

Surgical Pathology Conference

Lin, Hua-Ching

Colorectal Division

Cheng-Hsin General Hospital

General data

- Name: 000 History Number : xxxxxxxx
- Sex: male
- Age: 58-year-old
- Marital status: married
- Occupation: business
- Travel history: nil
- Date of admission: 20150703
Date of discharge: 20150804

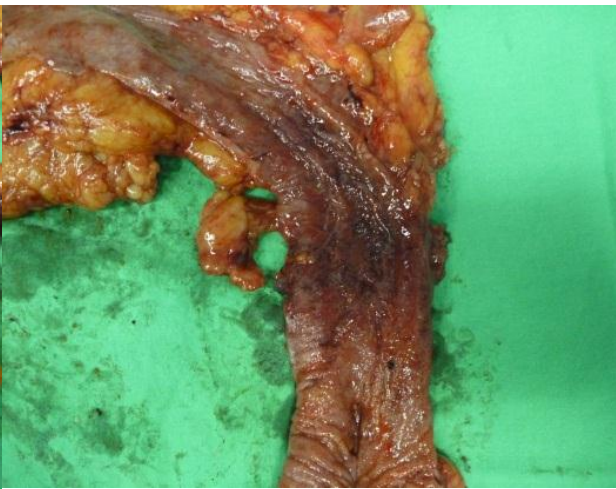
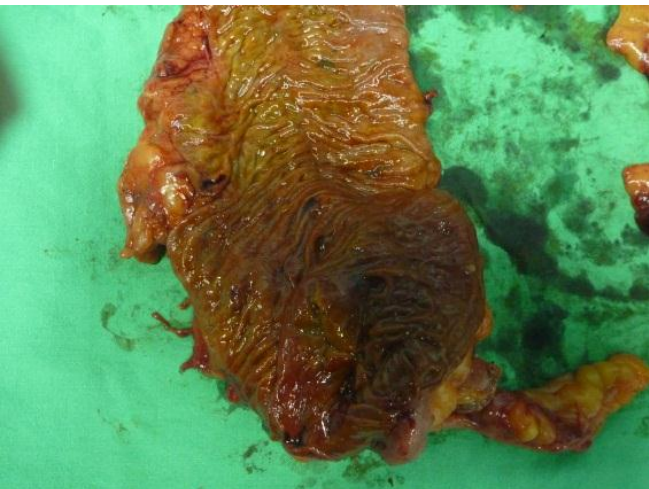
Chief complaint:

nausea, vomiting, abdominal pain, abdominal distention off and on for weeks

Present illness:

- UC proved in 200903 (0-20cm), medication with asacol (oral), asacol enema, with or without prednisolone
- Exacerbation since 2014 (0-20cm->0-80cm-> whole colon)

- 20150608 手術/ Laparoscopic total colectomy and end ileostomy
pathologic report: chronic active ulcerative colitis
- nausea, vomiting, abdominal pain, abdominal distention 10 days after operation



Physical examination:

- Abdomen: distention, increased bowel sound, metallic sound (+), no tenderness, no rebounding pain

Lab. Data:

- CBC: WBC: 8500/uL
Hgb: 10.6 g/dL
- SMA: Glucose: 144 mg/dL
K: 2.6 mmol/L

Image studies

- KUB
- UGI + small intestine
- CT scan of abdomen (before and after operation)

Causes of bowel obstruction

Lesion	Etiology	Risk factors
Extrinsic lesions	Adhesions	Prior surgery, diverticulitis, Crohn's disease, VP shunt, peritonitis (eg, tuberculous peritonitis)
	Hernia (congenital, acquired)	Abdominal wall hernia, inguinal hernia, femoral hernia, diaphragmatic hernia
	Volvulus	Chronic constipation, congenital abnormal mesenteric attachments
	Intraabdominal abscess	Diverticulitis, appendicitis, Crohn's disease
	Peritoneal carcinomatosis	Ovarian cancer, colon cancer, gastric cancer
	Endometriosis	
	Sclerosing mesenteritis	Prior surgery, abdominal trauma, autoimmune disorders, malignancy, neuroendocrine tumor
	Desmoid tumor/other soft tissue sarcoma (rare)	
	Superior mesenteric artery syndrome	Rapid weight loss

Intrinsic lesions	Congenital malformations, atresia, duplication	See appropriate topic reviews
	Large bowel neoplasm	
	Adenocarcinoma	Hereditary colorectal cancer syndromes (HNPCC, FAP), inflammatory bowel disease, bowel irradiation, others (see appropriate topic reviews)
	Desmoid	
	Carcinoid	
	Neuroendocrine tumor	
	Lymphoma	
	Small bowel neoplasm*	
	Adenocarcinoma	Hereditary cancer syndromes (HNPCC, FAP, Peutz-Jeghers, MYH-associated polyposis, attenuated FAP)
	Leiomyosarcoma	
	Paraganglioma	
	Schwannoma	
	Metastatic disease	Melanoma, breast cancer, cervical cancer, colon cancer (see appropriate topic reviews)
	Gastrointestinal stromal tumor	
	Neuroendocrine tumor	
	Lymphoma	Chronic inflammation
	Benign lesions	Peutz-Jeghers polyps, xanthomatosis, leiomyoma
	Anastomotic stricture	Prior intestinal surgery
	Inflammatory stricture	Crohn's disease, diverticular disease, NSAID enteropathy
	Ischemic stricture	Peripheral artery disease, aortic surgery, colon resection
Radiation enteritis/stricture	Prior abdominal or pelvic irradiation	

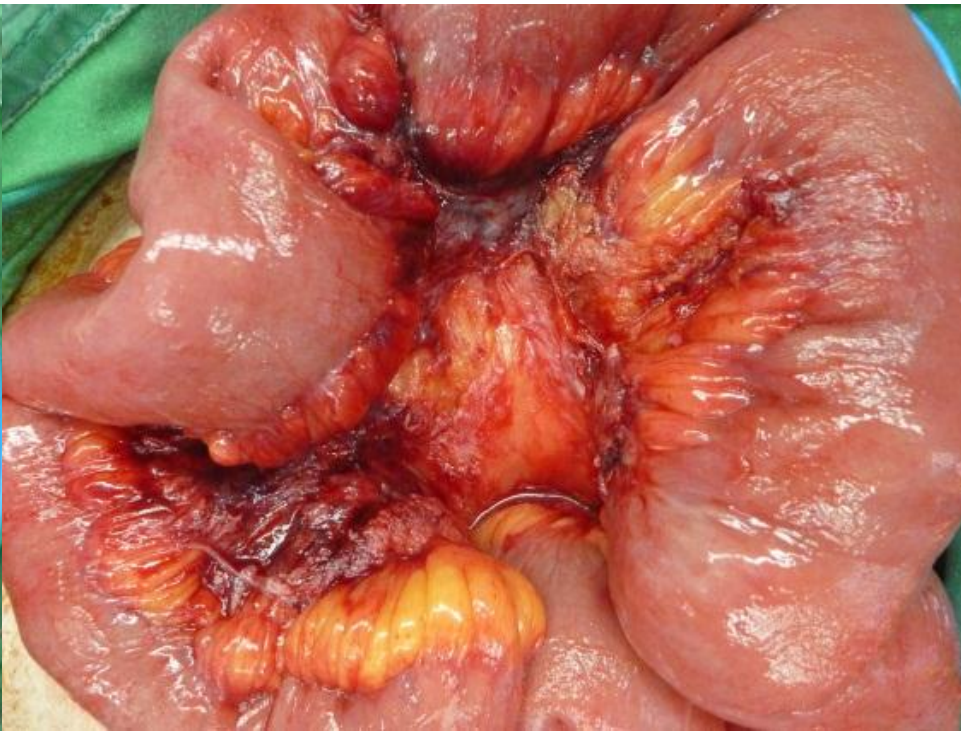
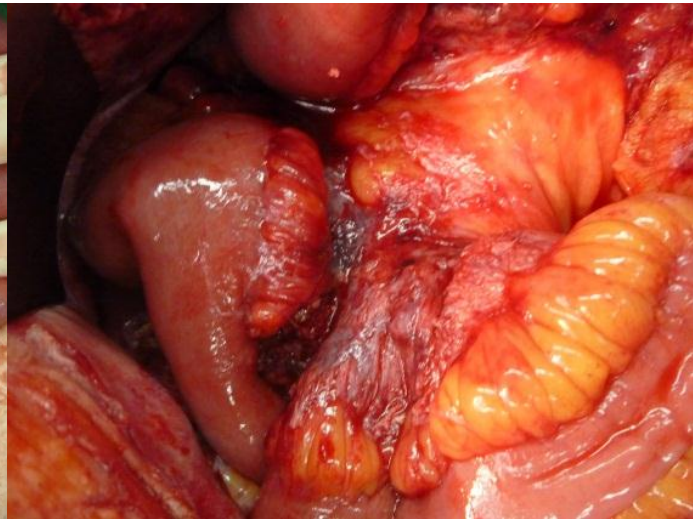
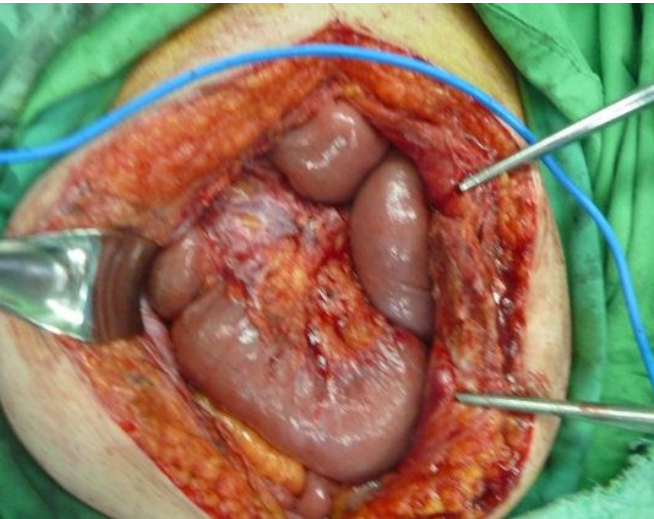
Intraluminal obstruction of normal bowel	Intussusception*	Small bowel tumor (see above)
	Gallstones	Cholecystitis
	Congenital webs	
	Feces or meconium	Cystic fibrosis, severe constipation
	Bezoar (phytobezoar, pharmacobezoar)	Intestinal motility disorders
	Intramural hematoma	
	Traumatic	Blunt abdominal trauma
	Spontaneous	Antithrombotic therapy
	Foreign body	
	Ingested	Psychiatric disturbance
	Medical device migration	PEG tube, jejunal tube
	Parasites	Ascaris lumbricoides, Strongyloides stercoralis

VP: ventriculoperitoneal; HNPCC: hereditary nonpolyposis colorectal cancer; FAP: familial adenomatous polyposis; MEN: multiple endocrine neoplasia; NSAID: nonsteroidal antiinflammatory drug; PEG: percutaneous endoscopic gastrostomy.

* May be due to an intrinsic lesion serving as a lead point.

Surgery:

20150706: Exp. lap. with lysis of
adhesion and biopsy



Pathologic diagnosis:?

Heterotopic Mesenteric Ossification

- To date, only 33 cases have been reported, based on a review of the world literature (Pub Med).
- Thirty-one of the 33 cases occurred in men. The mean patient age at the time of development of HMO was 53.1 years (range, 21–80).
- HMO has caused intestinal obstructions (21 cases, 63.6%); abdominal mass formation (3 cases, 9.1%); fistula formation (4 cases, 12.1%); and intra-abdominal inflammations such as cholelithiasis, pancreatitis, and peritonitis (2 cases, 6.1%).
- The clinical symptoms usually appear 2 or 3 weeks after abdominal trauma or surgery (range, 4 days to 2 years). Ossification occurs mainly in the mesentery (28 cases, 84.8%). Some cases occurring in the omentum have been reported (7 cases, 21.2%). The intra-abdominal ossifications were detected using a CT scan in 10 cases.