

## Case Report

# Mucus In Stool Is Not Always Organic Illness.

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## Abstract

**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.

**Case Report:** A twenty-five-year-old male, not a known case of any chronic illness presented with symptoms of anxiety and depression for last three months due to stress at office due to overload of work. He developed epigastric pain with sensation of passing stools after every meal. The frequency of stool was more in morning time when after waking up, he used to pass stool for two three times. The stools were semi-solid too loose without any blood associated with it but characteristically, he used to pass intermittently, different kind of mucus with stools. He was very much worried with passage of mucus with stools and thought that he was suffering from some major illness of intestine which could be even malignancy. Thus, he used to take regularly, pictures of mucus on his fingers. He was diagnosed clinically to be suffering from irritable bowel syndrome (I.B.S) and for excluding other diagnosis, he was evaluated in detail but all his baseline investigations including blood sugar, thyroid profile, viral screen and serum IgATTG antibody for wheat allergy, stool and urine complete examination, ultrasonogram abdomen and chest x-ray were found to be normal. He was advised for removing diary products from the diet and restrict sugar intake and juices in the diet. He was symptomatically treated with rifaximin, probiotics, anti-anxiety and anti-depressant drugs. He was very worried for mucus in stools, despite being repeatedly told that mucus with stools can be seen even in I.B.S and it is not always marker for some organic illness. He was not responding to treatment and continued to attribute, this mucus to be marker of malignancy. He even brought repeatedly photographs of mucus sticking on his hand and ultimately to allay his fear, colonoscopy was done which was found to be normal. The normal colonoscopy allayed all the fears of patient and changed the thought process of, 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, Rifaximin.

## 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-five-year-old male, not a known case of any chronic illness presented with symptoms of anxiety and depression for last three months due to stress at office due to overload of work. He developed epigastric pain with sensation of passing stools after every meal. The frequency of stool was more in morning time when after waking up, he used to pass stool for two three times. The stools were semi-solid too loose without any blood associated with it but characteristically, he used to pass intermittently, different kind of mucus with stools. He was very much worried with passage of mucus with

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stools and thought that he was suffering from some major illness of intestine which could be even malignancy. Thus, he used to take regularly, pictures of mucus on his fingers. He was diagnosed clinically to be suffering from irritable bowel syndrome (I.B.S) and for excluding other diagnosis, he was evaluated in detail but all his baseline investigations including blood sugar, thyroid profile, viral screen and serum IgATTG antibody for wheat allergy, stool and urine complete examination, ultrasonogram abdomen and chest x-ray were found to be normal. He was advised for removing dairy products from the diet and restrict sugar intake and juices in the diet. He was symptomatically treated with rifaximin, probiotics, anti-anxiety and anti-depressant drugs. He was very worried for mucus in stools, despite being repeatedly told that mucus with stools can be seen even in I.B.S and it is not always marker for some organic illness. He was not responding to treatment and continued to attribute, this mucus to be marker of malignancy. He even brought repeatedly photographs of mucus sticking on his hand and ultimately to allay his fear, colonoscopy was done which was found to be normal. The normal colonoscopy allayed all the fears of patient and changed the thought process of, made him mentally calm and within period of few months, showed significant symptomatic relief.

## 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].

**Figure 1.** First time Mucus with stool



**Figure 2.** Different pattern of mucus



**Figure 3.** Changing pattern of mucus.**Figure 4.** Normal Colonoscopy.

## CONCLUSION

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 patients take repeated consultation from various specialists. The IBS patient does 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 labelled as Psychiatry patient in front of family members. In our case also persistent psycho-therapy 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.

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