

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

surgical forum

Presented by ■

Afnan Basil ■

Supervised by Dr. Abdulrahman ■

AlShahwani



Ali A. A. ■

10 years old ■

Male ■

Muslim

Chief complaint:

painful defecation

duration for 1 year




## ■ History of present illness:

■ *The patient was diagnosed as juvenile rheumatoid arthritis when he was 3 years old receive methotrexate & prednisolone as treatment*

■ *His current problem started as diarrhoea when he was 7 years old which was yellow in color loose in consistency about 3 -4 times aday*

■ *2 years later became More than 10 times aday*

■ *Contain mucous, pus & blood associated with tenesmus*



*Associated with mild lower abdominal pain of  
gradual onset dull aching intermittent no  
relieving factors*

*No aggravating factors no radiation*





The relative noticed that he markedly lost weight

He needed blood transfusion 2 times

For severe anemia

His appetite was good

No vomiting ,no nausea

No jaundice

No fever



## Review of other systems ■

CVS : -VE ■

RESPIRATORY: -VE ■

NERVOUS SYSTEM: headache ,dizziness ■

MUSCLOSKELETAL : generalized body weakness ■  
,difficulty in walking

GENITOURINARY SYSTEM : -VE ■



# PAST MEDICAL HISTORY :

- juvenile Rheumatoid arthritis diagnosed when he was 3 years old treated with prednisolone & methotrexate with partial improvement

# PAST SURGICAL HISTORY :

Haemorrhoidectomy ■

Herniorrhaphy ■

2 years ago ■

Was smoothed with no post operative complications ■

Circumcision was at 2 month age smooth without complication ■



# DRUG HISTORY :

Prednisolone 5 mg 2 \*1 daily ■

Methotrexate 1 tab weekly ■

From age of 3 years stopped at 7 years old ■

because they severely affect patient growth



# FAMILY HISTORY :

His uncle had rheumatoid arthritis ■

There is hypertension & diabetes in the family ■



No family history of inflammatory bowel disease ■

# SOCIAL & PERSONAL HISTORY :

his Parent are seperated and he live with his aunt ■

poor socioeconomic state ■

Not smooker ■

No animals in the house ■

Crowding index 11 / 3 ■

# EXAMINATION

## *General examination*

10 years boy old conscious alert

Look cachectic

Anaemic

No jaundice

Not dyspnoeic

No lymph nod enlargement

No clubbing

No leg edema





Weight 9.5 KG  
height 118 cm



### VITAL SIGNS

Pulse 95 beat /min

Respiratory rate 19 breath / min

Temperature 37.1 degree

*Abdominal examination :normal  
apart of lower abdominal tenderness*

*PR: anal verge look edematous  
patulous with multiple fissuring  
there is severe redness &  
excoriation of perianal skin*

*By palpation there was thickened  
edematous irregular mucosa of  
the rectum*




# Musculoskeletal system

Limitation of movement in  
both knees & elbows

swelling of both knees

Muscle wasting involve  
whole extremities





Other systems examination  
were normal



# DIFFERENTIAL DIAGNOSIS :

- 1\_chronic amoebiasis with multiple ulceration ■
- 2\_malabsorption syndrome ■
- 3\_inflammatory bowel disease ■
- 4\_intestinal lymphoma ■

# General stool examination

- Heavy pus cell
- And heavy monilia infection

وزارة الصحة  
دائرة صحة تبوك  
مستشفى الخساء التخصصي  
شعبة المختبر

اسم المريض /  
العمر /

الجنس /

General Stool Exam.

Color :  
Appearance :  
Reaction :  
Occult Blood :  
R B Cs : (2-3)  
Pus cells : (####)  
Cyst : N/A  
Troph. : N/A  
Ova : N/A  
Monillia : (###)  
Bacteria :  
Others :

اسم الفاحص :  
تاريخ الفحص : 11/14

OGD WAS NORMAL

مستشفى ابن سينا التعليمي في الموصل - وحدة التنظير الداخلي

تظهير أعلى الجهاز الهضمي Upper GIT Endoscopy

المرضى: السيد / م. م. / رقم الملف: 5736/11

Premedications: Valium  Buscopan  Local xylocain

Clinical presentation: Ch. Abd pain + Diarrhoea.

Site of the lesion	Description	
	Ant.	Post.
Esophagus.	Normal	
Stomach	Normal	
Duodenum	Normal	

Biopsy  From 2nd part of duodenum.

Al\_Jamhori Teaching Hospital  
Mosul -Iraq  
Histopathological Report

Ref.No 5736/11 File No. Hospital

Name: علي ادهم Gender: male Age: 8 (M/Y)

Consultant: date of Operation

Clinical Presentation and Provisional Diagnosis

Gross Pathology

Microscopic Picture  
Small bowel OGD biopsy; two tiny fragments;  
-Villi and crypts are morphologically unremarkable, with adequate V/C ratio and adequate cellularity of lamina propria .  
-No Giardiasis.  
-No malignancy.  
Comment; No features of malabsorption , or infection.

Best regards

Date: 12/28/2011

BIOPSY WAS TAKEN FROM SECOND PART OF DUDENUM SHOW NO FEATURES OF MALAPSORPTION OR INFECTION

# How many inflammatory bowel disease are there ?

1-Crohns disease ■



2-Ulcerative colitis ■



3\_Inflammatory bowel disease of un ■  
determined pathology

# What are the typical clinical features of ulcerative colitis

1\_unexplained diarrhoea (with blood or mucous) for more than 2 weeks ■

2\_anemia ■

3\_fever ■

4\_progressive weight loss ■

All degrees of severity are encountered ■

Prodromating symptoms varies from patient to other ■

# What are the main pathological differences between ulcerative colitis and crohns disease

- \_crohns disease is transmural inflammatory process that most commonly occur in the terminal ileum
- \_histologically crohns disease depend on demonstration of granuloma & multiple ulcers

\_ulcerative colitis is chronic inflammation of the rectal & colonic mucosa

# What are the percentage of perineal complications in ulcerative colitis

- It occur between 10 \_20 % of patient
- While in crohns disease it is about 1/3 of patients

# *Investigations*

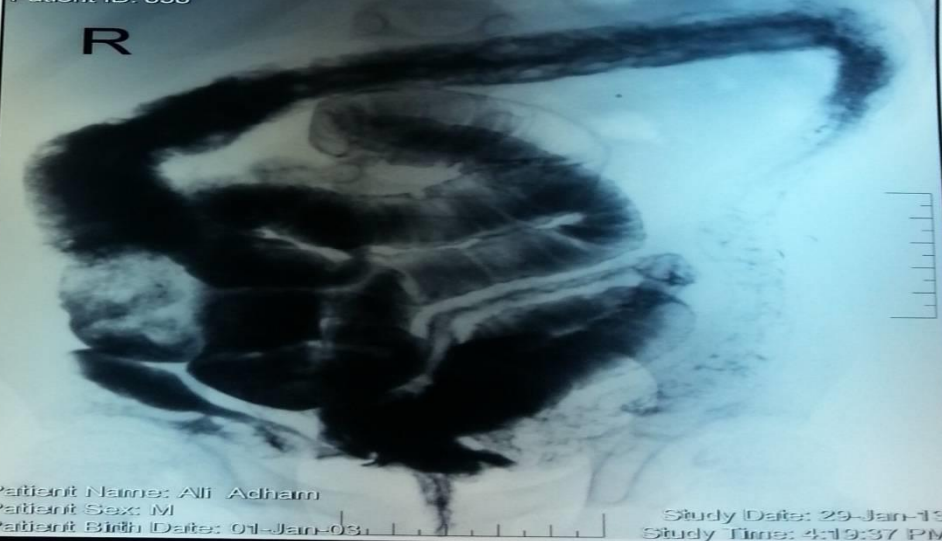
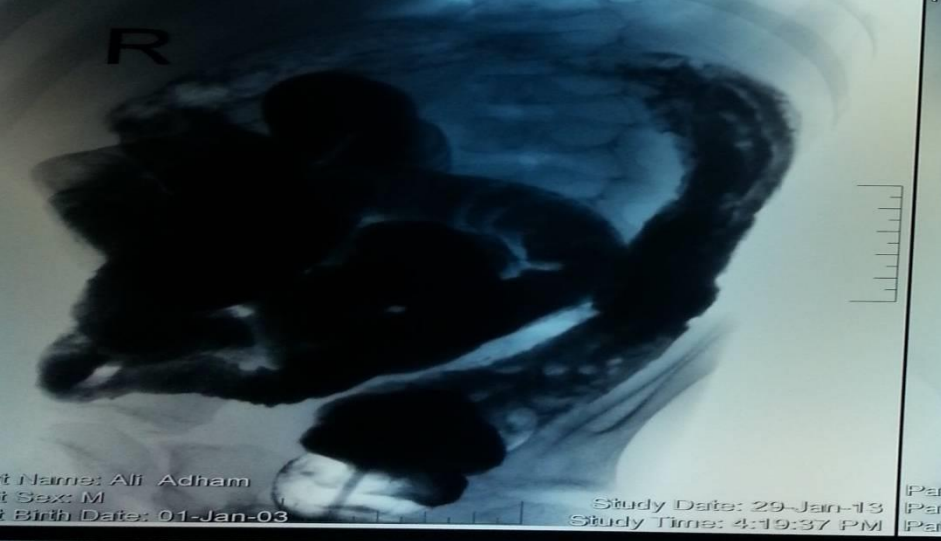
\_ Barium enema ■

\_endoscope : OGD & colonoscopy ■

With biopsies ■



# Barium enema





- Multiple small filling defects like within left colon
- Incompetent ileocaecal valve with contrast flow toward terminal ileum





- Irregular outer wall with lost hausteration .
- picture suggestive long standing inflammatory event



# Rectal biopsy

Surgeon		د. عبدالرحمن عبدالعزيز	Slide	date	30-Januar
clinical summary					
specimen	Rectal biopsy.				
diagnosis					
gross	Tiny piece of tissue all taken.				
<b>microscopy</b>					
<p>Section show rectal biopsy with mucosal surface show ulceration, erosions, surface irregularity with intense capillary dilatation and congestion associated with neutrophile polymorphs in lamina a propria and few in crypt lumina as well as mucin depletion in the crypts.</p> <p>Features highly suggestive to be of that of (( ulcerative colitis )).</p>					
<p>الدكتورة وسناء عبدالكريم بورد هستوناثولوجي</p>					
Pathologist		د. وسانا عبدالكريم/د. قصي محمد			

# Colonoscopy features of chronic inflammation with multiple polyposis ( pseudopolyps )

Drugs Used:		الجنس: ذكر	العمر: ١٠		
Referring Used:		٢٠١٣ / ٤ / ٧	التاريخ:		
	غيرها	عيادة خارجية:	عيادة خاصة:	الردفة:	المستشفى:

Procedure: Colonoscopy up to splenic flexure

features of chronic inflammation +  
multiple polyposis ( pseudopolyps )

Findings: multiple biopsies taken &  
sent for histopathology



Biopsies:

Photos:

# Colonic biopsy show chronic non specific colitis

Mosul -Iraq

## Histopathological Report

مستشفى الجمهوري التعليمي  
موصل-العراق

م. الجمهوري التعليمي

Ref.No	4643/11	File No.		Hospital	
Name:	علي ادهام	Gender:	male	Age:	0 (M/Y)
Consultant:		date of Operation			

### Clinial Presentation and Provisional Diagnosis

#### Gross Pathology

One tiny piece of tissue , all taken .

#### Microscopic Picture

##### Colonic Biopsy :

- Sections examined show strip of large bowel with chronic non-specific colitis .
- Neither granuloma , Nor mucous depletion .

Best regards

# Biopsy of the pseudo polyps show no malignant changes

Histopathological Report		موصل-العراق	
Ref.No	657/13	File No.	
Name:	علي ادھام	Gender:	male
Consultant:		Age:	10 (M/Y)
Clinical Presentation and Provisional Diagnosis		date of Operation	
Gross Pathology		Dr.Anmar	
Two tiny pieces, all embedded			
Microscopic Picture			
Sections show strips of large bowel mucosa with juvenile polyp .			
-No malignancy is seen .			
Best regards			

Provisional diagnosis is

ULCERATIVE  
COLITIS







# TREATMENT

The patient received salazopyrine 250 mg 2 ■  
times daily with very poor response

# What are the indications of surgery in ulcerative colitis

- 1\_severe inflammation un responsive to medical treatment ■
- 2\_severe disease with growth delay or delay in pubertal development ■
- 3\_acute haemorrhage ■
- 4\_Perforation ■
- 5\_toxic megacolon ■

# What are the surgical options


\*subtotal colectomy with ileorectal anastamosis ,removal of rectum may be needed after 10 years

\*proctocolectomy with

\_ileoanal anastamosis with ileal resorvoir

\_ileoanal anastamosis without resrvoir

(soave pullthrough procedure)

- 
- After one month of treatment he was referred to alkhansaa hospital for total parenteral nutrition after deterioration in his general health & poor appetite

# He resumed oral feeding after 5 days

2 days later he developed around mouth tingling with carpopedal spasm

Calcium and potassium were added

تمريض طب العيون  
 الاسم: علي اوهنا  
 العمر: 32  
 الجنس: م  
 التاريخ: 2017/11/23  
 اسم الطبيب: د. محمد علي  
 استمارة الفحوص المختبرية لـ

TEST	NORMAL VALUE
BLOOD UREA	(3.3-7.5mmol/L)
S.CREATININE	(Up to 124mmol/L)
S.SODIUM	(136-145mmol/L)
S.CHLORIDE	(95-105mmol/L)
S.PHOSPHRUS	(0.8-1.4 mmol/L)
S.CALCIUM Ionized Ca++	(1.0-1.3mmol/L) (الاربع 1.0-1.2 - 6.3)
S.CHOLESTEROL	(<5.2mmol/L)
S.TRIGLYCERIDES	(<2.3mmol/L)
S.HDL	(≥0.9mmol/L)
S.LDL	Optimal (<2059mmol/L) Border line (3.07-4.9mmol/L) High (3.07-4.9mmol/L)
S.V.L.D.L	(<0.53mol/L)
ATHEROGENIC INDEX	<5
S.TOTAL PROTEN	(60-80 g/L)
S.ALBUMIN	(36-52g/L)
S.GLOBULIN	(24-37 g/L)
S.potassium	2.95 (3.5-5.3 mmol/L)
S.Uric Acid	M (208-428 umol/L) F (155-357 umol/L)
S.Total Bilirubin	(<17 umol/L)
S.Bilirubin(Direct)	(<5umol/L)
S.Bilirubin(Indirect)	(<12umol/L)
S.Alkaline Phosphates	ADULTS (21-92u/L) CHILDREN (71-142u/L)
S.A.L.T.(G.P.T.)	(Up to 12 U/L)
S.A.L.T.(G.O.T.)	(Up to 12 U/L)
S.AMYLASE P.AMYL	(<100 U/L) (<53U/L)
S.ACIDE PHOSPATASE PROSTATIC	(Up to 11 U/L) (Up to 4 U/L)
CPK	M (24-195 U/L) F (24-170 U/L)

مستشفى العيادات التخصصية  
 صبح محمد علي  
 كيميائي اختصاصي

Exami  
 Date : 23

وزارة الصحة / مطابع دائرة العيادات الطبية الشعبية

The diarrhoea became more severe and associated with blood &

there was occasions when the patient pass only large amount of blood

he received 2 unit plasma & 1 unit of blood but his condition is still deteriorated and he died after 2 week of his last admission

I thank  
you!

