

SURGICAL PHOTO QUIZ

By
Egyptian Group for Colorectal Surgeons
Ahmed A Abou-Zeid
Professor of Surgery Ain Shams University
Email: ahabaz@hotmail.com



Male patient 52 years old presented to the casualty complaining of absolute constipation, abdominal discomfort and distension of 3 days duration. The patient had three months history of tenesmus, passage of mucus and blood per rectum and difficult evacuation. The patient lost 5 kg in the last few months and he also had loss of appetite. Examination showed that the patient was in agony, but his vital data were maintained. The abdomen was distended but soft. PR examination was insignificant. Erect plain X- ray of the patient is shown. What do you suggest the next action would be?

1. Conservative treatment (nasogastric suction, iv fluids, monitoring)
2. Immediate exploration after rapid preparation
3. Urgent contrast enema and proceed
4. Investigate the patient to exclude GI pathology
5. Reassure

Send your answer to ejs@ess-eg.org

The correct answer and a short comment on the condition will be presented in the next issue of the journal.

The correct answer for previous Photo Quiz (Vol 26, No 2, April, 2007)

The best answer is: Operate, dismantle anastomosis, left iliac colostomy.

In this particular patient, faeces are coming out from the wound and drain site and he has ileus. This means that the leak is uncontrolled and conservative treatment will not be effective and may be dangerous. Covering ileostomy is suitable in case of very low colorectal or coloanal anastomosis in which there is minimal anastomotic disruption and the bowel edges are viable. Having the anastomosis high up at the level of the pelvic brim makes the ideal choice is to dismantle the anastomosis and redo at a later date after the patient condition stabilizes. Suturing a leaking anastomosis is always contraindicated.

