

Ischemic Colitis Mimicking Colorectal Carcinoma

Kolon Karsinomunu Taklit Eden İskemik Kolit

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Dear Editor;

We want to report a case of gangrenous ischemic colitis mimicking colonic carcinoma, radiographically and endoscopically. A 72-year-old male patient who was followed up endologically and radiologically for right colonic mass was taken to operation urgently due to the development of Acute Abdominal syndrome, and the right hemicolectomy was performed. A gangrenous ischemic colitis formed a mass in the cecum was detected in the histopathologic examination. A 72-year-old man patient who has coronary artery disease history was admitted with sudden onset abdominal pain. On conducting physical examination, a right lower quadrant abdominal pain and tenderness were detected. Laboratory investigations revealed leucocytosis and C-reactive level elevation. A computed tomographic scanning of the abdomen showed a right-sided colonic mass with inflammatory changes (Figure 1). The patient was hospitalised. Colonoscopic examination revealed an ulserovegetan mass in the cecum (Figure 2). The patient was operated urgently due to the progression of symptoms and Acute Abdominal syndrome development. On the operation, a cecal mass in 5 cm diameter showing serosal ischemic changes was detected. The right hemicolectomy was performed. Histopathologic examination revealed transmural gangrenous ischemia in the cecum. The patient was discharged on postoperative eleventh day, uneventfully. Colonic ischemia may mimic all intraabdominal pathologies. Colon is the most common site of gastrointestinal ischemia. The diagnosis of ischemic colitis is difficult, and the patients usually take medications for relieving of the symptoms.

Approximately 90% of the colonic ischemia cases are over 60 years of age, and the most of the patients have ischemic cardiovascular disease history. Ischemic colitis can be non-gangrenous or gangrenous. Colon is generally protected from ischemia by the collateral blood supply, and non-gangrenous



Figure 1. Contrast enhanced abdominal computed tomography showed thickening at the walls of the ascending colon with luminal narrowing



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Figure 2. Endoscopic view of the ischemic colitis revealing itself as an ulserovegetan mass in the cecum

form is constituted about %85 of the cases. Gangrenous form which is required emergency laparotomy occurs in about 15% of patients, and the mortality rate is high. While the left side of the colon is effected in the vast majority of the patients

with colonic ischemia, isolated right-colonic ischemia is seen about 10% of cases.^{1,2} While the medical treatment is the main treatment option for the non-gangrenous forms of the ischemic colitis, surgery is needed for gangrenous forms, and surgical resection of the affected part of the colon is the primary treatment option. Colonic ischemia should be kept in mind in differential diagnosis of the colonic masses due to it can mimic all of the colonic pathologies, endoscopically or radiographically.

Ethics

Peer-review: Internally peer-reviewed.

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