A Rare case of Drain site metastasis in an operated case of Right hemicolecctiony for carcinoma of ascending colon: a case report

Dr Kunal Nandy¹, Dr Amiteshwar Singh¹, Dr V. Karthik², Dr Amit Dey³,
¹Junior Resident, Department Of General Surgery, KEM Hospital, Parel, Mumbai, Maharashtra
²Senior Resident, Department Of General Surgery, KEM Hospital, Parel, Mumbai, Maharashtra
³MBBS, Seth GS Medical College and KEM Hospital, Parel, Mumbai, Maharashtra

Abstract: Dermal metastasis from internal malignancies rarely occurs. It has an incidence of 0.7 to 9% and it may be the first sign of an unknown malignancy. However, it can also occur after a percutaneous diagnostic procedure or surgery. We present the case of a elderly lady who underwent right hemicolecctiony for operable carcinoma of ascending colon and came after 3 months with an erythematous nodule at the right para-colic drain site. Biopsy was suggestive of moderately differentiated adenocarcinoma. CECT was suggestive of disseminated peritoneal and hepatic metastasis. Because of her poor general condition patient was given palliative care. Drain site metastasis from carcinomas of the gastrointestinal tract is very rare. Biopsy of persisting erythematous nodules at drain sites must be taken in order to diagnose metastasis and should be treated before disseminated metastasis occurs.

Keywords: Colon, Adenocarcinoma, Hemicolecctiony, Erythematous nodule

INTRODUCTION

Metastasis to the skin from internal malignancies rarely occurs with an incidence of 0.7 to 9% [1, 2]. Skin metastases may be the first sign of an unknown malignancy. However, it can also occur during follow-up [3, 4]. The most common origin of cutaneous metastases is due to breast cancer in women and lung cancer in men. Skin metastases from gastro-intestinal malignancies like gastric adenocarcinoma are rare [3,5]. Surgical drain site metastasis is rare, but possible [6]. We describe here a patient who developed a skin metastasis from a colonic adenocarcinoma in the location of a previous surgical drain site.

CASE REPORT

A 60 year old female with no comorbidities came to the Outpatient department with recent onset constipation. Abdominal examination was unremarkable. Patient has occult blood present in stools. Contrast CT abdomen was suggestive of an intraluminal growth in the ascending colon with no evidence of peritoneal or visceral metastasis. Colonoscopy was suggestive of a partially lumen occluding growth in ascending colon which on histology was proven to be moderately differentiated adenocarcinoma. Patient underwent right hemicolecctiony (radical) as tumour was resectable intra-operatively, drains were placed in pelvis and right paracolicgutters. Post-operative course was uneventful, both abdominal drains were removed on post-operative day 5.Patient was discharged on day 6 on soft diet. Histopathology of resected bowel was suggestive of moderately differentiated adenocarcinoma with breach in serosa and lymphovascular emboli with resection margins free of tumour with pathologicalstage T4N1M0.Patient was lost to follow up and came after 3 months with an erythematous nodule at the previous right paracolicabdominal drain site [image 1]. CECT was suggestive of disseminated peritoneal and hepatic metastasis. Excision of the nodule was done and suggestive of moderately differentiated adenocarcinoma [image 2,3,4 and 5]. Because of poor general condition the patient was given palliative care and she died in hospital 7 days after re-admission due to respiratory failure.
Fig-1: Abdominal drain site nodular growth.

Fig-2: Histopathology of adenocarcinoma

Fig-3: Histopathology of adenocarcinoma

Fig-4: Histopathology of adenocarcinoma
DISCUSSION

Dermal metastases from adenocarcinoma of colon are very rare [3, 5]. Cutaneous metastasis from intra-abdominal solid tumours like hepatobiliary, pancreatic, colorectal and ovarian cancers can occur following diagnostic or therapeutic procedures. Lymphatic or haematogenous dissemination has been suggested as a possible mechanism for metastatic spread to the skin. However, exfoliated tumour cell seeding along a drainage tube or tumour cell growth through the formed tract is also likely. In this context, laparoscopic surgery for malignancies has been associated with an increased risk of abdominal wall metastasis because of direct tumour cell seedling and implantation at the sites of trocar placement, especially of trocars used for specimen removal [7]. These lesions have no specific appearance; they may present as cutaneous nodules, persistent inflammatory cellulitis-like lesions, fixed, indurated lesions or carcinoma erysipelatoides [8]. They usually indicate tumour recurrence or disseminated disease and a poor prognosis. The main feature of the metastasis is the histological appearance as it is similar to the primary tumour [6]. The long permanence of abdominal drains, can be an additional risk in developing cutaneous metastasis, but this incident is still rare [6]. Because of advances in cancer therapy, patients who are diagnosed with cutaneous metastasis may live longer than before. Nevertheless, skin metastases are still a sign of poor prognosis, particularly in patients affected by lung cancer, ovarian cancer or cancers of the upper respiratory tract or upper digestive tract [2]. The prognostic value of this clinical sign is important in the management of the manifestation of the disease: the average survival is 11.4 weeks (range from 2 to 34 weeks). The treatment is palliative in most cases, although chemotherapy and radiotherapy are often used to treat these patients but in many cases the treatment presents moderate or no results. The widespread dissemination of the tumour often means an early fatality.

REFERENCES