Journal of Advanced Medical and Dental Sciences Research
@Society of Scientific Research and Studies
Journal home page: www.jamdsr.com doi: 10.21276/jamdsr UGC approved journal no. 63854
(e) ISSN Online: 2321-9599; (p) ISSN Print: 2348-6805

CASE REPORT

Carcinoma Transverse Colon Masquerading Anterior Abdominal Wall Abscess: A Case Study

Gaba S , Nagpal N, Goyal V, Meena D, Singh J

Department of Surgery, GGS Medical College Hospital, Faridkot

ABSTRACT
Carcinoma colon presenting with anterior abdominal wall abscess is a rare occurrence which has been sparsely reported in the medical literature. Such an event is likely to occur due to infiltration of anterior abdominal wall with perforation of colonic growth and pus seeping through fascial planes. We hereby report a case of 67 year old female who presented to the emergency department with anterior abdominal wall abscess and on exploration turned out to be tumour of the transverse colon.
Key words: Carcinoma, Abdominal, Subumblical.

Received: 15 December 2018 Revised: 27 December 2018 Accepted: 28 December 2018

Corresponding author: Dr. Gaba S, Department of Surgery, GGS Medical College Hospital, Faridkot, India

This article may be cited as: Gaba S , Nagpal N, Goyal V, Meena D, Singh J. Carcinoma Transverse Colon Masquerading Anterior Abdominal Wall Abscess: A Case Study. J Adv Med Dent Scie Res 2019;7(1):134-135.

INTRODUCTION

Common presentation of carcinoma colon is as anaemia, asthenia, mass abdomen or intestinal obstruction. It is uncommon to present as perforation. Furthermore, even rare event is presentation as abscess and reports of present issue as anterior abdominal wall abscess and enterocutaneous fistula.

The incidence of perforation in carcinoma colon has been reported to be around 2.5 – 7.5 %. [1] This event has sparsely been reported to be presenting as a thigh abscess, a retroperitoneal abscess, an intraperitoneal abscessor an anterior abdominal wall abscess or as enterocutaneous fistula. [2] A high index of suspicion is required to arrive at such a diagnosis and common differential diagnosis include:

- Rectus sheath haematoma
- Spegelian hernia
- Concealed perforation with communication to anterior abdominal wall
- Desmoidtumour

We hereby present a case of carcinoma transverse colon presenting as anterior abdominal wall abscess.

CASE HISTORY

A 67 years old female patient presented to the emergency department with swelling in the left subumbilical region since 4 days, associated with continuous pain and high grade fever. The lump on the abdomen was tender and had local rise in temperature.

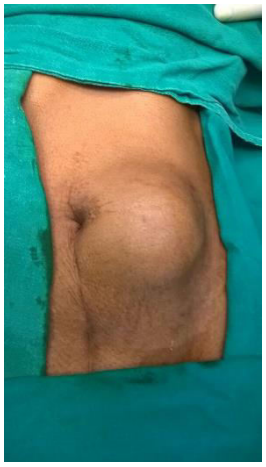

Figure 1 showing the left subumbilical swelling on presentation

Ultrasound examination suggested a fluid collection with internal echoes and suspicion of bowel loops. On exploration, seropurulent fluid was found in the cavity with abdominal wall showing intense inflammatory reaction.A loop of transverse colon with cancerous growth was found to be adherent to the parietus. Further dissection revealed a perforation in the cancerous

growth at the site which was adherent to the anterior abdominal wall.

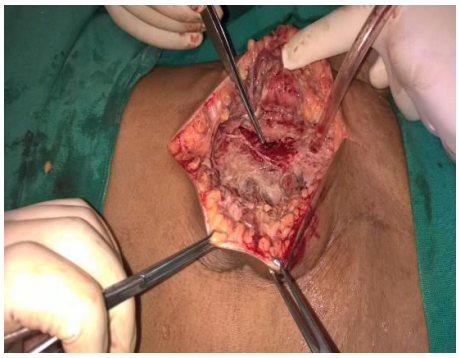

Figure 2 showing intraoperative perforation of the transverse colon

A resection of transverse colonic growth was carried out and primary anastomosis done and a diversion ileostomy. Postoperative period was uneventful and patient was started orally on postoperative day 4. The histopathology of the specimen revealed it to be a colonic adenocarcinoma.

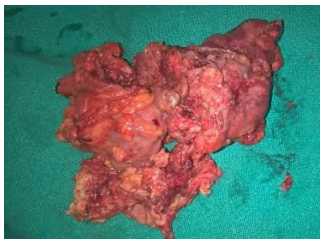

Figure 3 showing the histopathological specimen sent

DISCUSSION

The presentation of colorectal cancer is varied dependant on the site of lesion. [3]Upto 15 % of patients present with surgical emergency, mainly with intestinal obstruction.[4]In most reported cases of colonic carcinoma perforation is into the peritoneal cavity. Abscess formation occurs in 0.3 to 0.4 % of colonic carcinoma and is the second most common complication of perforative lesions.[5] Such an event may be attributed to infiltration and extension into adjacent organ and further spread along the tissue planes leading to formation of abscess at a distant location such as anterior abdominal wall and thigh which can be primary presentation of the disease.[4]

Abdominal wall is likely to be the site in tumours of intraperitoneal origin as in our case, tumour was located in transverse colon. A high index of suspicion is crucial in establishment of diagnosis and such patients should be routinely subjected to evaluation by imaging. A contrast enhanced computed tomography is the investigation of choice and it may help in location of primary as well as the extent of abscess. It may also help in mapping the fistulous communication between the two. Surgical resection remains the mainstay therapy and is often desirable to enbloc radically resect the primary tumour contiguous with the involved anterior abdominal wall which may be curative in the absence of lymphatic/distant metastasis.

CONCLUSION

This infrequent presentation of carcinoma colon as anterior abdominal wall abscess should be kept in mind while evaluating an emergency patient so as to provide target directed approach, thus improving the outcome.

REFERENCES

1. Miller , L.D Boruchow, I.B. An analysis of 283 patients with perforative carcinoma of the colon. SurgGynecolObstet 1986, 123:1212-1218
2. White , A.F. ,Haskin , B.J. , Jenkins, C.K. Abscess of abdominal wall as the presenting sign of carcinoma of the colon cancer 1973 , 32:142-146
3. AndazS, Heald RJ (1993) Abdominal wall abscess- an unusual primary presentation of a transverse colonic carcinoma Postgrad Mes J 69:826-828
4. Al-Hendal A, Al-Masri W, Al-Mishaan M, Alexander S (2009) abscess of the abdominal wall from perforated ascending colon cancer. Gulf J Oncolog.2009 Jan;(5):60-3.
5. Welch JP, Donaldson GA (1974) perforative carcinoma of colon and rectum. Ann Surg 180:734-740