6/30/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Eyron* ***Case Discussants****: John Black and Kirtan (@KirtanPatolia)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Simmy)

CC: 30 yo M with Hematochezia

HPI: In the ED.
2 years prior he noticed blood tinged stools. He noticed 1 cm sized mass from the anus.
Associated with painless blood streaked stools.
8 months prior, he noticed hematochezia episodes increase.
A month prior, he had incomplete evacuation of stools episode.

ROS: Not significant.

PMH: None

Meds: None

Fam Hx: Colon cancer in father diagnosed at 65 years.

Social Hx: Sexual contact with men, 1 partner, receptive, Taxi driver, + Alcohol intake.

Allergies: None

Vitals: T: **HR**: 85 **BP**: 110/60 **RR**: 20 **Sat**: **BMI**:
Exam: Gen: Unremarkable.

Abd: Soft, non distended, non tender,
Rectal: Firm, circumferential mass extended from the anus, with blood stained on the finger.

Notable Labs & Imaging:
Hematology:
WBC: 11.1 Hgb: 11.1 Plt: 517k MCV:33.7
Chemistry:
CMP: wnl
HIV: Neg,
GC/Chlamydia/Syphilis: Neg,
UA Neg
Imaging:
Colonoscopy: Circumferential, nodular, friable mass, 5 cm from the anal area, visible mass in the peri anal area causing luminal narrowing.
CT Abd+P: Annular inter rectal wall thickening(1.7 cm) with luminal narrowing and associated small to marginal sized mesorectal lymph nodes(0.8 x 0.7 cm) subc lymph nodes in the mesenteric and inguinal lymph nodes.
Biopsy: Moderately differentiated Adenocarcinoma.Mismatch Repair Immunochemistry: Loss of nuclear expression of MSH2 and MSH6 with high probability of Lynch Syndrome

Dx: LYNCH SYNDROME.

Problem Representation: 30 yo M with Hematochezia with chronic episodes of blood streaked stools with firm circumferential mass from the anus, colonoscopy confirmed the nodular, friable mass with CT Abd/Pelvis positive for annular inter rectal wall thickening and lymph nodes enlargement in mesenteric and inguinal nodes Biopsy confirmed Adenocarcinoma and Loss of MSH 2 and MSH6.

Teaching Points (Manasa)
Hemodynamic stability is first priority in blood loss from GIT.
Upper GI vs Lower GI is the first question to ask after that.
Related symptoms and time frame would classify more.
Look for any risk factors for internal hemorrhoids(varices, congestion) as it is the most common cause of a rectal mass.
Low threshold for Sigmoidoscopy-Anatomical localisation, DRE first in resource limited regions.
Young patient>Also consider distal rectal adenocarcinoma.
Inflammation less likely since no other sites suggesting it.
Squamous(VIrus with oncogenic transformation like HPV or chronic irritation), although most cases are adenocarcinoma.
Young patient with a family history? Always think of hereditary syndromes.
FAP Presents earlier than 25 years of age.
Average age of onset is 16 years.