Surgical Treatment of the Patient with Nonspecific Colon Ulcer

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Purpose: Non-specific ulceration of colon is a rare of unknown etiology. To establish correctly the di of nonspecific colon ulcer preoperatively is diff with more wide spread use of colonoscopy and compl mentary diagnostic aids, this lesion may be acc diagnosed more often. The presentating symptoms we mainly lower abdominal pain, which mimic such condi as acute appendicitis, diverticulitis, intestinal and colon cancer. If its serious complications (per abscess formation, or uncontrolled bleeding) were oped, resection of ulcerated segment or more exten colectomy was recommended. The purpose of this stu was to establish correctly the diagnosis of nonspeciulcer preoperatively and to identify definitive tre complicated colon ulcer.

Methods: 6 cases, surgically treated as non-specifulcer at Chosun University hospital from January 1 December 1999 were studied retrospectively.

Results: The ages of the patient ranged from 35 t years; the ratio of male to female is 2:1. The main symptoms were abdominal pain (6 cases), nausea vomiting (4 cases), hematochezia (3 cases), constip cases) and palpable mass (1 case). The preoperative nosis was generalized peritonitis (2 cases), colo (2 cases), acute appendicitis (1 case), mechanical tion (1 case). 3 cases had past medication history, anti-hypertensive drug and the two were nonster anti-inflammatory drug. The preoperative diagnosti were simple abdomen (6 cases), abdominal CT (6 cas colon study (3 cases), abdominal sonograph (4 case selective angiogram (1 cases), The location of ulc cecum (2 cases), signoid colon (2 cases), transver (1 case) and descending colon (1 case). The methods o eration were hemicolectomy (3 cases), segmental rese (1 case) and anterior resection (2 case). There was one death, but 5 cases were completely recovered. Conclusions: Non-specific ulcer of the colon is tected until complicated by bleeding, perforation, struction. The patient who has chronic abdominal pairectal bleeding can be diagnosed preoperatevely bonoscopy and colon study. The recommended therapy complicated cases is resection of the ulcerated segm more extensive colectomy. Non-specific colonic should be suspected as one of colonic disease i patients with complications. JKSCP 2001;17:119-1

Key Words: Non-specific colon ulcer, Colectony

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 Table 3. Past medical history

4)

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Table 1. Age and sex		Case	Past history	Medication history
Case	Age/sex	1	Hypertension	Antihypertensive medication
		2	Hepatitis	_
1	60/M	3	Liver cirrhosis	-
2	70/F	4	Hypertension	_
3	64/M		Arthritis	
4	67/M	5	Arthritis	NSAID
5	35/M	6	Hypertension	NSAID
6	64/F		Arthritis	

Table 2. Symptoms and signs

Case	Abdominal	Abdominal mass	Hematochezia	Constipation	Nausea and vomiting
1	+	_	+	+	+
2	+	-	_	-	+
3	+	+	_	+	+
4	+	_	+	_	_
5	+	-	+	-	_
6	+	_	_	_	+

Table 4. Preoperative diagnotic study

Case	Simple abdomen	Abdominal CT	Abdominal sonography	Colon study	Angiogram
1	+	+	+	+	_
2	+	+	+	+	_
3	+	+	+	+	_
4	+	+	-	_	_
5	+	+	_	_	+
6	+	+	+	_	_

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Table 5. Size and location and preoperative diagnosis

Case	Size	Location	Preoperative diagnosis
1	2 cm	Sigmoid colon	Colon cancer
2	0.8 cm	Cecum	Acute appendicitis
3	2.5 cm	Transverse colon	Colon cancer
4	2 cm	Sigmoid colon	General peritonitis
5	4 cm	Descending colon	General peritonitis
6	0.7 cm	Cecum	Mechanical ileus

Table 6. Operative procedure and postoperative complication

Case	Operative procedure	Postoperative complication
1	Anterior resection	_
2	Right hemicolectomy	_
3	Extended right hemicolectomy	_
4	Anterior resection	_
5	Left hemicolectomy	Sepsis
6	Segmental resection	_



Fig. 1. There was small ulcer in colon with dirty base due to blood clot.

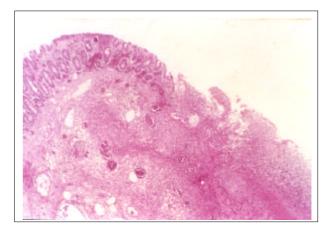


Fig. 2. Chronic ulceration covering by necrotic debris was noted, which is involved to mucosa in this figure.

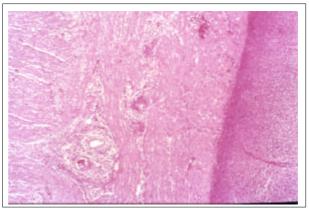


Fig. 3. Abscess pocket & serositis outer portion of muscle proper was suggestive of perforation.



Fig. 4. Small round hyperemic focus at distal portion of descending colon was noted. Small pseudoaneurysm at branch of left colic artery was seen. Leakage of contrast media from this pseudoaneurysm was also seen (Case 5).

,15,16 1,3,4 1940 Barlow⁹가 2 6,7 40 2,3,6 60 3,6 . Butsch 1) , 2) 6 12% , 3) , 4) $(33\%).^6$ 1 , 5) , 6) 1-4 1,5,8 ⁵ Feldman 1,5,8 가 (Barlow 40%),1,3,6,8

3,6

3,6,10

10%가

1,8,11

1,3,5,10,13

punch out

3,6,10

가

crater

67%

18%,

5 mm 4 cm

가

1,4

2 : 123

2 가 가 , 1 multiple air-fluid level 가 1 , 2 가 가 가 (localization) 8,14 1 2-4,6 1,2,8 8,11,14 가 1,6 가 Blundell Earnest 15 가 가

가

가 .

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