

Clinical Image

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Transverse colon adenocarcinoma with direct cutaneous extension: complex multidisciplinary surgical management

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A 66-year-old cachectic female presented to the emergency department in August 2021 with dizziness. Physical examination revealed a 3–4 cm infraumbilical ulcerative mass, present for approximately 1 month. CT scan showed an 8 cm lower abdominal mass contiguous with the bladder dome, involving the mid-transverse colon and several segments of small bowel without evidence of metastatic disease (Figure 1).

Percutaneous biopsy revealed poorly-differentiated adenocarcinoma, initially thought to be an urachal primary. The patient progressively developed anemia, bacteremia, and feculent discharge from her abdominal lesion (Figure 2). Following a multidisciplinary discussion, she was determined not to be a candidate for neoadjuvant chemotherapy. The decision was made to proceed with open surgical resection after her acute hematologic and infectious issues were addressed. She underwent an en bloc resection of the anterior abdominal wall, urachus, bladder dome, right hemicolectomy, with an ileocolic anastomosis and proximal loop diverting ileostomy. She required a complex abdominal wall closure with component separation, biologic mesh with vacuum-assist device and delayed skin grafting. Final pathology revealed locally advanced pT4bN0

transverse colonic adenocarcinoma with direct extension into the bladder and small intestine. She is planning to undergo FOLFOX adjuvant chemotherapy.

The incidence of transverse colon cancer is less common than cancers of other segments of large bowel, comprising only 10% [1]. Additionally, locally advanced colon cancer with direct cutaneous extension is exceedingly rare, with most of the literature arising from isolated case reports [2–4]. Given the lack of randomized clinical trials available, challenging oncologic presentations should require multidisciplinary management to guide individualized care.

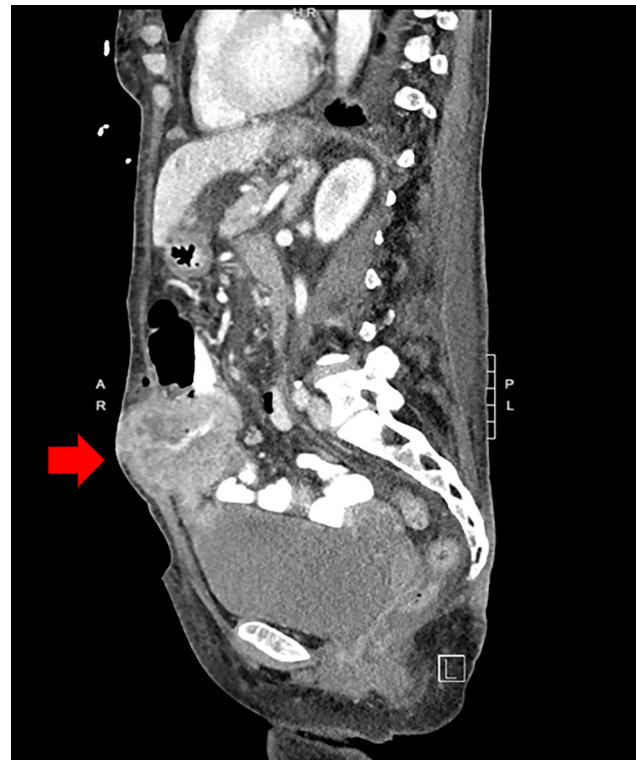


Figure 1: CT of the abdomen and pelvis with IV and oral contrast; sagittal view. Red arrow: 8 cm abdominal mass involving the bladder, transverse colon, and small bowel.

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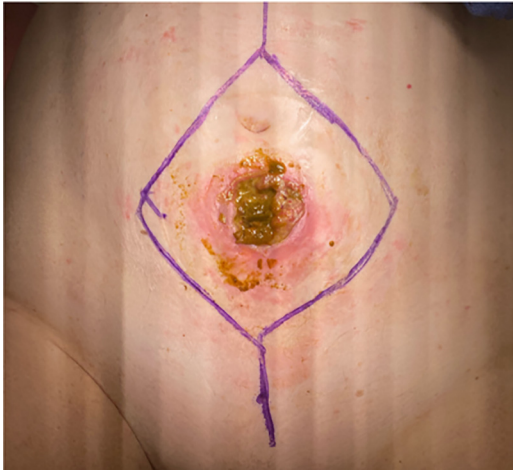


Figure 2: Ulcerating infraumbilical mass with feculent drainage (the outline represents palpable margins).

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