





Zagreb September 2024; Dr. Lucia Cabanová & Dr. Martina Vytešníková

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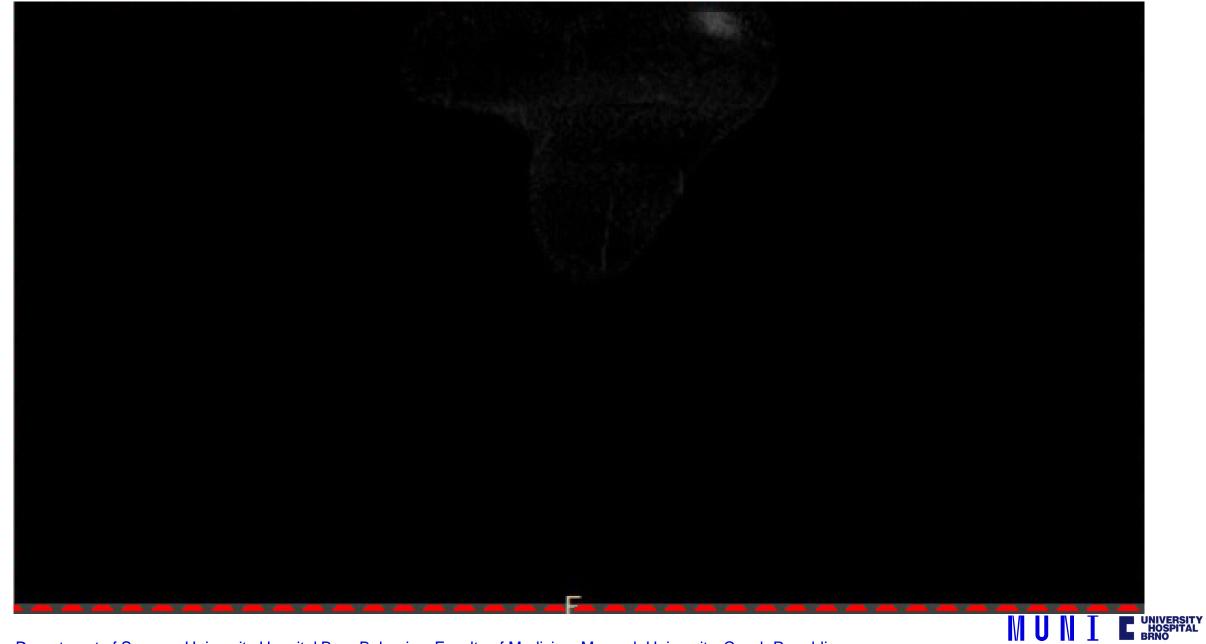
## **History**

- 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)



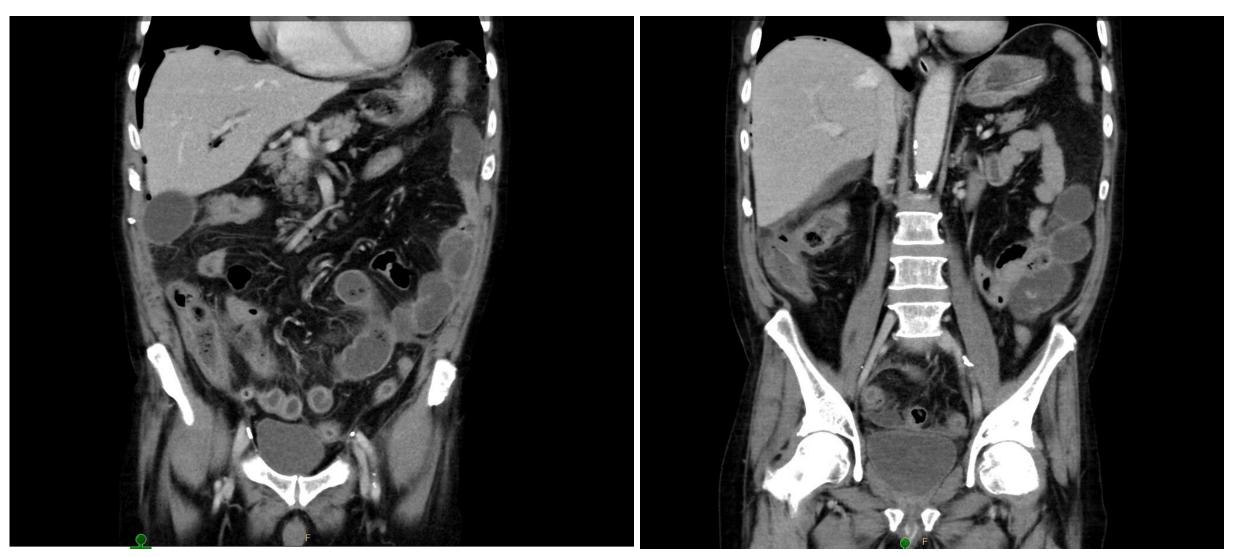
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#### Surgical intervention, peroperative result?

 Surgery: ileus with perforation of ileum, peritonitis inflamed appendix; suture of perforated ileum appendectomy; antibiotic therapy of peritonitits

 Histopathology on the other hand verified secondary apendicitis, appendix was inflamed secondary after the rupture of the ileum, no signs of malignant cells



#### **Postoperative care and complications**

- Diarrhea, anorexia, abdominal dyscomfort
- mental deterioriation of already existing depressive disorder 😕
- Suicidal tendencies
- Transfer to psychiatric clinic
- Reocurrence 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, reobjectivitation (coloscopy)



### **Discussion**

right hemicolectomy

