Digestive Disorders: A Case Study

Diverticular Disease by Lindsey Sparrock

Michael Tales, a 63 year old Caucasian male, arrived to the hospital complaining about pain in the lower left side of the abdomen. On further questioning, he notes that he has had difficulty going to the bathroom and frequently suffers from constipation. Although there are changes in bowel habit, here is no case of diarrhea. When he is able to go to the bathroom he finds a small amount of bright-red blood is his stool. He also admits to often feeling nauseas. His appetite appears to be fairly normal, consistent to his past eating habits. He does not have a temperature, and has no symptoms of a fever or chills. Mr. Tales is neither a heavy drinker nor a habitual drinker. He is, however, overweight and has a family history of obesity.

Based on his symptoms it is believed that Mr. Tales may have diverticular disease. A rectal exam is performed in the office where the patient is asked to bend over a table and the health care provider slides a gloved, lubricated finger into the rectum. The patient states that he feels pain and the provider notes a small amount of bleeding. After this the health care provider decides to schedule a blood test along with a Computerized tomography (CT) scan, the most common test used in diagnosing diverticular disease. The patient is provided with a solution to drink and then injected with contrast medium. He is directed to lie on to a table, which slides into a tunnel-shaped machine where the x rays are taken. Upon examining his CT scan results it is confirmed that the patient does in fact suffer from diverticular disease.

Diverticular disease is an illness that transpires when a individual has complications due to the small pouches, or sacs, that have been produced and subsequently pushed outward through weak areas in the colon wall. Common symptoms include vomiting, nausea, fevers, chills, changes in bowel habits (constipation or diarrhea), and diverticular bleeding. No one really knows what causes diverticular disease and there is no known cure either. Although it is usually seen in older adult males, it is being more frequently seen in individuals under the age of 50. Additional issues that can arise with diverticular disease include diverticular bleeding and diverticulitis (when the diverticula become irritated, swollen, infected, or inflamed).

While consulting the patient about his disease, the health care provider recommends that he get more fiber. A gradual increase in dietary fiber can help in minimizing the abdominal discomfort that Mr. Tales is suffering from. The health care provider also prescribes a combination of mesalazine (Asacol) and the antibiotic rifaximin (Xifaxan) that can improve the patient’s symptoms and help him maintain periods of remission. Rectal bleeding can be severe, however, in some cases it can go away with time without the need for any treatment. In the case that the bleeding does not stop, Mr. Tales will be scheduled for abdominal surgery with a colon resection where the surgeon places the patient under anesthesia, removes the damaged section of the patient’s colon and connects the remaining parts together.

With proper upkeep of medication and additional amounts of fiber in his diet, Michael Tales should be able to manage his symptoms and eventually cease to have any rectal bleeding. Unfortunately, he will always have diverticular disease.

Works Cited

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