

INTRODUCTION

- Routine surveillance has enabled increased diagnosis of colon cancer among asymptomatic individuals.
- Symptomatic cases may present with hematochezia, abdominal pain, iron deficiency anemia or altered bowel movements.
- Rarely, colorectal cancer may present with bowel obstruction, perforation or abscess formation.
- Herein, we present a subacute presentation of colon adenocarcinoma presenting with retroperitoneal abscess.

CASE

- A 57-year-old man with no prior medical or surgical history presented with severe left lower quadrant abdominal pain and subjective fevers. The pain radiated to the groin and was associated with reddish discoloration of overlying skin. Family history of first degree relative with rectal cancer was present.
- His temperature was 101.8F, heart rate of 117 beats per minute, blood pressure was 115/59 mmHg and oxygen saturation was 99% on room air.
- Physical exam revealed reddish discoloration of left inguinal region and flank, associated with warmth and tenderness to palpation.



INVESTIGATIONS

- Laboratory results were significant for WBC of 16,700 cells/cu.mm, hemoglobin 7.3 g/dl and platelets of 4,96,000/microliter.
- After initial fluid resuscitation and empiric coverage through ceftriaxone and metronidazole, he underwent CT scan of abdomen and pelvis that revealed an indeterminate cystic mass in the left iliopsoas muscle with extension into the groin and surrounding fat infiltration.
- Additionally, CT scan showed a 4.8 cm soft tissue mass lesion within the mesentery adjacent to the inferior pole of the left kidney with irregular mass like thickening of the adjacent mid descending colon.
- He underwent fluoroscopy guided aspiration of the cystic lesion along with drain placement. The resultant fluid was purulent and grew E. coli and Streptococcus viridans.
- He underwent left hemicolectomy with diverting colostomy. Histological analysis revealed moderately differentiated adenocarcinoma T3N0 with evidence of perforation into the retroperitoneum from the mass on gross pathology.



DISCUSSION

- Retroperitoneal abscesses are uncommonly encountered clinical entities and they represent serious infections associated with significant mortality rates.
- The source of retroperitoneal infections is usually an organ contained within or abutting the retroperitoneum, usually the kidney and the microorganisms most commonly isolated are gram-negative bacilli
- As witnessed in our case, the presentation of these infections can be very insidious and this nature of presentation can result in delay of management.
- This has to lead to occurrence of high mortality rates in these patients.
- According to Mosquera et. al., retroperitoneal infections are a significant challenge given the diagnostic delay resulting in a high mortality rate, ranging from 22-46%[1].
- Among colonic causes, the most common cause of colonic retroperitoneal perforation is diverticular disease.[2] The incidence of perforated colon cancer ranges from 3% to 10%.
- An infrequent presentation is the abscess of the psoas muscle caused by perforation of a colon cancer with an incidence estimated between 0.3% and 0.4%.

CONCLUSION

- Colonic malignancy, particularly locally advanced cancer can rarely present with perforation resulting in retroperitoneal abscess.
- Although a rare complication (0.3-0.4% cases), an early diagnosis, antibiotics and drainage helps reduced morbidity and mortality in these cases.

REFERENCES

1. Mosquera MS, Ocampo MA, González-Orozco A, et al. Retroperitoneoscopic drainage of a retroperitoneal abscess when open surgery is not an option: a novel surgical technique. *MOJ Clin Med Case Rep.* 2019;9(3):60–62. DOI: 10.15406/mojcr.2019.09.00305
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