

CASE 1

* WHAT IS MOST LIKELY THE DIAGNOSES?

IT'S MOST LIKELY COLONIC CANCER SINCE THE PATIENT HAS POSITIVE FAMILY HISTORY OF COLON CANCER AND HE'S PRESENTED W/ WEIGHT LOSS AND ANEMIA.

* WHAT FURTHER INVESTIGATIONS ARE REQUIRED?

1 COLONOSCOPY W/ A BIOPSY OF ANY SUSPECTED LESIONS
 2 AFTER TISSUE DIAGNOSIS IS CONFIRMED WE SHOULD DO BLOOD STUDIES INCLUDING:

- 1 LFT (LIVER FUNCTION TEST)
- 2 RFT (RENAL FUNCTION TEST)
- 3 CEA (SERUM CARCINO EMBRYONIC ANTIGEN) → PROGNOSTIC
- 4 CBC

3 IMAGING: (FOR STAGES PURPOSES)

- 1 ~~ABD~~ ABDOMINAL / PELVIC CT
- 2 ABDOMINAL / PELVIC MRI
- 3 CONTRAST USS OF ABDOMEN & LIVER
- 4 CHEST X-RAY OR CT SCAN.

* WHAT IS THE APPROPRIATE TREATMENT?

1 SURGERY IS THE ONLY CURE FOR LOCALIZED COLON CANCER SO IN CASE THIS PT HAS LOCALIZED TUMOR WE SHOULD DO TOTAL ABDOMINAL COLECTOMY, SINCE HE HAS A FAMILY HISTORY W/ ILEORECTAL ANASTOMOSES

2 IF TUMOR TURNED OUT TO BE METASTATIC WE DO CHEMOTHERAPY WE COULD ALSO REMOVE LIVER MET AND PERFORM SURGERY ON THE COLONIC TUMOR IF PT PRESENTED W/ OBSTRUCTION OR PERFORATION IN THE FUTURE.

CASE 2

* WHAT IS THE D/D?

- 1 MILD FLARE UP OF ULCERATIVE COLITIS
↳ SINCE PT PRESENTED W/ DIARRHEA WITHOUT BLOOD
- 2 CHRON'S DISEASE
- 3 CATHARTIC COLON
- 4 ENTEROCOLITIS

* WHAT ARE THE INVESTIGATIONS REQUIRED?

1 BLOOD STUDIES

- CBC → ANEMIA / THROMBOCYTOSIS
- METABOLIC PANEL:
 - ↳ HYPOALBUMINEMIA (<3.5 g/dl)
 - ↳ HYPOKALEMIA (<3.5 mEq/L)
 - ↳ HYPOMAGNESEMIA (<1.5 mg/dL)
 - ↳ ELEVATED ALKALINE PHOSPHATASE (PRIMARY SCLEROSING CHOLANGITIS) > 125 U/L
- ESR / CRP / FECAL CALPROTECTIN → MARKER OF ACTIVITY OF INFLAMM.
- STOOL ASSAYS TO RULE OUT ENTEROCOLITIS.

2 ENDOSCOPY AND BIOPSY: FULL COLONOSCOPY

↳ FINDINGS ON ENDOSCOPY:

- 1 LOSS OF VASCULAR PATTERN
- 2 GRANULAR AND FRAGILE MUCOSA
- 3 ULCERATIONS / PSEUDOPOLYPOIDS

MULTIPLE BIOPSY SAMPLES SHOULD BE OBTAINED FROM BOTH NORMAL AND ENFLAMED MUCOSA.

BIOPSY WILL SHOW INFLAMM. CONFINED TO MUCOSA AND SUBMUCOSA IN UC.

3 SEROLOGICAL MARKERS:

↳ ANTI-NEUTROPHILIC CYTOPLASMIC ANTIBODIES (ANCA)

4 IMAGING: TO DIFFERENTIATE BETWEEN CHRON'S AND UC

CROSS SECTIONAL IMAGING (EMR / CT)
TO SHOW EFFECTS ON BOWL WALL → CHRON

* WHAT IS THE APPROPRIATE ACTION?

SINCE PATIENT IS PRESENTED W/ MILD SYMPTOMS
WE SHOULD TREAT HIM W/ AMINOSALICYLATES → ORALLY / AS A SUPPOSITORY OR
THROUGH ENEMA

SURGERY IS INDICATED IN CASES OF:

- FAILURE OF MEDICAL TREATMENT.

1 INDICATIONS FOR URGENT SURGERY:

- TOXIC MEGACOLON REFRACTORY TO MEDICATION
- FULMINANT ATTACK REFRACTORY TO MEDICATION
- UNCONTROLLED COLONIC BLEEDING.

2 INDICATIONS FOR ELECTIVE SURGERY

- LONG TERM STEROID DEPENDENCE
 - DYSPLASIA OR ADENOCARCINOMA FOUND ON BIOPSY
 - PRESENCE OF DISEASE FOR 7-10 YEARS.
-