Original Research Paper

Volume - 12 | Issue - 09 | September - 2022 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

General Surgery

A CASE REPORT ON AN UNUSUAL PRESENTATION OF AN EXOPHYTIC DISTAL TRANSVERSE COLONIC MASS PRESENTING AS A LEFT ILIAC FOSSA MASS

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ABSTRACT We herein report a case of a 32 year old female with an unusual presentation of a transverse colon mass. Distal transverse colon mass tend to be annular in morphology thereby presenting with symptoms of intestinal obstruction at the level of transverse colon itself , however as is being reported the following transverse colon mass presented as an unusual exophytic left iliac fossa lump . Patient presented to us with complaints of chronic constipation, lump in abdomen, malaena , generalised weakness and weight loss. Pathological confirmation of malignancy was done with the help of a CT guided biopsy specimen. The patient underwent diagnostic laparoscopy assisted exploratory laparotomy with extended transverse colectomy and side to side ascending - sigmoid colo-colic anastomosis.

KEYWORDS : Transverse colon, Left iliac fossa , Intestinal obstruction, Exophytic, Case report

INTRODUCTION

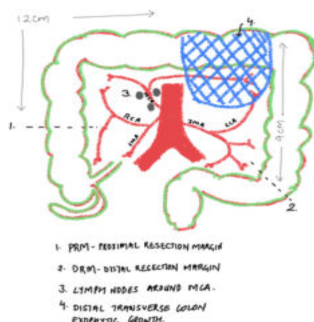
Transverse colon carcinomas account for 10% of all colorectal cancers. Right sided colonic cancers are typically bulky and often have a late presentation so much so that the tumors are typically voluminous by the time of diagnosis .[1] Distal transverse colonic mass usually present with symptoms of obstruction.

The carcinoma presents with the constitutional signs and symptoms of anorexia , weight loss and malaise.

Specific symptoms include chronic constipation and malaena. The transverse colon carcinoma treatment protocol poses a surgical challenge because of the anatomical complexity of it having its origin from both midgut and hindgut , and also to the presence of both hepatic and splenic flexure. The transverse colon cancers lie in proximity to the omentum, pancreas and stomach. [2] The cases are relatively being detected early owing to the screening by colonoscopies.

Resectional surgeries of transverse colon are considered difficult and the surgical options include -extended right or left hemicolectomy, limited transverse colectomy with colo- colic anastomoses. The dissection of lymph nodes around middle colic vessels is a crucial step of the transverse colon surgery.

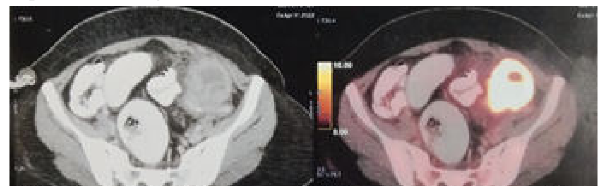
CECT A+P remains the best radiological investigation to look for loco-regional extension of the tumor. PET -CT helps evaluate for the presence of metastasis. Colonoscopy as a primary investigation tool helps in direct visualization of the lesion while taking biopsy sample at the same time without an additional risk of seeding of cancer cells elsewhere.



CASE REPORT

A 32 year old female hailing from Nepal, married since 11 years, P3L3 with no known co-morbidities presented to us with complaints of lumpish feel in the abdomen since 5 months, mild pain in abdomen associated with malaena and abdominal distension since past 1 month and constipation since past 5 days. On general examination pallor was noted. On per abdominal examination 5*5cm ovoid singular non tender mass palpated in the left iliac fossa region. The mass was firm in consistency , with an irregular surface and margins not well defined. The lump was slightly mobile in a direction perpendicular to its long axis. There were no overlying skin changes. There was no prominence on the leg raising test and no movement was noted with the respiration. This was associated with a weight loss of 8kg in a span of 4 months.Past history of laparoscopic tubal ligation 3 years back.

Patient underwent routine blood investigations, suggestive of anaemia with an Hb of 7.4mg/dl. CEA levels were normal 1.53 (0-5ng/ml). Abdominal CT was suggestive of a short segment enhancing circumferential bowel wall thickening (~10mm) involving the distal half of the transverse colon (5cm) with a large exophytic component (3.6*4.3*5.7cm) showing peripherally enhancing thick walls with central non enhancing necrotic areas arising from the antimesentric border of the thickened transverse colon segment drawing it down to the left iliac fossa. Colonoscopy was suggestive of luminal compromise till splenic flexure and the scope could not be negotiated beyond it. No intraluminal mass visualised. Malignancy was suspected histopathologically on a CT guided biopsy specimen. PET -CT was suggestive of a hypermetabolic transverse colon thickening with pericolic nodes and a huge metabolically active mass inferiorly with mesentric stranding. Metabolically active left external iliac region deposit infiltrating the anterior abdominal musculature noted.



TREATMENT

Patient underwent diagnostic laparoscopy assisted exploratory laparotomy with extended transverse colectomy with adequate lymphadenectomy with side to side ascending – sigmoid colo-colic anastomoses.

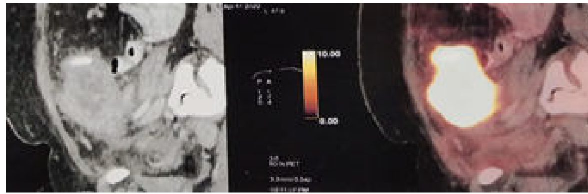
Proximal and the distal resection margins as shown in the diagram above.

The intra-operative findings are noted as below:

1) A large 10*7*5cm mass arising from transverse colon adhered to the sigmoid colon and the left lateral peritoneal wall.
2) The transverse colon mass was adhered to the anterior abdominal wall.
3) Reactive peritoneal thickening at the site of peritoneal adhesions.
4) Palpable multiple lymph nodes at the root of mesentry.
5) 3 palpable peritoneal deposits.
6) Significant luminal compromise at the level of sigmoid colon as can be easily appreciated in the attached specimen image.

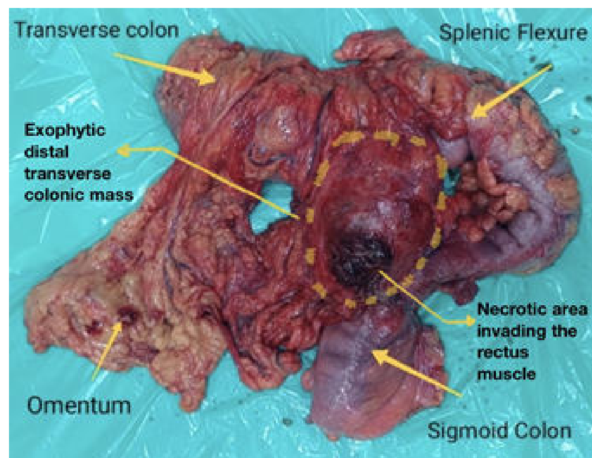
The final HPE report was suggestive of moderately differentiated adenocarcinoma of the transverse colon with a TNM staging of T4N2Mx. Proximal and the distal resection margins were free of tumor deposits with no perineural invasions. 10 out of the 19 resected lymph nodes showed tumor metastasis. Patient started on FOLFOX regime chemotherapy one month later.

PET-CT IMAGING



A) Transverse section depicting the exophytic transverse colonic mass.

B) Sagittal section depicting the mass drawing itself down in the lower abdomen and the adherence to the anterior abdominal wall.



CONCLUSION

This case report adds to our understanding of atypical presentation of a transverse colonic mass. It is imperative to derive from the report that abdominal lumps which on clinical examination might be diagnosed as a soft tissue tumor could rarely be infact an extraserosal lump of a colonic mass.

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