

Adenocarcinoma of the ileocecal valve: Report of a case

İleoçekalvalv adenokarsinom: Olgu sunumu

Gazi YÖRÜK¹, Kadir AKSÖZ¹, Zafer BUYRAÇ¹, Belkıs ÜNSAL¹, Okay NAZLI², Neşe EKİNCİ³

Atatürk Teaching and Research Hospital, Departments of Gastroenterology¹, Surgery² and Pathology³, İzmir

Tumors of the ileocecal valve are rarely mentioned, and are mostly defined radiologically. In this manuscript, we report a case of ileocecal valve adenocarcinoma diagnosed endoscopically. The case is a male patient, 78-years-old, with abdominal pain and weight loss in whom a mass was palpated in the lower right quadrant. Abdominal ultrasound examination followed by colonoscopy and pathological diagnosis revealed adenocarcinoma of the ileocecal valve confirmed by surgical diagnosis. We report this case because of its rarity and because there is no endoscopic image in the medical literature.

İleoçekal valv tümörleri nadir rastlanan ve daha çok radyolojik olarak tanı konulan tümörlerdir. Bu yazımızda endoskopik olarak tanı konmuş bir olguyu sunuyoruz. Yetmiş sekiz yaşında erkek hasta karın ağrısı, kilo kaybı ve sağ alt kadranda ele gelen kitle yakınmalarıyla kliniğimize başvurdu. Batın ultrasonografisi, ardından kolonoskopik tetkik ve patoloji ile adenokarsinom tanısı konuldu. Bu tanı cerrahi olarak da doğrulandı. Nadir rastlanması ve tıbbi literatürde endoskopik görüntünün olmaması nedeniyle bu olguyu sunmayı uygun bulduk.

Key words: Ileocecal valve, adenocarcinoma, endoscopy

Anahtar kelimeler: İleoçekal valv, adenokarsinom, endoskopi

INTRODUCTION

The ileocecal valve is an anatomic structure between the ileum and cecum. Although the normal appearance and findings suggestive of malignant tumors of the valve have been well described radiologically (1), there is no mention in atlases of gastroenterology and endoscopy. To our knowledge, this is the first endoscopic image of adenocarcinoma of the ileocecal valve in the literature.

CASE REPORT

A 78-year-old male patient complaining of abdominal pain especially after meals, distention, nausea, and fatigue for the last three weeks and loss of weight for one year was admitted to our clinic for investigation. Physical examination revealed a pale patient with abdominal distention. A tender mass was palpated, producing pain in the right lower quadrant. Laboratory data showed only anemia (hemoglobin: 9.2 g/dl, hematocrit: 28%) and elevated erythrocyte sedimentation rate (74 mm/hr) as pathological findings. Abdominal ultrasound examination revealed thickening in the ileo-

cecal region. Colonoscopy was performed and circumferential edema, hyperemia and narrowing with rigidity of the lumen of the ileocecal valve were detected (Figure 1). Biopsy specimens obtained from the region were diagnosed as adenocarcinoma pathologically. Further investigations, such as thorax and abdominal computerized tomography (CT), showed no metastasis to other regions. The patient was operated upon by performing right-sided hemicolectomy. Gross examination of the resected specimen showed an ileocecal valve tumor (Figure 2). The pathological examination of the operation specimen revealed moderately differentiated adenocarcinoma of the ileocecal valve (Figure 3).

DISCUSSION

The ileocecal valve is a very rare site for gastrointestinal cancers. These tumors are diagnosed only when complications and growth occur. Few cases have been reported to date (2-5). In this article, we present a case of ileocecal adenocarcinoma involving only the ileocecal valve, which was diagnosed by colonoscopy.



Figure 1. Endoscopic appearance of the ileocecal valve tumor



Figure 2. Macroscopic appearance of the ileocecal valve tumor

Colorectal cancer is the second cause of death from cancer worldwide. Tumor growth is generally slow in right-sided cancers and, because the lumen of the cecum is large, it would be rare to see obstruction due to a primary malignant tumor of the cecum. Early symptoms are generally palpitation,



Figure 3. Histological appearance of the adenocarcinoma of the ileocecal valve (H&E stain x 110)

weakness and fatigue, which are due to chronic blood loss. Late symptoms of such tumors are generally abdominal pain, distention, nausea and vomiting, which occur as a result of obstruction or perforation. Obstruction occurs when the lumen is obliterated by a circumferential tumor. A palpable mass is relatively common in the right lower quadrant. Colonoscopic examination usually reveals an engorged mass. In this case, the tumor involved the ileocecal valve, therefore accentuating obstruction symptoms earlier. Differential diagnosis of the tumoral lesions of the ileocecal region includes carcinoids, Crohn's disease 5, tuberculosis and lymphoma. Diagnostic methods are double-contrasted barium study, CT scans of the region and colonoscopy. Generally, diagnosis is made after surgical intervention. The gold standard of diagnosis is pathologic evaluation of the specimen obtained by colonoscopy. The therapy of such lesions is surgical excision, mainly right-sided hemicolectomy. Since primary adenocarcinomas are typically low-stage tumors, the prognosis is good.

REFERENCES

1. El-Amin LC, Levine MS, Rubesin SE, et al. Ileocecal valve: spectrum of normal findings at double-contrast barium enema examination. *Radiology* 2003; 227: 52-8.
2. Lee BY, Schultz RZ, Madden JL. Carcinoma of the ileocecal valve. Case report and review of literature. *Am J Gastroenterology* 1969; 51(5): 434-41.
3. Upadhyay R, McKinlay AW, Danesh BJ, et al. An unusual case of ileocecal carcinoma presenting with steatorrhea. *Am J Gastroenterology* 1989; 84(11): 1467-8.
4. Helmstadter V, Ostertag-Korner D, Wysocki S, et al. Schistosomiasis and signet ring cell carcinoma of the ileocecal valve. *Dtsch Med Wochenschr* 1994; 119(9): 301-4.
5. Horton KM, Jones B, Bayless TM, et al. Mucinous adenocarcinoma at the ileocecal valve mimicking Crohn's disease. *Dig Dis SCI* 1994; 39(10): 2276-81.