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## Left colon tumor locally advanced invading the abdominal wall: A case report

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**Introduction:** Colorectal cancer is one of most neoplasia frequent in the adult population worldwide; among cancers of the gastrointestinal tract is the second in prevalence and mortality. The colon-rectal adenocarcinomas are essentially surgical tumors, in which the extended resection in patients with locally advanced disease exclusive, are justifiable in terms of survival, provided they get clear margins. The prognosis of colon cancer is clearly related to the degree of penetration of the tumor in the bowel wall and the presence or absence of lymph node metastasis. These two factors form the basis for all staging systems developed for this disease. The aim of the present article is to report an unusual case of left colon tumor locally advanced that invades the abdominal wall.

**Objective:** To present a case report of a patient with diagnosis of Left Colon Tumor locally advanced invading the abdominal wall who was admitted to the ward I Surgical Clinic of the Federal Hospital Bonsucesso - Rio de Janeiro-Brazil, in January 2011.

**Case report:** A 52-year-old female patient complaining of abdominal mass and pain associated beginning in May 2010. The patient was admitted in on Emergency of Federal Hospital Bonsucesso with fever and abdominal distension. The laboratory tests showed leukocytosis and computed tomography showed suggestive of pericolic abscess. Percutaneous drainage was performed with exit bloody and purulent secretion. The patient showed partial improvement of symptoms and was discharged with ambulatory monitoring. Two months later a computed tomography was performed and showed a suggestive tumor of abdominal wall without limits defined with the left colon. The patient developed worsening pain and increased abdominal size plus weight loss. An incisional biopsy was performed of abdominal mass in left hypochondrium in the region and the report suggested fibromatosis. Colonoscopy was performed and showed exophytic lesion in the lumen of the left colon. The symptoms progressively worsened with fecal material output by the biopsy site associated with skin infection. The histopathologic diagnosis of colonoscopy and this last biopsy was colon adenocarcinoma.

**Conclusion:** The surgical approach selected for the case brought resolution to the pathology presented by the patient and she is free of disease three years and no signs of tumor recurrence.

### Biography

Barbara de Oliveira Urquiaga is finalizing her graduation in Medicine at the Federal University of Rio de Janeiro and at present serving an internship at the Federal Hospital of Bonsucesso in the same city. She is a participant of the study group formed by: Dr. Flavio Antonio Sa Ribeiro.

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