

CHRONIC LARGE BOWEL OBSTRUCTION

CHRONIC LARGE BOWEL OBSTRUCTION

The symptoms of chronic intestinal obstruction may arise from two sources: the cause and the subsequent obstruction. /uni25CF intraluminal (rare) - faecal impaction; /uni25CF intrinsic intramural - strictures (Crohn's disease, ischaemia, diverticular), anastomotic stenosis; /uni25CF extrinsic intramural (rare) - metastatic deposits (ovarian), endometriosis, stomal stenosis; or functional: /uni25CF Hirschsprung's disease, idiopathic megacolon, pseudo-obstruction. The symptoms of chronic obstruction differ in their predominance, timing and degree from acute obstruction. In functional cases, the symptoms may have been present for months or years. Constipation appears first. It is initially relative and may become absolute, associated with distension. In the presence of large bowel disease, the point of greatest distension is in the caecum, and this is heralded by the onset of pain. Vomiting is a late feature and therefore dehydration is less severe. Examination is unremarkable, save for confirmation of distension, which can be profound (Figure 78.21 the onset of peritonism in late cases. Rectal examination may confirm the presence of faecal impaction or a tumour.

Revision #1

Created 2025-12-31 15:28:10 UTC by Omar Ayman

Updated 2025-12-31 15:28:10 UTC by Omar Ayman