

Mucinous Adenocarcinoma Caecum Presenting As Acute Appendicitis

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Date of Submission: 06-01-2021

Date of Acceptance: 21-01-2021

I. Introduction:

Mucinous adenocarcinoma is the 3rd most commonly diagnosed malignant disease worldwide. Colonic carcinoma masquerading as acute appendicitis or an abscess is a well-recognized entity in the elderly. Still, it may be overlooked in young patients because the malignant disease is not suspected.

II. Case Report:

A 33yr old male presented to our emergency department with a history of pain abdomen, fever, vomiting constipation for three days. He gave the account of weakness and fatiguability for three months.

On general examination: vitals are stable, Pallor present.

Total counts are elevated to 12000. other parameters were normal.

Per abdomen examination: tenderness in the right iliac fossa.

X-ray erect abdomen and ultrasound was done. Ultrasound revealed signs of inflammation in right iliac fossa and lymph node enlargement. CT abdomen was done to confirm the diagnosis, which showed colitis with caecal perforation, which prompted us to perform the emergency exploratory laparotomy.

III. Intra-Operative Findings:

A single perforation of size 3*3 cm present on the posterior aspect of caecum with growth extending into the proximal colon with surrounding flakes of pus mixed with gelatinous and necrotic material all over ascending

colon up to hepatic flexure.



PERFORATION



**GROWTH AT JN. OF CAECUM &
ASC.COLON WITH
INFLAMMED APPENDIX**

Right hemicolectomy and end ileostomy was done. The specimen was sent for a biopsy which revealed a well-differentiated mucinous adenocarcinoma colon T4N0M0 with stage 2B.

Postoperative period was uneventful, and the patient was discharged on 10th postoperative day and sent for systemic therapy.

IV. Discussion:

Luminal obstruction by fecolith or lymphoid hyperplasia is the most common precipitating factor of acute appendicitis.

Postulated mechanisms by which colonic tumours may produce acute appendicitis include:

- 1) Neoplastic infiltration of the appendiceal wall.
- 2) Intra or extraluminal obstruction of the appendiceal lumen.
- 3) More distal colonic tumours causing appendicitis is due to increased luminal pressure with caecal distension may result in ischemic damage to the appendix.
- 4) In other's symptoms mimic appendicitis, but the appendix is not inflamed.

Enzymatic activity of arylsulfatase and lysozyme increases in mucinous carcinoma, which degrades the proteoglycan barrier leading to infiltration and metastasis.

V. Conclusion:

Mucinous adenocarcinoma, a rare pathological subtype of colorectal cancer generally present in the proximal colon at an advanced stage with a poorer prognosis than non-mucinous adenocarcinoma. It is a rare tumour with aggressive histological subtype.

This case report highlights the importance of a high index of suspicion in diagnosing colorectal cancer in young patients with the atypical presentation without a family history.

References:

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- [2]. Martin EW Jr, Joyce S. Lucas J et al., colorectal carcinoma in patients less than 40 years of patient age, pathology and prognosis. *Dis Colon Rectum* 1981.

Dr.P.Sindhu Dr.Ch. Venkatreddy. "Mucinous Adenocarcinoma Caecum Presenting As Acute Appendicitis." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 20(01), 2021, pp. 34-35.