CASE REPORT

A RARE PRESENTATION OF CARCINOMA CAECUM: AS APPENDICULAR ABSCESS

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ABSTRACT: Carcinoma caecum/ ascending colon accounts for up to 14% of colorectal tumours as reported from the developed countries.[1,2] Carcinoma of caecum is more common in western countries but it is not a rare disease in our country.[3] Carcinoma in the right colon and Caecum more often present with melena and fatigue associated with anaemia, or abdominal pain if the tumour is advanced.[1] There may be a mass palpable in the right iliac fossa. Sometimes it is discovered unexpectedly at operation for acute appendicitis. A quarter of a caecal carcinomas present with the signs suggestive of appendicitis. Complications like this will obscure the underlying malignancies and cause a delay in diagnosis. We hereby report one such case of carcinoma of caecum with perforation and forming an abscess was initially diagnosed as appendicular abscess.

KEYWORDS: appendicular mass, abscess, caecal perforation, caecal carcinoma.

CASE REPORT: A 33 year old male patient was referred to our hospital from a peripheral hospital, where he was diagnosed as a case of appendicular abscess for which extraperitoneal drainage was done. On presentation at our hospital patient, though hemodynamically stable was having severe abdominal pain associated with vomitting and fever. Per abdominal examination showed palpable mass in right iliac fossa with guarding and rigidity. Ultrasonogram showed free fluid in peritoneal cavity with ruptured appendicular abscess, features suggestive of peritonitis. After thorough work up of the patient, laparotomy was done, peritoneal wash given and tube drain kept. Patient was put on triple antibiotic regimen. Post-operative recovery was uneventful and patient remained asymptomatic for 3 weeks. At the end of third week he developed discharging sinus from the drain site in right iliac fossa. Further ultrasonogram showed a nodular mass in right iliac fossa. An exploratory laparotomy was performed, a friable mass arising from caecum was seen, blocks of tissue taken for biopsy and sent for histopathological examination. Histopathological report revealed adenocarcinoma of caecum. Later, patient was taken up for right hemicolectomy and covering ileostomy. Histopathological examination confirmed complete excision of tumor with negative margins. Patient underwent surgery uneventfully and recuperated well.

DISCUSSION: Obstruction of the appendiceal lumen has been recognized as the major etiologic factor of appendicitis. Neoplasms of the caecum not originating in the appendix may obstruct the appendiceal lumen, incite an inflammatory reaction subsequent to obstruction of the organ, and then progress to rupture of the appendix with abscess formation. The association of carcinoma of

the caecum with appendicitis was first reported by Shears in 1906 according to a report by Burt et al.[1] Adenocarcinoma of the caecum accounts for approximately 10% of colorectal malignancies and it may present itself as appendicitis. Probably because of partial obstruction of the lumen of the appendix.[2]

Pathophysiologically, the relations between cecum cancer and appendicular abscess may be the following:

1) cecum cancer and appendicular abscess may be two coexisting and independent affections,
2) caecal neoplastic lesion may cause appendicitis by mechanical obstruction at the orifice of the vermiform appendix,
3) Adenocarcinoma of cecum may present clinically as appendiceal abscess due to transmural invasion with perforation.

Patients with perforated cancer are at risk of diffusion of cancer cells within the abdomen and pelvis and consequently of peritoneal carcinomatosis.[3] However, different clinical reports show that the presence of perforation doesn't necessarily predispose a poor prognosis and longterm survivals depend on tumour stages without significant difference between perforated and uncomplicated cancers.[4,5,6]

The treatment of appendiceal abscesses is still debatable and many different approaches are nowadays adopted. Expectant management, consisting of intravenous antibiotics, percutaneous drainage and an interval appendectomy at a later date, is gaining a wide consent as it seems associated with less morbidity and shorter overall hospital stay.[7,8] Carcinoma masquerading as appendicitis occurs more often than is generally realized and will be seen more frequently as aging population increases.[9]

The percentage of patients presenting with appendicitis that also have colonic carcinomas is ranging from 1 to 8%.[10,11,12] Therefore, an aggressive surgical approach of cecal masses, with intra-operative abscess drainage and resection should be performed in selected cases to avoid the risk of delaying the diagnosis and unrecognising malignant lesion as well as to achieve a safe and adequate treatment.[13] Careful intraoperative assessment, including evaluation of the bowel involved by the inflammation, inspection and palpation of the liver, resection and examination of the specimen is essential to identify malignancy.[12] In the suspect of neoplastic lesion of cecum or appendix, right hemicolectomy is the procedure of choice to make a correct diagnosis and to avoid the risk of leaving residual tissue.[12,14]

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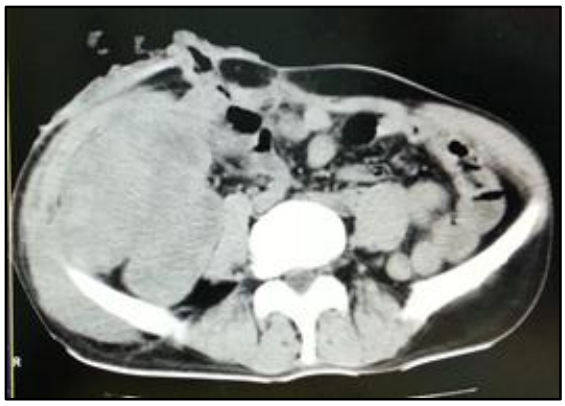
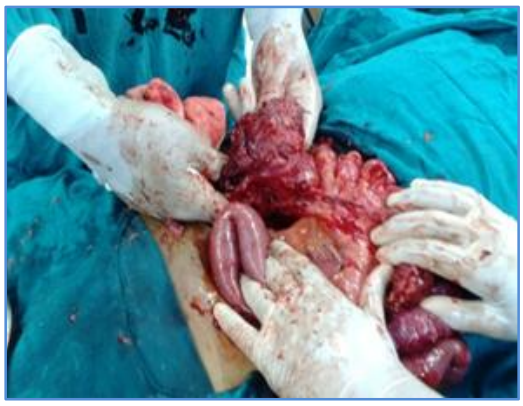


CT abdomen showing caecal mass



Intra operative picture exposing caecal mass

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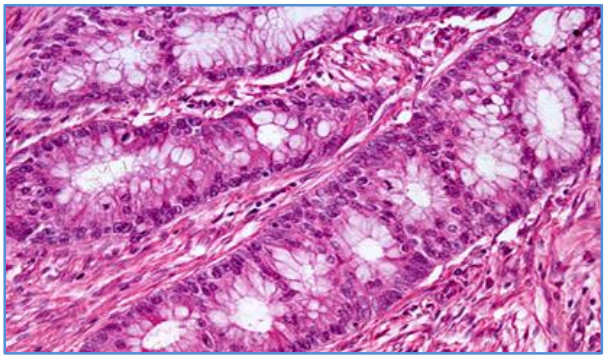

Histopathological picture of resected mass

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