

Misplaced CU-T Presenting as Neoplasm of sigmoid colon – A rare case report

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Introduction

Copper-T may occasionally get displaced or perforate the uterus and get lodged at unusual sites like urinary bladder, fallopian tubes, broad ligament and sigmoid colon. In this communication we report a case of misplaced copper-T presenting as carcinoma of sigmoid colon

Case Summary

Mrs. G. K. CR. No. 300217, 45 yr. presented on 10.3.01 with h/o recurrent attacks of colicky pain in lower abdomen for last 1 year for which she underwent exploratory laparotomy. According to operating surgeon there was big growth in sigmoid colon mesentery and it was stuck posteriorly to retroperitoneum. Overlying colon was also infiltrated by the mass causing a proximal dilatation of the colon. She was referred to our center with a diagnosis of inoperable case of carcinoma of sigmoid colon.

Review of barium enema film taken outside showed focal narrowing of sigmoid colon simulating malignancy (Photograph 1)

CT scan showed circumferential irregular thickening of walls of sigmoid colon, phlegmonous changes of surrounding mesocolon and adjoining small bowel loops which were adherent to the lesion (Photograph 2)

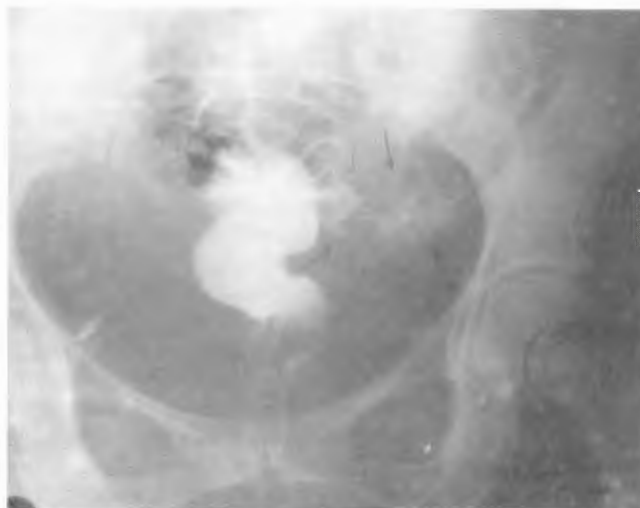
Patient was reexplored on 13th March 2001. Laparotomy revealed a circumferential thickening in proximal part of sigmoid colon extending into mesentery and densely adherent to retroperitoneum. No ascites was present. No regional lymphadenopathy or any satellite nodules were seen. Anterior resection with left oophorectomy was done as ovary was also adherent to the mass.

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Photograph 1 : Ba enema showing focal narrowing of sigmoid colon simulating malignancy with Cu-T in adjoining Area.



Photograph 2 : CT Showing circumferential irregular thickening of wall of distal portion of sigmoid colon with narrowing of lumen with phlegmonous changes in surrounding area. A radio-opaque structure is noted in vicinity.

Cut section of specimen revealed the horizontal limb of Cu-T penetrating the wall of sigmoid colon with surrounding thickening of the wall (Photograph. 3)



Photograph 3: Cut specimen showing one limb of CU-T inside the lumen of bowel with normal looking mucosa

Histopathology report – Acute on chronic inflammatory process associated with foreign body (Cu-T)

Ba-enema films were reviewed. Cu-T was seen adjoining the involved segment of sigmoid colon

Postoperative period was uneventful and patient was discharged on 10th Post operative day.

Discussion :

In the present case Cu-T perforated through the uterus and then into the parametrium and hence into the sigmoid colon mesentery, eventually perforating the colon. As a result there was lot of foreign body reaction in the parametrium and sigmoid colon creating an impression of the neoplastic lump.