ACG CASE REPORTS JOURNAL

IMAGE | COLON

Signet-Ring Cell Carcinoma Presenting as Colocolic Intussusception

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CASE REPORT

A 30-year-old man presented with acute onset pain abdomen and blood-stained mucoid stools of 3 days' duration. Past history included recurrent episodes of melena and mucoid stools of 2 months' duration with significant weight loss. A contrast-enhanced computed tomography of the abdomen revealed dilated small bowel with features of colocolic intussusception, with multiple air foci within bowel wall and decreased contrast uptake suggestive of imminent ischaemia (Figures 1-2). Intraoperatively, an intussusception of the proximal transverse colon with an overlying omental tumor measuring 4 x 5 cm was found (Figure 3). An extended right hemicolectomy and omentectomy was performed with ileocolic anastomosis. Histopathological examination of the specimen revealed features consistent with signet-ring cell carcinoma (SRCC) of the colon with omental metastasis. Postoperative upper gastrointestinal endoscopy revealed no primary tumor in the stomach. The patient was given 5-fluorouracil (450 mg/m^2) and

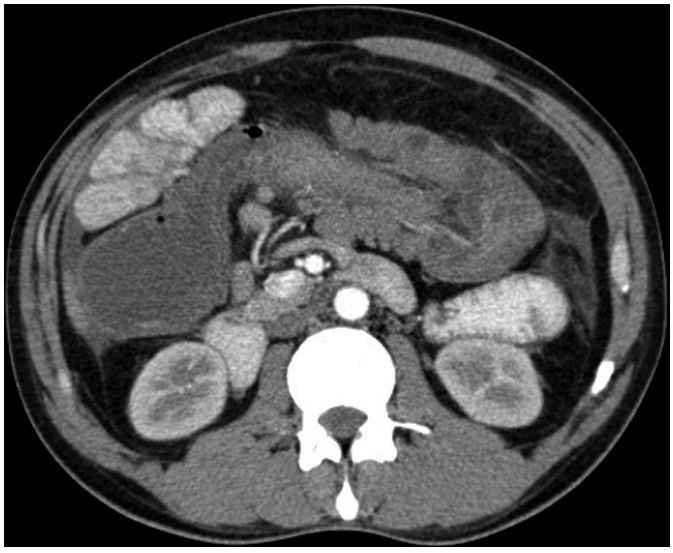

Figure 1. Cross-sectional CECT abdomen showing intestinal obstruction and impending ischemia.

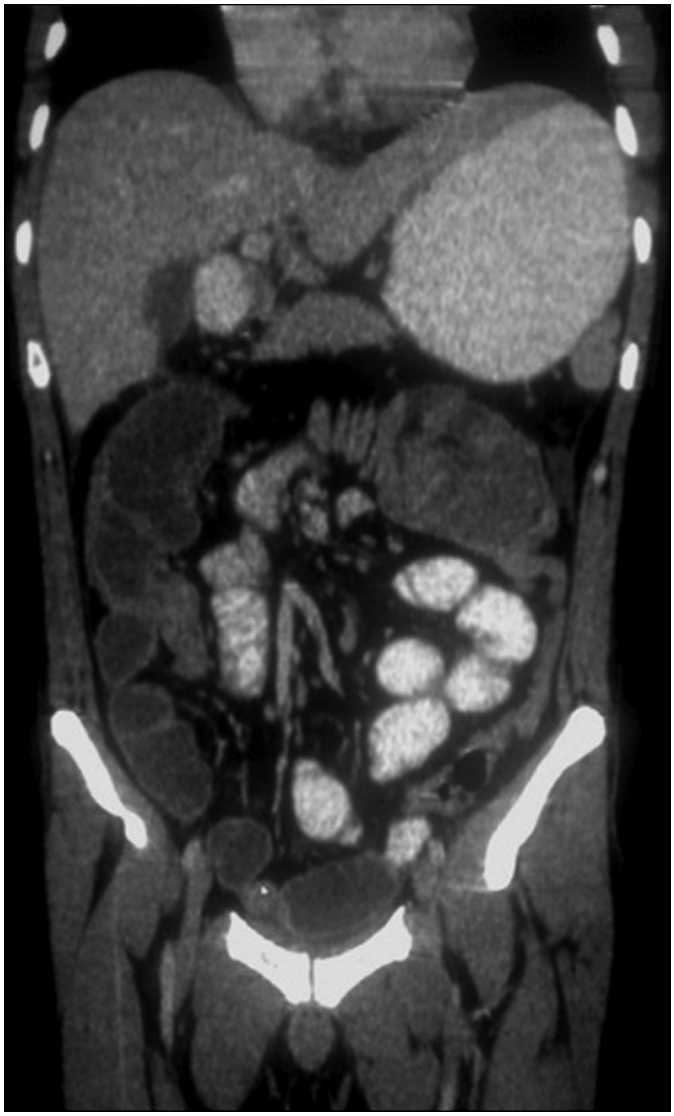

Figure 2. Coronal CECT of the abdomen and pelvis showing mesenteric lymphadenopathy.

ACG Case Rep J 2016;3(4):e86. doi:10.14309/crj.2016.59. Published online: July 27, 2016.

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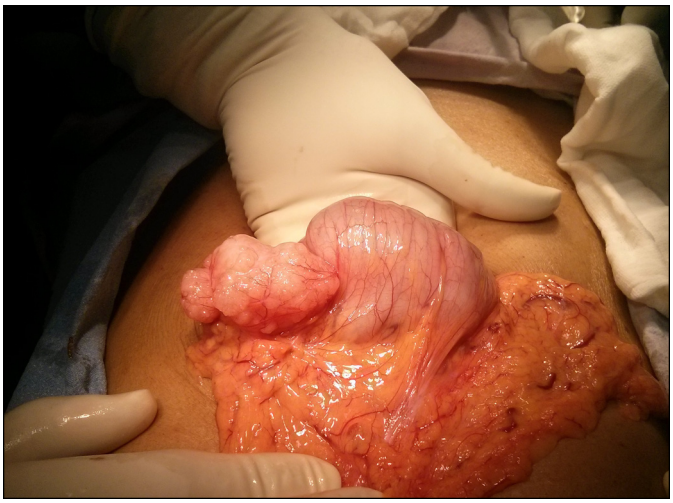

Figure 3. Intraoperative photograph showing colocolic intussusception with adherent omental tumor.

leucovorin (100 mg/m^2) every 4 weeks for 6 cycles but succumbed to disseminated disease 15 months after surgery.

Signet-ring cell carcinoma is uncommon in the colon and rectum, with a reported incidence ranging from 0.1% to 0.8%,[1,2] but shows more malignant behavior than the more common variants of adenocarcinoma. Metastasis from the stomach is the most common cause for SRCC in the colon and rectum.[3] SRCC mostly occurs in younger age group (<40 years) than conventional colorectal adenocarcinoma and more often in women.[4] Primary colorectal SRCC is diagnosed when the tumor is primary, histological material is adequate, and signet ring cells are present in more than 50% of the cancer.[5] Colorectal SRCC is often diagnosed in an advanced stage due to late manifestation of symptoms. Delay in diagnosis reduces the chance of curative resection and increases the risk of local and distal metastasis.

DISCLOSURES

Author contributions: S. Shetty and A. Vijayakumar acquired and interpreted the data and wrote the article. R. Reddy interpreted the data and wrote the article. Shraddha Shetty is the article guarantor.

Financial disclosure: None to report.

Informed consent was obtained for this case report.

Acknowledgement: We thank all the residents and staff of the Department of General Surgery, Victoria Hospital, Bangalore for their valuable input.

Received January 26, 2016; Accepted February 18, 2016

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