CASE SCENARIO 7

31/10/2020

Lower GI Bleeding

A 52 Years old female Patient presented with occasional bleeding Per rectum for last one year.
Initially patient used to pass blood at an interval of about 15-20 days and persist for 2-3 days each time, but for last month patient is passing small amount of blood every time she passes Stool.
Patient Complains of alteration of bowel habit for last 6 months. Patient used to pass Stool twice a day, but for last 6 months patient noticed increasing Constipation and she is passing Stool once in 2-3 days and she has to take Purgatives for bowel movement.
Complains of dull aching pain in her left flank for last 3 months. She has some relief of pain with defecation
Complains of anorexia & weight Loss for last 6 months.
No urinary symptoms and no other Systemic Complaints.

On Physical Examination on general Survey there is mild Pallor & on abdominal examination the contour of the abdomen and umbilicus is normal. The abdomen is moving normally with respiration, no visible Peristalsis and pulsatile Movement is Seen.

There is a lump palpable in left lumbar region extending into the umbilical & left iliac fossa.
The lump is intra-abdominal ((10 cm X 8 cm)) in size, surface is smooth, margins are rounded, consistency is firm, there is no mobility with respiration, the lump is slightly mobile from side to side and up & down.
Liver, spleen, and kidneys are not palpable.
There is no other mass palpable.
There is no free fluid in abdomen and normal bowel sounds are audible.
Per rectal examination is normal except finger being smeared with blood. Systemic examination is normal.

Questions:

- What are the causes of lower GI Bleeding?
  - Small intestine: polyps / meckel's diverticulum / ulcers / Tumours / intussusception / Crohn's.
  - Large intestine: Angiodysplasia / Diverticulosis / CA Colon / ulcerative colitis / ischemic colitis.
  - Anal: Piles / Anal fissure / Carcinoma / fistula-in-Ano / injury.

Most common causes of lower GI Bleeding:

- Young Age: Meckel's diverticulum
- Adults: Hemorrhoids
- Elderly: CA Colon

- What is your diagnosis?

CA Descending Colon

- What are the points in favour of your diagnosis?

Elderly patient with:

- PR Bleeding
- Alternated bowel habits: increasing constipation
- Anorexia & weight loss
- LIF mass

⇒ CA Colon until proven otherwise

- What investigations will you suggest in this patient?

- Complete blood count ⇒ "Hgb" to assess anemia & severity
- LFT, RFT, Urea & electrolyte ⇒ To assess organ function in preperation for diagnostic & therapeutic procedures.
- Blood Grouping ⇒ if you need to correct severe anemia or anticipating complications in surgery.
- Carcinoembryonic Antigen (Tumor Marker) ⇒ A baseline CEA must be obtained as it carries prognostic value & can be used to monitor disease relapse.

Imaging:
- Erect Abdominal X-ray ⇒ To assess intestinal obstruction
- USS Abdomen ⇒ To Assess tumour fluid metastatic lesion in liver
- Barium Enema ⇒ Not used anymore
- Colonoscopy & Biopsy "Gold Standard" ⇒ To Assess Primary tumour & exclude other synchronus tumours.
↳ Biopsy to Confirm diagnosis ⇒ Most likely Adenocarcinoma
- Transrectal USS ⇒ for best Visualization of rectum.

For staging: TNM / Modified Duke's Criteria
- Contrast-enhanced Thoraco Abdominopelvic CT (CECT) → Gold Standard
- MRI for best visualization of pelvis
- Chest xray for lung metz
- Bone Scan ⇒ CA Colon Rarely Metastasizes to bone.
- Diagnostic laproscopy ⇒ To determine if tumour is operable or not.
- What operation will you do for this patient?

Depending on Staging.

Potentially Curative TTT:

Suitable for technically resectable tumours with no metz or potentially curable metz.
- Surgical resection (with lymphadenectomy) only Curative TTT:

Right hemicolectomy / Extended Right hemicolectomy / Left hemicolectomy.
- Hartmann's procedure ⇒ in emergency cases: Obstruction / Perforation

+ Adjuvant Chemotherapy:
For tumours with LN involvement or vascular invasion

+ Hepatic / Lung resection:
For patients with suitable mets and clear resected / resectable primary Tumour.

Palliative TT
For unresectable mets or unresectable primary Tumour
↳ Chemotherapy may effectively extend life expectancy with good quality of life.

Complications of Surgery:
- ileus / obstruction
- Hemmorhage
- Wound infection => Clean Contaminated wound
- Injury to surrounding organs (e.g ureters)
- Anastomotic Leakage
- Deep vein thrombosis (DVT) / Pulmonary embolism (PE)