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Case Report on Carcinoma of Colon

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Abstract: -
Introduction: Colon cancer is a form of cancer that develops in the colon's tissues (the longest part of the large intestine). The most frequent type of colon cancer is adenocarcinoma (cancers that begin in cells that make and release mucus and other fluids).The colon refers to the last six or so feet of the intestine (also known as the large intestine), whereas the rectum refers to the last few inches of the intestine. The size and location of the cancer on colorectal cancer tumors determines the symptoms. Changes in bowel habits, are a common symptom. Stool consistency changes, blood in the stool, and abdominal pain. Are common complaints.
Presenting complaints and investigation. A patient 27year male patient registration to the surgery ICU with the main complaint of Pain in abdominal since 6 month then she developed pain he right iliac fossa which is dull aching in Nature with vomiting in weight loss, loss of stool,and blood passing on stool with the patient hypertension, diabetes mellitus, and also irregular menstrual cycle since 2 year . A case of Colon with diabetes mellitus and hypertension was diagnosed following the general physical examination and investigation.
The main diagnose therapeutic intervention and outcomes:- The doctor identified a case of cancer of colon after physical examination and investigation Oxaliplatin, Irinotecan, Cetuximab, panitumumab, Capecitabine, Regorafenib . and also chemotherapy All the medication is given and all treatment was taken and the result was fine .
Conclusion:-she responded to both medicine and chemotherapy and physical counseling her pain in abdomen and vomiting and blood passing and stool. Diminished
Keywords:- Colorectal cancer, Colon, Carcinoma.

Introduction:

Colon cancer is a form of cancer that develops in the colon's tissues (the longest part of the large intestine). The most frequent type of colon cancer is adenocarcinoma (cancers that begin in cells that make and release mucus and other fluids).[1] The colon refers to the last six or so feet of the intestine (also known as the large intestine), whereas the rectum refers to the last few inches of the intestine. Inches of the large intestine just before it leaves the body through the anus. [2] The colon and rectum are divided into five sections. The waste is carried down the colon's left side by the descending colon.The cecum is the terminal of the large intestine, which empties into the small intestine, and is located on the right side of the belly. [3] The waste is carried down the colon's left side by the descending colon. Finally, waste is transported a few more inches down to the rectum via the sigmoid colon at the bottom The anus is the departure point for the body's waste. [4] The most common source of colorectal cancer was a polyps

noncancerous growth removed the polyps It has the potential to become a. Colorectal cancer is a life-threatening malignancy that can be prevented by detecting and eliminating precancerous polyps.
Adenomatous polyps, also know as adenomas, are cancer-causing growths. A colonoscopy is being used to identify (For more information (For more information, see Risk Factors and Prevention.) Because polypthe colon's wall. Colon polyps that are flat account for around 10% of all colon polyp generating the colon's wall. Colon polyps that are flat account for around 10% of all colon polyps. They are difficult to identify and highlight during The doctor may notice a bump on the colon's wall. Colon polyps that are flat account for around 10% of all colon polyps. These flat polyps, Have a high risk of cancer, regardless of size. In the colon and rectum, hyperplastic polyps can form. They aren't cancerous. A few polyps can become cancerous over time. Polyps can be identified & treated through screening tests before they turn into cancer. Colorectal cancer screening also aids in early detection, when treatment is more likely to result in a cure." Changes in bowel movements are a frequent symptom of colon cancer. Diarrhea, constipation, or a change in the consistency or colour of your faeces are all signs that could be present[5].
Consistent stomach flatulence, cramping, swelling, or pain are all examples of discomfort., is another sign.Additionally, rectal bleeding (that can be brightly red or very dark) is a sign of colon cancer. Finally, any unexplained weight loss, as well as weakness or weariness, could be signs of malignancy. Parts of the treatment include surgery, radiation therapy, chemotherapy, and targeted therapy. Ablation or embolization may be used to treat advanced colon cancer.
It's important to talk to a doctor if you detect any of these symptoms so that colon cancer can be ruled out. If colon cancer is diagnosed, the stage and particular diagnosis will influence which treatment course is used.Cancer is created by abnormal cells that continue to proliferate even if they are no longer needed by your body. Most cancers cause aberrant cells to grow into a lump or mass known as a tumour. If cancer cells survive in the body long enough, they can develop into (invade) neighbouring areas. They're also capable of spreading to other parts of the body (metastasis).

Patients information

•Specific patient information :-

A 27 year-old patient was admitted in A.V.B.R.H. hospital with chief complaining of pain in abdominal since 6 month then she developed pain in his right iliac fossa which is a dull aching in Nature with vomiting in weight loss, loss of stool,and blood passing on stool. All diagnosis like blood examination, rectal examination, sonography and all other investigations are done.
Patient was managed conservatively at a private based hospital, his blood pressure is normal 120/80mmHg, pulse- 103bpm, patient was conscious and disoriented.

•Primary Concern and symptoms of patient :-

Patient visited in A.V.B.R. H hospital on dated 14/6/19 with chief complaint of Pain in abdominal since 6 month then She developed pain in her right iliac fossa which is dull aching in Nature with vomiting in weight loss, loss of stool,and blood passing on stool.

•Medical family and psychosocial history:-

Patient has hypertension ,diabetes mellitus, and also irregular menstrual cycle for 2 year . A case of Colon with diabetes mellitus and hypertension was diagnosed following the general physical examination and investigation.
Patient belonged to a middle class, nuclear family .He was not mentally stable ,he was disoriented to date, time and place.
Patient has a good relationship with his family members.

•**Relevant past intervention with outcome:-**
Not reported

Clinical Findings
•**Significant Physical examination and important clinical findings:-**
abdomen for signs of a tumor, enlargement of your liver, or swelling.

•**Timeline:-**
Present case has a History of pain in abdominal then she developed pain in her right iliac fossa , dizziness and he visited in City hospital yavatmal in June 2020 for management MRI, CT scan, was done and diagnosed in CA colon (colorectal cancer) and then follow up to A.V.B.R.H. hospital for further treatment. Patient was visited in A V.B.R.H. hospital on OPD base With chief complaint of pain in abdominal then devloped pain in her right iliac fossa for further management.

•**Diagnostic Evaluation:-**
Physical examination abnormal Abdominal infection all routine blood test HB was decrease RBC was decrease X-ray was done MRI CT scan etc…

•**Diagnostic challenge:-**
No challenges during diagnostic evaluation.

•**Diagnosis :-After physical examination and this investigation** Ultrasound ,MRI, chest x-ray, PET doctor diagnoses the patient having cancer of the colon.

•**Prognosis:-** case of prognosis was satisfied

•**Therapeutic intervention:-**
Medical management was provided to the patient Eg. Pan 40 mg route intravenous For 24 hourly, Tab. PCM, route is orally; SOS antibiotics.

Follow up and outcomes:-
•**Clinical and Patient assessed outcomes**
Patient had a history Pain in abdominal
Since 6 month vomiting in weight loss, loss of stool and blood passing in stool

•Adverse and unanticipated event

No adverse event were noted.

Discussion:

In this subset of patients, the prognosis remains unchanged. From 1985 to 1997, patients with invasive colon and rectum cancers were diagnosed. After that, they were divided into two groups based on their age (40 or>/40). [6]

CRC screening discussion between African-American primary care patients and their PCPs, as described by the patients. The effectiveness of two clinic-based programmes for encouraging patient-reported CRC screening talks between African-American primary care patients and their PCPs was compared in this study. Individuals who got the computer-delivered personalised intervention were more likely to talk to their primary care physician about a colon test and have a CRC screening test ordered at the time of their visit. [7] It also places a strong emphasis on Individuals who had Patients were more likely to discuss a Have their PCP order a colon test and a CRC screening test at the same time if you received the computer-delivered personalized intervention. [7] Along Its purpose will be how efficient An interactive CRC screening intervention was designed to encourage patient–provider talks regarding CRC screening and the test orders that occurred among African-American primary care patients.

this research is different.[8] Advances in molecular biology have led to the discovery of tumor biomarkers that can be used to assess the risk of patients with cancer on an individual basis. The role of adjuvant chemotherapy in patients with resected colon cancer, such as those with stage II colon cancer, can also be guided as molecular determinants of clinical outcome [9].Those with stage III colon cancer, who may have a lower risk of recurrence and less absolute benefit from oxaliplatin therapy, or those with stage IV colon cancer, who may have a lower risk of recurrence and less absolute benefit from oxaliplatin therapy. [10]

One of the most frequent diseases is cancer, which has been linked to bad dietary habits. Colon cancer is becoming more common, according to new epidemiological data. Some dietary components from a natural human meal may contain DNA-damaging chemicals in this regard. Colon cancer develops over decades because not everyone gets it, and chronic DNA damage encourages cancer when it occurs.[11]

Novel approaches must be critically examined. [12]Only around 90 occurrences of stercoral perforation of the colon have been documented in the literature. Ischemic pressure necrosis of the bowel wall produced by a stercoraceous mass is thought to be the pathology of Stercoral ulceration.[13] The sigmoid or rectosigmoid colon with associated faecal mass is included in more than 90% of stercoral perforation, due to variations mucosal ulceration and colon wall weakness localised pressure impact. We discuss the example of a 45-year-old lady who was sexually assaulted been experiencing the example of a 45-year-old lady who was sexually assaulted hypertension, and a history of congestive heart failure were all significant comorbidities. Prednisone and a nonsteroidal anti-inflammatory medication were has been used to manage the patient's joint pain. The patient showed widespread peritonitis on physical examination. An X-ray of the chest revealed that there was a lot of open air beneath the diaphragm. An emergency laparotomy revealed a localised perforation of the sigmoid colon's antimesenteric border, and also a stercoral mass at the perforation site. The sigmoid colon was segmentally resected with an end colostomy (Hartmann's surgery). Few of the related studies were reviewed [14-19]. Our case report validates this relation among The patient's recovery went without a hitch. Chronic constipation is a frequent cause

of stercoral perforation; however, so because condition is unusual compared to the frequency of severe constipation, there are other risk factors. Nonsteroidal anti-inflammatory medicines (NSAIDs) are related to stercoral perforation of the colon, according to one of theories.

References:

1. Gordon PH, Nivatvongs S. Principles and practice of surgery for the colon, rectum, and anus. CRC Press; 2007 Feb 23.
2. Treves F. The anatomy of the intestinal canal and peritoneum in man. Lewis; 1885.
3. Lockwood CB. On abnormalities of the caecum and colon with reference to development. The British Medical Journal. 1882 Sep 23;2(1134):574-7.
4. Coffey RC. Colonic polyposis with engrafted malignancy: a technic for removing the entire colon including the rectum. Annals of surgery. 1926 Mar;83(3):364.
5. Hossain A. Incidence of Colorectal Cancer (CC) in Patients Suffering from Rectal Bleeding in an Outpatient Clinic of a Hospital in Dhaka City (Doctoral dissertation, East West University).
6. Parramore JB, Wei JP, Yeh KA, Fink AS. Colorectal cancer in patients under forty: Presentation and outcome/Discussion. The American Surgeon. 1998 Jun 1;64(6):563.
7. Christy SM, Perkins SM, Tong Y, Krier C, Champion VL, Skinner CS, Springs ton JK, Imperiale TF, Rawl SM. Promoting colorectal cancer screening discussion: a randomized controlled trial. American Journal of Preventive Medicine. 2013 Apr 1;44(4):325-9.
8. Tote, Darshana, Rajesh Domakunti, and Sachin Tote. “Scenario of Rectal Carcinoma Cases in a Rural Setting of Central India.” JOURNAL OF EVOLUTION OF MEDICAL AND DENTAL SCIENCES-JEMDS 9, no. 46 (November 16, 2020): 3434–38. https://doi.org/10.14260/jemds/2020/753.
9. You YN, Rustin RB, Sullivan JD. Oncotype DX® colon cancer assay for prediction of recurrence risk in patients with stage II and III colon cancer: A review of the evidence. Surgical oncology. 2015 Jun 1;24(2):61-6. BibTeX EndNote RefMan RefWorks
10. Thomas, Sophia, and Arvind Bhake. “Expression of K-Ras, P53 and Ki-67 in Precancerous and Cancerous Lesions of Colorectum.” JOURNAL OF EVOLUTION OF MEDICAL AND DENTAL SCIENCES-JEMDS 9, no. 32 (August 10, 2020): 2261–65. https://doi.org/10.14260/jemds/2020/490.
11. Shabecoff P, Shabecoff A. Poisoned for Profit: How Toxins Are Making Our Children Chronically Ill. Chelsea Green Publishing; 2010.
12. Sakita JY, Gasparotto B, Garcia SB, Uyemura SA, Kannen V. A critical discussion on diet, genomic mutations and repair mechanisms in colon carcinogenesis. Toxicology letters. 2017 Jan 4;265:106-16. BibTeX EndNote RefMan RefWorks
13. Read TE, Molloy PJ, Rahim O. Anal Fissures, Ulcers, and Stenosis. In Diseases of the Colon 2016 Apr 19 (pp. 711-726). CRC Press.
14. Khatib, Mahalaqua Nazli, Anuraj H. Shankar, Richard Kirubakaran, Abhay Gaidhane, Shilpa Gaidhane, Padam Simkhada, and Zahiruddin Quazi Syed. “Ghrelin for the Management of Cachexia Associated with Cancer.” COCHRANE DATABASE OF SYSTEMATIC REVIEWS, no. 2 (2018). https://doi.org/10.1002/14651858.CD012229.pub2.
15. Hiwale, K.M., Lokhande, H., Vagha, S., 2020c. Gastrointestinal stromal tumour metastasis in lymph node: A case report. Indian Journal of Forensic Medicine and Toxicology 14, 6717–6718. https://doi.org/10.37506/ijfmt.v14i4.12670

16. Sahu, P., Hiwale, K., Vagha, S., Gode, C.S., 2019. Study of various gastrointestinal tract lesions by endoscopic biopsies. International Journal of Pharmaceutical Research 11, 1459–1464. https://doi.org/10.31838/ijpr/2019.11.03.162
17. Ghungrud, D., Tembhare, V., Sakharkar, S., Patil, M., 2020b. Gastric outlet obstruction: A case report. Indian Journal of Forensic Medicine and Toxicology 14, 6611–6614. https://doi.org/10.37506/ijfmt.v14i4.12647
18. Rinait, A., Lamture, Y.R., Prateek, P., Gode, D., 2020a. Surgery for gastric adenocarcinoma with hospital stay: A prospective study. Indian Journal of Forensic Medicine and Toxicology 14, 6211–6216. https://doi.org/10.37506/ijfmt.v14i4.12570
19. Rinait, A., Lamture, Y.R., Prateek, P., Gode, D., 2020b. A prospective study of etiology and clinical presentation of gastric adenocarcinoma. Indian Journal of Forensic Medicine and Toxicology 14, 6241–6245. https://doi.org/10.37506/ijfmt.v14i4.12577