

Chapter 3

Stomodeum to Proctodeum: Email Narratives on Clinical Problem Solving in Gastroenterology

Paramartha Bhattacharya
Consultant Physician, India

Amar Puri Asanga
Yoga consultant, Nepal

Rakesh Biswas
People's College of Medical Sciences, India

ABSTRACT

This chapter contains physician and patient perspectives of their gastrointestinal system problem solving experiences beginning from one anatomical end, stomodeum and continuing toward the other end proctodeum of the gastrointestinal tube. These experiences reflect user driven health care to the extent that they have been largely shared and developed over a web interface through email narratives and illustrate conversational learning in a patient centered manner.

INTRODUCTION

We take for granted the pleasure of being able to enjoy our food – with our eyes, our smell and our taste, and we take for granted to digest, to absorb the sustaining substances from our food, and to pass the leftovers on average once a day. However this is not the case for everyone all of the time, and it is not always easy to know the reasons for this. In this chapter we “travel” down the at times “rocky road” of the “pipe of our digestive tract”. We explore the personal perspectives of the patient

as well as the doctor’s struggles to understand the “troubles of the gut”. These reflections extend on experiences shared in various ways in the past.

By the third week, endodermal cells have migrated around the inside of the blastocyst, completing a pouch called the yolk sac. The primitive gut, composed entirely of endoderm, develops early in the fourth week when the dorsal part of the yolk sac incorporates into the embryo during the process of folding. The gastrointestinal tract develops from modifications of the primitive gut that forms a continuous elongated tube from the future mouth (a depression called the stomodeum or oral pit that is not part of the foregut but an

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invagination of ectoderm that will become the oral cavity) to the future anus (the proctodeum or anal pit is an invagination of surface epidermal ectoderm that develops in the hindgut and develops into the anus). (Neas 2003)

In planning this chapter the narrative nature of medical knowledge is acknowledged. These include the medical story, the patient story, the notes, and the test results. And these are all interpreted in the light of previous stories within medicine - the anecdotes, the scientific literature, and stories of previous patients that seem similar. (Nicholas & Gillett, 1997)

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We begin our journey from the stomodeum with a window seat to our past experiences alongside our patients. These experiences have over the years gradually receded into the background and yet require continued documentation and sharing to reach further insights be it personal or collective.

Stomodeum: The Journey Begins

Sometime around April 2002 author RB saw this patient in his clinic in a teaching hospital in Nepal and posted the patient's picture along with the clinical query on to the www.jiscmail.ac.uk/lists/evidence-based-health list serv.

She is a yoga teacher on a strict vegetarian diet and has taken all possible vitamins and essential nutrients available along with various antibiotic creams (partly self medication). What are the possible causes and what further line of management would benefit the patient? Rakesh Biswas, Asst Prof, Pokhara, Nepal

Searching for Evidence

A dermatology referral was made immediately after the physician's consultation and she cor-

Figure 1. A middle aged white lady has persistent angular cheilitis and stomatitis since the last 4 months



rectly made a reasonable assumption with a few differential diagnoses although the exact source of the problem remained elusive. There was no verbal contact between the dermatologist and the physician at this point of time and the physician remained unaware of her differential diagnosis. The physician formulated clinical query was then dispatched to the evidence based mailing list and following are a few of the various suggestions to our query from and outside the evidence based health mailing list

Consider Lip licking, Iron deficiency, Recurrent Herpes simplex infection (5-15 episodes per year), Syphilis, Candidiasis and other fungal infections, Vit B1 deficiency (Not corrected by oral- as first manifestation of malabsorption syndrome or as the only manifestation. Give a therapeutic trial of Injectable Vit B.) Bechet's, Pemphigus, Dental causes: Can be related to overclosure of the mouth leading to stagnant areas in the corners of the mouth and infection. Until the problem is sorted out (for instance by making new dentures at an appropriate occluso-vertical dimension) the cause will not be removed and symptoms will persist or recur.

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