

Sigmoid Kolonda Obstruksiyon ve Perforasyona Neden Olan Malign Mezotelyoma

Malign Mesothelioma Presenting with Features of Sigmoid Colon Obstruction and Perforation

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ÖZ

Malign mezotelyoma peritoneal tutulumu nadir olan tanısı güç konulan bir hastalıktır. Çoğunlukla hastalarda karın ağrısı, asit, karın içi kitle ile bulgu verir. Tanı daha çok laparoskopi veya laparotomi sırasında konulur. Patolojik incelemede özel immünohistokimyasal boyalar tanıyı destekler. Cerrahi en etkili tedavi yöntemidir. Burada intraabdominal abse kliniği ile ortaya çıkan sigmoid kolonda obstruksiyon ve perforasyona yol açan malign mezotelyoma vakasını sunduk. Literatür gözden geçirildiğinde kolon perforasyonuna neden olan malign mezotelyoma olgusuna rastlanmadı.

Anahtar Kelimeler: *Kolon, malign mezotelyoma, perforasyon*

ABSTRACT

Malign mesothelioma of the peritoneum is rare and its diagnosis is difficult. Most patients affected by this tumor have abdominal pain, ascites and abdominal mass. Diagnosis is commonly made by laparoscopy or laparotomy. Special immunohistochemical staining supports the diagnosis. Surgery is the most effective treatment. In this report, we describe a malignant mesothelioma presenting with features of colon tumor perforation. Literature is reviewed, there is no case report with malignant mesothelioma presenting with features of colon tumor perforation.

Key words: *Colon, malign mesothelioma, perforation*

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INTRODUCTION

Although Malign Mesothelioma generally appear as a common disease, it may also be rarely diagnosed in elderly patients in localized form in pleura and/or peritoneal cavity (1). Pleural involvement is mostly associated with respiration of asbestos fibers. The pathophysiology of peritoneal involvement is a rare condition that has not been understood completely yet (2). Although pleura and peritonea are involved together in Mesothelioma cases at a rate of 35-40%, the involvement of only peritonea is 10-20% (3). In many patients with peritoneal involvement, acid, abdominal pain, weight loss and abdominal mass are detected (4). Since Malign Peritoneal Mesothelioma is a rare disease, it is difficult to obtain absolute data about its incidence, natural history and optimal management (5). A Malign Mesothelioma leading to colon perforation has been presented in this manuscript.

CASE REPORT

A sixty-three years old female patient applied to a healthcare center with the complaints of abdominal pain, qualm and vomiting that started one week before her application. In the tomography, fluid and a 10-cm mass were detected in the abdomen. Enterobacteria reproduced in the culture as a result of the sampling from the abdomen, and antibiotherapy was started. The complaints of the patients did not regress, and she was referred to our clinic. In physical examination, there was palpation and sensitivity in the lower quadrants. There were no defense and rebound. In laboratory tests, WBC was determined to be 18000, and CRP was determined to be 23. Upon the consultation with Infectious Diseases Department made due to high fever, Imipenem and Metronidazole treatment was started. In the follow-up tomography of the patient, it was detected that there was an increase in the abdominal fluid, and there was dilatation in the right and transvers colons. The patient who had obstruction findings was operated with the diagnoses of intra-abdominal abscess and intra-abdominal mass. Approximately 1,5-2 lt abscess was drained from the abdomen. There was widespread adhesion as a result of the inflammation in the abdomen. The adhesions were separated. It was seen that there was a mass that led to obstruction in the Sigmoid Colon, and there was a

perforation in this point. Anterior resection and Hartmann Colostomy were applied. The patient was discharged on the postoperative 14th day. The patient did not have any exposure to asbestos in her history; and in her immunohistochemical examination made by pathology after the resection, the tumor stained with Calretinin and D2-40. The result of the pathology was reported as Malign Mesothelioma (Figure 1, 2).

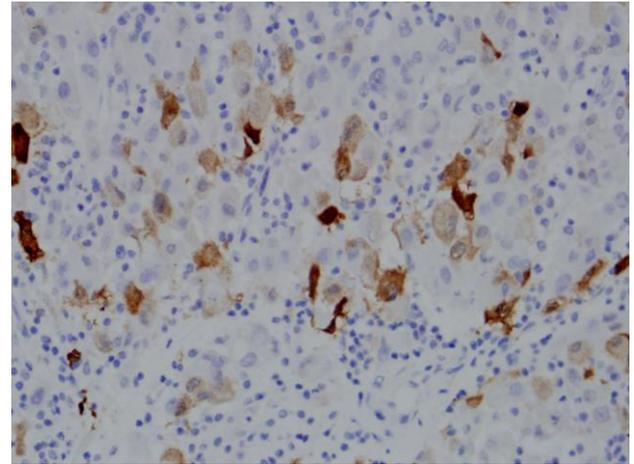


Figure 1. Immunoreactivity for Calretinin in Mesothelioma

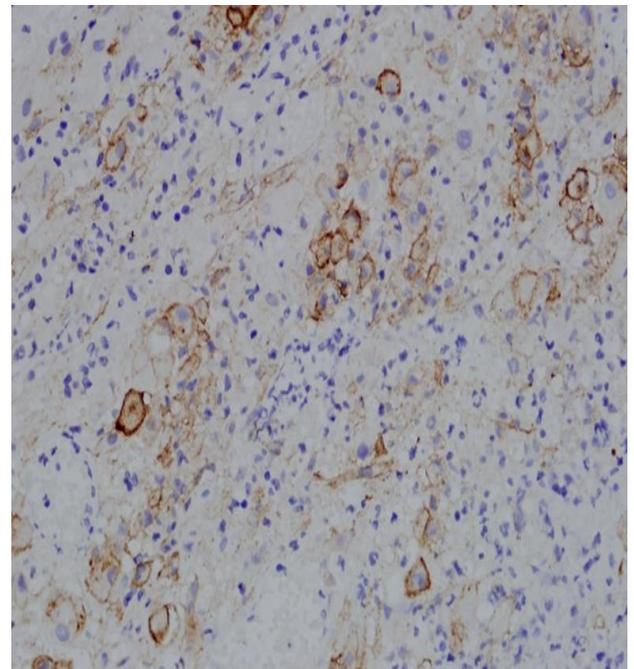


Figure 2. Strong D2-40 Immunoreactivity with Membranous Pattern

DISCUSSION

Malign Mesothelioma is very rare and has a lethal progression (4). The rate of Primary Peritoneal Involvement is 10-20% (3). Although exposure to asbestos plays a major role in its etiology, the peritoneal involvement mechanism of it has not been resolved fully yet (2). In many patients with peritoneal involvement, acid, abdominal pain, weight loss and intra-abdominal mass are detected (4). Since there are no positive serum markers showing diagnosis, it is difficult to diagnose Peritoneal Mesothelioma clinically. The diagnosis is generally made during laparoscopy or laparotomy. Showing the staining with strong immunohistochemical stains like CA-125, Calretinin and D2-40 supports the diagnosis (3,6, 7).

Surgical resection is the most efficient method in the treatment. When the mass is completely excised, recurrence is not frequent. The Mesothelioma showing local involvement has a better prognosis when compared with Diffused Mesothelioma. Although average survival in Diffuse Mesothelioma is below 1 year after surgery, cure is provided for patients after surgery in localized cases (8). A Malign Mesothelioma case causing obstruction and perforation in the Sigmoid Colon has been presented in this manuscript. When the literature is reviewed, no Malign Mesothelioma cases were detected involving the wall of the colon and causing colon perforation.

As a result, mesothelioma is a disease with difficult diagnosis. Although rarely, it may involve the colon wall and lead to obstruction and colon perforation. Differential diagnosis must be considered in patients who have colon perforation and asbestos exposure.

REFERENCES

1. Khalil MW, Campbell AP, Cowen ME. Epithelioid malignant mesothelioma presenting with features of esophageal tumor. *Asian Cardiovasc Thorac Ann* 2011 Jun; 19: 260-261.
2. Gutzeit A, Reischauer C, Herganc K, Kosb S, Roosa JE. Secondary Malignant Peritoneal Mesothelioma of the Greater Omentum after Therapy for Primary Pleural Mesothelioma. *Case Rep Oncol* 2013; 6: 236-241.

3. Yang RH, Chu YK. Gallium-67 Scanning in Peritoneal Mesothelioma: A rare Case Report. *Annals of Nuclear Medicine and Molecular Imaging* 2011; 24: 138-140.
4. Feldman AL, Libutti SK, Pingpank JF, et al. Analysis of factors associated with outcome in patients with malignant peritoneal mesothelioma undergoing Surgical debulking and intraperitoneal chemotherapy. *J Clin Oncol* 2003; 21: 4560-4567.