



AN UNUSUAL PRESENTATION OF CARCINOMA ASCENDING COLON

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Abstract : Abstract Colorectal carcinoma is the most common malignancy of the gastrointestinal tract. Incidence is similar in both men and women. Usual presentation of carcinoma ascending colon is asymptomatic. Patient with such condition develop anemia, loss of weight and loss of appetite. Classical symptoms of descending colon growth are altered bowel habits and rectal bleeding. Signs of obstruction include abdominal pain and bloating. Left sided colonic tumors are more likely to cause obstruction than right sided tumors. Stricture of ascending colon presenting as obstruction due to malignancy is hence a rare presentation.

Keyword : Carcinoma Ascending colon, Intestinal obstruction.

trong>Case details:

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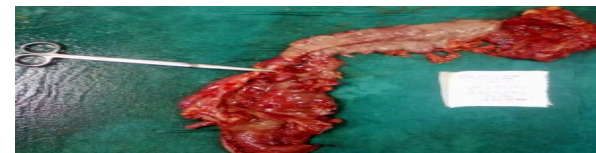
35yrs old female presented with abdominal pain of 3 days duration and with vomiting and constipation for 3 days duration. Diffuse abdominal pain was more in the right iliac fossa. Patient presented with a similar complaints 5 months back, details of which are not known. On examination, patient was afebrile with pulse 128/min and blood pressure of 130/80mmHg. Per abdominal examination revealed abdominal distension with diffuse tenderness more on the right iliac fossa and bowel sounds were heard. Per rectal examination revealed an empty rectum.

X-ray abdomen erect AP showed multiple air fluid levels. Ultrasonogram abdomen revealed features of subacute intestinal obstruction. Complete hemogram, Renal function tests and Liver function tests were normal.



Right Hemicolectomy done:

Under epidural with general anaesthesia, midline laparotomy was done. Omental adhesions to the anterior abdominal wall near pubic symphysis were released. Caecum was distended and a stricture was noted in the ascending colon, 7cm from the ileocaecal junction. Pericolic nodes were enlarged. Rest of the hollow viscus and solid organs were normal. Right hemicolectomy was done.



HPE picture :

Macroscopic appearance – 7*3*1.5cms ulceronodular growth was noted with stricture in the ascending colon. Microscopically the tumor was infiltrating the serosa and resected margins were free of the tumor. The tumor had lymphovascular invasion. Out of the resected nodes(3), one third showed evidence of carcinomatous deposits. Features were suggestive of well differentiated adenocarcinoma. Postoperatively patient was subjected to chemotherapy with 5-Fluorouracil based regimen.

Discussion – Carcinoma Ascending Colon :

Carcinoma of the ascending colon follows the adenoma-carcinoma sequence. Normal epithelium becomes dysplastic by the mutation of APC gene which becomes early adenoma. Intermediate adenoma is formed by k-ras mutation which turns into late adenoma by DPC mutation. Carcinoma arises by p53 mutation from late adenomatous stage. Unlike carcinomas of the left sided colon, right sided colonic malignancies do not present with obstruction. Right sided colon has a large luminal diameter and its content is more of fluid nature, unlike left sided colon which has solid faecal matter and narrow lumen.

TNM STAGING :

T1 – Tumor invading submucosa
T2 – Tumor invading muscularispropria
T3 – Tumor invading pericorectal tissues
T4a – Tumor invading visceral peritoneum T4b – Tumor invading adjacent organs
N1 – Positive 1-3 pericolic or perirectal nodes
N2 – 4 or more positive nodes

The above case is staged as **T4a N1 M0 – IIIB** Local recurrence – 11% 5 yrs Survival - 61%

Pre operative evaluation includes colonoscopy and biopsy for colonic cancers. Chest, abdominal and pelvic CT scans are done to rule out distant metastasis. In obstructive symptoms, gastrograffin enema will be useful. Preoperative CEA is essential for post operative follow up. PET scan is essential for evaluating lesions seen on CT scan. In Stage III disease, Colectomy accompanied by omentectomy with vessels ligated proximally followed by adjuvant chemotherapy is the treatment of choice. To conclude, carcinoma ascending colon presenting acutely with stricture is a rare clinical presentation.

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