

## Case Report

# Coexistence of adenocarcinoma colon with pseudomembrane colitis

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## Abstract

We report a 62 year old man who had coexistence of pseudomembrane colitis and adenocarcinoma sigmoid colon in the absence of any antibiotic therapy. This is the first report of coexistence of both these conditions in the same patient.

## Key words

Adenocarcinoma, carcinoma colon, pseudomembrane colitis

Herein, we report a case of a 62-year-old man who presented with loose stools along with blood for 3 weeks. He also complained of abdominal distension and edema feet for one week. Examination showed pallor, edema feet and ascites. He had not received any antibiotic treatment previously. Laboratory reports showed hemoglobin of 7.0 gm/dL, total protein of 4.7 g/dl, serum albumin of 2.0 g/dl. Liver function tests and kidney function tests were normal. *Clostridium difficile* toxin assays A and B were positive in stool sample send on day 1. Colonoscopy showed yellow, white plaques, coalescing to cover large portions of the mucosal surface [Figure 1]. In addition, there was a large ulcero-proliferative growth in sigmoid colon [Figure 2]. Histopathology of sigmoid growth showed adenocarcinoma [Figure 3]. A contrast-enhanced computerized tomography scan of the abdomen showed liver metastasis and ascites in addition to the sigmoid colon growth.

Co-existence of colonic adenocarcinoma and pseudomembrane colitis has never been reported in the past. Although, pseudomembrane colitis may develop during the hospital stay or with antibiotic therapy; our

patient had neither of them. Earlier signet-ring cells have been reported to occur within dilated crypts of the colonic mucosa in patients of pseudomembrane colitis.<sup>[1,2]</sup> It is a rare finding in pseudomembrane colitis and may cause error in diagnosis of signet-ring cell carcinoma. Therefore, presence of signet-ring cells may increase the risk of diagnostic mistake of carcinomas for which clinicians as well as pathologist need to be careful.<sup>[3]</sup> This misdiagnosis can be avoided by paying attention to the history, endoscopic and microscopic features and above all the awareness of benign nature of occurrence of signet-ring cells in pseudomembrane colitis. There are also reports of pseudomembrane colitis simulating carcinoma colon.<sup>[4]</sup> However, both the diseases were present in our patient at

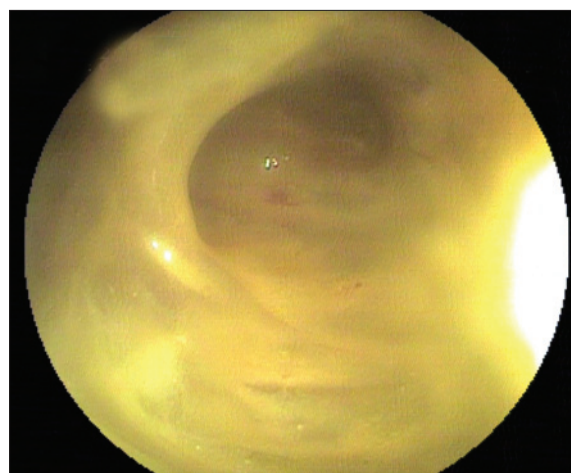


Figure 1: Colonoscopy showing pseudomembranes in colon

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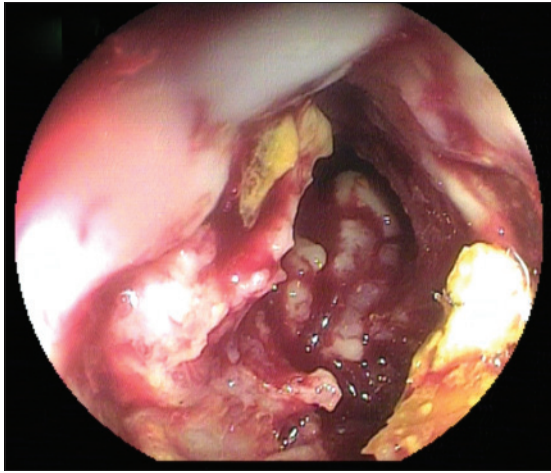
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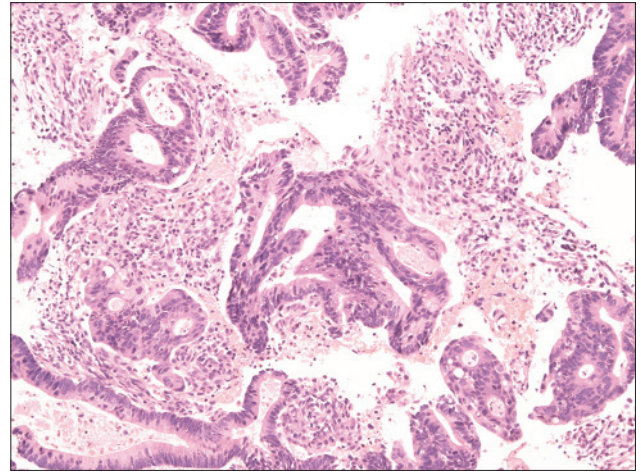


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**Figure 2:** Colonoscopy showing ulcerative growth in sigmoid colon



**Figure 3:** Histopathology (x100) showing adenocarcinoma colon

admission in the absence of the known risk factors for the disease.

## References

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