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Per-rectal bleeding in pregnancy is a case report of a 29-year-old female diagnosed with colonic adenocarcinoma in the second trimester of pregnancy

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A 29-year-old female presented to a rural emergency department with per-rectal bleeding, describing up to 20 episodes of painless hematochezia that day, on a background of bowels not opening for the preceding three days. She had some associated abdominal pain but denied any blood clots, change in bowel habits, weight loss, nausea or vomiting. She was 15 weeks pregnant at the time. There was no other past medical or surgical history and no regular medications. Her vital signs were within normal limits, abdomen was soft non-tender and per-rectal examination revealed bright blood but no other abnormalities. She had a proctoscopy done which showed internal haemorrhoids. The decision was made to further investigate the patient with a flexible sigmoidoscopy, this revealed a suspicious lesion in the descending colon which was biopsied. Histological analysis revealed a diagnosis of adenocarcinoma. The flexible sigmoidoscopy was followed by a formal colonoscopy confirming the tumor at 25 cm from the anal verge, as well as two benign polyps. A staging non-contrast MRI scan pre-operatively showed no evidence of any intra-thoracic, abdominal or pelvic metastases, there was no lymphadenopathy noted. There was an area of concentric thickening of the sigmoid colon. The patient was also reviewed pre-operatively by the obstetrics and gynecology team who commenced prophylactic oral progesterone, she was also referred to a specialist colorectal cancer center, however she elected to be treated in her local hospital. The patient proceeded to undergo a planned resection at the local rural hospital, the procedure was initially laparoscopic however was converted to an open approach because of difficulty visualizing the operative field secondary to the fetus (with the uterus noted to be above the pelvic brim). The patient underwent a left hemicolectomy with a primary anastomosis, the intra-operative leak test was negative. She was admitted to high dependency units post-operatively with fetal monitoring. Her post-operative recovery was unremarkable, and she was discharged to home on day five. Histological results confirmed stage-IVB (pT4aN1cM1b) colonic adenocarcinoma.

Biography

Tiffany completed a Bachelor of Medicine from the University of Newcastle, awarded with distinction in 2015. She has completed further studies in Advanced Surgical Anatomy, as well as a Diploma of Science and a Master of Traumatology awarded with distinction in 2017. Tiffany works as a clinical teaching fellow with the University of Newcastle, a general surgical registrar in Hunter New England Health and has commenced a research higher degree in the field of Colorectal Surgery and Preventative Medicine.

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