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A Rare Case of Small Intestine Recurrence of Colonic Adenocarcinoma Mimicking a Tubo-ovarian Abscess

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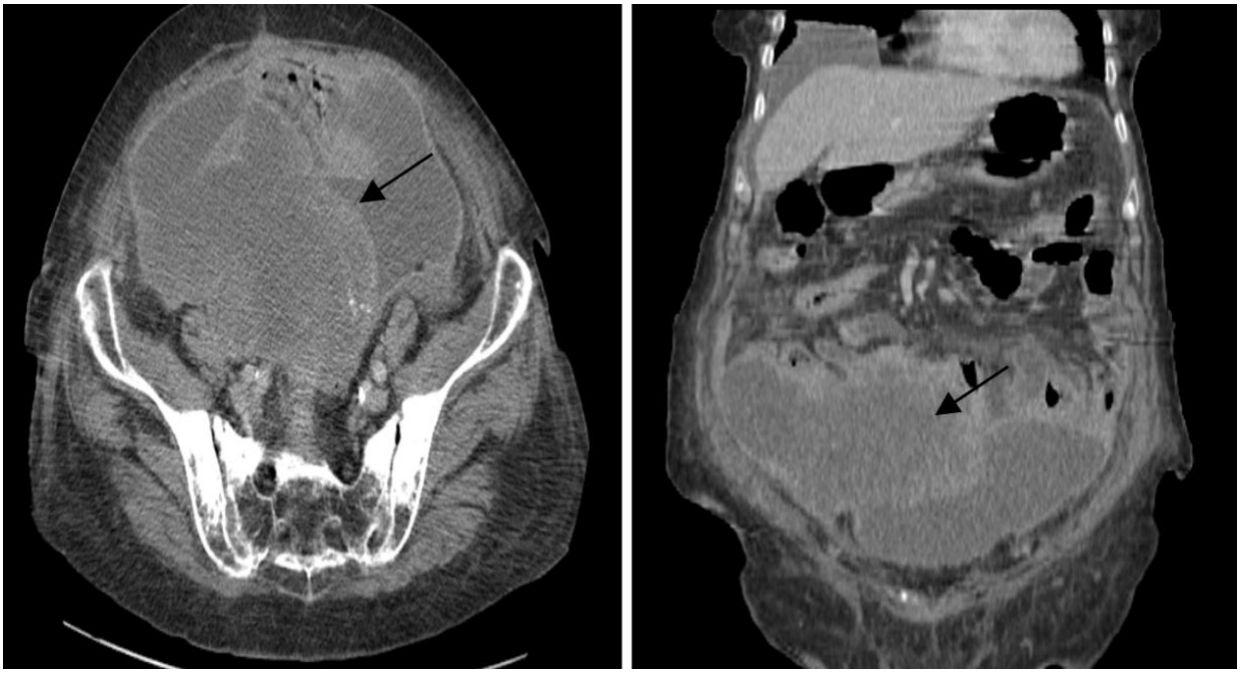

Figure 1: Abdominopelvic contrast-enhanced CT scan: Abdominopelvic lesions with liquid content, containing a few air bubbles, confluent, with enhanced walls, associated with peritoneal fat infiltration, and moderate pelvic and perihepatic peritoneal effusion, measuring 129 x 40 x 82cm (transverse x height x anteroposterior).

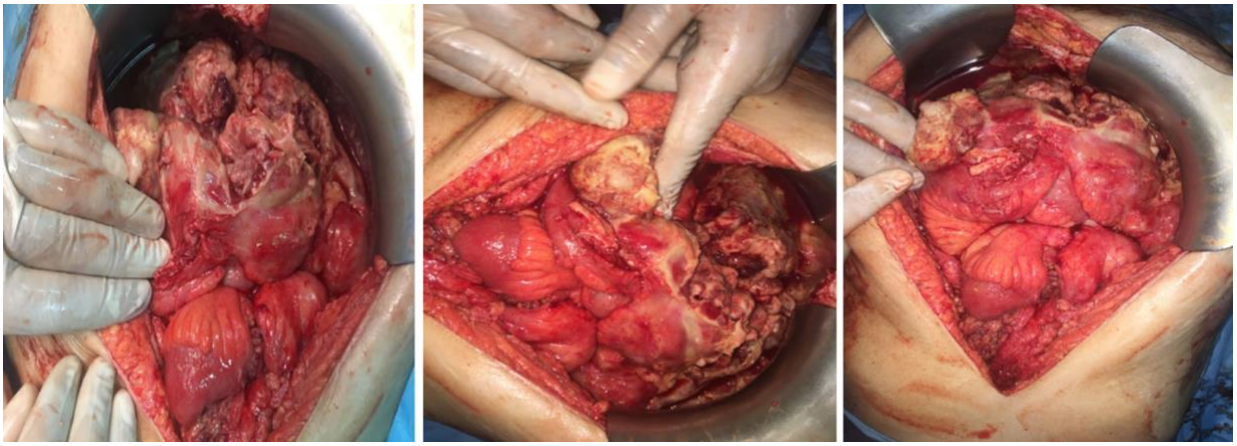

Figure 2: Intraoperative images during exploratory laparotomy revealing a necrotic tissue mass in the small intestine.

Clinical Case

A 65-year-old female patient with a history of colonic adenocarcinoma treated with surgery and concurrent radiotherapy four years ago. She presented to the emergency department with acute abdominal pain. Clinical examination revealed diffuse abdominal rigidity, suggesting a suspicion of peritonitis. An abdominopelvic CT scan (Figure 1) was performed, showing confluent abdominopelvic collections with enhanced walls after contrast injection, containing some air bubbles, along with peritoneal fat infiltration and moderate pelvic and perihepatic peritoneal fluid. Based on these clinical and radiological findings, the diagnosis of peritonitis secondary to bilateral tubo-ovarian abscess was established. The patient underwent an exploratory laparotomy, revealing a necrotic mass in the small intestine (Figure 2), with histopathological examination favoring a recurrence of colonic adenocarcinoma.

Discussion

The occurrence of metastases in the small intestine originating from colonic adenocarcinoma is relatively infrequent, with estimated rates ranging from 2.8% to 8.2% [1]. These metastases primarily result from the spread of colonic cancer due to carcinomatous peritonitis [1]. Common symptoms associated with these metastases include obstructive signs like abdominal distension, vomiting, and constipation, as well as hemorrhagic manifestations such as occult blood and melena, which are a consequence of tumor-induced bleeding [1]. Furthermore, in addition to issues related to tumor obstruction and bleeding, it is common to observe perforation and the presence of a palpable abdominal mass [1].

In cases involving the recurrence of gastrointestinal neoplasms, distinguishing between an abscess collection at the surgical site and a recurrent tumor with necrotic features can sometimes be a challenging task [2]. Rarely, recurrences of small intestine metastases from colonic adenocarcinoma may mimic the appearance of an abdominopelvic abscess [2]. Multiple conditions have the potential to resemble abdominal abscesses, which can lead to the misdiagnosis of these entities. Entities that can mimic drainable abscesses encompass neoplasms (including lymphoma, gallbladder cancer, gastrointestinal stromal tumor, ovarian cancer, mesenteric fibromatosis, ruptured mature cystic teratoma, and recurrent malignant tumors within surgical sites), ischemia/infarction (such as liquefied splenic infarction), giant colonic diverticula, and congenital variants like an obstructed duplicated collecting system [2].

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