Case Report

Table 1: Colorectal adenocarcinoma: differences in adults and children.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Parameter</th>
<th>Adult</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Incidence³</td>
<td>Common</td>
<td>Rare</td>
</tr>
<tr>
<td>2</td>
<td>Presentation³</td>
<td>Intestinal Obstruction in 16-35%</td>
<td>Intestinal obstruction in 70%</td>
</tr>
<tr>
<td>3</td>
<td>M:F ratio²</td>
<td>1:1</td>
<td>2:1</td>
</tr>
<tr>
<td>4</td>
<td>Stage at presentation³</td>
<td>50% stage C &amp; D</td>
<td>70% stage C &amp; D</td>
</tr>
<tr>
<td>5</td>
<td>Primary site²</td>
<td>70% recto sigmoid</td>
<td>30% recto sigmoid and 50% right sided colon</td>
</tr>
<tr>
<td>6</td>
<td>Histopathology³</td>
<td>5% signet ring</td>
<td>50% signet ring</td>
</tr>
<tr>
<td>7</td>
<td>Resectability³</td>
<td>90%</td>
<td>40%</td>
</tr>
<tr>
<td>8</td>
<td>Prognosis³</td>
<td>Better</td>
<td>Poor</td>
</tr>
<tr>
<td>9</td>
<td>CEA level³</td>
<td>Important</td>
<td>Not reliable</td>
</tr>
<tr>
<td>10</td>
<td>Delay in diagnosis⁴</td>
<td>15%</td>
<td>60%</td>
</tr>
</tbody>
</table>

The predominant histological type in children and adolescents is the poorly differentiated mucinous adenocarcinoma. The prognosis with a mucinous carcinoma is very poor. The mucin absorbs water, swells and invades local tissues, thereby promoting spread of malignant cells. It also interferes with the immune recognition of carcinoma cells due to mucopolysaccharide coating. This histopathology is known to be more aggressive with predisposition to early metastasis.

CONCLUSION

The overall prognosis of the carcinoma of the colon and rectum in children will only improve with increased awareness leading to early diagnosis of the condition. A high level of suspicion coupled with a simple digital rectal examination followed by sigmoidoscopy and/or colonoscopy if required, can result in early diagnosis which will go a long way in providing effective therapy.

REFERENCES


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 hydronephrosis 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-Hydronephrosis

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INTRODUCTION

Endometriosis is characterized by the presence of endometrial tissue in ectopic foci outside the uterus. This may involve other pelvic organs but the involvement of urinary tract is rare (1%). Involvement of urinary bladder at the ureteric orifice and distal ureter complicated with obstructive uropathy is still less common. Vague urinary symptoms (mimicking interstitial cystitis) often masquerade the diagnosis unless properly investigated. Here we present one such case which was diagnosed and operated upon with successful outcome.

CASE REPORT

The patient who had her last childbirth 18 years back underwent an M.T.P. operation (D/E) one year after the last childbirth. For the last 10 years the patient had been suffering from urinary symptoms, e.g. pain over the lower abdomen, frequency of micturition and dysuria. She was treated outside with supportive treatment but to no effect. Since last 2 years she had been suffering from left loin pain also. The symptoms in the last few years were more prominent during menstruation but the patient had never suffered from haematuria. Menstrual flow and circle was normal. On examination the patient was a little obese. No lump was felt per abdomen. P/R and P/V examinations did not reveal any significant abnormality. Urine culture showed no growth of micro-organisms. I.V.U showed left sided hydronephrosis with hydroureter. USG revealed a mass lesion in the urinary bladder near the left ureterovesical junction. Cystoscopy showed a sessile irregular mass. Biopsy was taken which showed endometrial tissue on histopathological examination. On surgical exploration partial cystectomy with ureteroureterostomy was done which relieved her of all symptoms.

DISCUSSION

Endometriosis is a disease of adult sexual life and is found in 15-20% women of child bearing potential. The peak incidence is around 30-40yrs. The pt. is either nulliparous in over 50% or has had one or at most two children several years previously. This patient had only one child born 18 years back. Usually it involves organs such as ovaries uterine ligaments, fallopian tubes, rectum and cervico-vaginal region. Involvement of urinary tract is seen in just about 1% of cases. Vescical location is most frequent of these presentations (84%). Nezhat C et al (1996) however reported a higher incidence of ureteral involvement (21 out of 28) and four of them had complete obstruction (3 of them underwent resection and ureteroureterostomy and one had ureteroneocystostomy).

Implantation and serosal theory have been incriminated as two casual factors. Here, M.T.P (D/E) done 17 years back might have induced the disease by regurgitation. Classic presenting symptoms of vesical endometriosis include cyclic irritative voiding symptoms and suprapubic discomfort with or without haematuria. Here the catamenial nature of bladder symptoms (frequency, urgency, dysuria and tenesmus) was pathognomonic. The patient had no haematuria. This probably delayed the diagnosis and was repeatedly treated for urinary tract infection. Cyclical nature of urinary symptoms, when present, is however a good indication towards the diagnosis. USG is very much useful in demonstrating a mass lesion in the urinary bladder. CT and MRI do not provide more information than USG. Histopathology sometimes poses difficulty in diagnosis. The presence of typical endometrial stroma surrounding the glandular spaces are characteristic but its absence does not rule out diagnosis.

Management of endometriosis involving other pelvic organs can be done with some success by inhibiting oestrogenic stimulus by danazol and supportive treatment. Affection of urinary tract, however, require early surgical intervention particularly when it comes to compromise renal function by ureteric obstruction. Partial cystectomy with ureteroureterostomy or ureteroneocystostomy are done depending on the situation. Nezhat. C et al has performed the procedure even laparoscopically with good surgical outcome.

REFERENCES