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A Rare Presentation of Colonic Growth Mimicking a Gall Bladder Carcinoma.

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ABSTRACT

Colonic carcinoma is a malignant tumor of the large intestine, which may affect the colon. The presentation of colonic and extracolonic complications in patients with colonic cancer are variable. Clinically some of these complications can obscure the presence of underlying malignancies in the colon. The complications include obstruction, perforation, abscess formation, acute appendicitis, ischemic colitis and infiltrative lesions that may mimic other organ malignancies as is our case in discussion. Majority of these complications only occur rarely, familiarity with the various manifestation of colon cancer complication will facilitate making an accurate diagnosis and administering prompt management. The purpose of this article is to review which we encountered one of the rare imaging appearance of the extracolonic complication associated with colonic cancer.

Keywords: Colonic growth, computed tomography, ultrasound.

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INTRODUCTION

Colorectal carcinoma accounts for 15% of all bowel malignancies. It is usually a disease of the elderly presents at 60-80 years of age. There is also a male predilection.

CASE REPORT

A 65 year old male came with complaints of upper abdominal pain with vomiting on and off for 3 months duration. He had a History of loss of appetite and jaundice. The patient had a history of melena and altered bowel habits. No h/o fever and bone pain. He was referred to our radiology department for xray, ultrasound and computed tomography of the abdomen.

Plain erect xray abdomen (fig 1) showed no abnormality.

Then an ultrasound of the abdomen (fig 2a and 2b) was taken which showed a large heterogeneous mass lesion in the gallbladder fossa and involving adjoining liver parenchyma. Gall bladder was not separately visualized. Few enlarged nodes were noted in the porta and upper retro peritoneum-possibility of carcinoma of gall bladder to be considered. Foci of air noted within the lesion -? due to bowel invasion.

Patient was then referred for a CECT abdomen (fig 3a and fig 3b) with oral and rectal contrast. It showed a heterogeneously enhancing mass lesion in gall bladder region with invasion of gall bladder, inferior surface of right lobe of liver, second part of duodenum and hepatic flexure of colon. Non-enhancing region with air fluid level noted within the lesion was suggestive of necrotic areas / infected collection. Periportal and aortocaval necrotic lymphadenopathy. Possibility of gall bladder / colonic malignancy with secondary invasion of liver, appear more likely than primary liver malignancy.

Patient then underwent laparotomy where an ascending colonic growth infiltrating the liver and gall bladder fossa was seen. Subtotal cholecystectomy along with resection of the inferior surface of right lobe of liver was done. Right radical hemicolectomy with end to side ileocolic anastomoses was done.

Specimen was sent for HPE which showed infiltrating mucin secreting adenocarcinoma of the colon.

DISCUSSION

More than 90% colonic malignancy are adenocarcinomas (histologically). Risk factors include red/processed meat consumption, smoking, low dietary intake of calcium, dietary fibre and antioxidants (vitc, d and e), inflammatory bowel disease, familial adenomatous polyposis (fpa) and hereditary non-polyposis colorectal cancer (HNPCC) [1].

Colorectal carcinoma is a cancer or malignant tumor, of the large intestine, which may affect the colon or rectum. Typically, the colon is the upper five or six feet of the large intestine and rectum is lower five to seven inches located above the anal canal.

Factors such as age, race, personal or family history of colon disease and diet can play a significant role in having an increased risk of developing colorectal cancer.

Many colon cancer developing over a long period of time often arising from pre-cancerous colon polyp which gradually grow and may turn into cancer [2].

Rarely the malignant cells will widely invade the submucosa, analogous to linitis plastica of the stomach. These are typically scirrhous adenocarcinomas (signet-ring type).

Metastases may be widespread in advanced disease, although the liver is by far the most common site involved [3].

CONCLUSION

Figure 1: Plain x-ray

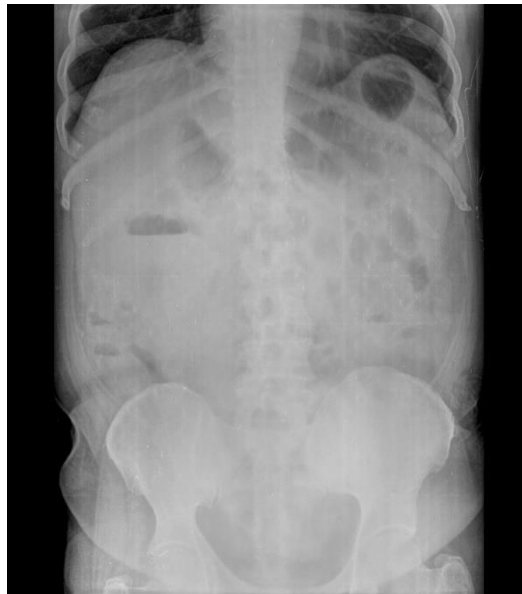


Figure 2a and 2b: USG Abdomen

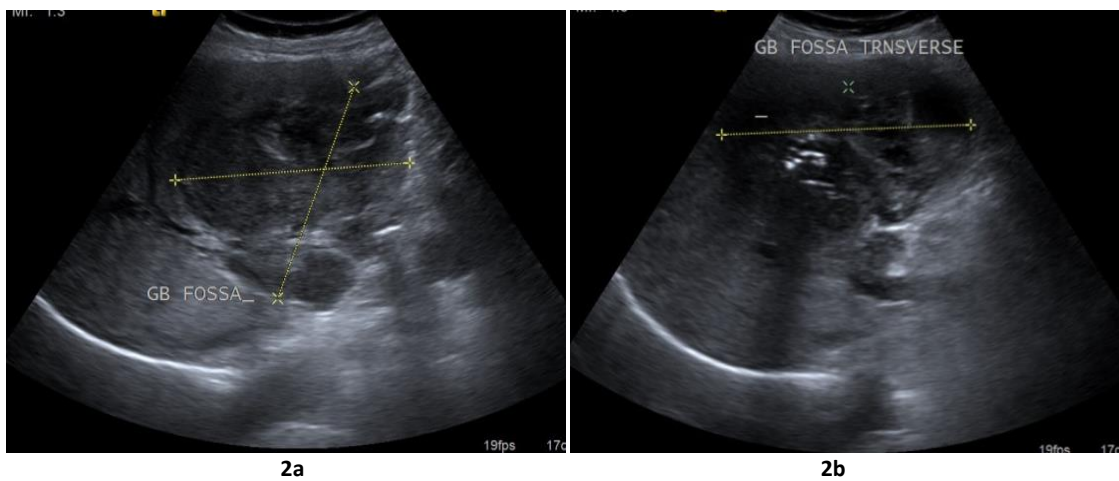
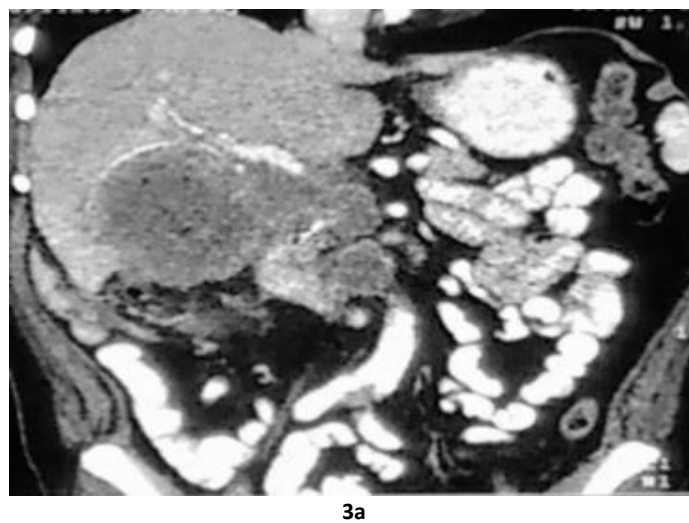


Figure 3a and 3b: CECT with Rectal Contrast





3b

Colon cancer can present with variety of complication. Which can obscure making the diagnosis of underlying colon cancer, and the imaging features of colon cancer overlap with those imaging features of other pathological conditions. An accurate preoperative diagnosis of these conditions is critical to ensure that prompt and proper treatment. Hence the knowledge of the potential imaging findings of colon cancer and its mimics can help radiologists arrive at an accurate diagnosis or differential diagnosis to further help in the management

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