

Secondary intestinal perforation in the setting of abdominal wall metastasis

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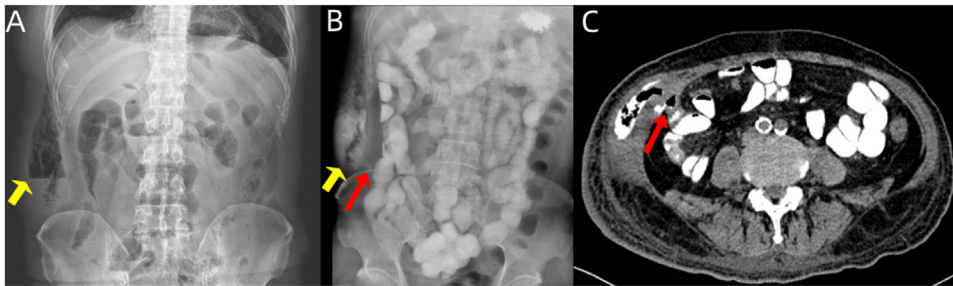


FIG. 1.

CASE PRESENTATION

A 68-year-old man presented with a five-day history of pain, redness and swelling of the right abdominal wall. He had undergone resection of colon cancer 1 year ago. Right abdominal wall metastasis occurred 3 months ago, which was confirmed by biopsy under ultrasound guidance. Owing to close relationship between the abdominal wall metastasis and adjacent small intestine, the patient was treated with pre-operative chemotherapy and elective surgery. Abdominal X-ray examination showed pneumatoses of the right lateral abdominal wall with fluid level (Fig. 1A). Water-soluble contrast gastrointestinal radiography revealed material passing from the small intestine to the right abdominal wall (Fig. 1B). Subsequent computed tomography demonstrated the fistula between the abdominal wall metastasis and adjacent small intestine (Fig. 1C). The patient underwent surgical resection and catheter drainage. Surgical findings confirmed an orificium fistulae in the ileum, 2 cm in diameter.

Colorectal cancer often metastasizes to the liver, lung, and other distant organs through lymphatic and hematogenous routes. Abdominal wall metastasis is a

rare form of metastatic colorectal cancer,¹ especially when accompanied by secondary intestinal perforation. Other causes of fistulae from the small bowel to the abdominal wall includes small bowel diverticulum.²

DECLARATION OF COMPETING INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this manuscript.

FUNDING

The authors received no financial support for the research, authorship, and/or publication of this article.

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