



Case report

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History

- Patient, male, 73 yo;
- admitted with severe abdominal pain, about two weeks long,
- history of long term dyspeptic polymorph troubles, anorexia, unintentional weight loss and diarrhea;
- Depression,
- st.p salvage radiotherapy of prostatic cancer 2021
- CRP 25, WBC 9, CT scan (initial)







Surgical intervention, peroperative result?

- Surgery: ileus with perforation of ileum, peritonitis inflamed appendix; suture of perforated ileum appendectomy; antibiotic therapy of peritonitis
- Histopathology on the other hand verified **secondary appendicitis**, appendix was inflamed secondary after the rupture of the ileum, no signs of malignant cells

Postoperative care and complications

- Diarrhea, anorexia, abdominal discomfort
- mental deterioration of already existing depressive disorder ☹️
- Suicidal tendencies
- Transfer to psychiatric clinic
- Reoccurrence of abdominal pain with subileous verified by next CT

Next CT scan

- Small bowel ileus/subileus
- Irregular thickening of the colon ascendens and transversum
- Conservative treatment and examination by gastroenterologists

Coloscopy and gastroenterology results

- Delayed coloscopy, biopsy, fecal calprotectine
- Not IBD
- Not radiotherapy induced stenosis
- Not tumor
- Not infectious disease
- Verified stenosis of colon ascendens
- Parenteral feeding

Surgical therapy options

- Observation, reobjectivation (coloscopy)

Discussion

- right hemicolectomy