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#### RIGHT COLON ADENOCARCINOMA MISDIAGNOSED AND TREATED AS COMPLICATED APPENDICITIS IN ADULT PATIENTS: CASE REPORT

#### Haidar Muad Gamil<sup>1</sup> and Sharaf Nuha Ahmed<sup>2</sup>

<sup>1</sup>Al Gamhoria Teaching Hospital, Yemen

<sup>2</sup>Al-Naqeeb Private Hospital, Yemen

Introduction: Acute appendicitis is the most common surgical diagnosis of right lower abdominal pain in young adult patients, that usually required emergency surgical intervention. It diagnosis mostly made on clinical and non-invasive diagnostic modalities background, although other rare pathologies including right colonic tumour must be concerned specially in suspicious presentation or in older patients. We reported an adult patient presented and diagnosed as a case of acute complicated appendicitis that operated laparoscopically, subsequently he underwent for life saving laparotomy, and finally diagnosed as colonic adenocarcinoma.

**Cases Report:** A 55 years old male diagnosed as perforated appendicitis. Laparoscopic intervention for appendectomy revealed dilated inflamed cecum with catarrhal appendix. Several days after improvement and discharged, patient came with peritonitis. Laparotomy revealed rupture cecum and proximal right colonic ring stricture. The resected hemi colonic segment histology revealed adenocarcinoma.

**Discussion:** The diagnosis of right colonic tumour is difficult in emergency condition because appendicitis is the dominant expected diagnosis in adult patients, the absence of colonic emergency complications (perforation and obstruction), and the inaccurate scanning study.



**Conclusion:** Right colonic-cecal adenocarcinoma is a rare entity, it can be presented as cecaitis in adult patient, and the improper diagnosis of it may lead to incomplete surgical management and subsequent fatal complications.

Figure1 Cecal dilation which suspected cecum



Figure3 Plain erect abdominal X-ray showing air two cecal perforations.



Figure 4: 1-ring stricture colonic mass. 2- under diaphragm.

### BIOGRAPHY

Haidar Muad Gamil had completed the master's degree (MSc) from Aden University. He is a General and laparoscopic surgeon working in the sgeneral surgery department, and endoscopic diagnostic unit at Al Gamhoria teaching hospital. He is the head of general and laparoscopic surgery department in Al-Naqeeb hospital (Aden/Yemen). He is the Member of European Society for Trauma and Emergency surgery (ES-TES), and International Society of Abdominal Compartment Syndrome (ISACS). He had participated and attended numerous local and international surgical courses and conferences and have some international publications in reputed journals.

muadgamil@yahoo.com



Figure 2: Laparoscopic view of the inflamed perforated appendicitis by scanning report.