

Q4 What do you understand by Hereditary Non-polyposis Colon Cancer [HNPCC]

is the most common form of hereditary colorectal cancer, is inherited as an autosomal dominant syndrome as a result of defective mismatch repair (MMR) proteins, is present at early stage

## Case 2: - Familial adenomatous polyposis (FAP)

Q1: - Describe the hereditary nature of this condition?

- autosomal dominant on chromosome No 5
- polyp of colon and rectum may be sessile or pedunculated, IF untreated carcinoma develop in 100% of pt
- Familial / more in male > Female 10-15 years  
Never since birth

Q2 How do you keep Family under surveillance?

- Colon checks with Flexible sigmoidoscope or colonoscope should begin at approximately 12 years of age
- Examination generally performed yearly

Q3 Once diagnosed what is your definitive management? a Hated person: -

- Pan proctocolectomy + Permanent ileostomy
  - total colectomy + ileo rectal anastomosis + endoscopic removal of rectal polyps & Regular Follow up (tm)
  - total colectomy with distal rectal mucosectomy + ileo anal anastomosis
- Family member
- Regular endoscopic Follow up (Family seeing)

Q2 What is your definitive investigation to consider in doubtful diagnosis of women in this stage?

When classic appendicitis symptom and signs are present appendicitis diagnosis is clinical or in delay appendicitis imaging for increase risk of perforation and complication and WBC count, CRP, CBC, Urine analysis

Q3 What is your treatment and postoperative management?

- \* acute appendicitis is typically managed by surgery
- \* using antibiotic to prevent potential postoperative complication in emergency appendectomy
- \* Pain medication morphine
- \* The Surgical Procedure for the removal of appendix is called appendectomy open

Q4 a week after her operation she returns looking toxic complaining of tenesmus, what will you suspect and how will you manage?

abscess require either surgical or percutaneous drainage as well as antimicrobial therapy  
C/S guided

Case 1:- acute perforated appendicitis

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Q1 Do you know any scoring system to help in the diagnosis?

Sign/symptom	points
Vomiting	1
Right iliac fossa pain	1
Rebound pain light	1
Rebound pain medium	2
Rebound pain strong	3
Temperature $\geq 38.5^{\circ}\text{C}$	1
Leukocytosis $\geq 10,000$ to $14,900$	1
Leukocytosis $\geq 15,000$ per $\mu\text{L}$	2
PMN 70%	1
CRP 10 to 49	1
CRP $\geq 50$ g per	2

Total score 12