



19

Anus, Rectum, and Prostate

LEARNING OBJECTIVES

After studying Chapter 19 in the textbook and completing this section of the workbook, students should be able to:

1. Conduct a history related to the anus, rectum, and prostate.
2. Discuss examination techniques for the anus, rectum, and prostate.
3. Identify normal age and condition variations of the anus, rectum, and prostate.
4. Recognize findings that deviate from expected findings.
5. Relate symptoms or clinical findings to common pathologic conditions.

TEXTBOOK REVIEW

Chapter 19 Anus, Rectum, and Prostate (pages 674–693)

CONTENT REVIEW QUESTIONS

Multiple Choice

Circle the correct answer for each of the following questions.

1. While palpating the lateral and posterior rectal walls, the examiner should expect to palpate:
 - a. smooth, even, and uninterrupted surface.
 - b. small nodules from internal hemorrhoids.
 - c. tissue folds from the valves of Houston.
 - d. bulging from the bladder wall.
2. A patient presents with a chief complaint of rectal pain. The examiner will focus the history and examination on which known fact?
 - a. Rectal pain is almost always accompanied by an infection.
 - b. Rectal pain is almost always an indication of local disease.
 - c. A complaint of rectal pain is usually associated with a serious systemic process.
 - d. One of the most common causes of rectal pain is prostatic enlargement.

3. During an examination, the examiner observes inflammation of the sacrococcygeal area. The patient complains of pain when it is palpated. Which of the following problems is *not* consistent with such a finding?
 - a. anorectal fistula
 - b. pilonidal cyst
 - c. hemorrhoids
 - d. perianal abscess
4. While examining the perineum of a 6-year-old girl, the examiner observes hemorrhoids. This finding suggests:
 - a. repeated events of sexual abuse.
 - b. the presence of chronic constipation.
 - c. a diet high in fibrous foods.
 - d. an underlying problem such as portal hypertension.
5. To examine a prostate, what surface is palpated?
 - a. anterior rectal wall surface
 - b. posterior rectal wall surface
 - c. anterior prostate surface
 - d. deep external sphincter surface
6. A patient tells the examiner she has had clay-colored stools. Stool of this color results from:
 - a. a lack of bile pigment.
 - b. excessive fiber intake.
 - c. excessive dietary beef.
 - d. insufficient fluid intake.
7. An elderly male patient is unable to assume a standing position for a routine rectal examination. What is the best alternative position?
 - a. lithotomy position
 - b. left lateral position with knees flexed
 - c. knee-chest position
 - d. prone position
8. A pregnant woman presents to the emergency department with the complaint of dark stools. She tells the examiner, "I read in a magazine that this is a sign of bleeding." Which of the following questions by the examiner is most applicable for this situation?
 - a. "Where did you read that information?"
 - b. "Have you been giving yourself enemas?"
 - c. "How much fruit and vegetable intake have you had in the last few days?"
 - d. "Are you taking prenatal vitamins?"
9. Prior to palpating the prostate, the examiner should tell the patient that he might feel the urge to do which of the following?
 - a. urinate
 - b. defecate
 - c. vomit
 - d. faint
10. Which of the following is considered a routine screening test done in conjunction with a rectal examination?
 - a. biopsy of rectal tissue to rule out precancerous cells
 - b. smear of rectal lining to rule out infectious disease
 - c. transillumination of the rectum to detect a mass
 - d. guaiac test of stool to rule out presence of blood

11. Which examination finding in the child is a clue to the diagnosis of Hirschsprung's disease?
 - a. passing of frequent, loose stools in absence of other symptoms
 - b. consistently empty rectum with a history of constipation
 - c. itching and irritation around the anus
 - d. rectal prolapse
12. In which situation would the examiner perform a rectal examination on an infant or child?
 - a. A newborn infant passes a greenish-black viscous stool 12 hours after birth.
 - b. The mother of a 3-month-old baby describes the baby's stools as "loose and golden yellow."
 - c. A stool of a 6-year-old child is guaiac-positive.
 - d. A mother tells the examiner that her 3-year-old child was sent home from day care after two episodes of diarrhea.
13. How is the anal ring assessed?
 - a. inspection of the anus
 - b. external palpation of the anus
 - c. examination of the stool
 - d. rotation of a finger within the anal sphincter
14. Which of the following best describes the feel of a normal prostate gland?
 - a. soft olive or grape
 - b. small sea sponge
 - c. Ping-Pong ball
 - d. pencil eraser
15. Anal patency is verified in a newborn infant by:
 - a. inserting a lubricated thermometer through the anus and into the rectum.
 - b. inserting the fifth digit through the anus and into the rectum.
 - c. assessing for the passage of a meconium stool in the first 24–48 hours after birth.
 - d. inspecting the anus for an anal opening.
16. Prostate enlargement is determined by the:
 - a. diameter of the rectum near the bladder.
 - b. circumference of the prostate.
 - c. estimation of the depth of the sulcus.
 - d. protrusion of the prostate into the rectum.
17. Which of the following patients has a known risk factor for colorectal cancer?
 - a. Marcus, a 21-year-old college student who is a vegetarian
 - b. Jack, a 56-year-old man who eats a diet high in beef
 - c. Susan, a 38-year-old with a 5-year history of gastric ulcers
 - d. Helen, a 22-year-old mother with multiple hemorrhoids
18. A mother tells the examiner that her 2-year-old son has an odd, bright red bulge coming out of his anus that "looks like a donut." What kind of problem does this history suggest?
 - a. pin worms
 - b. pilonidal cyst
 - c. rectal prolapse
 - d. hypertrophy of the anus
19. The examiner palpates a prostate, noting that it is hard and irregular. The median sulcus is not palpable. These findings are consistent with:
 - a. prostate cancer.
 - b. benign prostate hypertrophy.
 - c. prostatitis.
 - d. rectal mass.

20. A rectal prolapse in a young child is frequently associated with:
- rickets.
 - cystic fibrosis.
 - Crohn's disease.
 - chronic constipation or diarrhea.

Terminology Review

Matching

Match each examination finding or symptom to the corresponding problem to be considered.

Examination/Finding/Symptom	Problem
21. _____ Severe rectal pain with a fever	a. Prostatitis
22. _____ Absence of meconium stool passage in infant	b. Perianal abscess
23. _____ Feels smooth and firm with 4 cm protrusion into the rectum	c. Rectal polyp
24. _____ Elevated red granular tissue opening on perianal skin with purulent drainage	d. Benign prostatic hypertrophy
25. _____ Feels boggy, enlarged, and tender to palpation	e. Prostatic carcinoma
26. _____ Feels hard, nodular; unable to palpate sulcus	f. Imperforate anus
27. _____ Soft nodules palpated with rectal examination	g. Anorectal fistula

CONCEPTS APPLICATION

Fill in the following table by comparing the different methods for screening prostate cancer.

<i>Screening Method</i>	<i>What It Reflects</i>	<i>What Results Mean</i>	<i>When It Is Indicated</i>
DRE			
PSA			
PSA velocity			
Free PSA ratio			
Biopsy			
TRUS			

CASE STUDY

Mr. Murphy is a 66-year-old male who presents to his primary care provider complaining of a 3-month history of rectal fullness. Listed below is data collected by the examiner during an interview and examination.

Interview Data

Mr. Murphy tells the examiner he has had pain “off and on” but became concerned when he started seeing blood in his stool. The blood is described as “bright red.” Mr. Murphy also states that he has seen spots on his underwear, but he has ignored it, thinking he had hemorrhoids. When asked about changes in his diet, Mr. Murphy indicates that he really hasn’t been very hungry lately and has lost 10 pounds over the last several months.

Examination Data

General survey: Thin-appearing male. Vital signs are within normal limits.

Rectal examination: Perineal and anal inspection is unremarkable with no lesions, dimpling or changes in skin characteristics. Sphincter tone findings unremarkable. A large mass is felt with rectal palpation extending from the posterior to the left lateral rectal wall. The prostate is smooth, firm, and nontender to palpation with a 1 cm protrusion.

1. What data deviate from normal findings, suggesting a need for further investigation?
2. What additional questions could the examiner ask to clarify symptoms?
3. What additional physical examination, if any, should the examiner complete?
4. What primary problems does the patient have?

