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Colonic Malignancy Managed by Different Procedures and a Comparative Study.

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ABSTRACT

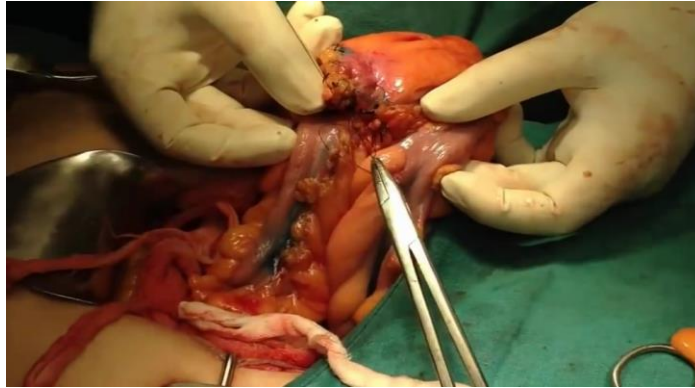
A colonic malignancy can present with various clinical manifestation with bleeding P/R alter bowel habits intestinal obstruction etc. here we can presenting 3 case of colonic malignancy with different presentation and different management for the cases.

Keywords: various presentation of colonic malignancy and management

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INTRODUCTION

Case 1 49/m intermittent abdominal pain and bleeding per rectum for 6 months. On examination no abdominal mass palpable, per rectum blood stained glove. Colonoscopy done impression proliferative growth in descending colon. CT abdomen diffuse wall thickening involving splenic flexure and descending colon. Treatment prepared bowel left hemicolectomy done



Case 2 48/m abdominal pain with distension for 4 days, vomiting for 1 day not associated with melena and bleeding per rectum. Known alcoholic for past 10 years and h/o loss weight and loss of appetite on examination abdomen distended and soft, tenderness in the all over the abdomen, no mass felt in per rectum. X-ray shows dilated bowel loops and multiple air fluid level. CT abdomen shows small bowel appears dilated and enhancing mass lesion with stricture in mid part of descending colon causing obstruction with enhancing pericolic nodes. Treatment on table lavage and left hemicolectomy colorectal anastomosis is done.

Case 3 23 /female abdominal pain for 1 week colicky type pain with abdominal distension, h/o not passed flatus and stools for 1 week, h/o fever on and off for 3 days. On examination abdomen soft distended, no mass felt tenderness present all over the abdomen. per rectum no mass felt and no blood stained glove. X-ray shows dilated bowel loops and multiple air fluid levels seen. Treatment left hemicolectomy with loop ileostomy. Ileostomy closure done after three months [1-8].

DISCUSSION

Right side colonic pathologies (malignancies) are more common than left side. Of which adenocarcinoma is more common histopathological entity. In this case series left sided colonic (descending) growths were found that too affecting younger age groups. For these cases we have done three different procedures with left hemicolectomy as common one. Postoperative period was uneventful except for wound site infection for the ileostomy patient. All three patients are on frequent follow up and doing well.



CONCLUSION

This series presented for various ways of presentation of colonic growth and various treatment modality's used for managing colonic growth on 3 consecutive days.

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