J Gastrointest Dig Syst 2015, 5:4
http://dx.doi.org/10.4172/2161-069X.S1.029

Usefulness of probiotics to improve bowel preparation before colonoscopy

Diego Sanchez-Munoz
Hospital Quirón Sagrado Corazón, Spain

Aim: To study if probiotics intake improves quality of bowel cleansing before colonoscopy.

Patients & Method: 211 patients (79 male/132 female) submitted to our Endoscopy Department were prospectively included. Fifty-two of them had taken probiotics (Lactobacillus reuteri) at least 10 days prior to colonoscopy. Bowel preparation was performed according to local protocols using sodium picosulphate/magnesium citrate. Quality of bowel cleansing was assessed using Boston and Ottawa scales. The same way, rate of adenoma detection according to probiotics intake was also assessed.

Results: The global score achieved with both bowel preparation scales was significantly better in patients who had taken probiotics. Also, bowel preparation was better studying each colonic segment separately, even at the right colon. There were no differences in the quality of bowel preparation according age, sex or time of the day when the exploration was carried out. The better colonic cleansing achieved with probiotics intake led to a higher adenoma detection rate compared with patients who had "standard" preparation, but these differences did not reach statistical significance (59/179 (32,9%) vs.6/32 (18,7%);p=0,078).

Conclusions: Probiotics intake before colonoscopy improves quality of bowel cleasing and allows a higher adenoma detection rate.

dsanchezm@digestivosanchezmunoz.com

Treatment of our case with rectal prolapsus and solitary rectal ulcer by laparoscopic ripstein operation

Vahit Onur Gul[1], **Sebahattin Destek**[2], **Serhat Ozer**[3] and **Serkan Ahioglu**[1]
[1]Edremit Military Hospital Balikesir, Turkey
[2]Tuzla Hospital Istanbul, Turkey
[3]Konya Military Hospital Konya, Turkey

Purpose: Solitary rectal ulcer syndrom (SRUS) arises with one or more ulcers at rectum or with rectal wall thickening. It was defined in 1830 by Cruveilheir for the first time. It is met 1 over 100 000 in the society. SRUS generally shows up with rectal bleeding, pain, mucous defecation, difficulty in rectal evacuation. Rectal bleeding is the major symptom and occurs by 90 % of the patients. Since rectal prolapsus is present by patients with SRUS, in the studies performed it was shown that pelvic floor muscles were contracted discordantly and blood flow was decreased in the mucosa. One of our cases with rectal prolapsus and SRUS is presented in this presentation.

Case: The patient was 45 years old and female and had the symptoms constipation, bleeding during defecation, tenesmus since two years. The patient had a medical history of idiopathic prolactinoma and hashimoto thyroiditis. The patient was anemic. In her gastroscopy, reflux esophagitis, hiatal hernia, helicobacter pylori (+) pangastritis were determined. In her colonoscopy, grade III hemorrhoidal disease, at upper rectum between 10-15 cm ulcer at rectum mucosa, dark coloured areas at cecum mucosa were determined. In the pathological examination, SRUS at rectum and melanosis coli at cecum were diagnosed. No pathology was observed in the enterography. External rectal prolapsus was determined in the digital defecography. Laparoscopic ripstein operation was applied to the patient. In the colonoscopy of the patient after one year, it was observed that SRUS at rectum was cured.

Conclusion:. SRUS should be differentiated from other diseases causing mucosal ulceration. Medical or surgical treatment methods can be used according to the underlying cause. The priority in the treatment has the medical treatment. However surgical restoration could be prioritized by patients having coexisting rectal prolapsus.

vonurgul@hotmail.com