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A Case Report on Post Colostomy with Ventricular Septal Defect with Patent Ductus Arteriosus

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Abstract:
Introduction: Colostomy is a surgical procedure in which a damaged portion of the colon is removed and the cut end is redirected to a hole in the abdominal wall. Patients who have had a colostomy will note that they feel weak and "heavy" right after waking up. Depending on the surgery and the patient's health, a colostomy bag will be connected to a region of the abdomen. To alleviate the patient's suffering, pain medicines will be administered intravenously. **Clinical finding:** patient mother complaint of a lump in the right abdomen for 1.5 months, as described by her mother. For one month, the lump was tiny at first but progressively grew in size, was non-tender in consistency, and was connected with stool consistency and swelling. **Diagnostic Evaluation:** By doctor's order, the patient had completed all essential investigations like Physical examination and assessment of the patient's history and other all blood investigation, USG Abdomen HRCT Done. **Therapeutic intervention:** The patient was given oxygen treatment, chemotherapy, Thoracentesis, and anticoagulant and antibacterial medications. Fluid replacement (DNS) and chemotherapy were administered, and all vital signs were checked every half hour. **Outcome:** after providing treatment patient felt better. **Conclusion:** Timely treatment and management of colostomy. A member of the health team started treatment and all available treatments were provided, and the patient's condition has improved.
Key Word: colostomy, left ventricular hypertrophy, respiratory infection, patent ductus arteriosus.

Introduction:

A colostomy is a surgical procedure that joins the intestines to the stomach. One end of the tube is put into the other end of the tube during this method. The colon is diverted through a belly button incision. to insert a stoma into the stomach wall A stoma is a hole in the stomach that allows food to pass through. For a paediatric liquid paracetamol formulation, a child-resistant reclosable lid was created. It was only recently released in Sweden. To determine the impact of this change on the number of poisonings among youngsters. Inquiries about accidental paracetamol overdoses are directed to the Swedish Poison Information Centre. skyrocketed both before and after the child-resistant container was introduced. In the summer of 1991, the non-child resistant bottle was on the market for three months, the call centre received 90 inquiries. Each year, around 100,000 people in the United States require a colostomy or ileostomy [2]. Colorectal cancer affects around 150,000 people in the United States each year, which ranks third in terms of incidence among all

malignancies [3]. Patients who have had a colostomy in the past may be at a higher risk of developing colon cancer in the future as a result of their prior illness (i.e., rectal cancer, colitis) [4,5]. Despite the high incidence of colostomies and the high risk of colorectal cancer, A malignant colostomy lesion is uncommon and has yet to be documented in the literature. A colostomy is a surgical procedure that creates a hole (stoma) in the large intestine (colon). Suturing the healthy end of the colon into place through an incision in the anterior abdominal wall creates the opening. This hole, which is typically used in combination with an ostomy device, allows excrement to exit the body through a different route. If the natural anus is unavailable, a prosthetic anus steps in (for example, if it has been removed in the battle against colorectal cancer or ulcerative colitis).

Primary concerns and symptoms of the patient: A 4-year-old female child was brought to AVBRH with a lump in her right abdomen that had been present for 1.5 months, was originally modest in size but steadily increased in size, was non-tender in consistency and was associated with edema and stool consistency

Medical, family, and psycho-social history: Present case had no any medical history. In family history she is belong to joint family. She mentally stable, conscious and oriented. She was maintained the good relationship with doctors and nurses as well as other patients also.

Relevant past interventions with outcomes: Patient was throughout to AVBRH for further management CT scan was done outside 17/03/21 s/o a large medley nitrogenous soft tissues density mass lies artery a tube inferior margin of right kidney inferior margin of right lobe curve, gall bladder, displacing small bowel loops of left side & crossing medlexi neoblast lesion, renal.

Clinical Findings:

General examination

State of health: unhealthy

General condition – not satisfactory

State of consciousness: conscious

Body built: thin

Hygiene: poor

General Parameter:

Height: 87.5cm

Weight: 12 kg

Vital parameter:

Blood pressure: 106/68mmhg

Temperature: 98.6^{o} F

Pulse: 108 beats/min.

Respiration: 28 breath/ min.

SPO_2: 97%

Systemic Examination

CVS – $S_1 S_{2+}$

CNS - conscious & oriented

Abdomen : Abdominal pain and hematuria occurs in 25%. Urinary tract

ESM –over right kidney area

Timeline:

Historical and current data from this treatment episode, arranged as a timeline.

Diagnostic Assessment:

Physical examination and assessment of the patient's history and other all blood investigation, USG Abdomen HRCT Done.

Diagnostic testing:

Kidney function test

Blood urea = normal

Creatine – serum = slightly decrease

Serum- Potassium = normal

Sodium (Na+) = Normal

Complete blood count

Hb% = Decrease

Total RBC count = Normal

Total platelet count = Normal

Total WBC count =Increase

No any challenges during diagnostic evaluation.

Prognosis: Individual staging and therapy have a significant impact on prognosis. Early removal is more likely to result in a favourable outcome.

Therapeutic intervention:

Medical management: syp Zincovit 2.5ml BD, syp Emset 4ml SOS, Hallen suppository SOS, Nebulization with Budocart, Ivf DNS 400 ml +Inj. kcl 4ml IV 8 times (100%), Inj. Vincristine 0.7mg in 50 ml NS over 1 hour IV stat, (1.5 mg/m^2), Inj. Adramycin 10 mg in 100 ml NS over 6 hours IV stat (20 mg/m^2).

No any changes in therapeutic intervention.

Follow-up and outcomes:

The findings measured by the clinician and patient:

Significant medical follow-up and other test outcomes:

Adherence to action and tolerability

Unfavorable and unanticipated occurrences:

Discussion:

On the 28th of August, 2021, AVBRH received a 4-year-old female child with the primary complaint of a lump in her belly that had been present for 1.5 months, was originally modest in size but steadily expanded in size, was non-tender in consistency, and was accompanied with stool consistency and edema. The patient's condition was stabilised after therapy. This patient benefited from early mobilization by a skilled physical therapist. Because of this patient's previous deconditioning, pre-operative treatment may have been beneficial, since the current CPG recommends evaluating pre-habilitation for individuals with several co-

morbidities or significant deconditioning (weak recommendation with moderate quality evidence 2B). More study should be conducted to determine how pre-habilitation influences patient outcomes and release placement, particularly in cancer survivors. Screening for colorectal cancer is now recommended for all individuals aged 50 to 75. (grade A evidence), and there are a range of Methods for screening for colorectal cancer are now accessible (i.e., colonoscopy, virtual colonography, faecal testing). Screening should be done more often in high-risk groups, such as those with Inflammatory bowel illness, hereditary polyposis syndromes, or a positive family history are all risk factors. [9] Despite the fact that colostomies are common, There is minimal information available regarding colorectal cancer screening in this group. In the United States, about 750,000 people have ostomies. with an estimated 130,000 new ones being created every year. Colostomies were required in a large proportion of these people due to colorectal cancer or severe inflammatory bowel disease, all of which are risk factors for getting colorectal cancer in the future [1,4]. It's conceivable that colostomy-related physiological changes, such as microbiome changes or altered epithelial cell turnover, have an impact on a patient's risk of colorectal cancer [10,11]. Few of the related articles were reported [12-17]. This is a subject that requires further investigation. The current case serves as a reminder that individuals who have had colostomies should be checked for colorectal cancer, as recommended by the USPSTF. Our patient had a 4-percent lifetime chance of colorectal cancer, according to the National Cancer Institute's colorectal risk assessment tool.

CONCLUSION:

Closure of a colostomy requires the same level of surgical attention as any other main anastomosis. the stomach Closing loop colostomy type reduces the risk of headaches and allows for early diagnosis. In contrast to a variety of healing signs and symptoms, Colostomies are a form of colostomy.

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