Case Presentation

Diverticulitis

Carla I. Becerra, Yale PA Program

Class of 2017

ED 11.9.17

65 yo M presents to ED with worsening lower abdominal pain

Reports nausea with no vomiting, intermittent diarrhea and constipation. Had a black stool yesterday. Hx of diverticulitis.

Denies chest pain, shortness of breath.

Patient is visiting from Argentina

ROS

GI: +Ab pain, +blood in stool
Otherwise are negative

PMH

Diverticulitis
Enlarged Prostate
Hypertension
Obesity

PSH

Appendectomy
Transurethral resection of prostateb

FH/Social/Allergies

No pertinent Family HX
Denies Alcohol, smoking, ellicits

NKTD

Physical Exam

Const: A/O x 3
HENT: Negative
Cardiovascular: negative
Pulmonary/Chest: normal
Abdominal: He exhibits distension and tenderness
MSK: Normal range of motion
Skin: Warm dry
Psych: Normal mood and affect

Vitals:

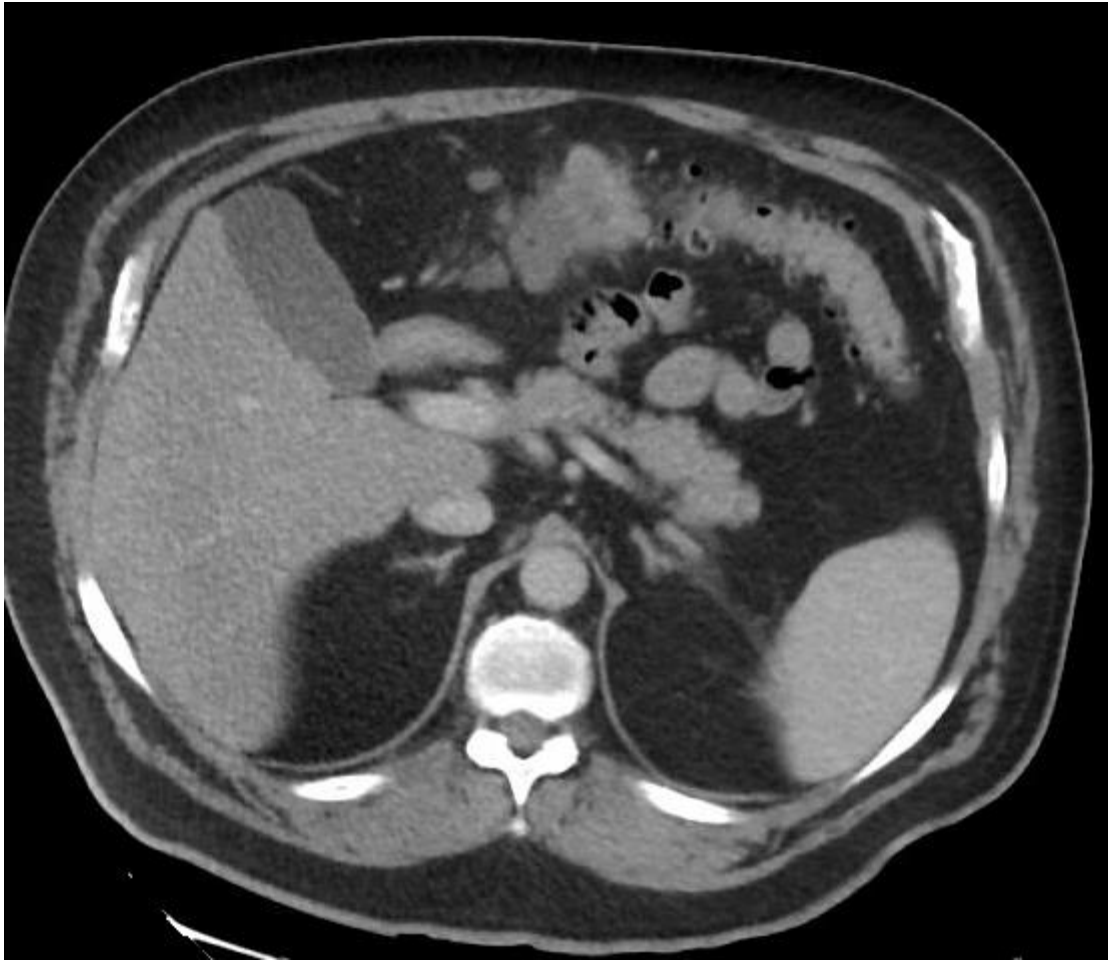
BP 126/86 Pulse 55 Temp 97.5 Resp: 18 SpO2: 96%

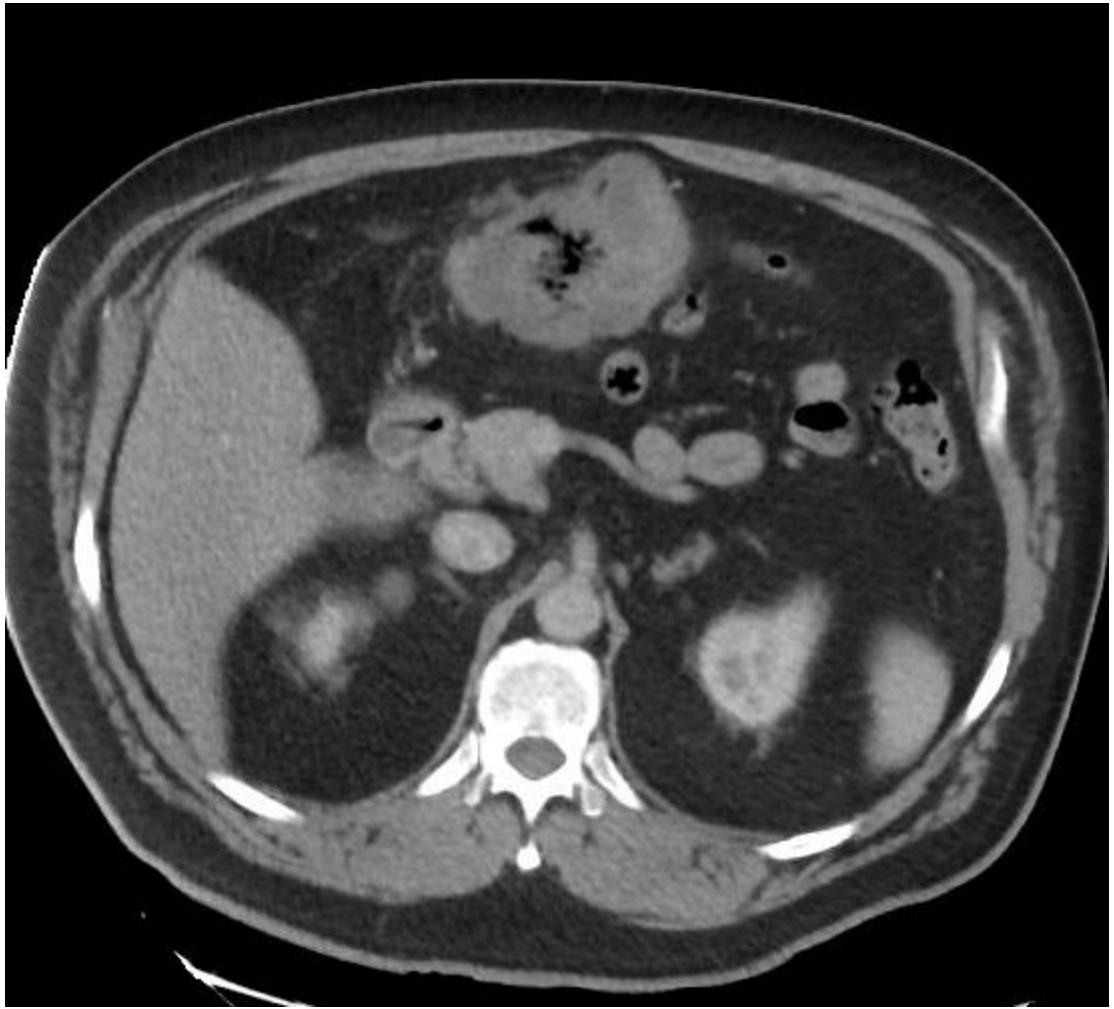
Radiology

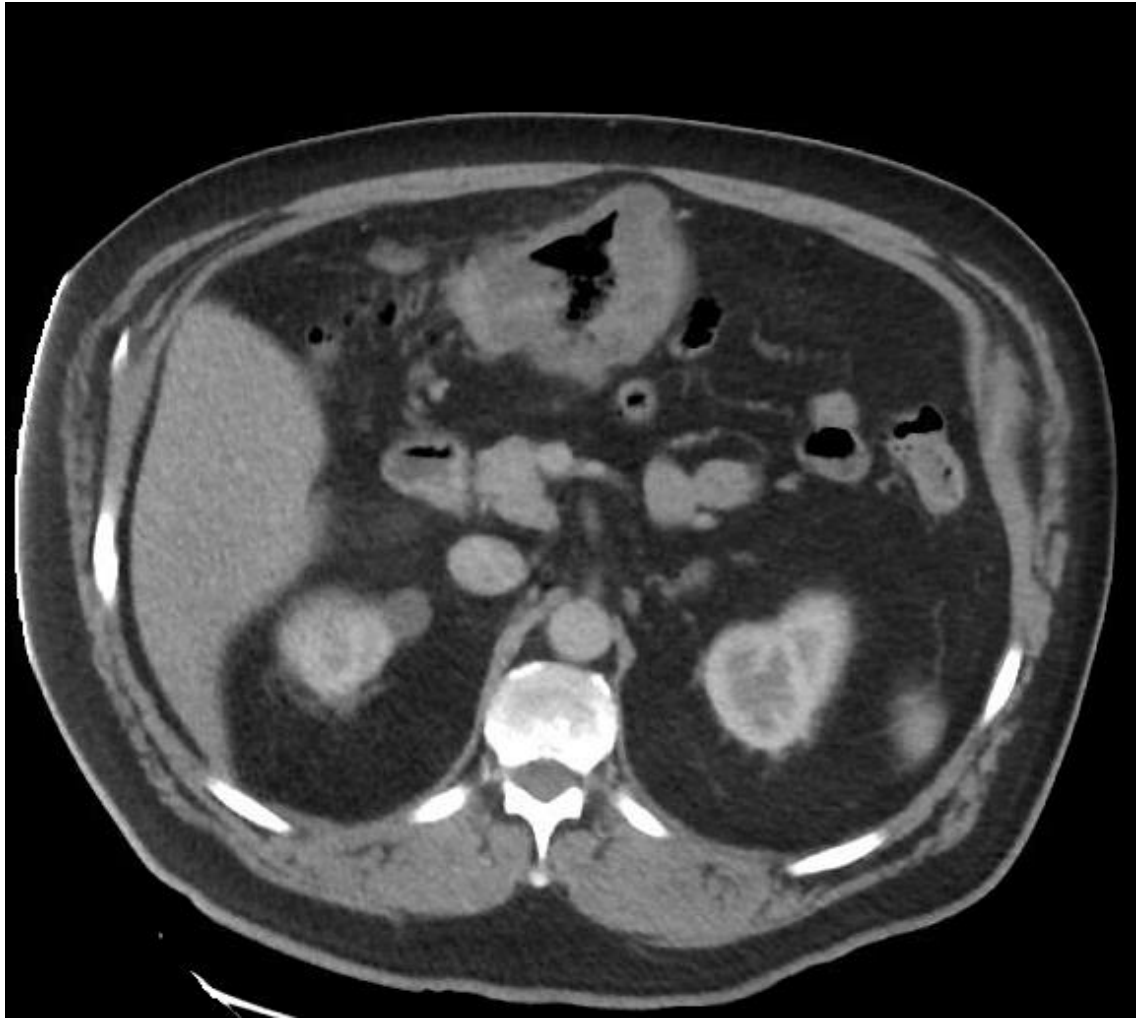
CT Abd/Pelvis IV contrast ordered

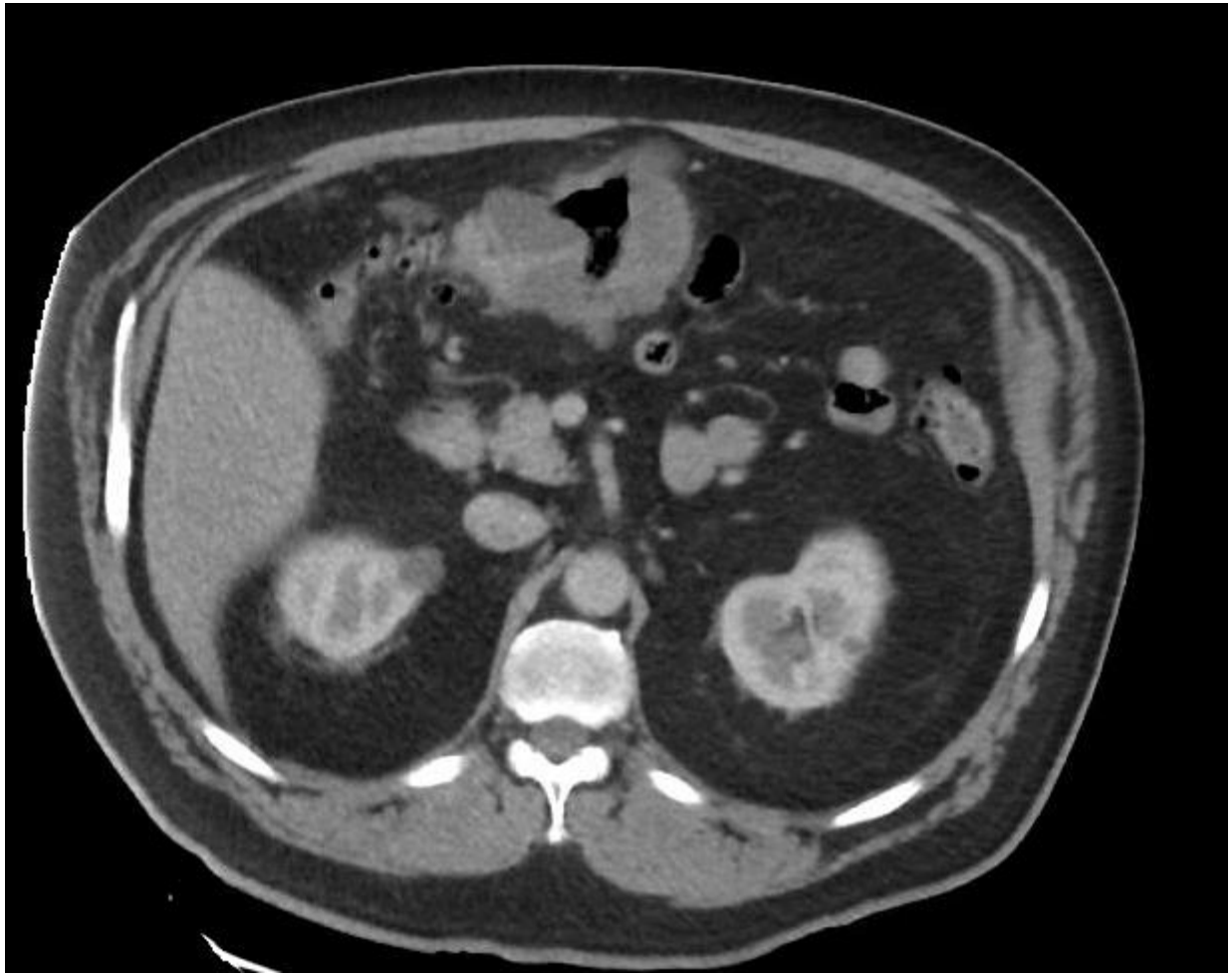
Prior scans: ?Colonoscopy vs CT scan - unclear

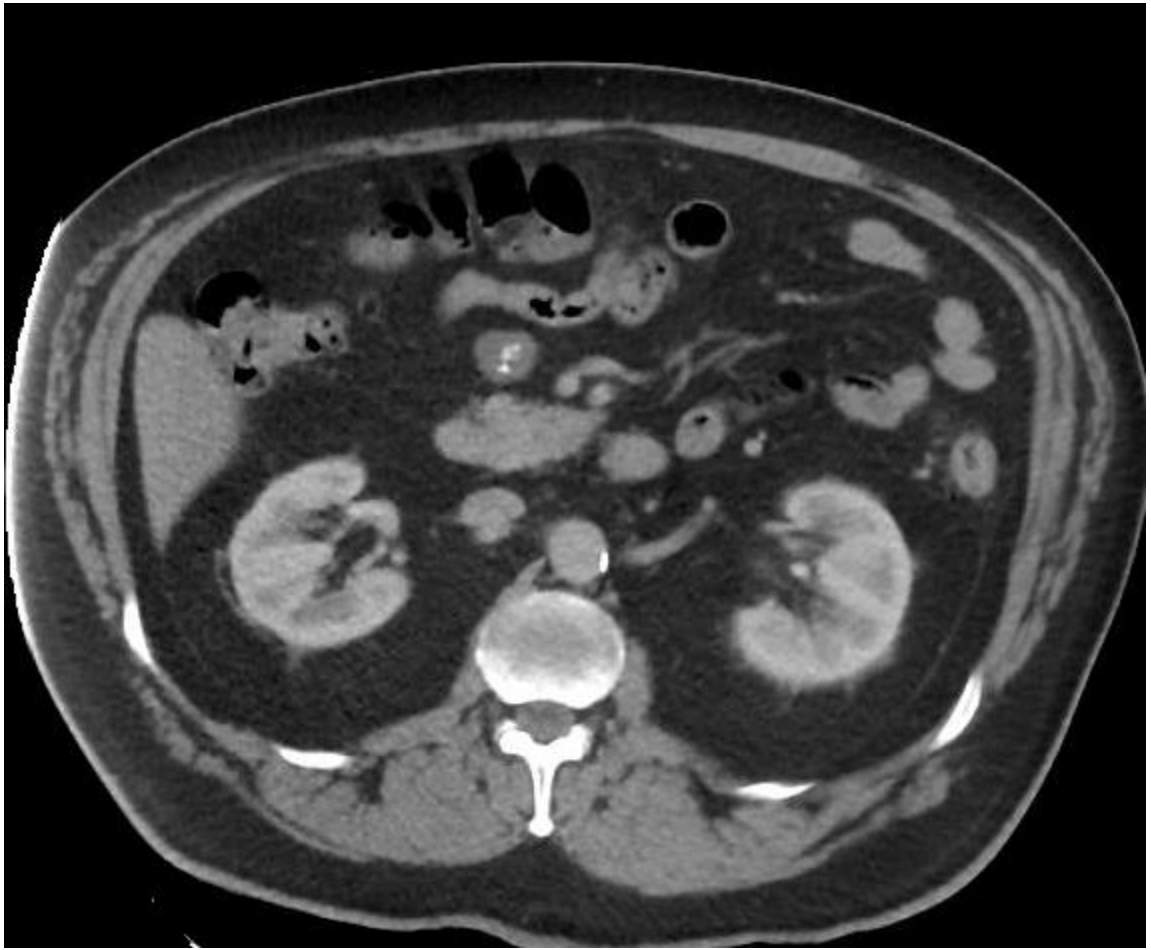
Indication: 65 yo man with abdominal pain, diverticulitis suspected











Findings

- Large mass of Transverse colon measuring 7 x 6 x 7 cm
- Fat stranding seen within mesentary
- Partially calcified lymph node
  - Lost its fat hilum
  - Large (2cm)
- No pneumoperitoneum

Malignant Colorectal Masses

Colorectal carcinoma - adenocarcinoma

Aggressive Neuroendocrine Carcinoma

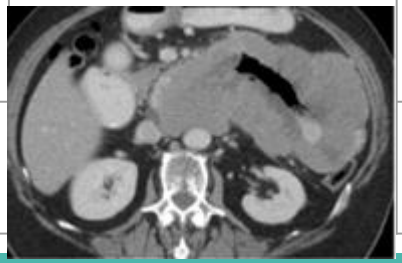
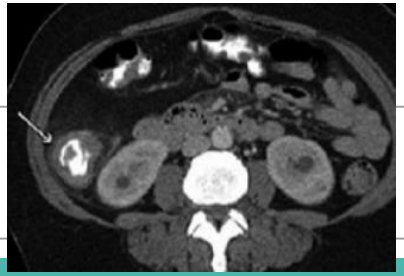
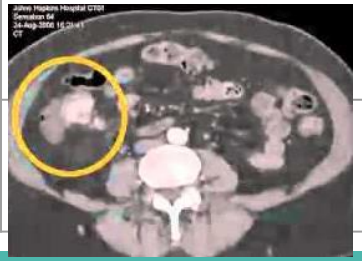
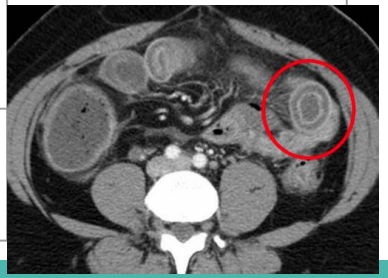
Gastric Lymphoma

Signet Ring Cell Adenocarcinoma

Leiomyosarcoma (Gastrointestinal Stromal Tumor)*

What about metastasis?

- Actually very rare to go to colon
- 2012 Multicenter Study: most common is breast cancer followed by melanoma
    - (0.338% of patient with colonic masses) Mourra N, Jouret-Mourin A, Lazure T, et al. Metastatic tumors to the colon and rectum: a multi-institutional study. *Archives of pathology & laboratory medicine.* 2012;136(11):1397-1401

	Gastrointestinal Lymphoma	Colorectal Carcinoma	Neuroendocrine tumor (Carcinoid)	Signet Ring Cell Carcinoma
Demographics	50s-60s Male Large bowel uncommon (3%)	Most common 60-80s 10% go to Transverse colon	63 African American, Male 15% go to colon	Mid 40s Women <1%
Types	DLBL (mature B cells) Mantel Cell lymphoma Burkitt Lymphoma	Adenocarcinoma Muscinous Carcinoma		Aggressive adenocarcinoma CRC subtype
Signs/Symptoms	Epigastric Pain, Weight loss N/V, Obstruction less common than adenocarcinoma	Bowel obstruction Iron deficient anemia Occult blood	Carcinoid syndrome Flushing Diarrhea	5-6 cm is mean diameter
Radiographic Findings	Bulky polypoidal masses Focal infiltrative tumor **Aneurysmal dilation**	Bowel narrowing Applecore sign Ulceration in large masses	Bowel wall thickening Soft tissue density, necrosis is present (larger tumours) can appear fluid-fluid levels. Exophytic, Hypervascularized	Concentric bowel wall thickening Target Sign
				

Clinical Course

- Angioedema with IV contrast -new allergy
- Colonoscopy
  - Circumferential but traversed with pediatric colonoscope. Measured ~7cm in length. Oozing present
  - 22 other abnormal polyps biopsied
- Labs:
  - HIV negative , Liver serologies negative, Liver panel within normal limits
  - CEA: 81.4 (<3)

Colonoscopy

- Likely malignant partially obstructing tumor in the transverse colon. Biopsied. Tattooed.
- Two 5 mm polyps in the cecum, removed with a cold snare. Resected and retrieved.
- Two 10 mm polyps in the ascending colon, removed with a hot snare. Resected and retrieved.
- One 5 mm polyp in the ascending colon, removed with a cold snare. Resected and retrieved.
- Four 5 mm polyps in the transverse colon, removed with a cold snare. Resected and retrieved.
- One 7 mm polyp in the transverse colon, removed with a hot snare. Resected and retrieved.
- Two 5 mm polyps in the transverse colon, removed with a cold snare. Resected and retrieved.
- Two 7 mm polyps in the transverse colon, removed with a hot snare. Resected and retrieved.
- One 7 mm polyp in the rectum, removed with a hot snare. Resected and retrieved.
- Diverticulosis in the entire examined colon.
- Internal hemorrhoids.

Pathology

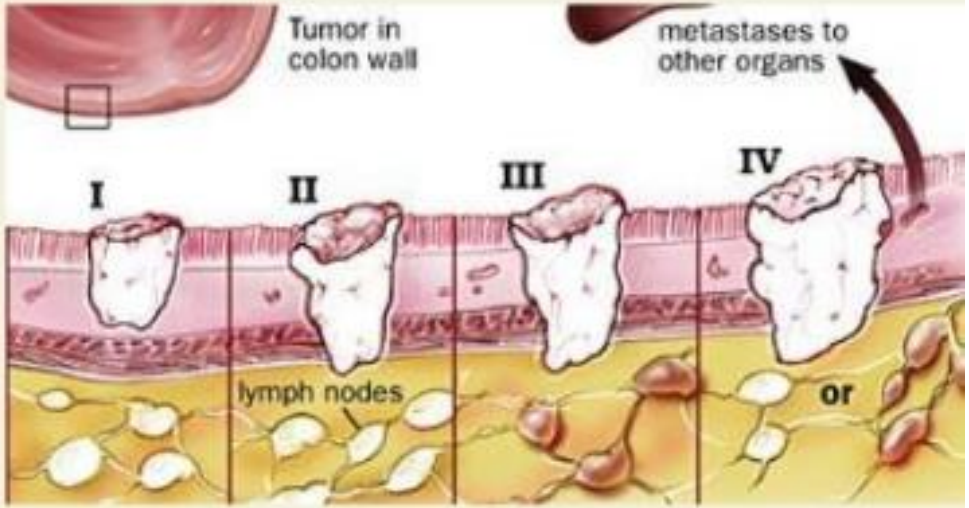
TRANSVERSE COLON, MASS, BIOPSY:

- FOCAL VERY SCANT ATYPICAL CELLS ASSOCIATED WITH INFLAMED MUCIN, HIGHLY WORRISOME FOR SIGNET RING CELL CARCINOMA

Note: No adenoma is present at this site. Given the lack of precursor neoplasm at this site, the differential of a metastatic versus primary signet ring cell carcinoma is possible and should be correlated with other clinical findings.

Duke Staging

A. Limit to rectal wall, excellent prognosis
B. Extrarectal tissues, reasonable prgnosis
C. Regional LN
   I. Pararectal LN
   II. Nodes of supplying blood vessel
D. Metastasis



https://www.slideshare.net/nuramalinaaminuddinb/mellss-yr3-surgery-tumours-of-rectum

Currently...

- CT Chest showed multiple sub 5 mm long nodules
- Returned to ED on 11/18 for morbilliform rash attributed to potential contrast
- Surgery scheduled for next week
- Most likely Stage III or Stage IV - Chemo and surgery
    - Prognosis 5
    - Five-year survival rates in previous studies ranged from nine to 30 percent.
    - Average survival was between 20 and 45 months.

References

Non-Hodgkin's lymphoma of the gastrointestinal tract: radiographic findings. *Levine MS, Rubesin SE, Pantongrag-Brown L, Buck JL, Herlinger H AJR Am J Roentgenol. 1997 Jan; 168(1):165-72.*

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