



ORIGINAL RESEARCH PAPER

General Surgery

CARCINOMA STOMACH WITH LARGE BOWEL OBSTRUCTION AS INITIAL PRESENTATION – A RARE CASE REPORT

KEY WORDS:

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ABSTRACT

The second-leading cause of cancer-related death globally is gastric cancer, which has a poor prognosis and a variety of clinical presentations in some patients. Although gastrointestinal obstructions are common in gastric cancer, it is uncommon to see a major large bowel obstruction as the disease's initial symptom. In the current investigation, a patient with acute large bowel obstruction and abdominal pain was diagnosed with stomach cancer. We present this case together with a brief literature assessment.

INTRODUCTION

Carcinoma stomach is the second biggest cause of cancer-related mortality worldwide. The diverse clinical symptoms in certain people make the diagnosis challenging and predict a dismal prognosis. Although gastrointestinal obstructions are common in gastric cancer, it is uncommon to see acute large bowel obstruction as the disease's initial symptom. In the current investigation, a patient with acute intestinal obstruction and abdominal pain was diagnosed with stomach cancer. The patient provided written, fully informed consent.

CASE REPORT

A 35 year old male with no known comorbidities came to the emergency casualty with chief complaints of abdominal distension and obstipation for two days. He also had a past history of abdominal pain for which gastroscopy was done which revealed gastritis. He is a chronic alcoholic for past 15 years. Clinical examination showed distended abdomen with absent bowel sounds. Radiological imaging revealed circumferential wall thickening involving greater and lesser curvature along with Antropyloric region with perigastric and intraperitoneal nodes. Small bowels and large bowels appeared to be dilated with transition point at transverse colon. Patient was proceeded with emergency laparotomy which revealed dilated bowel with diffusely thickened stomach infiltrating into transverse colon. Diversion colostomy proximal to the obstruction was kept. OGD scopy and biopsy was done which showed poorly differentiated adenocarcinoma. he was started on palliative chemotherapy.



Figure 1: Intraoperative Pictures Showing Diffusely Hardened And Thickened Stomach

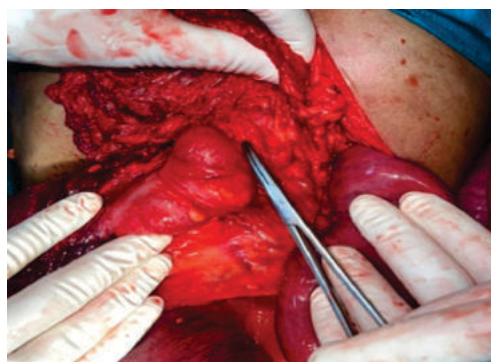


Figure 2 : Dilated Large Bowels With Transition Point At Transverse Colon .

DISCUSSION

Although acute large bowel obstruction is a rare occurrence when gastric cancer first manifests, highly advanced stage gastric cancer frequently results in gastrointestinal symptoms, such as nausea, vomiting, and obstruction of the gastric outlet. The main pathway of cancer invading the abdominal organs is known as the diffusion of the neighboring tissues and the invasion of the superficial serosal layer. In the current study, a poorly-differentiated adenocarcinoma was confirmed by the histology examination and the wall of the transverse colon was thickened on the CT, revealing the true invasion from the primary gastric cancer. Gastroscopy revealed that the gastric mucosa was partially raised and that there were no lesions in the distant organs. However, the cancer cells invaded the surrounding tissues, indicating that there may be differences between the gastric cancer's performance and progression and the biological behavior of cancer cells.

Gastric cancer has a poor prognosis primarily because of a late diagnosis. Therefore, an early detection of the condition is the most crucial component in order to optimize the results of treatment. However, if a stomach lesion is not discovered by a gastroscopy examination in the early stages, an early diagnosis is challenging. In many circumstances, the diagnosis also relies on a combination of CT, magnifying endoscopy or endoscopic ultrasound techniques to examine the symptoms, which are now the most prevalent procedures for detecting gastrointestinal invasion from gastric cancer.

The disease frequently shows a wall thickening that can be seen on a helical CT. In this instance, the patient complained of abdominal pain, which may be related to cancer-related obstruction of the gastrointestinal tract. The present study serves to illustrate the significance of a careful examination in all patients who present with symptoms of abdominal pain.

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