

Surgery Collaborative and Long-term Practical Experience Learning **SCaLPEL**

Case report

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**Co-funded by
the European Union**

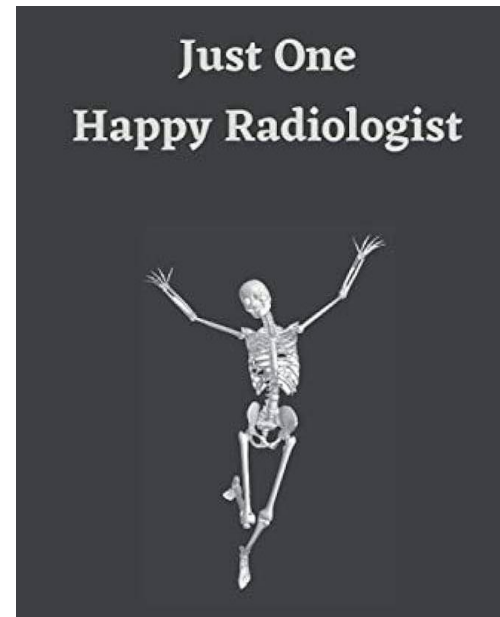
Emergency room

- * Male (50 y)
- * innumerable stools of mucus with blood (last 24h)
- * multiple loose bloody stools (avg. 8 daily) since last month, lost 10 kg
- * No fever
- * Ulcerative colitis since 1994
- * Colonoscopy 1 month ago - erythematous, friable mucosa 40 cm in length from dentate line
- * *Th*: Mesalazine, Methylprednisolone 32 mg, Pantoprazole 20 mg
- * Allergies: none

- * Abdomen: soft, elastic walls, painless but sensitive to deep palpation in the lower part of the abdomen, without defenses

LAB

- * $E\ 3.43 \times 10^{12}/L$
- * Hb 120 g/L
- * $L\ 13.9 \times 10^9/L$, neu 89.7%
- * CRP 140 mg/L
- * $PLT\ 75 \times 10^9/L$



- * Admitted to gastroenterology department!

AT THE GASTROENTEROLOGY



- * Adenovirus + in stool
- * CMV IgG +
- * EBV IgG +
- * VZV IgG +

AT THE GASTROENTEROLOGY

Th:

- * Solumedrol 80 mg, CaCO₃ 1000 mg, OleovitD3 10 kapi, 1000 ml f.o., 1000 ml 5%glukoze, Plasmalyte 1000 ml, Controloc 40 mg i.v., Clexane 0.4 ml s.c. Normabel 5 mg 3x1 tbl, Cerson 5 mg, Tramal 50 mg s.c., Actrapid

AT THE GASTROENTEROLOGY

Day	1	2	4
Hb g/L	100	98	105
L x 10 ⁹ /L	11.1	5	5
CRP mg/L	100	48	30

Stil multiple loose bloody stools!



 **Infliximab**

Day	7
Hb g/L	121
L x 10 ⁹ /L	22.9
CRP mg/L	256

AT THE GASTROENTEROLOGY

Infliximab

Day	7
Hb g/L	121
L x 10 ⁹ /L	22.9
CRP mg/L	256
Creatinine μmol/L	223
AST U/L	188
ALT U/L	357
PLT x 10 ⁹ /L	40



AT THE GASTROENTEROLOGY

- * Abdomen: diffusely painful on palpation, especially under the left costal arch, without defenses, without organomegaly

TH: Tramal 100 mg s.c.



AT THE GASTROENTEROLOGY

WHAT NOW?

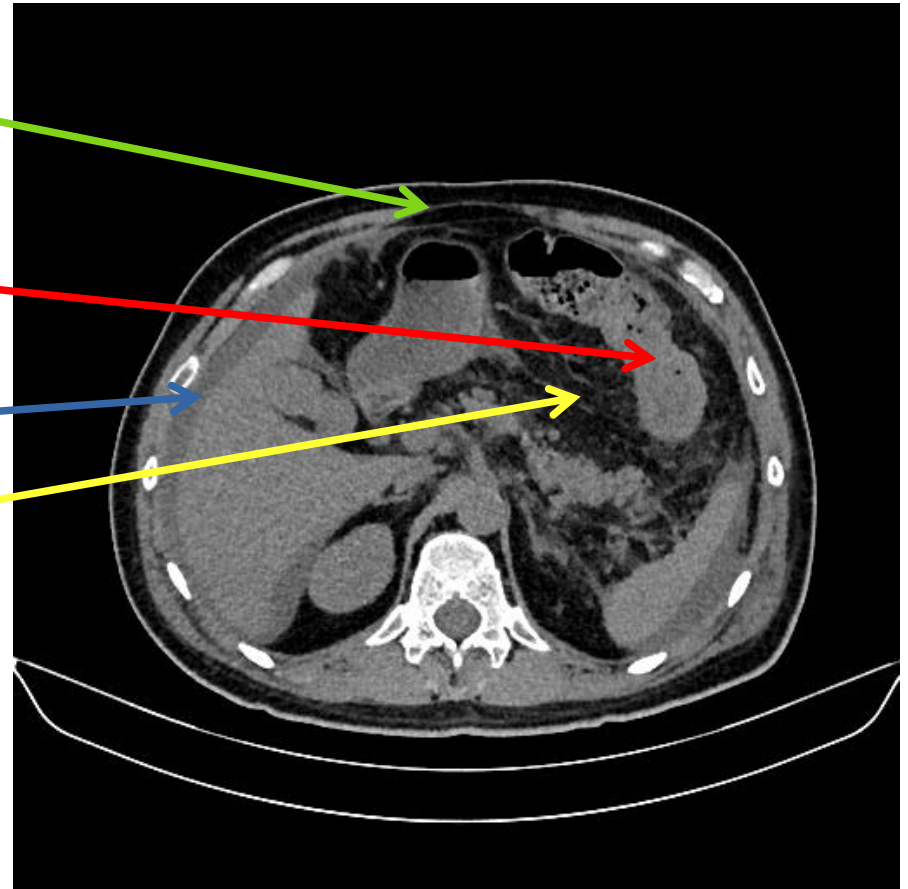
A) Surgery

B) Diagnostics

C) Conservative th.

MSCT

- Pneumoperitoneum
- Collapsed descending and sigmoid colon with thickened intestinal wall
- Liquid content
- Peritoneal fat stranding
- Conclusion - **colonic perforation**



Transfer



"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."

RR 90/40 mmHg, c/p 140 min

Intraoperative finding

Head



Legs

Right

IN THE OR

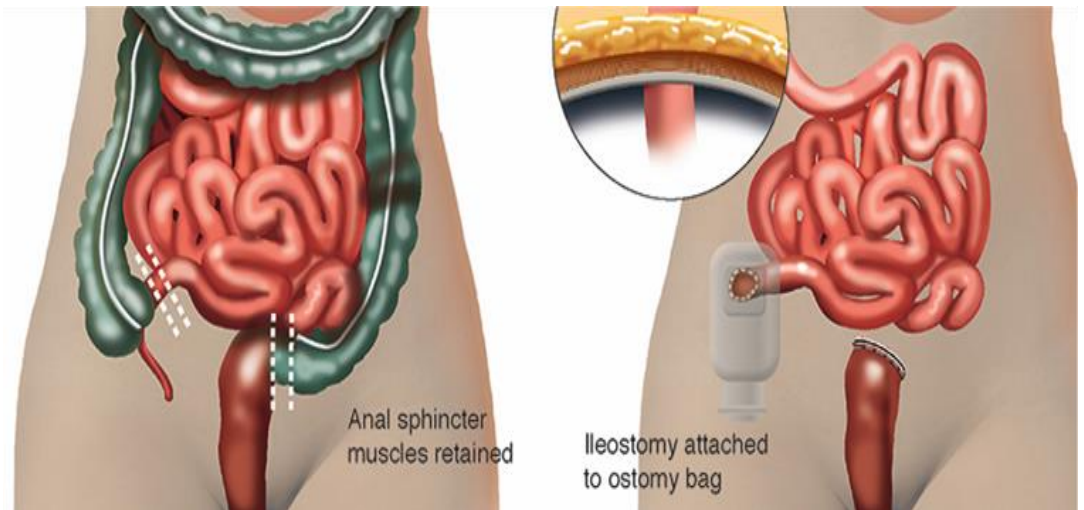
WHAT NOW?

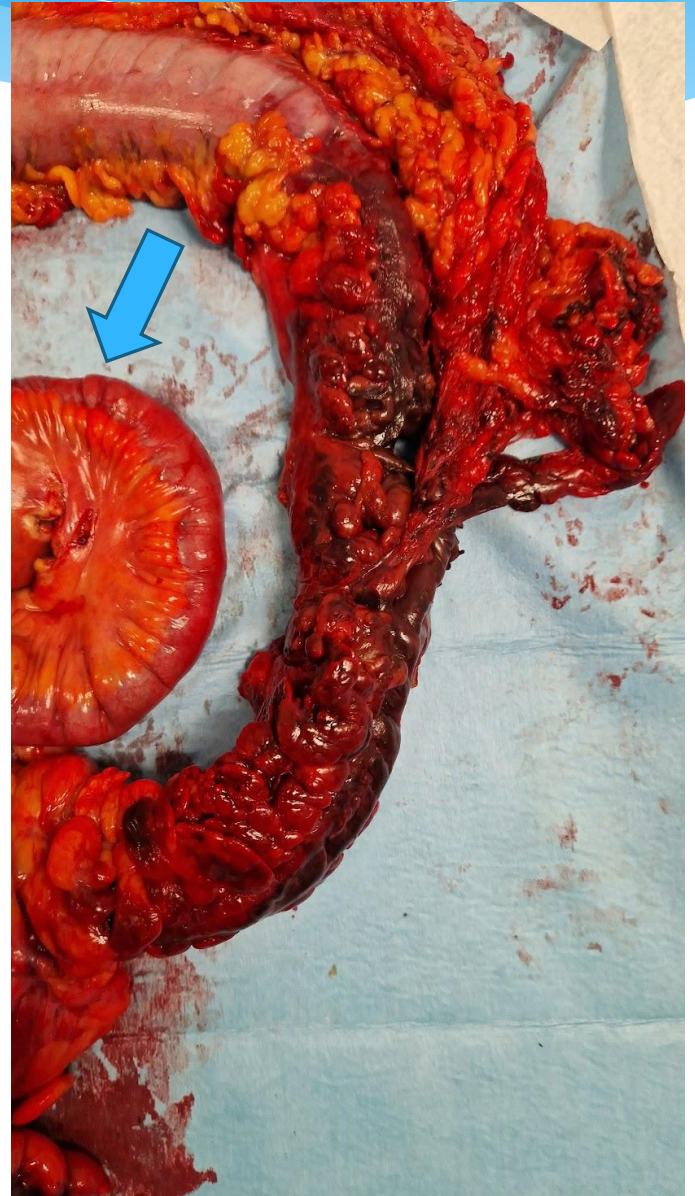
A) Laparotomy and left colectomy with colostomy

B) Laparotomy and total colectomy with ileostomy

C) Laparotomy and subtotal colectomy with ileostomy

- *Subtotal colectomy with end ileostomy
- *Microbiological swabs
- *Drainage





ICU

- * Respirator: 10 h and 30 min
 - * Antibiotics: Meropenem, Vancomycin
 - * TPN:
 - SmofKabiven Extra Nitrogen 20 ml/h
 - + Soluvit, Vitlapid i Addamel
- 3 days

Microbiology

- * *Enterococcus faecium*
- * *Escherichia coli*
- * *Enterococcus faecalis*
- * *Proteus mirabilis*

Ward

- * EN
- * Physical therapy
- * Stoma therapist consultations

Ward

- *Examined by gastroenterologist –
instructions and appointment for follow-up
- *Discharged 11th postoperative day

Pathology

Necrosis intestini crassi cum perforatione

- *26 cm of ileum, 65 cm of colon, greater omentum
- *Perforation 24 cm proximal from distal resection site
- *Thickened intestinal wall in the distal 33 cm with inflammatory cell infiltration

ECCO Guideline/Consensus Paper

ECCO Guidelines on Therapeutics in Ulcerative Colitis: Surgical Treatment

