

Case 70

A very old woman with an abdominal mass



Figure 70.1

Figure 70.1 shows a splendid old woman, a spinster aged 90 years and a former schoolteacher, taken 4 days after her major operation.

She consulted her family doctor, who had looked after her for many years, saying that she had become progressively weaker and more tired over the past few months and that she was no longer her usual active self. Apart from this, she had no other complaints. Her appetite had not changed, her weight remained the same and, in particular, she had noticed no change in her regular bowel habit. Her stools, she said, were quite normal and she had not noticed any blood or slime therein.

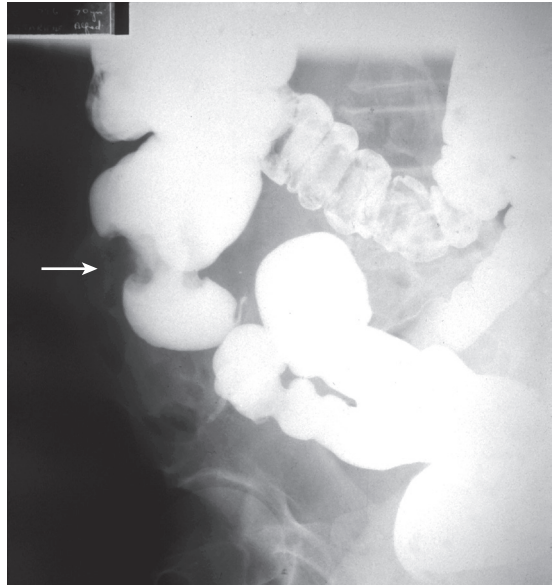


Figure 70.2 Barium enema demonstrating a filling defect in the caecum (arrowed).

When her doctor examined her, he was immediately alarmed by how pale she had become since he had last seen her, about 6 months previously. He gave her a thorough examination and detected a large, slightly tender mass just to the right of, and below, the umbilicus. A rectal examination was clear, but he did an 'occult blood test' on the faecal smear on the glove, which was positive. She was referred urgently to hospital.

In surgical outpatients, the doctor's findings were confirmed; there was undoubtedly a mass in the right iliac fossa. Her haemoglobin was found to be 62 g/L. She was admitted for a blood transfusion and then had a barium enema performed. One of the films is shown in Fig. 70.2.



Figure 70.3 A right hemicolectomy specimen from the patient showing the caecal carcinoma.

What lesion can you see in Fig. 70.2, indicated by the arrow?

There is a filling defect in the caecum, which together with the history and clinical findings, is strongly suspicious of a tumour mass.

Surgical exploration was indicated as a matter of some urgency. It was decided against performing a colonoscopy – the mass would need removal whatever its exact pathology. At laparotomy, a tumour mass was found in the caecum. The regional nodes were not enlarged, the liver was clear and, apart from small fibroids in the uterus, no other abnormalities were found. A right hemicolectomy was performed and the specimen shown in Fig. 70.3.

How would you describe this pathology, and what is its likely histological appearance?

There is a papilliferous tumour of the caecum with an ulcerated surface. It is likely to be an adenocarcinoma.

The patient made an entirely smooth recovery from her operation and was soon home. When asked, on the students' ward round on her fourth postoperative day, to what she attributed her wonderful good health, she replied: 'I have never smoked, I have never touched alcohol and I have had nothing to do with men'!

How do tumours of the caecum and the right side of the colon commonly present?

On the right side of the large bowel the stools are semi-liquid and the tumours are usually proliferative and therefore obstructive symptoms and signs are relatively uncommon. These patients tend to present 'silently', as in the present case, with features of anaemia due to chronic blood loss and loss of weight.

How do these features differ typically from patients with tumours of the left colon?

Usually tumours of the left side of the colon are constricting growths and the contained stool is solid. There are commonly symptoms of bowel disturbance – constipation, bleeding, passage of altered blood and slime, and/or features of subacute or complete intestinal obstruction.

Describe the possible pathways of spread of a carcinoma of the caecum

- Local: Encircling the bowel wall, invading its wall and then the adjacent viscera.
- Lymphatic: To the regional lymph nodes, with possible late involvement of the supraclavicular nodes via the thoracic duct (Troisier's sign*).
- Haematogenous: Via the portal vein to the liver, thence to the lungs.
- Transcoelomic: With deposits of nodules throughout the peritoneal cavity and with ascites. Deposits on the ovaries (Krukenberg tumour†), and rarely a deposit at the umbilicus (Sister Joseph's nodule‡).

*Charles Emil Troisier, see Case 56, p. 113.

†Friedrich Krukenberg (1871–1946), pathologist, Halle.

‡Sister Mary Joseph Dempsey (1856–1939), Mayo Clinic, Rochester, Minnesota. She was the ward sister of Dr William Mayo and imparted this gem of clinical wisdom to him.