



MALAKOPLAKIA MIMICKING COLONIC MALIGNANCY: A RARE PRESENTATION

General Surgery

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ABSTRACT

Extra genitourinary malakoplakia is a rare entity. Colon is the most common organ involved outside the urinary system. Colonic malakoplakia is a pathological diagnosis and is mostly associated with adenocarcinoma. Here we report a case of colonic malakoplakia which was clinically suspected as a case of colonic malignancy. Patient underwent curative surgical resection and had unremarkable course.

KEYWORDS

INTRODUCTION

Malakoplakia is a inflammatory condition commonly seen in urinary tract but can also occur in all organs such as gut, lung, brain, adrenals, pancreas. It is associated with immunodeficiency in most of the circumstances such as Diabetes mellitus, renal transplantation, lymphoma, long term therapy with steroids. Pathologically it is a histiocytic disease and is described to be related to functionally abnormal macrophages which are incapable of destroying digested bacteria. Hence an infectious aetiology is also considered.

Pathognomonic of malakoplakia is the presence of histiocytes with basophilic inclusions called Michaelis – Gutmann bodies. The condition is first described by Von Hansemann in 1901 and in 1902 by Michaelis and Gutmann.

Clinically malakoplakia can present as an ulcer, papule or plaque . In urinary tract it is associated with chronic cystitis and the diagnosis is confirmed by cystoscopic biopsy of the ulcer or papule.

Malakoplakia of large bowel is a rare condition and We report a case of a 65-year-old healthy female with Isolated Malakoplakia of Caecum.

Case Report

A 65 year old female with no significant past history or not suffering from any systemic disease presented to emergency department with complaints of lower abdominal pain for 7 days. On examination, vitals were stable; per abdomen examination revealed tenderness and guarding in the right iliac fossa. Ultrasonography abdomen suspected diagnosis of perforated appendicitis . Decision was taken to proceed with operative intervention correlating clinical assessment and Ultrasonography findings.

Intra – operative findings were suggestive of a circumferential mass of caecum with mesenteric lymph nodes. The mass at one point was adherent to right ureter posteriorly. Rest of the abdomen was normal. Due to findings suspicious of malignancy, right radical hemicolectomy was done. Patient had an uneventful postoperative recovery .



Figure No.1 Resected specimen of right radical hemicolectomy.

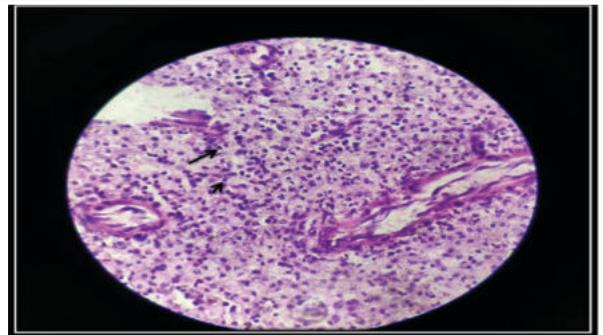


Figure No.2 The histopathological analysis of the hemicolectomy specimen revealed the presence of sheets of histiocytes and Michaelis – Gutmann bodies were demonstrated in Caecum, pathognomonic of malakoplakia and with no evidence of carcinoma in the specimen. The black arrows in figure 2 demonstrates Michaelis-Gutmann bodies.

DISCUSSION

Extra genitourinary malakoplakia is a rare condition, Colon is the common among gastrointestinal malakoplakia. It mainly affects the descending colon, sigmoid and rectum. Earlier cases were reported of colonic malakoplakia, but most of them were either an incidental colonoscopic finding or diagnosed in operated specimens in association with adenocarcinoma or tuberculosis.(1) (2)

Colonic malakoplakia was first described by Terner and Lattes , as early as in 1965. Most of the cases reported worldwide were found in surgical specimen, Possible pathogenesis have been suggested as; either an abnormal macrophage response, altered immune response or immunodeficiency, or an unusual causative organism.

Patient generally presents with diarrhoea, abdominal pain, rectal bleeding (4) . Colonoscopy reveals three types of lesions- unifocal, widespread mucosal, mass like lesions. (6)

In most of the instances it is an incidental finding or found in association with tuberculosis, ulcerative colitis, diverticular disease, polyps or carcinoma. (7). Association of malakoplakia and colon cancer is well documented. Most cases it is a incidental finding confined to areas adjacent to carcinoma. (8). In contrast our case did not have any associated disease on histopathology.

Patients are treated with long term antibiotics. Operative intervention is done in those presenting with obstructive or stenosing lesions. Surgery is limited to excision of the involved bowel and is curative.

CONCLUSION

Malakoplakia of the colon though usually presents in association of malignancy it may mimic clinically and operatively as a malignancy esp when it presents as mass along with lymph nodes. Pathologist have to rule out associated conditions in the specimen. But it can present as a

isolated colonic malakoplakia in a acute setting which is a rarity and unusual presentation of this case.

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