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Case of Colorectal Cancer Stage IVb (Dukes D) Presenting Emergently as a Strangulated Umbilical Hernia

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Abstract:

Colorectal cancer (CRC) is a lethal disease. Nearly 130,000 new cases are diagnosed each year in the United States, of which 95,270 are colon and the remainder rectal cancers (1). CRC patients may present with suspicious signs or symptoms; asymptomatic individuals are discovered by routine screening or emergency admission with intestinal obstruction, peritonitis or an acute gastrointestinal (GI) bleed (1). This case report discusses the case of 74 years old gentleman with CRC stage IVb (Dukes D), who presented as a strangulated umbilical hernia.

Case Report

We are reporting a case of a 74-years-old previously healthy gentleman who presented with a strangulated umbilical hernia on a background of 15 days of constipation that was associated with right upper quadrant pain. Plain film abdomen showed multiple air fluid levels. The patient was prepared and taken to the operating theatre for surgical correction of his hernia. To our surprise, laparotomy revealed a recto sigmoid mass. Consequently, Hartmann's procedure was undertaken, where the involved segment of colon was resected and an end colostomy was created. Multiple liver metastatic lesions, mesenteric nodules and a non-resectable part of the main mass adherent to the floor of the pelvis were the additional findings.

Post operatively the patient underwent a staging CT thorax, abdomen and pelvis. It showed metastases to both lobes of the liver and left lung, a highly suspicious lesion at the gastro esophageal junction, in addition to numerous lymph nodes with mesenteric panniculitis in the left upper abdomen. An intra-abdominal abscess, minimal ascites and multiple urinary bladder stones were also noted. An upper GI endoscopy was done to investigate the lesion at the gastro esophageal junction seen in the CT. The endoscopy revealed only an incompetent cardiac ring and a moderate diffuse gastritis with no mass identified

The specimens sent for pathologic evaluation were the rectosigmoid colon [Figure 1], mesenteric nodules [Figure 2], as well as skin and omentum. The pathologic diagnosis was a moderately differentiated adenocarcinoma with mucinous differentiation (of less than 50%); both surgical margins were free of malignancy; 8 out of 13 lymph nodes were positive for malignancy; 4 tumor deposits and lymphovascular invasion was also present. Additional pathologic findings were supurative serositis, diverticulum, and melanosis coli. Staging of the malignancy was pT4a, N2b, M1a, stage IVb. During the patient's stay in the hospital, he developed signs of delirium which subsided within two weeks with antipsychotic medications.

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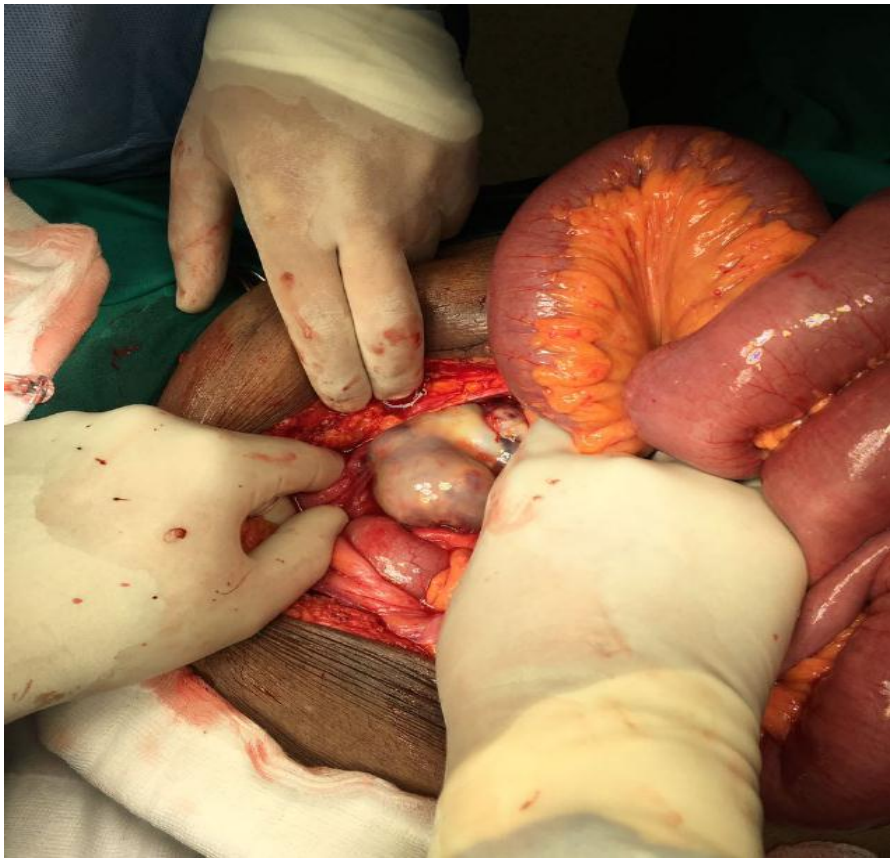

Figure 1. Intraoperative view of the rectosigmoid mass.

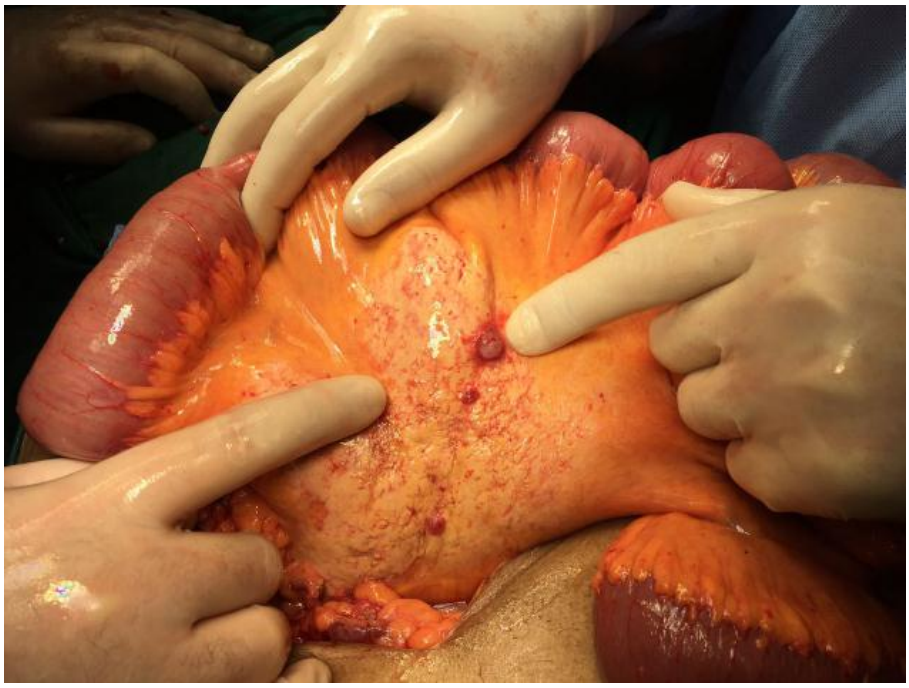

Figure 2. Mesentric Nodules.

References:

1- Macrae, FA and Bendell, J. Clinical presentation, diagnosis, and staging of colorectal cancer. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on Faburary 14, 2017).

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