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# Case Report on Management of Sub-Acute Intestinal Obstruction due to Carcinoma of Ascending Colon

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**Abstract:**

**Introduction**: Colon cancer is a cancer that starts in the large intestine (colon). The colon is the last section of the digestive tract. Colon cancer most commonly affects older adults, but it can strike anyone at any age. Colon carcinoma is a cancer or malignant tumor of the large intestine which may affect the colon. The ascending colon Iles on the right side of the abdominal cavity, in front of the quadrant us lumborum and transverses abdominal muscle.

**Patient History:** The patient was admitted with major chief complaint abdominal pain, passing hard stool, loss of appetite, loss of weight from 15 days, patient was alright 15 days back when she started experiencing pain in abdomen which was insidious in onset gradually progressive pain had no aggravating. No history of fever, chills, abdominal trauma or melena.

**Clinical findings:** The patient had done all necessary investigation by physician order.

**The Main Diagnosis, Therapeutic Intervention, And Outcome:** After physical examination and investigation, doctor was detected a case of carcinoma of ascending colon with sub acute intestinal obstruction. Patient was treated analgesic drugs to reduce pain. Also provide a Protein supplements, Tab. Dutox plus, Tab. Prolonet R, Tab. Limcee, Inj. T.T, Syp. Orofer XT. Present case was stable.

**Medical Management:** Patient treated with Tab. Dutox plus, Tab. Prolonet R, Tab. Limcee, Inj. T.T, Syp. Orofer XT. His sign and symptoms were not reduced, Pain was slightly reduced after medication she was able to do own activity. No any changes in therapeutic intervention.

**Nursing Management:** Administered IV fluid, Enema Ezivac given stat, monitor vital sign 6 hourly. Administered medication doctor's order

**Conclusion:** Timely treatment and management of carcinoma of ascending colon with sub-acute intestinal obstruction can prevent dreadful complications.

**Keywords:** Carcinoma, Contraction, Obstructed, Transverses.

## Introduction:

Colorectal malignancy is an illness that is treatable whenever distinguished early and preventable if forerunner adenomas are recognized and eliminated. Roughly 130,000 new cases were analyzed in the assembled expressed in 2000, and around 56,000 passing's were credited to the infection. The run of the mill age at which most patients are analyzed is during the 6th and seventh many years of life.[1] Colorectal disease (CRC) is as yet a fundamental worldwide wellbeing trouble, positioning the second of a wide range of malignancies as far as malignant growth related mortality. As of late aggregate consideration has been paid to colorectal seal ring cell carcinoma (SRCC), at first proposed by Saphir and Laufman in 1951. Stomach is considered as the most well-known site for essential SRCC, while colorectal SRCC is less continuous. What's more, colorectal SRCC is an exceptionally uncommon and extraordinary sort of all CRCs, which has its novel clinic pathological attributes and guess. Different explores have shown the start of SRCC from undifferentiated undeveloped cells of colorectal mucosa, along these lines, quick development, helpless separation, diffuse penetration just as high metastatic rate are by and large noticed.[2] Intestinal malrotation can be characterized as any deviation from the ordinary 270-degree pivot of the midgut a counterclockwise way during early stage advancement. Intestinal malrotation is analyzed during the main month of life in 85–90% of all cases.[3] Intestinal impediment is quite possibly the most generally experienced careful substances in all age gatherings, which represents roughly 15% of patients visiting the crisis office with objections of intense torment in the midsection. The intricacies related with intestinal block are sepsis, inside ischemia and hole. There is critical decrease in the horribleness and mortality related with intestinal hindrance in light of upgraded information in regards to pathophysiology, improvement of radiological strategies and better methodology towards revision of liquid and electrolyte irregularity, organization of anti-microbials for controlling bacterial contaminations, nasogastric decompression and different fresher careful procedures, yet it is a test to deal with the condition viably.[4] Intestinal block can be characterized as impedance to the strange section of intestinal substance that might be because of either mechanical obstacle or disappointment of ordinary intestinal motility without a hindering injury. Intestinal obstacle is the most widely recognized careful issue of the small digestive tract. It is one of the significant reasons for dismalness and mortality in the careful practice. However the information on intestinal checks traces all the way back to artifact, it actually stays a worldwide careful issue. The determination of intestinal impediment is for the most part straight forward, however on occasion it represents a troublesome issue. The last is valid in patients introducing as sub-intense intestinal obstacle (SAIO) with abnormal highlights that create setback for conclusion.[5]

**Patient information**:

A 50 years Female was admitted in surgery ward with major chief complaint of abdominal pain, passing hard stool, loss of appetite, loss of weight from 15 days, patient was alright 15 days back when she started experiencing pain in abdomen which was insidious in onset gradually progressive pain had no aggravating. No history of fever, chills, abdominal trauma or melena. Before 6 month ago her surgery emergency exploratory laprotomy with decompressive loop iliostomy was performed in AVBRH hospital. After one month second surgery was performed that was the ileostomy was clean and slough was removed.

**Primary concern and symptoms of the patient:** present case visited/deposited on AVBR hospital in OPD base on date with complaint of abdominal pain passing hard stool, loss of appetite, and weight loss since from 15 days. After physical examination and investigation, patient shifted to Female Surgery ward.

**Medical and family and psycho-social history:** Patient suffering from carcinoma of ascending colon with sub acute intestinal obstruction from 6 months. Present case belongs to nuclear family, she belong to middle class family. She was mentally stable. She oriented to date, time, place and person and she maintain good relationship with family members.

**Relevant past intervention with outcome :** History of carcinoma of ascending colon with sub acute intestinal obstruction since 6 months back for which she was hospitalized for 15 days after investigation she was diagnosed as carcinoma of ascending colon with sub acute intestinal obstruction that time emergency exploratory laparotomy with decompressive loop ileostomy surgery was performed in AVBRH hospital. After one month second surgery was performed that was the iliostomy was clean and slough was removed.

**Physical examination and clinical findings:** Status of health was unhealthy, thin body build, the height of the patient is 160 cm, weight of the patient is 54kg, temperature is 98 f, pulse is 96b/m, and respiration is 18 b/m. Heart sound is normal, in abdominal examination lumps present in the right hypochondria.

**Timeline**: The patient was visited in AVBR hospital base on OPD with chief complaint of abdominal pain, passing hard stool, weight loss, and loss of appetite.

**Diagnostic assessment:** During physical examination and investigation lump present in the right hypochondrium, abdominal distension present, bowel sound- sluggish abdominal pain, all routine investigation is done but hemoglobin is 7.9 for which she was transfused with blood.

Other Investigations: Colonoscopy: Impression: Carcinoma Ascending Colon.

CECT Abdomen: Short segment enhancing bowel wall lesion in mid-ascending colon appears causing total luminal compromise with adjacent fat stranding and lymphadenopathy.

**Therapeutic intervention:** Patient treated with Tab. Dutox plus, Tab. Prolonet R, Tab. Limcee, Inj. T.T, Syp. Orofer XT. His sign and symptoms were not reduced, Pain was slightly reduced after medication she was able to do own activity. No any changes in therapeutic intervention.

**Follow up and outcomes**:

Clinical and patient assessment and out comes: Patient condition was not improved.

Important follow up diagnostic and other test results: To preventing of disease and trying to reserve any sign and symptoms those have appeared. Doctor advised follows up after 15 days and advised blood investigation to know the further disease progression.

**Discussion**:

Given that intestinal malrotation in grown-ups isn't normal and is generally asymptomatic the clinical significance of intestinal malrotation in grown-ups is less all around archived than in kids. The vast majority of the clinical indications of this issue are because of the presence of circumstantial intestinal infection. Numerous instances of grown-up intestinal malrotation are just found unintentionally at medical procedure for different infections. In the current case, clinical manifestations of the patient, which

included stomach torment, stomach distension, and stoppage, happened due to ascending colon malignancy with sub acute intestinal obstruction, which was adventitious with the intestinal malrotation

Similar concentrate on Right-and left-sided colon malignant growth – clinical and obsessive contrasts of the illness substance in one organ the outcome was Right colon disease patients were more seasoned (67.8 ±11.3 versus 63.2 ±11.2; p = 0.0087). Left colon malignancy patients went through a medical procedure for dire signs all the more regularly (17.0% versus 8.5%; p = 0006). Tumor measurement was more prominent in the RCC bunch (55 ±60 mm versus 38 ±21 mm; p = 0.0003). All out number of eliminated lymph hubs was higher in the RCC bunch (11.7 ±6 versus 8.3 ±5; p = 0.0001). Lymph hub proportion was higher in the LCC bunch (0.45 ±0.28 versus 0.30 ±0.25; p = 0.0063). We tracked down a solid positive relationship between's tumor width and the quantity of eliminated lymph hubs in the LCC bunch (r = 0.531)**.**[6] A number of related studies were reported[7-10]. Studies reported by Sahu et. al.[11], Tapadiya et. al.[12] and Hiwale et. al.[13-14] were reviewed.

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