Mucinous carcinoma of rectum in an 11 year old child

Dinesh K. Sarda, Ashok T. Kamble, Gayatri S. Mungate, Amol Gosavi
Department of Surgery, Indira Gandhi Medical College, Nagpur, India.

ABSTRACT
The rarity of rectal carcinoma in children has prompted us to report this patient who presented with bleeding per rectum and constipation. Histopathological examination of biopsy revealed the growth to be a mucinous carcinoma of rectum and which was inoperable on exploratory laparotomy.

KEY WORDS
Gastrointestinal haemorrhage, intestinal obstruction, colorectal malignancies.

INTRODUCTION
Carcinoma of the colon and rectum is a relatively uncommon malignancy in India as compared to the western world. The age-standardized rates of colorectal cancer in India have been estimated to be 4.2 and 3.2/1,00,000 for males and females, respectively as compared to 60.8 and 42.3 respectively in the USA. Considering such a low incidence in adults it would be rare to find colorectal carcinoma in the pediatric age group. A literature search could not reveal much more information on colorectal cancer in the Indian pediatric population. Primary gastrointestinal malignancies constitute only 1% of pediatric neoplasms and therefore, remain unsuspected in children, often presenting late with symptoms of intestinal obstruction.

REFERENCES
obstruction.²

CASE REPORT

An 11-year-old boy was admitted to our unit with complaints of bleeding per rectum, constipation and mucus in stools since one month. This was accompanied by persistent lower abdominal pain. On examination, the lower abdomen was tender. Digital rectal examination revealed anal stenosis and a large circumferential constricting growth with palpable induration. It was approximately 2 cm from anal verge and upper extent was about 8 to 10 cm. CT Scan showed an eccentric thickening of wall of rectum and anal canal with lobulated soft tissue mass in presacral space of size 6x3x2 cm. Fat planes between rectum and lateral pelvic wall were infiltrated (Figure 1). On exploratory laparotomy the mass was seen arising from the rectum and was stuck to the lateral and posterior pelvic walls. It was inoperable. There were no intra-abdominal secondaries. Only sigmoid colostomy was done to relieve the obstruction. Histology of biopsy material was suggestive of poorly differentiated mucinous adenocarcinoma (Figure 2). Patient was advised palliative radiotherapy.

DISCUSSION

Colorectal malignancies are extremely rare in pediatric age group and the youngest recorded case is a 9-month-old child. The reported incidence is 1.3 per million children.² In general, these malignancies in children have a very poor prognosis and are usually beyond the scope of operative correction. The main reasons attributed for this are delay in the diagnosis, advanced stage of the disease at presentation and poor histological differentiation of the malignancy.

The differences in duration of symptoms, primary site, pathological findings, stage and prognosis between adults and children are striking. (Table 1)

In children, there is a higher incidence of involvement of the right and transverse colon (53%) compared with adults (33%) and a far lower rate of involvement of rectum (10%). In pediatric age group, there are far more common causes of abdominal pain than rectal carcinoma. Symptomatology like altered bowel habit with abdominal pain in this age group is often attributed to more common inflammatory conditions of bowel rather than a colorectal malignancy.

Resection even palliative is always preferable to bypass, because it effectively relieves the obstruction and also decreases the tumour load. Surgery should be the first modality of treatment as the disease in children responds poorly to chemotherapy as well to radiotherapy. The value of chemotherapy as a means of palliation has been controversial and responses have been less than optimal. In rectal cancers, preoperative radiotherapy has been utilized extensively to convert unresectable lesions to resectable ones.⁶

Figure 1: CT scan Pelvis showing eccentric growth originating from rectal wall with infiltration of surrounding structures.

Figure 2: Photomicrograph showing mucinous adenocarcinoma. Picture shows malignant cells with abundant amount of mucin. (H & E, 10X)
Vesical endometriosis with left sided hydroureteronephrosis

Kashinath Das, Tapas Kumar Majhi, Sankar Das Chattopadhyay
Department of Surgery, R. G. Kar Medical College, Kolkata - 700004. India.

ABSTRACT
A rare case of upper urinary tract obstruction due to vesical endometriosis at the left ureteric orifice complicated with hydroureteronephrosis is presented. Surgical excision of the mass with ureteric reimplantation relieved the patient of all her symptoms. Literature is briefly reviewed.

KEY WORDS
Urinary Bladder-Endometriosis-Hydroureteronephrosis

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