Presacral Cystadenocarcinoma after Persistent Perineal Sinus

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Abstract
Presacral Tumours are a rare entity. Diagnosis is difficult and surgical treatment is often a real challenge. Occasionally, because of nonspecific clinical appearance and the difficulty of a biopsy, it’s impossible to make an accurate diagnosis before treatment.

INTRODUCTION

Aim
Present a clinical case of cistadenocarcinoma developed after abdominopereineal resection (APR) for a low rectal tumor.

CASE PRESENTATION

Methods
A 73-year-old man presented to our Colorectal Office, with a persistent perineal sinus. He had previously undergone an abdominoperineal resection (APR) in 2010. He provided reports from another hospital, where we could clarify that the pathological study of the specimen of 2010 was benign. He suffered with persistent discharge and pelvic pain, progressing over the last years. CT-Scan and pelvic MRI were performed as well as a fine needle aspiration biopsy (FNAB).

Results
The radiology study showed a collection above the surgical wound and PET scan showed a normal distribution of the radioactive tracer. FNAB indicated absence of malignant cells a posterior Kraske approach was indicated with resection of the coccyx. A big cystic pelvic mass (Figure 2) was found, affixed to rear face of the bladder and prostate, entering the vas deferens. An en bloc resection and a simultaneous staged pedicle V-Y was made with an uneventful postoperative course. Pathology results came with Cystadenocarcinoma, free margin. Adjuvant therapy based on chemo-radiation was recommended as decided in the multidisciplinary committee.

DISCUSSION
Retro rectal tumours are uncommon, the clinical presentation is heterogeneous, ranging from chronic non-specific abdominal pain, constipation, bowel obstruction, to suppuration. The definitive treatment is surgical, because of the risk of misdiagnosis or malignant degeneration.
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REFERENCES


Figure 4 Magnetic resonance imaging (MRI) of the pelvis.

Figure 5 Magnetic resonance imaging (MRI) of the pelvis. T1W1.

Figure 6 Cyst with rough walls, mucinous aspect and solid areas.

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