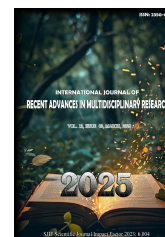




ISSN : 2350-0743



## REVIEW ARTICLE

### CASE STUDY: 25- YEARS -OLD MALE PRESENTS WITH RECTAL PROLAPSE. TEJASWI CHILLARA, KATNAM SHYLAJA, ARELLI SUKANYA, MANDA SNEHANJALI, BOLLA ANUHYA

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#### ARTICLE INFO

##### Article History

Received 19<sup>th</sup> December, 2024  
Received in revised form  
17<sup>th</sup> January, 2025  
Accepted 26<sup>th</sup> February, 2025  
Published online 28<sup>th</sup> March, 2025

##### Keywords:

Woman, History, Ethics, Public/Private Work.

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#### ABSTRACT

This article takes us through reflection, positioning and the role played by women throughout the history of humanity from an ethical and professional perspective, based on pertinent aspects such as the achievement of equality between women and men. Historically, men and women have always fulfilled well-defined roles. Many of these distinctions were due to biological evidence between the two, different ways are invented with each passing day in order to perpetuate ancestral behaviors, through myths, religions and rituals of historical tales. The inclusion of women in the job market is relatively recent, which was previously only available to men. From working outside the home to intellectual development, there is a long way to go, where in general women do not find a partner in the male class, if not the challenge, to conquer their place that is often overshadowed by the professional ethics represented on a large scale by the male class. As the main objective we saw, to analyze the position of women in the face of the challenges they face in the field of work, as well as their link with Ethics and professional deontology, to carry out the research in this article, questionnaires were applied to employees in the public and private companies in the province of Cabinda composed of male and female individuals whose premise was to highlight the role of women as employees in the public or private sector as well as their ethical profile. Debate issues relating to its development dating back to the beginning, equal rights between men and women, the pressure imposed on women and others. The investigation was carried out using the logic of exploratory research on the contribution of political philosophy, with a concern for optimizing ethics and professional deontology in the workplace and the place of women, in the family and in society.

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Citation: Tejaswi Chillara. 2025. "Professional, reports from men and women in the public/private sector of cabinda", International Journal of Recent Advances in Multidisciplinary Research, 12,(03), 10972-10974.

## INTRODUCTION

**HISTORY OF PRESENT ILLNESS:**A 25-year-old male patient admitted in the general surgery hospital ward presenting with the chief complaints of bleeding per rectal, painful defecation, mass per rectal, peri-anal itching since 20 days. These symptoms are on and off in the last 13 years. But he didn't take any care or any proper medications because he thought that these symptoms would subside on their own. He didn't concentrate on his complaints and left it untreated. Later he was busy in his daily routine until the symptoms got worsened.

**SOCIAL HISTORY:** He has been occasional alcoholic for the past 10 years. He would usually consume 90ml. (about 4-5 times in a month). He is also a chronic smoker for 15 years (10 cigars/ day). He is in a married, monogamous relationship and has 2 children aged 25-year-old male and 18-year-old female. And he has been a farmer for 30 years

**ALLERGIES:** no known medicine, food or environmental allergies.

**PAST MEDICAL HISTORY:**hypertension for 7 years he is currently using medication tab telma-40mg/po/od.

**PAST SURGICAL HISTORY:**no significant surgical history.

**PHYSICAL EXAM:** pickle (-)

**VITALS:**on examination patient was conscious and coherent. Temperature-97.8 F, heart rate-89bpm, respiratory rate -21 bpm, blood pressure-100/70mmhg. Body mass index- 17.4

**GENERAL EXAMINATION:**he has pale appearance but anxious, lying on a hospital stretcher. He is conversing freely but has a little pain at surgery site and he is very shy to answers the questions which are asked.

**PHYSICAL EXAMINATION:** at the time of admission

**PER RECTAL EXAMINATION:** For this patient digital rectal exam was done in which doctors ruled out that patient is suffering from prolapsed rectum.



**INITIAL EVALUATION:** Laboratory studies-initial workup from ICU revealed that patient haemoglobin count is 13.0g/DL. And didn't underwent any blood transfusion. BLOOD UREA of the patient was -28.0(19-44mg/dl). And SERUM CREATININE of the patient was 1.0(0.74-1.35mg/dl) and the additional test like ECG and CXR PA VIEW was done.

#### DIFFERENTIAL DIAGNOSIS

- Digital rectal exam.
- Colonoscopy.
- Anal manometry.
- Defecography.
- Lower GI series (barium enema).
- Electromyography (EMG).

If you have any weak pelvic floor muscles then medical practioner may check the secondary conditions which are useful to diagnose the disease accurately.

#### Possible secondary conditions are

- Pelvic floor dysfunction.
- Rectocele.
- Urinary incontinence.
- Small bowel prolapsed.
- Vaginal prolapsed.
- Bladder prolapsed.

**DIAGNOSIS**-based on patients subjective and objective findings patient was diagnosed as RECTAL PROLAPSE.

**MANAGEMENT:** based on findings doctor suggested patient to proceed with surgical procedure called Rectopexy which includes a part calledstarr [stapled transanal resection of the rectum] .

#### STAPLED TRANS ANAL RECTAL RESECTION (STARR) PROCEDURE:

- Introduction of circular anal dilator and small sponge.
- Semi-purse-string of anterior prolapsing tissue, first row
- Parachute sutures second and third rows

- Insertion of first STR10 staple
- Confirming exclusion of posterior vaginal wall
- Resected anterior portion of prolapsing segment.
- Posterior parachute sutures and anterior staple line
- Insertion of second STR10staple.
- Resected posterior half of rectal wall.
- Staples fixed and removed
- Patients secured haemostasis.

After the surgical procedure patient shifted to the SICU where patient received conservative management which includes IV FLUIDS, ANTIBOTICS, ANTACIDS, NSAIDS AND ANTI EMETICS was given and patient was recovered and discharged within 5 days.

## DISCUSSION

Rectal prolapse happens when the rectum sinks down through the anus. In complete rectal prolapse condition the complete wall of the rectum drops through the anus. In the partial rectal prolapse condition the lining of the rectum falls through the anus.

**AETIOLOGY AND PATHOPHYSIOLOGY:** Don't know the proper look for reasons for the rectal prolapse in male patient perhaps it may cause are chronic constipation, straining during bowel movements, weak pelvic floor muscles, weak anal sphincter muscles, rectal prolapsed can cause for aging above 65years, prior trauma to the lower back.

**TYPES OF RECTAL PROLAPSE:** Rectal prolapse is categorized based on its severity and its symptoms including:

**INTERNAL PROLAPSE:** In this prolapse the rectum was prolapsed, but it's not near to the anus. It is also called as incomplete prolapsed.

**MUCOSAL PROLAPSE:** In this mucosal prolapse the inner lining of the rectum innervates through the anus.

**EXTERNAL PROLAPSE:** In the external prolapse the entire thickness of the rectum innervates through the anus. This may also called as complete or full-thickness prolapse.

**PATHOPHYSIOLOGY:** Effective bowel straining which increases the intra-abdominal pressure and leads to the reversal of the rectal wall at which the level of pelvic peritoneal mirroring leads to the rectal prolapsed.

#### DIAGNOSIS

**DIGITAL RECTAL EXAM:** This is a physical exam which is done in rectal prolapse using lubricated gloves.

**DEFECOGRAPHY:** This is an imagery study of muscles when you are pooping this study done by using an x-ray and MRI.

**ANORECTAL MANOMETRY:** This test is used for the estimation of the strength and tightness of anal sphincters.

**LOWER GI SERIES (BARIUM ENEMA):** A sequence of video X-rays of your lower gastrointestinal tract.

**COLONOSCOPY:** This test is to inspect the inside of large intestine with a flexible scope.

**ELECTROMYOGRAPHY (EMG):** This test determines if nerve damage is any reason why the anal sphincters are not functioning properly. It also inspects muscle coordination

**TREATMENT FOR RECTAL PROLAPSE:** mostly includes surgery. Treatment for constipation with purgatives, suppositories, and other medicines is recommended. There are various surgical methods for treating rectal prolapse. Medical practitioner will suggest the best treatment for you based on your condition and symptoms considering your age and health problems over your age, health problems.

**PROGNOSIS:** Anyhow rectal prolapse affects very few people this condition mainly affects adults and women of 50years and above and few men. Men may develop this rectal prolapse at much younger average 40years of age above or less.in younger patients there is excessive rate of defecation problems, stress and many psychiatric problems which involving in considering many medications in most of the people. Mostly the treatment for rectal prolapse is surgery. Sometimes patients do not go through surgery this can lead to a consequential condition in which blood supply to rectum stops then this condition requires emergency situation

**ENHANCING HEALTH CARE TEAM OUTCOMES:** Here the case establishes the importance of how each and all healthcare members are involved in the diagnosis and making sure their involvement can be the utmost important for proper diagnosis.

The involved healthcare members can be listed as clinicians, pharmacists, nursing staff and the technicians working in the lab. The responsibility of them carrying all the duties perfectly in order to conclude the diagnosis and in between there are many changes to conclude the diagnosis as the staff they take the responsibility and carryout peacefully. If there is no such communication between them this can lead to incorrect diagnosis this leads to incorrect treatment pave a way for bad outcomes of the patient disease. So, communication can be the key for such possible good outcomes.

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