



POTM
Physicians Academy
December 2017

DECEMBER 2017

Picture of The Month

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A 21 year young female presented with complaints of occasional palpitations. Clinically she was of average built with no anemia, cyanosis or jaundice. Pulse 80/min and Blood Pressure of 110/70 mmHg. Peripheral pulses were normal. Chest and abdomen were clinically normal. Cardiac examination revealed normal S1 and S2. There is a systolic murmur II/VI in left sternal border. Transthoracic Echocardiography reveals



Fig. 1. 2D-Echo. Parasternal Long axis View.

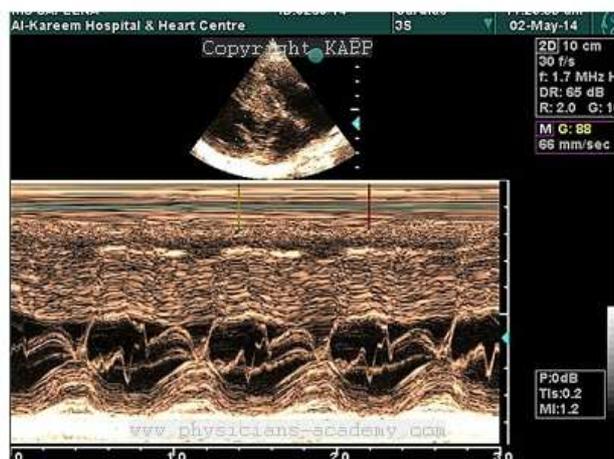


Fig. 2. M-Mode Echo

Send your answer to us on Rapid Response.

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Answer to last month's POTM November 2017



A 50 years old male came with history of one year duration of mass coming out of rectum during defecation. He was pale and puffy, with hoarse voice. He had long history of constipation. What is the diagnosis?

The correct diagnosis is:

Rectal prolapse with Hypothyroidism

Rectal prolapse is an uncommon disease and primarily affects elderly people. The disease is rare among children.

The term rectum refers to the lowest 12-15 centimeters of the large intestine. The rectum is located just above the anal canal. Normally, the rectum is securely attached to the pelvis with the help of ligaments and muscles.

Causes of this condition include factors such as age of 40 years, long term constipation, the stress of childbirth, or large, hemorrhoids that may cause these ligaments and muscles to weaken, causing the rectum to prolapsed.

Other risk factors include long-term diarrhea, long-term straining during defecation, previous surgery, cystic fibrosis, chronic obstructive pulmonary disease, whooping cough, multiple sclerosis, and paralysis.

Our patient had chronic constipation due to long standing undetected hypothyroidism.

The symptoms of a prolapsed rectum are similar to those of hemorrhoids; however, it originates higher in the body than hemorrhoids do. A patient with the condition may feel tissue protruding from the anus and experience the following symptoms:

Pain during bowel movements
Mucus or blood discharge from the protruding tissue
Fecal incontinence
Loss of urge to defecate (mostly with larger prolapses)
Awareness of something protruding upon cleaning/wiping

Types

Partial prolapsed
Complete prolapsed
Internal prolapsed

Medical treatment helps ease the symptoms of a prolapsed rectum temporarily or to prepare the patient for surgery.

Bulking agents, stool softeners, and suppositories or enemas are used as treatment to reduce pain and straining during bowel movements.

Surgery to repair this condition usually is performed by a colorectal surgeon and involves attaching or securing the rectum to the posterior part of the inner pelvis.

Prevention involves eating a high-fiber diet and drinking plenty of fluids to reduce constipation; avoid straining during bowel movements; treat any long-term diarrhea, constipation, or hemorrhoids.

Prognosis: The outlook for a patient with rectal prolapsed generally is good, and most people recover well after surgery. Stool softeners, such as sodium docusate or calcium docusate, may be used to reduce pain and straining during bowel movements. Bulk agents, such as psyllium or methylcellulose also may be used.

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