LETTER TO THE EDITOR

Appendiceal adenocarcinoma in a patient with chronic ulcerative colitis: What is the appropriate surgical procedure?

Dear Sir,

Restorative proctocolectomy with ileal pouch-anal anastomosis (RP/IPAA) is the surgical therapy of choice for patients with chronic ulcerative colitis (CUC). The association between appendiceal cancer and CUC with long-standing disease and pancolitis was reported. However, there were no established surgical intervention strategies for these patients. We report a case of CUC associated with an appendiceal adenocarcinoma undergoing a limited right sided hemicolecotomy.

A 68 year old male with a 35-year history of ulcerative colitis (UC) in remission on 5-aminosalicylic acid (5-ASA) developed right lower quadrant abdominal pain. An abdominal/pelvic CT scan noted a distended and inflamed appendix consistent with acute appendicitis, and the distal colon wall thickening. Recent colonoscopy showed no colonic dysplasia. He underwent laparoscopic appendectomy with caput cecectomy and preservation of ileocecal valve. Pathology revealed a T2 adenocarcinoma of the appendix that extended to the cecectomy staple line. The patient refused the preferred proctocolectomy with J-pouch reconstruction and underwent a right sided hemicolecotomy. At 4-year follow up, he is free of malignancy, and in remission on oral 5-ASA with only one mild flare which was controlled after a course of corticosteroid enemas and 5-ASA.

RP/IPAA has become the standard surgical intervention of chronic ulcerative colitis since 1978. However, the incidence of complications remains relatively high in contrast to the low mortality rate. In 1994, Odze et al reported the first case of appendiceal adenocarcinoma in a patient with a 20-year history of CUC with pancolitis but no dysplasia. The patient underwent a total colectomy, appendectomy and ileostomy. Zannoni et al. in 1997 described a female patient with a 20-year history of CUC with slightly active pancolitis but no dysplasia and with a cystadenocarcinoma of the appendix who underwent a right hemicolecotomy. Appendiceal adenocarcinoma associated with CUC of a 60-year-old with a 5-year history of left colon CUC without dysplasia who underwent an elective total proctocolectomy with ileostomy after the failure of medical treatment was published by Villanueva Saenz et al. in 2006. Appendix adenocarcinoma was then detected during the surgery. Unfortunately, there were no follow up data for any of these cases. This is the first report with a 4-year follow up after a right sided hemicolecotomy for an appendiceal adenocarcinoma involved with CUC. Our patient would only accept a right sided hemicolecotomy and has minimal disease activity with no malignancy recurrence after 4 years. Considering the high complication rate of RP/IPAA or ileostomy, the right sided hemicolecotomy could be a conservative option for the patients with appendiceal adenocarcinoma with CUC and no colonic dysplasia. However, lifelong colonoscopic surveillance is required for any patient with less than total proctocolectomy. Ultimately, these patients must recognize that they may need completion proctectomy or restorative proctectomy.

Conflict of interest

The authors declare that they have no conflict of interest.

References


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1873-9946/ - see front matter © 2013 European Crohn’s and Colitis Organisation. Published by Elsevier B.V. All rights reserved.
http://dx.doi.org/10.1016/j.crohns.2013.11.005
Letter to the Editor

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6 November 2013