AN ABCESS OF THE ABDOMINAL WALL WITH INVOLVEMENT OF THE SUBCUTANEOUS TISSUE – POSSIBLE SIGN OF RECTOSIGMOID CANCER: CASE REPORT

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SUMMARY: An 55-year-old male patient was admitted to Emergency General Surgery, Clinic City Emergency Hospital of Timisoara on 15.11.2008 for diffuse abdominal pain, fever (39.4° C), cellulitis in the left flank area. The patient received antibiotics, anti inflammatory drugs and local ice applications. The clinical evolution after 24 hours was good: the patient was slowly getting better, fever was going down and local inflammation was in remission. Computed tomography revealed diffuse hydroaeric accumulations in the anterior left abdominal wall measuring 16.6 / 10.5 / 6.5 cm, and a circumferential thickening of the intestinal wall in the rectosigmoid area. Intraoperative exploration showed stenosing recto-sigmoid tumor, diastatic perforation, penetration of the abdominal muscles and abcess in the left flank. Endoperitoneal evacuation of the abscess, lateral colostomy on the transverse colon and drainage were performed. The pathological findings of necrotic tissues removed from the peritoneal cavity demonstrated squamous cell carcinoma of the colon. The postoperative clinical evolution was uneventful and the patient was discharged 9 days after the operation.

Key Words: Colorectal cancer · Anterior abdominal wall abscess · Squamous-cell Carcinoma

ABCESUL PARIETAL CU INFILTAREA TESUTULUI SUBCUTANAT-POSIBIL SEMN AL NEOPLASMLUI RECTO-SIGMOIDIAN: PREZENTARE DE CAZ

Rezumat: Un pacient de 55 de ani, sex masculin, a fost internat în Clinica de Chirurgie de Urgenta a Spitalului Clinic Municipal Timisoara, prezentând dureri abdominale difuze, febra (39.4° C), celulita la nivelul flancului sting. Pacientului i s-au administrat antibiotice, antiinflamatorii si local pungã cu gheata. Evolutia la 24 de ore a fost favorabila, cu ameliorarea fenomenelor inflamatorii si scaderea curbei febrale. Computer tomografia efectuata pune in evidenta acumulatori hidroaerice difuz delimitate la nivelul peretelui abdominal stang cu dimensiuni aproximative de 16.6 / 10.5 / 6.5 cm, si ingrosare circumferentiala a peretelui la nivelul jonctiunii recto-sigmoidiene. Intraoperator s-a pus in evidenta o formatiune tumoralã recto-sigmoidiana stenozanta, cu perforatie diastatica, penetratia muschilor abdominali si abces la nivelul flancului stang. S-a practicat evacuarea pe cale endoperitoneala a abcesului parietal, colostomie lateralã “pe bagheta” la nivelul colonului transvers si drenaj al cavatii peritoneale. Evolutia postoperatorie a fost favorabila, pacientul fiind externat in ziua a 9-a postoperator.

INTRODUCTION

The incidence of colorectal cancer (CRC) is increasing both in the developed and developing countries, and is globally recognized as a major health problem.[1] Although the pathogenesis is multi-factorial, both ageing and increased caloric intake are implicated. Early detection of the disease is crucial to improve the patient’s survival. Unfortunately, the presentation of the disease can be sometimes non-specific and misleading.[2]

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On rare occasions, perforation and penetration of adjacent organs with intra-abdominal abscess formation may be the presenting sign. We report a case of recto-sigmoid cancer found by abdominal wall abscess formation. The present case report demonstrates the usefulness of computed tomography (CT) images, which are particularly effective for visualizing tumors.

CASE REPORT

An 55-year-old male patient was admitted to Clinic of Emergency General Surgery, City Emergency Hospital of Timisoara on 15.11.2008 for diffuse abdominal pain, fever (39.4°C), cellulitis in the left flank area.

Physical examination revealed a tumor mass in the left flank. There was no history of fever, vomiting, bloody stools, weight loss or changes in bowel habits. Blood examination revealed anemia (hemoglobin 9.7 g/dl), and leukocytosis (white blood cells count 11.700/mm³); urine exam showed proteins, leukocytes, erythrocytes. The anamnesis reveals high blood pressure, coronary artery disease, obesity.

The patient received antibiotics, anti-inflammatory drugs and local ice applications. The clinical course after 24 hours was good: the patient was slowly getting better, fever was going down (37.4°C), and local inflammation was in remission.

Computed tomography (Fig. 1) revealed diffuse hydroaeric accumulations in the anterior left abdominal wall measuring 16.6 / 10.5 / 6.5 cm, and a circumferential thickening of the intestinal wall in the rectosigmoid area. Rectus abdominis muscle and abdominal oblique muscle on the left side are significant larger than the muscles from the right side.

Intraoperative exploration showed stenosing recto-sigmoid tumor, diastatic perforation, penetration of the abdominale muscles and abscess in the left flank. Endoperitoneal evacuation of the abscess, lateral colostomy on the transverse colon and drainage were performed.

Fig. 1- Diffuse hydroaeric levels in the left abdominal wall

Fig. 2 Tumor mass in the left flank

Fig. 3 Abcess of the anterior abdominal wall – left flank
The pathological findings of necrotic tissues removed from the peritoneal cavity demonstrated squamous cell carcinoma of the colon.

The postoperative clinical evolution was uneventful; intestinal transit is resumed on the colostomy 24 hours later. The patient was discharged 9 days after the operation.

**DISCUSSION**

The symptoms presentation of colorectal cancer may very depending on the site of the lesion. [3,4]

Sigmoid colonic lesions frequently present with symptoms of pain, mass, anaemia or obstruction. Abscess formation has been reported to occur in 0.3 to 0.4% of colonic carcinomas, but the frequency may be lower, because of the recent advance of diagnostic techniques. [5, 6]

Abdominal wall abscess occurs rarely, most of the perforation of the colorectal cancers. occurring in the intraabdominal cavity. [7]

Some authors have concluded that abscess formation in the abdominal wall is a presenting sign of colon cancer. [8, 9]

Computed tomography scans are useful in assessing patients with colorectal cancer and inflammatory disease of the abdominal wall. [4, 10, 11]

Regarding the histologic type of the tumor, Merill et al. reported that 36.7% of colon cancers presenting as an abscess of the anterior abdominal wall were mucinous carcinoma. Rankin suggested that is because mucinous carcinoma is slow-growing and usually spreads by direct extension.[12, 13]

The histologic type of the tumor in our case was squamous cell carcinoma, a rare clinical entity. The incidence of squamous cell carcinoma of the colon and rectum has been reported to be 0.25 to 0.1 per 1.000 colo-rectal neoplasms.[14-17]

In conclusion, we have described a patient who presented the hospital with an anterior abdominal wall abscess. CT proved to be useful in diagnosing the recto-sigmoid tumor and the abscess.

An "en" bloc excision of the tumor, fistula wall and abscess drainage should be performed if possible, [4, 18,
but such a procedure could not be undertaken in some cases, because of the high invasiveness. We have to remember that colorectal cancer could be a cause of abdominal wall abscess; an early diagnosis and treatment can reduce morbidity and mortality rates.

REFERENCES