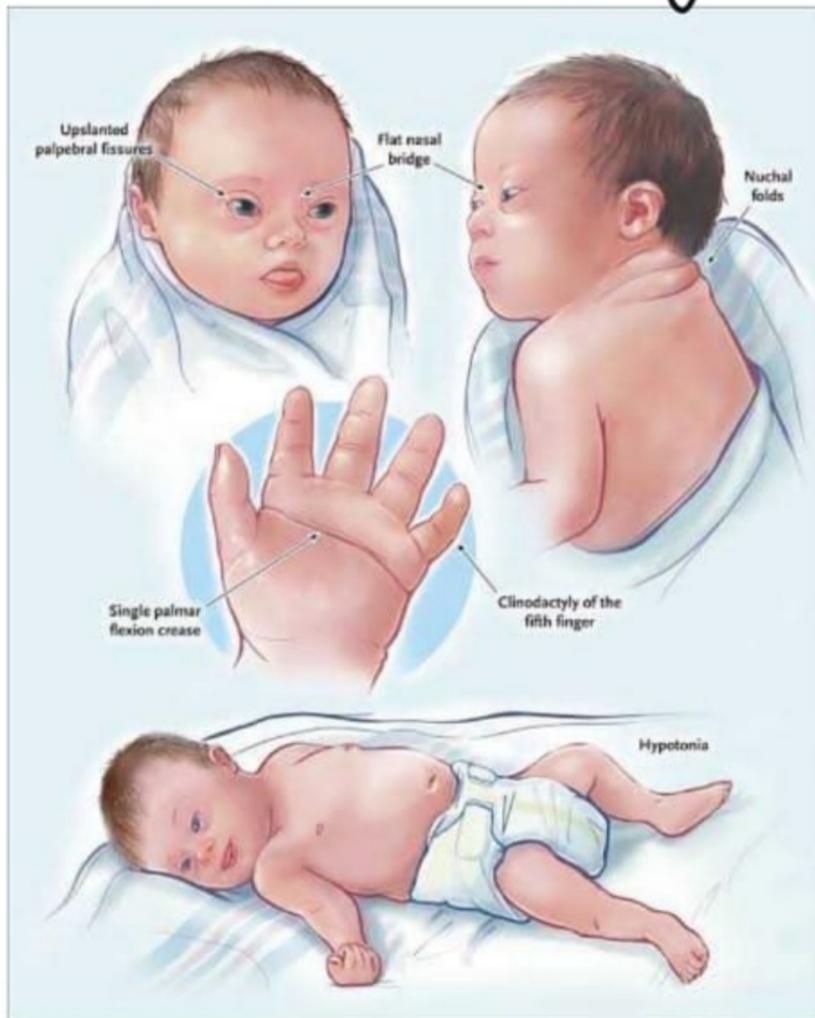
- Supportive, treat electrolyte imbalances
- Pyloromyotomy

Marfan Syndrome



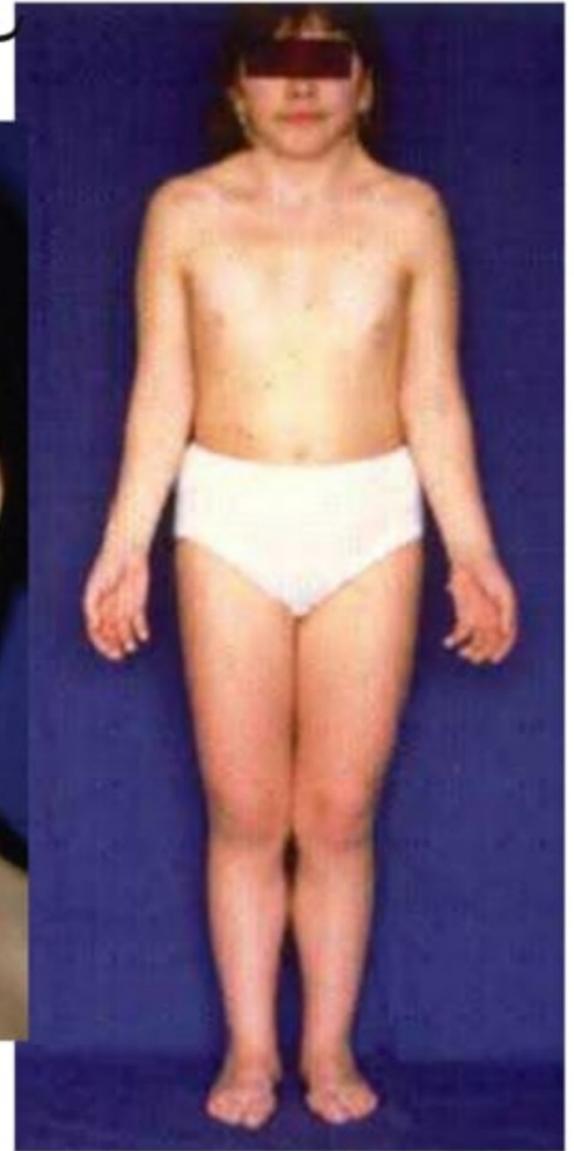
- Tall stature
- High arched palate
- Lens dislocation
- Mitral valve prolapse
- Aortic dilatation
- Aortic Dissection

Down's Syndrome



- Microgenia
- Macroglossia
- Epicanthic folds
- Single transverse palmar crease
- Complete AV septal defects

Turner's Syndrome



- Short Stature
- Broad Chest
- Webbed Neck
- Bicuspid Aortic valve
- Coarctation of aorta

Ehlers - Danlos Syndrome



• Elastic Skin

- Easy bruising
- Joint hypermobility
- Mitral Valve prolapse
- Aortic Aneurysms

What is Ehlers-Danlos Syndrome?

It is an inherited connective tissue disorder

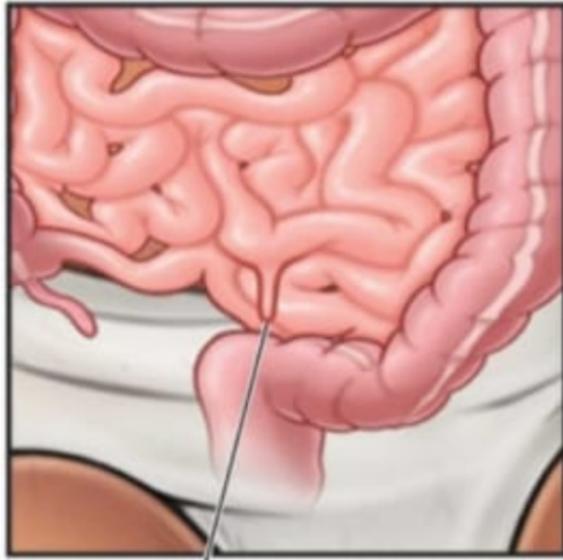
Associated with joint dysfunction

Associated with body-wide myofascial pain

Can contribute to pelvic floor dysfunction

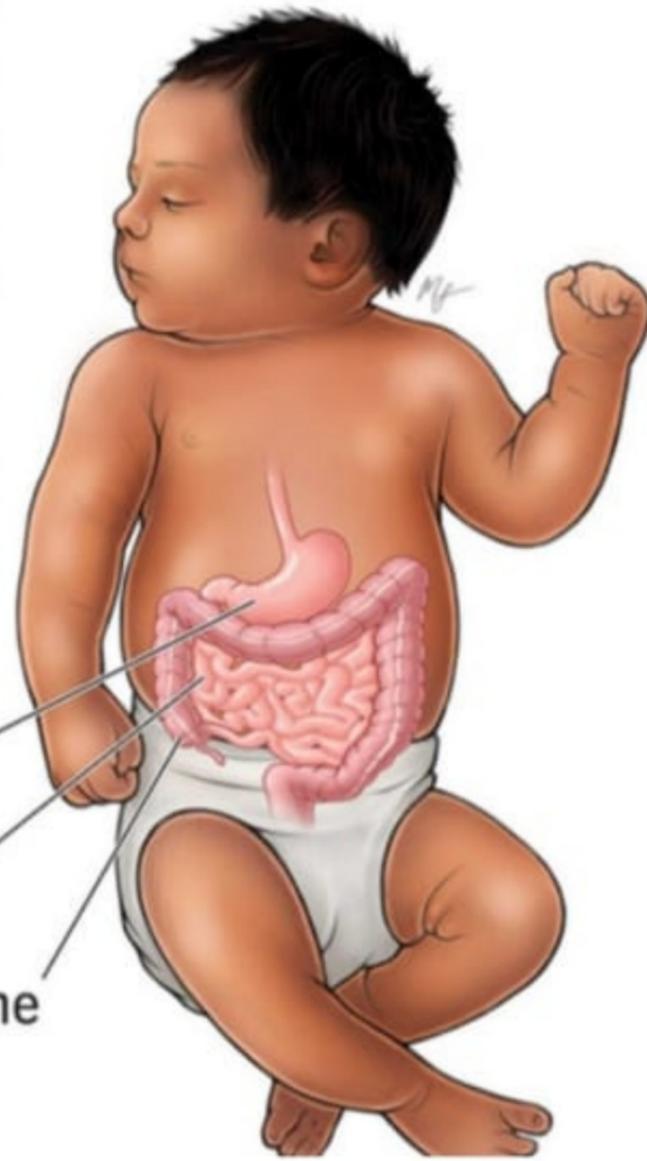
@pelvichealth

Meckel's diverticulum

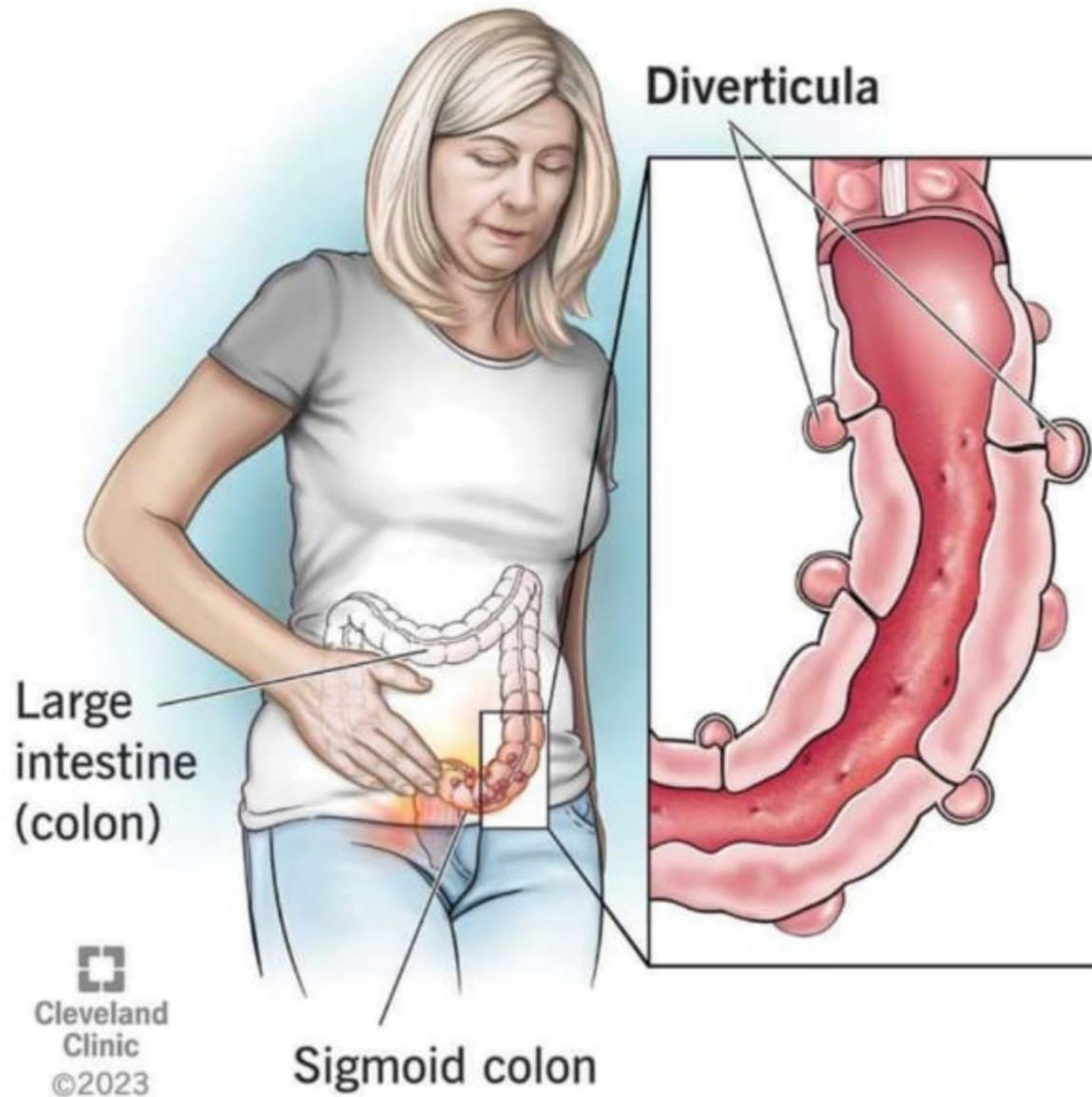


Meckels diverticulum

Stomach
Small intestine
Large intestine
(colon)



Diverticulosis



Diverticulitis is inflammation of irregular bulging pouches in the wall of the large intestine. Typically, the wall of the large intestine, also called the colon, is smooth. An irregular, bulging pouch in the colon wall is called a diverticulum. Multiple pouches are called diverticula.