A RARE CASE OF ILEAL CARCINOID PRESENTING WITH ACUTE INTESTINAL OBSTRUCTION

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CASE SUMMARY:

- A 55 year old male presented to casualty with features of acute intestinal obstruction
- Patient was treated one year back for subacute intestinal obstruction which was suspected to be ileo-caecal tuberculosis treated with Cat II ATT.
- On examination abdomen uniform distention, tenderness present all over the abdomen.
- Bowel sounds were sluggish
- Per rectal examination shows empty rectum
- Clinical diagnosis is – acute intestinal obstruction.
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INVESTIGATIONS:

- Hemoglobin was 12.7gm/dl. All other laboratory parameters were within normal limits.
- Erect X-ray abdomen revealed dilated bowel loop with multiple fluid levels.
- USG abdomen f/s/o intestinal obstruction
- Old CT a year back shows dilated ileal long segment stricture involving ileo-caecal junction with multiple infective hepatic foci.
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DISCUSSION:

- Most of the cases present with acute abdomen (intussusceptions, obstruction, rarely perforation).
- 44% of all GI carcinoids arise in small intestine & ileum is the most frequent location.
- Histopathologic marker associated with poor prognosis are a solid growth pattern & Ki67 index >1%.
- Surgery is only curative therapy for carcinoid tumour.

- Tumour>2cm infiltrating to the mesentery or beyond muscularispropriahemicolectomy is the ideal choice.
- Carcinoid tumours can be classified into low proliferating index i.e. Ki67 <3% (surgery and follow up) & high proliferating index i.e. Ki67 >10% (surgery+ cytotoxic therapy).
- Apart from chemotherapy somatostatin analogues, interferon alpha & VEGF has been used.

TREATMENT:

- Patient subjected to exploratory laparotomy, intraoperatively showed cicatrizing growth 30cm from ileocaecal junction confined to the bowel with no obvious mesentric lymph nodes involvement.
- Liver appears to be normal.
- Intestine was resected by giving a margin of 5cm on either side with primary anastomosis of the bowel.
- Post operative recovery was uneventful & patient was discharged on the 10th day.
- HPE showed 1.5x1 cm growth from one end of the intestinal specimen, part of the intestine away from the growth is dilated. Microscopically proximally and distal margin free tumour with focal ulceration.
- Sub mucosa show an infiltrating tumour comprising malignant cells arranged in nest, infiltrating into muscularis propria suggestive of carcinoid of small intestine with infiltration into muscularis propria margins free of tumour.
- IHC reports that tumour cells positive for Ki67 is less than 2% consistent with carcinoid tumour.
- CT on post operative follow up period showed focal thickening of small bowel with a single lesion at segment 8th of liver suggest biopsy to rule out malignancy.

CONCLUSION:

- Carcinoid tumours are rare malignant tumour of GI arise from diffuse neuroendocrine cells.
- 10 to 15% of carcinoid patients develop carcinoid syndrome.
- Surgery is the main line of treatment either to have curative resection or to decrease the tumor burden along with chemotherapy.

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ON TABLE PICTURE SHOWING THE SITE OF CARCINOID CAUSING THE OBSTRUCTION WITH PROXIMAL DILATED BOWEL.

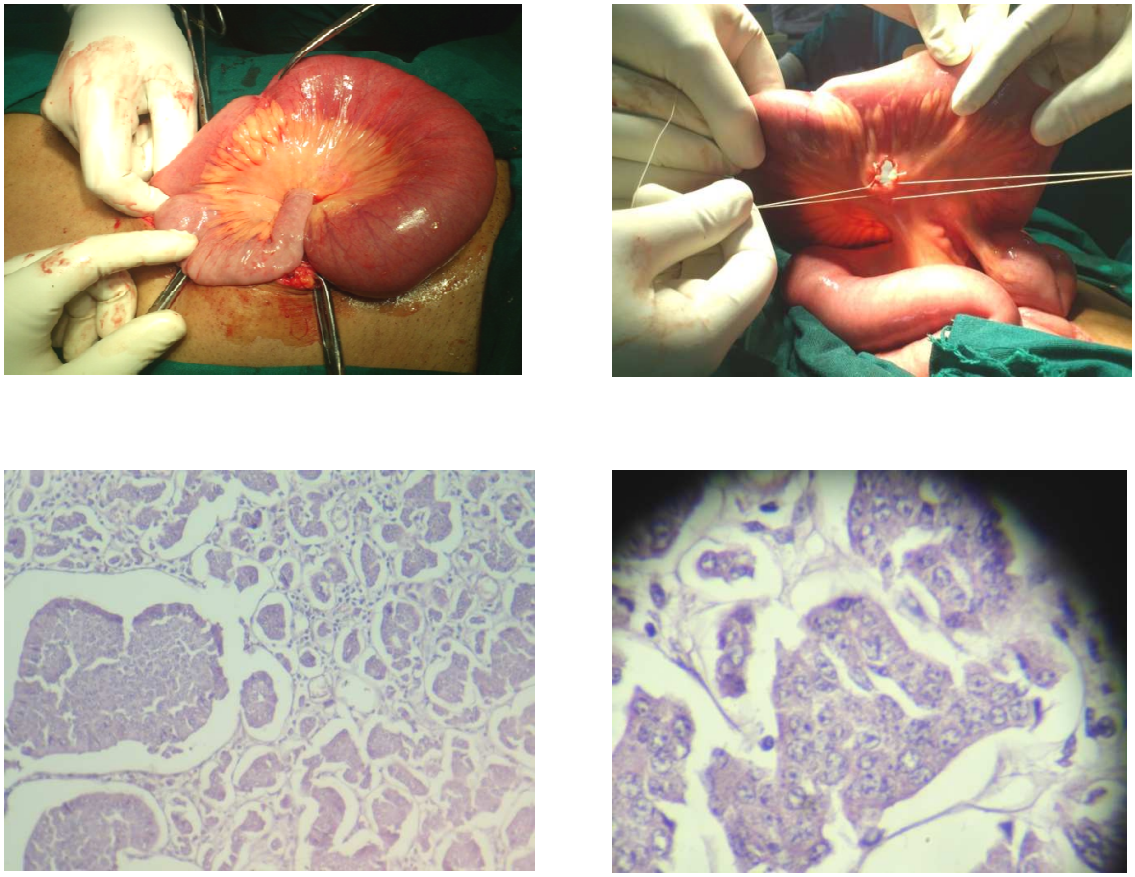

Figure showing cells in nest, individual uniformly moderate amount of eosinophilic granular Cytoplasm. Round nuclei with stippled chromatin and small nucleoli