

## Mucus in Stool- Handle with Care

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### Abstract

**Case Report:** A twenty year old young male, having symptoms of anxiety neurosis for last six months due to familial problems, presented with clinical features of Irritable bowel syndrome (I.B.S) and was evaluated for the same but all his baseline investigations including blood sugar, thyroid profile, viral screen and serum IgAttg antibody for wheat allergy were found to be normal. He was symptomatically treated with rifaximin, probiotics, anti-anxiety drugs but was very worried for mucus in stools which can be there even in I.B.S. He was not responding to treatment and was assuming this mucus to be marker of malignancy. He even brought photograph of mucus sticking on his hand and ultimately to allay his fear, colonoscopy was done which was as expected found to be normal. But this changed the thought process of the patient, made him mentally calm and within period of few months, showed significant symptomatic relief.

**Conclusion:** Majority of patients of irritable bowel syndrome are having baseline anxiety and depression features which makes over interpretation of their symptoms. The colonoscopy which is usually not indicated in IBS but sometimes even normal colonoscopy can become beneficial in recovery of patients, as in our case.

**Keywords:** Irritable Bowel Syndrome; Colonoscopy; Mucus; Anxiety Neurosis; Probiotics

### Introduction

Irritable bowel syndrome (IBS) and chronic gastritis (CG) are one of the most common indications which bring patients to gastroenterologist. The IBS patients usually present with flatulence, periods of diarrhea and constipation, repeated toilet visits due to urgent evacuation or early filling sensation, excessive straining, feeling of incomplete evacuation, frequency, urgency, reduced feeling of well-being and disturbed social life. Although many patients relate onset of symptoms to intake of food and often incriminate specific food items, a meaningful dietary role is doubtful in the IBS. According to literature, nearly 20% of general population have IBS and it is more commonly seen in females due to unknown reasons [1]. The presence of a small amount of mucus in stool is normal. However, the presence of copious mucus or bloody mucus is abnormal.

### Case Report

A twenty year old young male, not a known case of any chronic illness, having symptoms of anxiety neurosis for last six months due to familial and personal problems, presented with increased frequency of stools with mild pain abdomen, for last three months. The stools

were semi-solid and he used to defecate three-four times in morning and then after every meal, making it total of six-seven times in a day. There was no associated blood loss with stools but mucus was occasionally seen. There was no nocturnal frequency, fever or weight loss during this period. The patient gave history of bloating and dyspepsia symptoms of same duration. All his baseline investigations like blood sugar, thyroid profile, viral screen including for HIV, serum IgAttg antibody for wheat allergy, renal and liver function test, serum electrolytes, serum vitamin B12, D3, folic acid levels, stool complete examination and culture, chest X-ray and ultrasonogram abdomen were essentially normal. He was symptomatically treated with rifaximin, probiotics, anti-anxiety drugs but was very worried for mucus in stools which can be there even in I.B.S. He was not responding to treatment and was assuming this mucus to be marker of malignancy. He even brought photograph of mucus sticking on his hand and ultimately to allay his fear, colonoscopy was done which was as expected found to be normal. But this changed the thought process of the patient, made him mentally calm and within period of few months, showed significant symptomatic relief. Now with same medications, he slowly started improving, his stool frequency improved, pain abdomen and mucus subsided, anxiety symptoms were relieved to great extent. His medications were slowly tapered and now at present he is on minimal drugs and leading a happy life. His behavior and attitude at workplace and home has become positive and this has led to make him mentally more strong and tough. Thus, now is able to tackle daily problems in a confident manner.

### Discussion

IBS is a condition that affects the function and behavior of the intestines. Normally, the muscles lining the intestines contract and relax to move food along the digestive tract. In IBS, this pattern is disturbed, resulting in uncomfortable symptoms. In addition, there can be a disturbance in sensation, with heightened sensitivity to normal gas or stool passing through the GI tract. It is important to remember that patients with IBD can also have IBS, but having IBS does not lead to IBD. The psychological factors usually precede onset and exacerbation of gastro-intestinal symptoms, and many potentially psychiatric disorders including anxiety, depression, sleep disorders, illness fear, cancer fear, or death fear usually coexist with the IBS [2]. For instance, thresholds for sensations of initial filling, evacuation, urgent evacuation, and utmost tolerance recorded via a rectal balloon significantly decreased by focusing the examiners' attention on gastrointestinal stimuli by reading pictures of gastrointestinal malignancies in patients with IBS [3]. Although IBS is described as a physical disorder but psychological factors may be crucial for triggering of these physical changes in the body. IBS is actually defined as a brain-gut dysfunction according to the Rome II criteria and it may have more complex mechanisms affecting various systems of the body via a low-grade inflammatory process on vascular endothelium [4].



**Picture 1:** Showing mucus associated with stools in between fingers of patient.

In IBS, the most important aspect is to allay anxiety and stress of patients which is the most common triggering event for precipitation of IBS symptoms. It's all brain-gut axis, once brain settles down then automatically gut also slows down. Hence, IBS patient should be given gentle hearing at all the visits because this group of patient take repeated consultation from various specialists. The IBS patient do not easily believe that they are not having any organic illness but only functional disorder. Many educated patients intentionally deny anxiety symptoms, in fear of that they will be labeled as Psychiatry patient in front of family members. In our case also persistent psychotherapy for alleviating fear of patient was done and even colonoscopy was done on patient request and that being normal gave utmost confidence and led to recovery of patient.

### Conclusion

The literature on treatment benefit are not clear in fulminant hepatitis B but immediate treatment is always justifiable when a patient presents with acute liver failure because of the maximum of reasonable expectation of benefit and the absence of major adverse events from therapy. More researches are required regarding use of oral antiviral in HBV related acute liver failure and acute severe hepatitis, so as to determine clearly their role in the management of above life threatening conditions. The use of antiviral in these conditions becomes more important in developing country like India where there is not only limited availability of liver transplantation but majority of needy patients cannot afford due to financial constraints.

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