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CASE STUDY

MUCINOUS ADENOCARCINOMA PRESENTED AS ILEOCOLIC INTUSSUSCEPTION

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ABSTRACT

Intussusception is defined as the telescoping of proximal segment of intestine (intussusceptum) into a distal segment of intestine (intussuscipens). Intussusceptions are classified into three general categories: enteric (small bowel into small bowel), ileocolic (small bowel into colon) and colonic (colon to colon). In this article we have reviewed about mucinous adenocarcinoma causing ileocolic intussusception

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INTRODUCTION

Intus susception is the most common cause of bowl obstruction in children.Only 5% to 10% of intussuceptions occur in adults, and it is rare cause of adult obstruction of 1% to 5%. Adult intussusceptions is thought to orginate from pathologic lesions in the wall or lumen of bowel that produce an alteration in peristaltic activity. This area can then serve as lead point that permits the one segement to invaginate into next. Potential cause include benign and malignant tumours of small and large bowl, inflammatory lesions, appendiceal disease and meckel diverticulum. Adenocarcinoma most common site is sigmoid colon (21%) is most common site of malignancy after rectum (38%) and caecum (12%). In this article we have reviewed about adenocarcinoma causing ileocolic intussusceptions. This cases is presented for its rarity.

Case report

A 54 years male presented with acute abdominal pain which more over around umbilicus and he had complain of vomiting which is non projectile not bilious and blood stained, patient did not pass stools for one day. History of decreased urine output, patient had already underwent appendicectomy,

On examination patient was conscious, oriented, afebrile Per abdomen shows central guarding with abdominal distension and tenderness and small masss of size 3*3 cmfelt. Per digital examination shows roomy. The patient was not tachycardic with normal blood investigations. A radiogram of the erect abdomen was taken which showed a few air fluid levels with no pneumoperitoneum. An early ultrasonography of abdomen revealed telescoping of terminal ileum into colon is seen in right lumbar region with diffuse circumferential mural thickening of caecum and ascending colon. CECT scans revealed a long segment intussusception about 7cm of terminal ileum into the caecum and ascending colon noted with mesentery and its vessels, nodes dragging along, siginificant wall edema noted involving the caecum. A diagnosis of ileocaecal obstruction was made and the patient was managed initially by nil per oral, intravenous fluids and antibiotics and with Ryles tube aspiration and a decision of emergency laporotomy was made and proceeded. Intra operatively small bowel was distended with gastric dilation, adhesive band noted in right iliac fossa, and ileocolic intussusception involving the terminal ileum, adhesive band is released by digital dissection limited segmental resection of terminal ileum, caecum and ascending colon along mesentry done. Resection of ascending colon and right 5-7 cms of transverse colon resected and end closed.5-7 cms of terminal ileum was resected stab wound created in right iliac fosaa and ileum taken out and illeostomy

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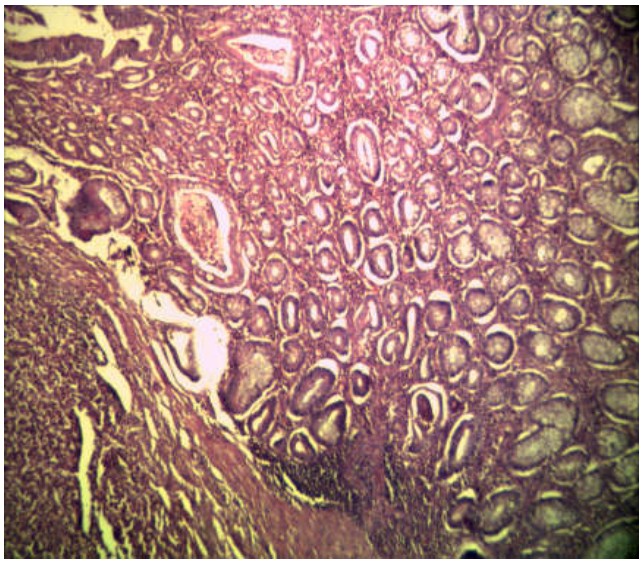
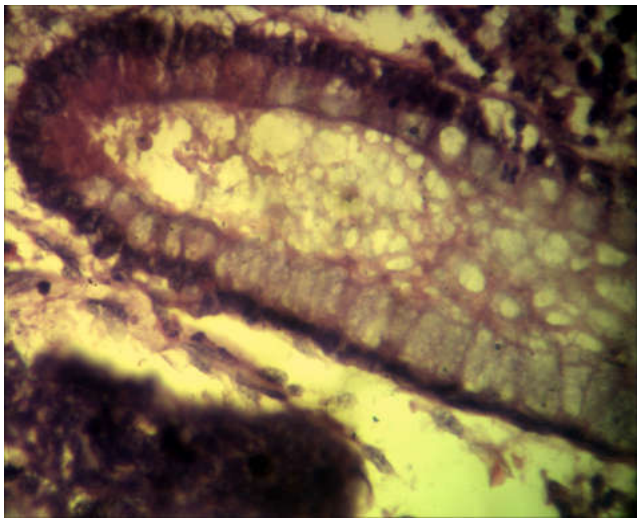
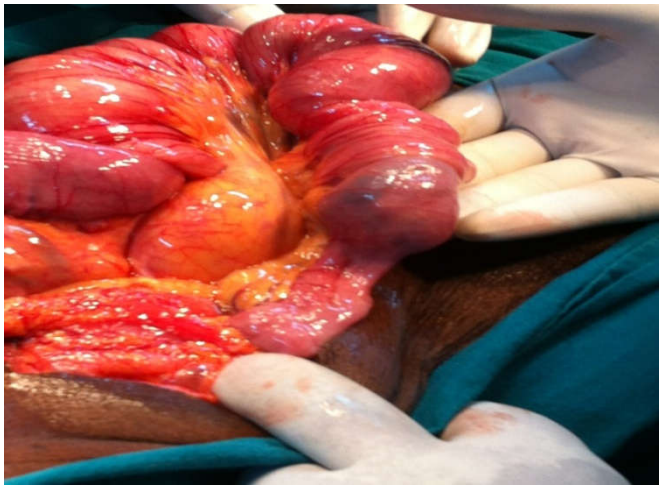
done., patient was uneventful and post operative proceeded as expected. Resected specimen sent for histopathology showing mucin secreating adenocarcinoma. Patient was refered to near by oncology center for chemo radiation, after 6 months ileostomy closre was planned, end to side anastomosis done, post operative patient underwent as expected, bowel sounds were heared on POD 4 and liquid diet started. POD 7 drain removed soft solid diet started.







DISCUSSION

Carcinoma colon is more common in indivuals with adenoma colon or with familial adenomatous polyposis, gardner's syndrome, turcot's syndrome. Mucinous adenocarcinoma is more common in individuals exposed more to radiation. Adenocarcinonoma microscopically, the neoplasm is columnar cell carcinoma originating in colonic epithelium. Macroscopically, the tumours are in four forms they are annular, tubular, ulcer, cauliflower. Carcinoma of caecum usually occurs in patients over 50 years of age. Surgery remains the mainstay of treatment of adenocarcinoma of colon. Right hemicoloctomy, minimum 5cm clearance at colonic side and 6cm clearance terminal ileum cleareance is sufficient. Intussusception occurs when one portion of gut becomes invaginated within an immediately adjacent segement: almost invariably, it is the proximal into the distal. This case highlights the fact that a high suspicion of a intussusceptions should be kept in mind in dealing with patient with intermittent intestinal obstruction.

Conclusion

Adenocarcinoma occurs in hereditary, sporadic or familial form. It occurs usually after 50 years. Familial type can presnt in younger age group. Common in males. 20% of adenocarcinoma presents as an acute intestinal obstruction. Carcinoma of caecum occasionally presents like acute appendicitis or intussusceptions with intestinal obstruction. Adenocarcinoma has no role in radiotheraphy as tumour is radioresistant.

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