

中文題目：成人原發性髓質癌所致的大腸套疊

英文題目：Colonic Intussusception of Primary Medullary Carcinoma in Adult

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Learning Point for Clinicians:

- Intussusception should be considered as one the differential diagnosis in adult with abdominal pain.
- Medullary carcinoma(MC) is rare type of adenocarcinoma of colon with better survival in first two years.

Case report

A malnourished 88 year-old woman presented to our emergency department with an acute episode of cramping pain localized in the right upper quadrant of her abdomen. She had been having intermittent abdominal pain for the past three months before admission. However, she denied any associated nausea, vomiting, fevers or weight loss. There was no family history of colorectal cancer. Physical examination showed a soft abdomen but there was tenderness and rebounding pain over her right upper abdomen. Digital examination was unremarkable. Laboratory study showed hypoalbuminemia (Alb:2.0 g/dL) and tumor markers including CEA, CA-199 and AFP were all within normal limits. Computed tomography scan demonstrated colocolic intussusception with leading tumor growth inducing partial obstruction (Figure 1). Subsequently, patient underwent right hemicolectomy. A 6.5*5.3*4.7cm ulcerative mass was seen at the proximal colon (Figure 2). From immunohistochemical staining, the mass was positive for Calretinin and MSH2, but negative for MLH1.(Figure 3) These features were indicative of medullary carcinoma. Patient was discharged after two-weeks of hospitalization. No evidence of recurrent disease was identified after one year of follow up.

Discussion:

Medullary carcinoma(MC) is one of the rare type comprising 0.03% of adenocarcinoma, with about 5 to 8 patients in each 10,000 of colon cancer diagnosed.(Thirunavukarasu et al, 2010)

Intussusception is common in children less than three-year old but rare in adults. It is very unusual to have intussusception as an initial presentation of medullary carcinoma in adult with only one case has ever been reported in English literature.(Jain et al, 2014). Intussusception is defined as invagination of a proximal bowel segment into distal bowel segment. Organic lesion as a lead point is usually the cause of obstruction. It commonly causes pain typically of periodic and intermittent in nature. However, rectal bleeding may be the initial manifestation of intussusception induced by medullary carcinoma if it occurs at the descending colon.(Jain et al., 2014) Generally, MC tends to be in the proximal colon with an approximate frequency of 74%.(Thirunavukarasu et al., 2010) Computed tomography appears to be the most effective and sensitive diagnostic tool in making a preoperative diagnosis in patient with atypical abdominal pain at a diagnostic competency of

58%-100%.(Begos et al, 1997) Malignancy comprises up to 66% of intussusception in large intestine. (Eisen et al, 1999) Therefore, surgical resection without reduction is recommended in adult intussusception as more than half of colonic intussusception are related to malignant lesion. Histologically, positive staining of Calretinin and loss of staining for MLH1 may differentiate MC from poorly differentiated colon adenocarcinoma.(Cunningham et al, 2014) 73% of MC shows strong positivity of Calretinin staining if compared to 12% of poorly differentiated colon cancers.(Nguyen et al, 2014) Negative staining of MLH1 implies microsatellite instability and is a unique feature of MC.(Cunningham et al., 2014) MC patients commonly reported a better overall survival with one- and two- year relative survival rates at 92.7% and 73.8% respectively.(Thirunavukarasu et al., 2010)

In conclusion, we reported a case with intussusception caused by medullary carcinoma in an adult with abdominal pain as an initial presentation.

References:

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