

Large bowel and rectum

Case 1

Acute perforated appendicitis

22 years old woman has been admitted as an emergency with severe generalized abdominal pain, vomiting, and fever. On examination she looks toxic with marked tenderness, rigidity, and rebound tenderness all over her lower abdomen.

Questions

1. Do you know any scoring system to help in the diagnosis?
 2. What is your definitive investigation to consider in a doubtful diagnosis of a woman in this age?
 3. What is your treatment, and postoperative management?
 4. A week after her operation she returns looking toxic complaining of tenesmus. What will you suspect and how will you manage?
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Case 2

Familial adenomatous polyposis (FAP)

26 years old man presented 5 years back with loose stool, bright red rectal bleeding and passage of mucus for few months. He underwent a major bowel operation where large bowel was removed and he has a temporary stoma in the right iliac fossa for 3 months which was subsequently closed. He is well and on regular follow-up since his operation at the age of 21 yrs. His father died at the age of 38 yrs from bowel cancer.

Questions

1. Describe the hereditary nature of this condition
2. How do you keep the family under surveillance?
3. Once diagnosed, what is your definitive management
4. What do you understand by Hereditary Non-Polyposis Colon Cancer (HNPCC)