International Journal Dental and Medical Sciences Research
Volume 3, Issue 2, Mar-Apr. 2021 pp 566-567 www.ijdmsrjournal.com ISSN: 2582-6018

A Rare Case Of Caecal Perforation- Case Report

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Submitted: 15-03-2021 Revised: 27-03-2021 Accepted: 31-03-2021

ABSTRACT: Hollow viscus perforation into the peritoneum in crohn’s disease is extremely rare.The natural course and presentation of Crohn's disease (CD) are fluctuating and often inconstant. This includes the disease progress, risk of recurrence, frequency and unpredictable complications,need for surgery, severity of growth impairment, and deterioration in quality of life.Some kids may require early surgical intervention to manage complications or to relieve symptoms, while others remain inremission for years with medical therapy only.Even though medical management of Crohn's disease has evolved, still many clinical situations that warrant consideration of elective or emergency surgical management. The majority of surgical indications are non-emergent. The most common indication for surgery in Crohn's remains failure of medical management ,intestinal obstruction, abscesses, fistulas and othernon-emergent indications. The timing of surgery can be meticulously planned by interdisciplinary teams, including the surgeon,radiologist and gastroenterologist, to achieve control of the inflammatory process and reducing the adverse effects from medications. Emergency surgery in children with Crohn's disease are rare,but may carry substantial morbidity. Typical indications for urgentsurgery include free intestinal perforation with diffuse peritonitis, acuteabscesses with sepsis, and toxic colitis. The primary goal of emergencysurgery in these circumstances is to control sepsis or provide boweldecompression or diversion . Large bowel perforationwith peritonitisand airunder diaphragm onimaging is a very rare but potentially life-threatening complication ofCrohn's disease that necessitates urgent surgical management.

KEYWORDS : Crohn’s disease, ceacal perforation, toxic colitis, ileal perforation , Ileal perforation , salmonella typhi.

I. CASE PRESENTATION

A 44-year-old female came with complaints of severe abdominal pain and abdominal distention for one day. Patient had similar episodes of abdominal pain on and off for past 3 months and was evaluated with Ultrasound abdomen, CT Abdomen and COLONOSCOPY with biopsy and provisionally diagnosed as hepatic flexure growth and was started on empirical ATT last week and discharged. patient had previous history of appendicectomy 1 year back. Patient known case of hypothyroidism on treatment. She is a non-smoker and non-alcoholic. On examination patient is conscious,oriented, and febrile. Thin built with no pallor no icterus no cyanosis and no generalised lymphadenopathy. Her vitals were Blood Pressure-110/70mmhg; pulse 120/minute, spo2-99 at room air, not tachypnoeic and dyspnoeic with adequate urine output. Abdominal examination revealed abdominal distention with restricted mobility in lower abdomen. On palpation warmth and diffusely tender with diffuse guarding was present. On percussion, liver dullness obliterated and free fluid was present. Bowel sounds was absent. Digital rectal examination reveals normal faecal staining.

INVESTIGATIONS

Her initial blood investigations revealed leucocytosis (TC 14,500) and other renal and liver parameters were normal. X-ray abdomen erect and chest revealed air under diaphragm on right side. CT abdomen showed grossly dilated caecum with caecal perforation. Based on clinical and radiological findings Hollow viscus perforation probably caecal perforation suspected.

DIFFERENTIAL DIAGNOSIS

Prior to radiological investigation, the differential diagnosis was broad and included stump appendicitis, Meckel’s Diverticulum, Ileal perforation and previous surgery causing adhesive obstruction.

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TREATMENT

The patient taken up for Emergency laparotomy and intraoperative findings were caecal perforation with pyo-peritoneum. Segmental resection was performed with proximal ileostomy was done. Histopathological report revealed crohn's disease of caecum. Postop period was uneventful patient was discharged on POD -10.

II. DISCUSSION

Crohn's disease (CD) is more common in female gender.Surgical emergency in Crohn's disease (CD) is rare most common surgical conditions in CD are intestinal obstruction and fistula formation. Spontaneous Intestinal perforation is very rare in crohn's disease. The most common cause of caecal perforation is due to infections with salmonella typhi. Patients with salmonella typhi infection presents with high fever, abdomen pain, abdominal distension, diarrhoea. In spite of antibiotic administration abdomen distension results in bowel wall ischemia later perforation. Most common site of perforation in salmonella infection is terminal ileumAbdominal tuberculosis is also cause for caecal perforation. Perforation in tuberculous results may be because of anti-tuberculinagents that causes increased exposure of antigen followed by killing of bacilli. Caecum is the commonest site of perforation in colon.Other causes are infectious mononucleosis, aplastic anaemia, Immunosuppressant followed by transplantation, Adynamic paralytic ileus, intramural haemorrhage CD usually presents with granulomatous gastrointestinal problems for which medical intervention is enough.

III. CONCLUSION

Our case report suggesting that various presentations of Crohn's disease has been reported and this is a very rare case as it caused a caecal perforation which is a very rare incident and hence the case report is very valuable and to suspect any case of perforation. For any suspicious acute abdominal conditions, histopathological finding and previous history is more important in planning for further management.

CONFLICT OF INTEREST – Nil conflict of interest

FIG 1

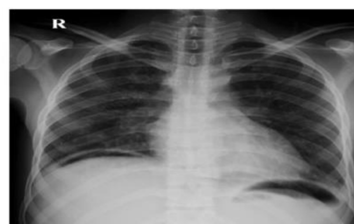
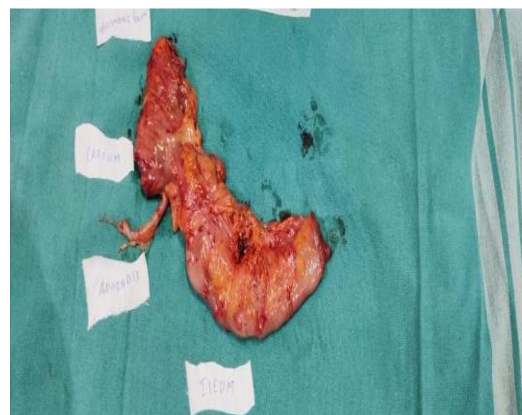


Fig 2



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