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Case Report

A CASE REPORT OF PSEUDOMYXOMA PERITONEI

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ABSTRACT

Pseudomyxoma peritonei is a relatively rare condition even more rare in male. It is often a diagnostic dilemma to surgeons & radiologist. It is caused by production of abundant mucin or gelatinous ascites by tumor cells, which fills the abdominal cavity. The tumors cause fibrosis of tissues & impede digestion or organ function. If left untreated, tumors & mucin will eventually build up to the point where it compresses vital structures: the colon, liver, kidneys, stomach, spleen, pancreas, etc. The disease is most commonly caused by an appendiceal primary cancer; mucinous tumors of ovary have also been implicated. This disease has a very poor prognosis. In view of its extensive disseminated peritoneal involvement, not arising from appendix this case is being reported.

Key words: Disseminated Peritoneal Adenomucosis, Pseudomyxoma peritonei,Mucinous Neoplasm, Intraoperative heated intraperitoneal chemotherapy (HIPEC)

INTRODUCTION

The disease is most commonly caused by an appendiceal primary cancer; mucinous tumors of ovary have also been implicated, although in most cases ovarian involvement is favoured to be metastasis from appendiceal or other gastrointestinal source.

The primary tumour appears to arise from the MUC2 expressing goblet cells[1] and most commonly from these cells in the appendix. While the majority of these cases are associated with appendiceal carcinomas, other conditions may also be found, including disseminated peritoneal adenomucinosis (DPAM), peritoneal carcinomas, several mucinous tumors (mucinous adenocarcinoma, mucinous cystadenoma, and mucinous cystadenocarcinoma), as well as other disease states. Other primary sites that have been reported include colon, rectum, stomach, gallbladder, bile ducts, small intestine, urinary bladder, lung, breast, fallopian tubes and pancreas.

CASE PROFILE:

A male patient aged 50 year presented in surgery outpatient department with right sided abdominal pain of 2 months duration. No vomiting, bowel & bladder habits normal, no melena, with normal appetite & no loss of weight & no jaundice. No fever. Vitals were normal. On examination a hard mass of size 6x8

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cms in right hypochondrium mobile intraperitoneal. No hepatomegaly. No ascites. Per rectal examination normal. Respiratory & cardiovascular system were normal. With a clinical suspicion of hepatic flexure growth patient was advised USG abdomen & later Contrast Enhanced CT scan. Radiologist reported possibility of pseudomyxoma peritonei probably arising from peritoneum with no intraluminal involvement of bowel & normal appendix visualized.[2]

Fig1: CECT showing evidence of mass lesion in Right hepatic flexure area.

Fig2: CECT showing evidence of mass lesion at the level of L1 vertebrae

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Fig 3: 3D reconstructed image showing non involvement of appendix & bowel.

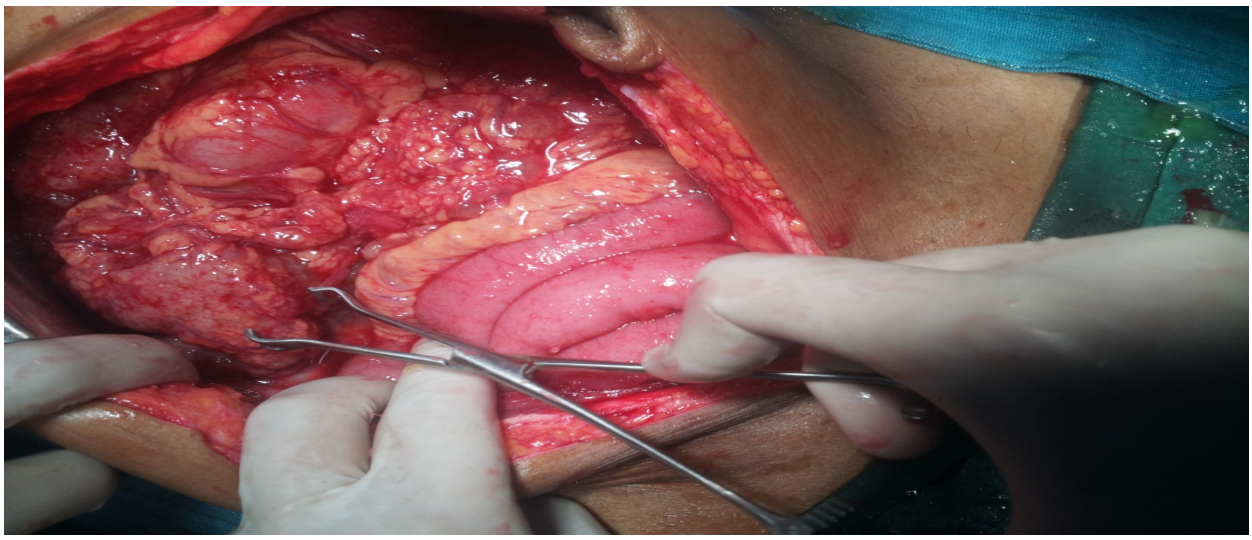

Fig 4: Operative photograph showing extensive mucinous deposits over peritoneum & omentum.

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Surgery was planned & through a midline incision abdomen was opened. Intra-op findings were diffuse involvement of omentum, peritoneum, small & large bowel & under surface of liver with mucinous deposits. A mass of 5x6 cm involving the omentum with mucinous deposits also seen, which was subjected for frozen section biopsy which confirmed it as mucinous neoplasm.

The whole omental mass was excised & sent for histopathological examination. No further major procedure could be planned in view of extensive involvement of all viscera (Liver, peritoneum, Omentum etc.) & there was no obstructive pathology of bowel. Intraoperative heated intraperitoneal chemotherapy (HIPEC) with Mitomycin C was administered.[3][4]

Post operative recovery was satisfactory. Patient was treated with antibiotics, IV Fluids & blood transfusion. Suture removal done on 8th postop day & patient was discharged on 10th postop day after a consulatation with a medical oncologist. Histopathological report was given as "Mucinous Adenocarcinoma with secondary deposits in omentum". Patient came for review after 2 weeks, general condition was satisfactory & asymptomatic. Chemotherapy with 5-fluorouracil & leucoverin was administered. Patient came for review after 4 weeks with no symptoms & was well preserved. He is under regular close followup with medical oncologist & Dept. of surgery.

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