



## Case report

## Intestinal Obstruction Induced by Peach Stone in Stenosis of Sigmoid Colon by adenocarcinoma: A case report and literature review



Argos Soares de Matos Filho <sup>a, b, c</sup>, Clarissa Santos Neto <sup>b</sup>, Andreia Souto da Motta <sup>b</sup>,  
Isabela de Alencar e Lombardi <sup>c, \*</sup>, Ronielly Araújo Rocha <sup>c</sup>

<sup>a</sup> Federal University of Minas Gerais – UFMG, Brazil

<sup>b</sup> Júlia Kubitschek Hospital (FHEMIG), Brazil

<sup>c</sup> Faminas – BH, Brazil

## H I G H L I G H T S

- Intestinal obstructions are rare conditions caused by the ingestion of foreign bodies.
- Intestinal obstruction is the second among the most frequent acute abdominal conditions.
- There are only few cases of Intestinal Obstruction Induced by Peach Stone in Stenosis by Adenocarcinoma reported in the world literature.
- Colonoscopy should be performed every 10 years from the age of 50.

## A R T I C L E I N F O

## Article history:

Received 9 December 2016

Received in revised form

26 March 2017

Accepted 28 March 2017

## Keywords:

Intestinal obstruction

Sigmoid cancer

Adenocarcinoma

## A B S T R A C T

**Introduction:** Intestinal obstruction is the second among the most frequent acute abdominal conditions of the non-traumatic surgical pathologies. It is Found in 20% of patients admitted to the emergency care services with acute abdominal pain. It often results in high morbidity and mortality.

**Presentation of case:** We report a case of a foreign body resulting in a colon obstruction, concomitant with the diagnosis of a sigmoid cancer in a 47-year-old female.

**Discussion:** There are only a few cases of Intestinal Obstruction Induced by Peach Stone in Stenosis of Sigmoid Colon by Adenocarcinoma reported in the world literature. Due to late diagnosis It has a high mortality rate. Vomiting and emesis, abdominal distention, dysphagia, colicky abdominal pain, failure to pass flatus and anorexia are clinical findings. The immediate treatment is importance for patient survival.

**Conclusion:** Intestinal obstructions and perforations are rare conditions caused by the ingestion of foreign bodies. These conditions must be taken into consideration especially owing to differing diagnoses and previous pathologies concomitant with the ingestion of objects such as those described in the foregoing adenocarcinoma case.

© 2017 The Authors. Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

Colonrectal cancer is responsible for over 600,000 deaths and 1,234,000 new cases every year in the world. It is the third most prevalent type of cancer in both men and women [14]. Age over 50, a family history of colon rectal cancer, obesity, and sedentariness increase the risk of developing the disease. At the time of diagnosis 20% of patients already present extended metastases mainly due to

the silent characteristic of its evolution, provoking varied and non-specific symptoms. An early diagnosis increases life quality and expectation for the patient.

Ingestion of foreign bodies may be common in children, alcoholics, psychiatric patients and the senile. Small objects with smooth edges generally do not present significant problems and pass through the intestinal tract with no difficulty, but they may, nevertheless, cause obstruction [3,5,7]. Obstructions may occur anywhere in the alimentary canal, more often in places anatomically or pathologically narrow and with sharper bends. The terminal ileum is the most affected area as it is the narrowest part of the small intestine and has a relatively weak peristalsis. The cases where there is perforation are usually more common in the

\* Corresponding author. Rua Gonçalves Dias, 2552/ apto 602, Bairro Lourdes, Belo Horizonte, MG, CEP: 30140092, Brazil.

E-mail address: [Isabela.lombardi@hotmail.com](mailto:Isabela.lombardi@hotmail.com) (I. de Alencar e Lombardi).

ileocecal and rectum sigmoid areas.

The diagnosis through clinical evaluation and radiologic imaging is only done in 10% of cases. The present case is an example of a foreign body resulting in a colon obstruction, concomitant with the diagnosis and the resection of a sigmoid cancer [1,2,6,8,9,10].

## 2. Case report

Approximately one year ago, a 47-year-old female patient started feeling colicky abdominal pain associated with haematochezia and constipation. She had been admitted to hospital several times without any solution for her condition. That day, she was admitted to the Júlia Kubitschek Hospital complaining of acute abdominal pains, having been constipated for four days and cessation of flatus and bowel movements. She reported an accidental ingestion of a peach stone nine days previously. At the clinical examination she presented a good general condition, hydrated, afebrile, and anicteric. She was eupnoeic, with a cardiac frequency of 72bpm, distended abdomen and non-tympanic percussion. A rectal touch showed an empty rectal ampulla with neither bleeding nor a palpable mass. Low air-fluid levels and a discreet colon dilatation were seen through abdominal radiography. On the second day of hospitalization, she underwent an improvement in the abdominal pain through the use of analgesics, she could tolerate diet and eliminated flatus. There was no elimination of faeces. Diuresis was satisfactory and preserved, and she remained afebrile, conscious, hydrated and anicteric. Her cardiac frequency was 80 bpm, and there were no signs of peritoneal irritation. Deep palpation caused discomfort. New radiography of the abdomen were performed showing the presence of faeces in both the ascending and descending colon, air in the rectal ampulla, and absence of air-fluid levels. Hb = 10.9 g/dL; Leukocytes = 6300/mm<sup>3</sup>, segmented = 66%.

After two days, the clinical condition of the patient worsened, as she presented abdominal distension and intense abdominal pain unresponsive to analgesics. An abdominal CT was requested and performed at the John XXIII Emergency Hospital, which showed the caecum full of faeces and a diffuse distension of the entire colon up to the sigmoid, where it was possible to see an image, which suggested a foreign body (a peach stone?).

An exploratory laparotomy was performed and found a distended and blackened colon, from the caecum to part of the sigmoid colon, where a tumorous mass could be felt. The whole colon was removed, up to 10cm below the obstruction and Hartmann's technique was performed. A peach stone was found impacted in tumorous stenosis. The anatomical-pathological examination showed adenocarcinoma of the sigmoid colon (see Figs. 1–5).

## 3. Discussion

Intestinal obstruction represents a condition whose aetiology is

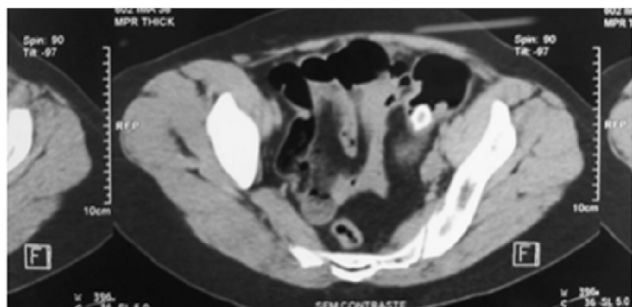


Fig. 1. Tomography of the abdomen and pelvis.



Fig. 2. Appearance of the transverse colon (arrow) and caecum at laparotomy.

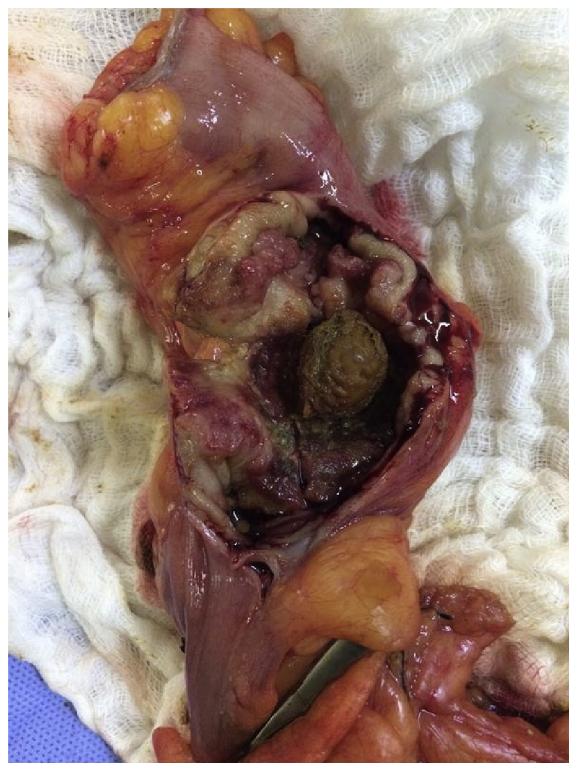


Fig. 3. Image of the peach stone (arrow) in stenosis of sigmoid colon.

Download English Version:

<https://daneshyari.com/en/article/5722951>

Download Persian Version:

<https://daneshyari.com/article/5722951>

[Daneshyari.com](https://daneshyari.com)