PREGNANCY WITH CARCINOMA OF THE SPLENIC FLEXURE

(A Case Report)

by

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Pregnancy associated with carcinoma of the splenic flexure is very rare. To-date only 3 cases have been reported (Einsel and Cooks, 1957; Betson and Golden; 1961 and Macbeth; 1961). Since the peak incidence of pregnancy is well below the age of 50 years, while that of malignancies is above the age of 50, the association of the two conditions would be expected to be rare. Limiting the discussion to cancer of the gastrointestinal tract reduces the incidence still further. Because of its rarity of occurance an additional case is reported.

CASE REPORT

Mrs. S. K. C. aged 38 years was admitted to this hospital on 12.6.73 with a history of 8 months' amenorrhoea and acute distension of the abdomen for 3 days. She also complained of pain in the abdomen and breathlessness for 3 days. She did not give any history of bleeding per rectum or haemetemesis. There were no other symptoms like nausea, vomiting, pain, etc. She was seventh para. All her deliveries were normal.

There was no family history of gastrointestinal tract malignancy.

Her general examination did not reveal any abnormality except for the pallor. The B.P. was 110/70 mms. of Hg. and there was no oedema over the feet.

There was marked distension of the abdomen. The flanks were also full. There was hydramnios and ascites. The uterus was 32 weeks' size, vertex presented and the head was floating. The foetal heart sounds were regular. The patient was not in labour.

The provisional diagnosis of acute hydramnios was made. Since the patient had symptoms of pain and breathlessness, abdominal paracentesis was done. Clear, colourless fluid was aspirated but while withdrawing the needle, another type of fluid yellowish in colour was also withdrawn confirming the presence of ascites. Both fluids (liquor amnii and ascitic fluid) were subjected to nile blue staining as well as Papanicoloau staining for malignent cells.

Investigations:

Hb—11 G% T.C. 10,500/c.mm. D.C.P. 62, L 38, ESR, 110 mm/hr. Urine—NAD. Blood urea, 27 mg%. Blood group,—O +ve.

Serum proteins—Total 5 gm%, Albumin 2.4 gm%, Globulin 2.7 gm%, A/G 1:1.

Thymol turbiding 1.3 units.

Alkaline phosphatase, 3 Bodansky's units.

Van den Berg's reaction —ve. SGOT 12 Karman's unit SGPT 9 Karman's units.

Ascitic fluid culture—No cells. No growth. Yellow fluid. Proteins, 2 gm%. Plenty of large mononuclear cells seen in clumps RBC++. Repeat Ascitic tapping showed plenty of malignant cells suggestive of adenocarcinoma of either ovary or gastrointestinal tract. Liquor amnii—clear colourless fluid.

Proteins—80 mg. No cells.

Nile blue staining—No orange cells.

The patient needed repeated ascitic tapping to relieve her distension and pressure symptoms. The ascitic fluid was filling up rapidly and every day about 1000-1500 c.c. were removed. Since the diagnosis of malignancy was confirmed and the patient's condition was deteriorating, it was decided to take her up for exploration.

Exploratory laparotomy was done on 21.6.73 under general anaesthesia. The abdomen was

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opened through midline infraumbilical incision. About 2000 c.c. of the ascitic fluid was removed from the peritoneum. There were multiple metastatic nodules on the peritoneum, omentum, uterus and urinary bladder. The uterus was 32 weeks' size. The fallopian tubes and both ovaries were normal. Classical caesarean section was done, the foetus extracted and the uterine incision was sutured in three layers. Tube ligation was done. Baby was male, 1.8 kg. The placenta was normal.

Exploration of the intestines showed multiple secondaries, there were plenty of adhesions and there were multiple metastases in the liver and the spleen. Because of the adhesions it was not possible to visualize or palpate the stomach. The primary growth appeared to be situated in the region of the splenic flexure. Omental biopsy was taken. The abdomen was closed in layers. The postoperative period was uneventful. The patient was put on gentamycin sulphate I.V. and Hermin (aminocious) and Ampicillin.

After a test dose on 23.6.73 (3rd postoperative day) a course of Mitomycin was started from 24.6.73. Ten mg. of mitomycin was given in 10 c.c. of glucose i.v. twice a week for 3 weeks. A total of 60 mgms. were given. Haemograms were done on alternate days. She was given a total of 4 units of blood post-operatively.

The omental biopsy report showed features of papillary adenocarcinoma.

The patient was discharged on 14.8.73 in a good condition. She was readmitted on 12.10.73 for Mitomycin therapy. Her general condition was fair, the abdomen was normal and there was no ascites or nodules. The liver was still palpable. Vaginal examination also did not reveal any masses or nodules. On 22.10.73 she developed ascites and also pleural effusion. On 23.10.73 pleural tapping was done and about 1000 c.c. of haemorrhagic fluid was removed and the patient was put on Endoxan—100 mg. daily intravenously. The pleural fluid was blood stained, proteins—3 gm. cells—640/c.mm. There were plenty of R.B.C.S., but no malignant cells. Barium meal studies were done twice and showed a normal stomach, duodenal and intestinal pattern. The patient was discharged after completing endoxan therapy.

She was readmitted after 3 months with ascites. Repeated ascitic tapping was done and she was given symptomatic treatment. Her general condition deteriorated and she expired on 14.3.74.

Discussion

This patient was admitted as an emergency case with acute distension of the abdomen. Initially, diagnosis of hydramnios was made but on paracentesis two different types of fluids were obtained and then the diagnosis of the ascites was made. The ascitic fluid showed malignant cells and therefore provisional diagnosis of carcinoma of the ovary or gastrointestinal tract was made and only on exploration finally a diagnosis of pregnancy with popillary adenocarcinoma of the splenic flexure was made. Removal of the growth was not possible because of multiple metastases and adhesions. Therefore, only caesarean section was done and the abdomen was closed. The patient showed a good temporary response to mitomycin treatment.

The pregnancy was terminated because her general condition was deteriorating and ascites was filling up very rapidly. Stevenson writes "All other extragenital cancers occuring in association with pregnancy should be treated as soon as the diagnosis is confirmed by the method which would have been used had the pregnancy not been present". Some authors are not in favour of termination of pregnancy. Warren. (1957) stated "from the available data we must conclude that there is no particular reason to expect pregnancy to have an adverse effect on carcinoma of the gastrointestinal tract. The possible adverse effect of pregnancy on the growth and spread of carcinoma cannot then be a reason for terminating the pregnancy".

Maud Slye, basing her conclusion on experiments in mice, believed there was no connection between growth of extra-

genital cancer and pregnancy. Emge (1934) also stated "the growth rate of a neoplasm is inherent in the neoplasm and experimental evidence substantiates clinical findings that pregnancy does not influence growth rate or size beyond certain reactions".

It is apparent from the above that the poorer prognosis for the pregnant patient who develops cancer is due to later diagnosis. Although pregnant patients are usually under medical supervision diagnosis is often delayed because the expected symptoms—nausea, vomiting, pain. constipation and abdominal distension tend to mislead the physician, should symptoms of a gastro-intestinal tract malignancy be co-existent. However, by keeping such a possibility in mind, by doing Barium studies in cases of persistent vomiting, pain and bleeding from the gastro-intestinal tract and in cases of ascites (as was seen in this case) by doing Papanicoloau smears malignancy can be diagnosed at very early stage and a better prognosis can be obtained. There is ample evidence that long term cures do result when the cancer is found at an early stage. No valid evidence exists that metastases occur earlier because of pregnancy.

Summary

A case of pregnancy associated with carcinoma of the splenic flexure is reported and the available literature has been reviewed.

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