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# Symptomatology of Colorectal Diseases.

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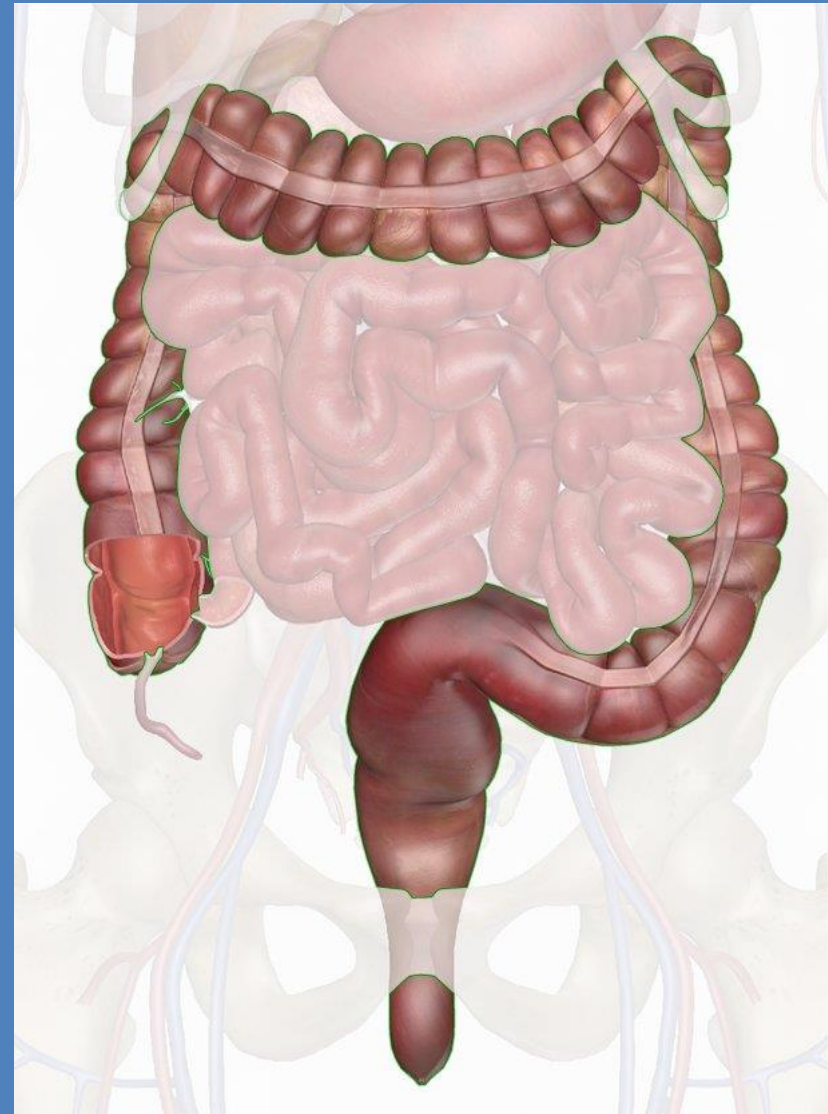
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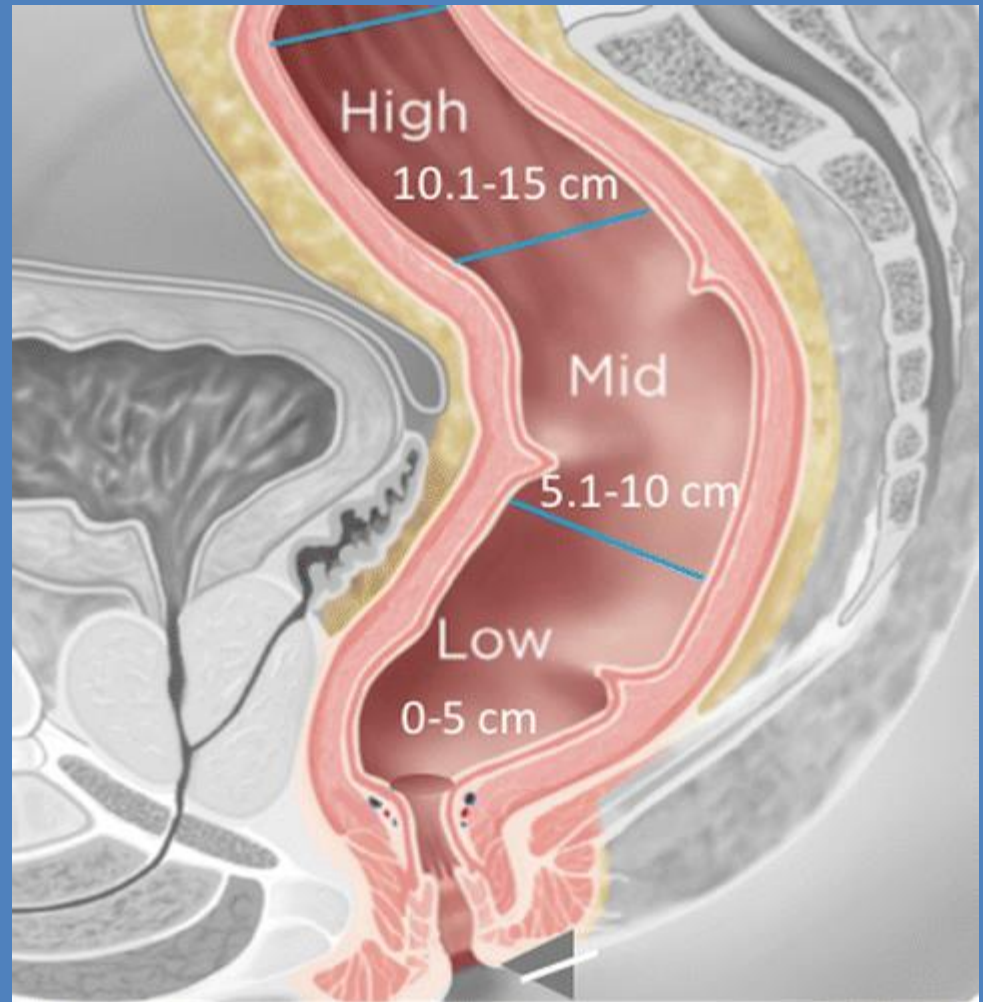
# Rectosigmoid junction

- Indistinct zone.
- Last 5-8 cm of sigmoid colon & uppermost 5 cm of rectum.
- Narrowest portion of large intestine.
- Here taenia fuses to form single ant. Taenia.
- Haustra & mesocolon terminates.



# The Rectum

- Rectum means straight.
- Straight in quadrupeds.
- Not in man.
- Curved A-P & side to side.
- Misnomer.
- 15- 18 cm length.



# Normal bowel habit

## Frequency-

- Varies from person to person.
- $< 3/\text{day}$  and  $> 3 \text{ days / week}$ - normal.
- One hand there is constipation-  $< 3$  in a week.
- On the other hand diarrhea-  $> 3$  bowel movements in a day.





# Quantity-



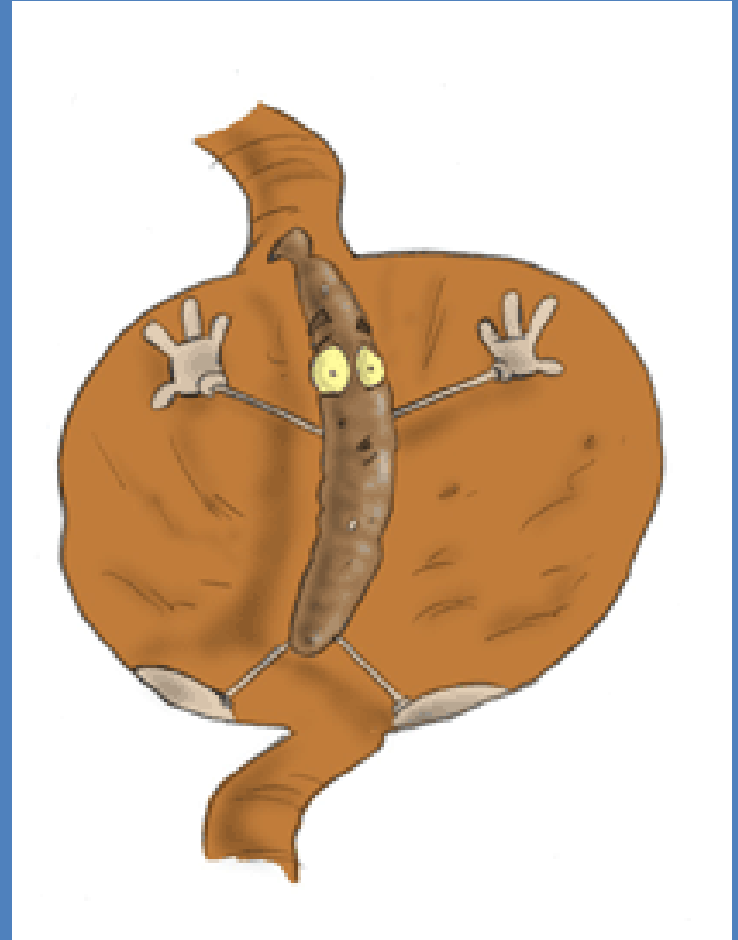
- Varies from person to person.
- Should be < 200 grams daily
- Diarrhea -passing >200 grams or ml/ day.
- Weight- usually not considered in bowel regularity.

# What are irregular bowel movements?

## Irregular bowel movements-

- usually used to describe **constipation**.
- Latin constipatio- crowding together.

At the extreme end of constipation is a complete lack of bowel movement- **Obstipation**.

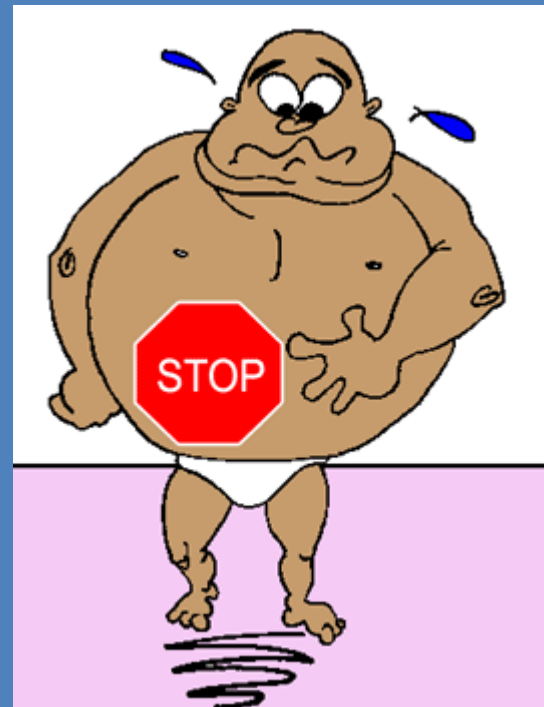


# What is Obstipation?

Latin obstipatio- Close pressure.

Intractable constipation that has become refractory to cure or control is referred to as **obstipation**.

**Obstipation (obstructive constipation)**- loss of ability to pass stool or gas due to blockage or obstruction in the intestines.



# Constipation

## Rome III criteria (Rome Committee in 2006) for functional constipation

1. Must include  $\geq 2$  of the following a :
    - Straining during at least 25 % of defecations
    - Lumpy or hard stools in at least 25 % of defecations
    - Sense of incomplete evacuation for at least 25 % .
    - Sensation of anorectal obstruction/blockage for at least 25 % of defecations
    - Manual evacuation at least 25 % of defecations
    - $<3$  defecations / week
  2. There are insufficient criteria for irritable bowel syndrome.
  3. Loose stools rarely without the use of laxatives
- a Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis



# Absolute constipation

- Complete absence of faeces & flatus.
- Early in large bowel obstruction.
- Late in small bowel obstruction.

# Intestinal obstruction

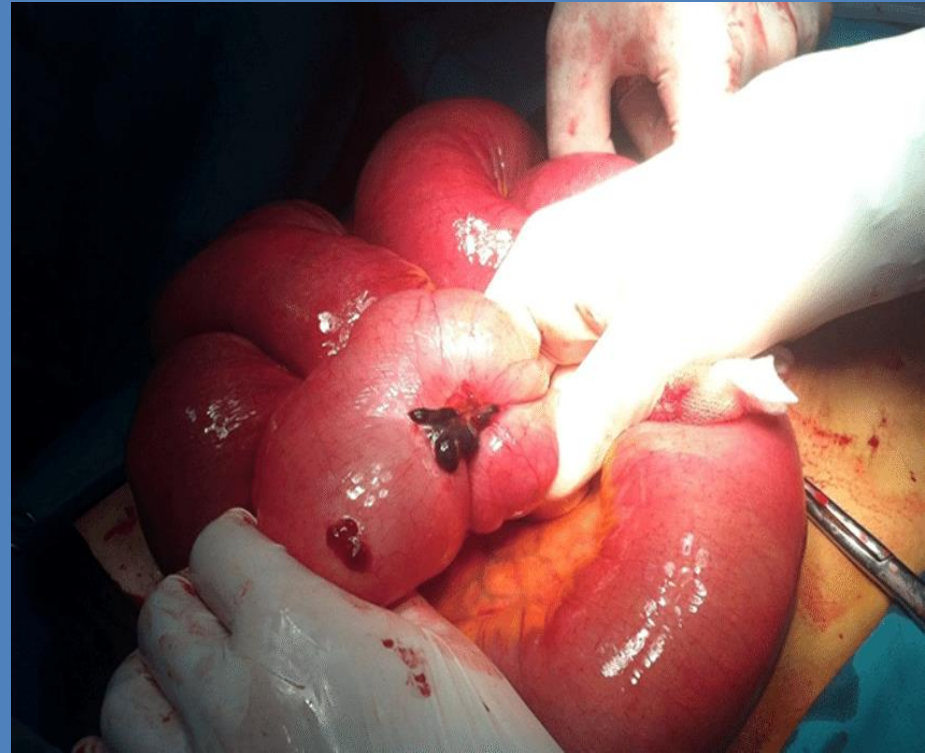
- Absence of forward propulsive movement of intestinal contents due neuromuscular inco-ordination.

## After birth-

- Atresia or agenesis ( ARM, duodenum, ileum).
  - Meconium ileus.
  - Volvulus neonatorum.
  - Hirschprung disease.
- 3 weeks-
    - CHPS.
    - Hirschprung's disease.
- 6-9 months-
    - Intususception.
    - Hirschprung's disease.
    - Ascariasis.
- Adult-
    - Postoperative.
    - Obstructed hernia.
    - Intestinal TB.
    - Crohn's disease.
- Elderly-
    - Volvulus.
    - Malignancy
    - Diverticulitis
    - CD.
    - Faecaloma.

# Assessment of gut viability-

- Clinically-
  - Pink serosa.
  - Peristalsis.
  - Positive pulsation.
  - Bleeding on pin prick.
  - Color change on hot compression.
- Doppler USG- detects antimesenteric blood flow.
- Fluorescein dye test- IV 1 gm Na fluorescein.



# Alteration of bowel habit

- Frequency.
- Composition.
- Consistency.
- Timing.

# Tenesmus

- Painful fruitless effort of defecation.



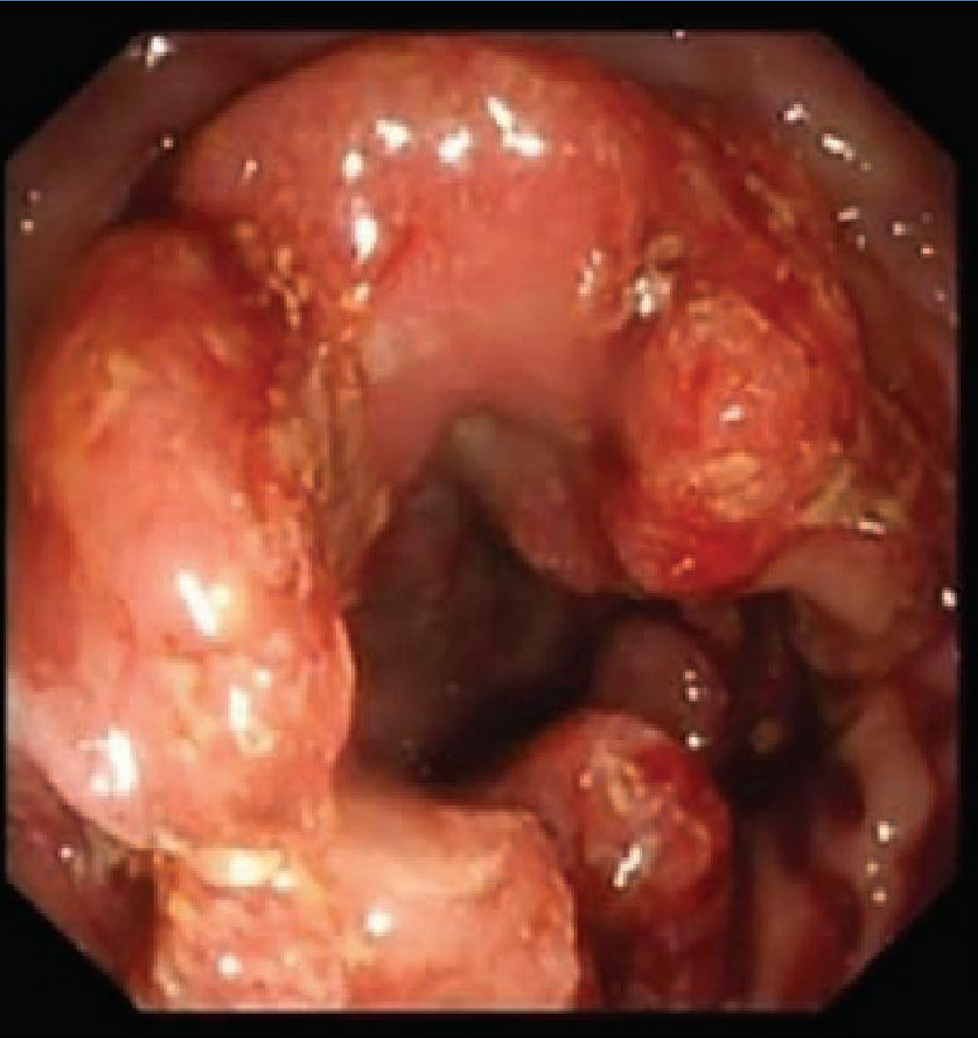
# Spurious diarrhoea

- Tries to empty the rectum several times a day.
- Passage of flatus & little bloodstained mucus (bloody slime).
- No stool at all.

# Early morning diarrhoea

- Normal perception of filling-10-20 ml.
- Urge to defecate-60ml.
- Discomfort-230 ml.
- Rectal distension by secretion, blood, & mass itself.

# Sense of incomplete evacuation



- Normal perception of filling-10-20 ml.
- Urge to defecate-60ml.
- Discomfort-230 ml.

# GI bleeding is it normal?



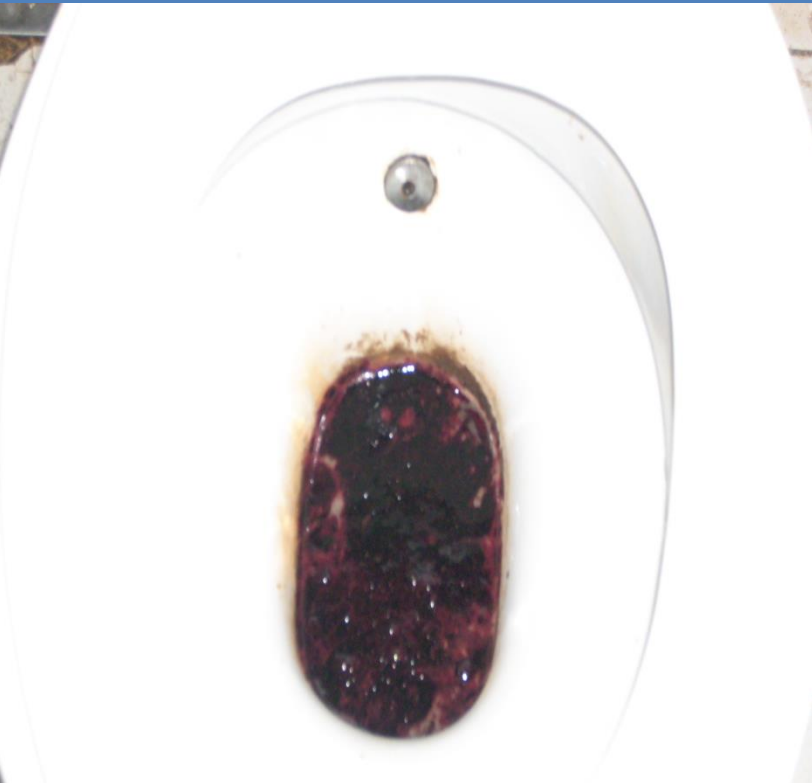
- Normal up to 10-15 ml/day.
- 15- 50 ml- occult bleeding.
- >50 ml- macroscopic bleeding.
- Haematochezia.
- Melena.

# Haematochezia



- Bright red in colour.
- May be dark red or maroon colour.
- Usually colonic origin.
- But may be upper GI origin if-
  - Brisk pace or
  - Large volume.

# Melena

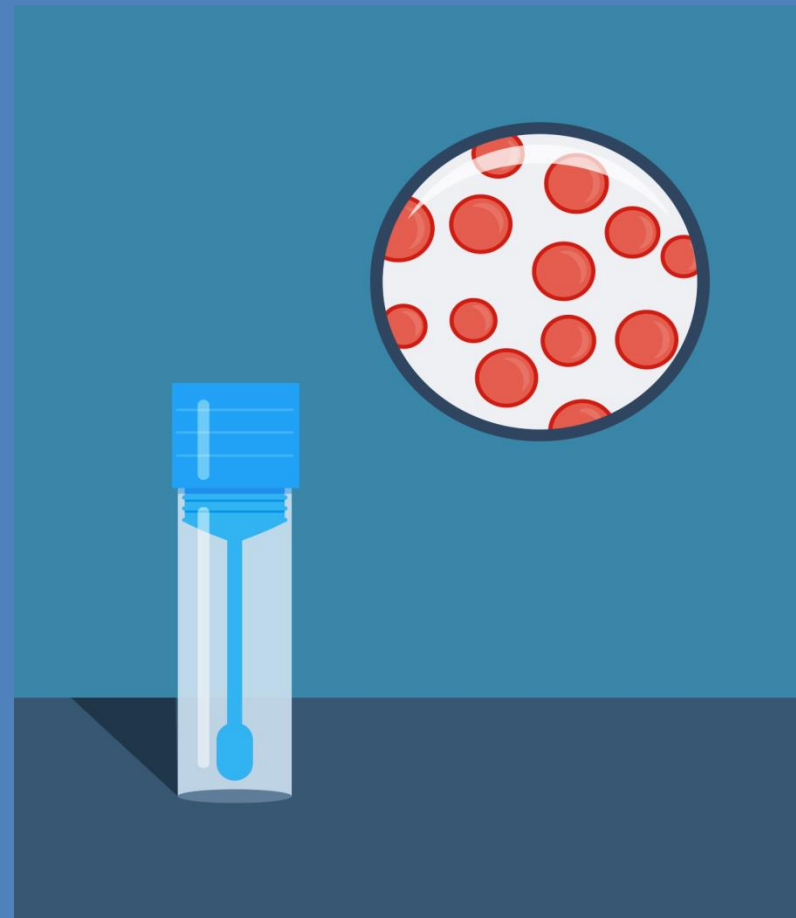


- Black tarry stool.
- Sticky with Characteristic odour.
- Floats on water.
- > 50 ml bleeding/day.
- Usually upper GI bleeding.



# Occult bleeding

- Bleeding that is not apparent or visible to patient.
- Normal up to 10-15 ml/day.
- 15- 50 ml- occult bleeding.



# Obscured GI bleeding



- Occult or
- Visible.
- But the source is not identified.

# Per rectal bleeding

## Painless-

- Haemorrhoids.
- Rectal polyp.
- IBD.
- Diverticular disease.
- CRC (early).
- SRUS.
- Rectal varices.
- Postpolypectomy .

# Per rectal bleeding

## Painful-

- Thrombosed haemorrhoids.
- Anal fissure.
- Anal trauma.
- Advanced cancer.
- Anal warts.
- Rectal prolapse.
- Proctocolitis.

# Painful anal condition

- Acute anal fissure.
- Complicated haemorrhoids.
- Anorectal abscess.
- Perianal haematoma.
- Anal cancer.
- Proctalgia fugax.

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