内腔性結腸閉鎖をきたした再発性卵巣粘液性嚢腺腫〔英文〕

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Intrinsic Colonic Obstruction by Recurrent Ovarian Mucinous Cystadenoma

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Key words colonic obstruction, secondary colonic tumor, ovarian tumor

It has been well-recognized that mucinous cystadenoma or cystadenocarcinoma of the ovary tends to implant upon the peritoneal surface and locally invades the surrounding tissues such as the bowel, abdominal wall, and urinary bladder. It seems, however, to be rare that secondary benign neoplasm from the ovary causes intrinsic colonic obstruction, although intestinal obstruction due to kinking by adhesion is common. One of our colleagues recently treated a patient with symptoms and signs of intrinsic colonic obstruction, on whom a large mucinous cystadenoma probably secondary to the ovary projecting into the colonic lumen was surgically found. We present this case because of the rarity of the intrinsic colonic obstruction due to secondary benign neoplasm.

Case report

A sixty-year-old woman was admitted to National Tosei Hospital for constipation. She occasionally noticed left lower abdominal pain. She had already received right oophorectomy and total hysterectomy because of cervical cancer of the uterus sixteen years ago. Eleven years later from the first operation, left oophorectomy was received, at a gynecology clinie, because of a tumor of the left ovary. At operation, since the tumor was adhered to the sigmoid colon, the adhesive portion of the tumor was left unavoidably. Histologic proof of the removed tumor was cystadenoma of the ovary.

On the present physical examination, a mass with tenderness was palpable on the left lower abdominal quadrant and did not move with palpation. Romanoscopy revealed normal rectal mucosa, but blood coagula. Barium enema disclosed intrinsic colonic obstruction with a mass at the proximal sigmoid colon (Fig. 1). Sharply delineated margin of the mass was visible in the sigmoid colon inflated with air. Tumor of the sigmoid colon with intussusception was suspected.

At operation, a large dumb-bell tumor was found at the proximal simoid colon. A large portion of the tumor was chiefly intraluminal, projecting into the lumen (Fig. 2). The small portion of it was extraserosal. The serosal surface of the tumor was conglutinated with the pelvic peritoneum. There was no loculated nodules with jelly-like material in the peritoneal cavity. Histological diagnosis of the

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tumor was mucinous cystadenoma probably originated from the ovary (Fig. 3). It showed the same histology as previously removed tumor at the second operation. Any malignant area could not be found in multiple sections of the tumor.

Fig. 1. Barium enema appearing intrinsic obstruction at the proximal sigmoid colon.

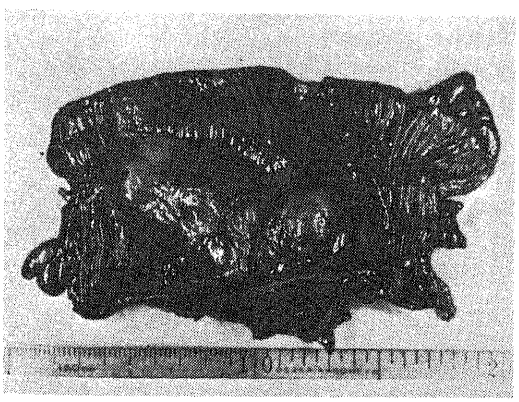

Fig. 2. Mucosal aspect of the resected sigmoid colon. Note a tumor projecting into the lumen of the colon.

Discussion

Intrinsic colonic obstruction due to secondary to benign ovarian tumor is rare, while in case with advanced malignant ovarian tumor, partial to complete extrinsic obstruction occurs in the small and large intestines with more frequency. Intrinsic involvement of the colon from an immediately contiguous neoplasm indicates locally aggresive tumor. The commonest primaries are in the ovary and uterus in female [1] . It is well-documented fact that serous, mucinous and endometrioid cystadenomas and cystadenocarcinoma tend to implant upon the peritoneal surface, and locally invade the surrounding tissues such as the bowel, abdominal wall, and urinary bladder [2] . Ovarian mucinous cystadenocarcinoma hardly produces on the colon what appears to be an independent primary growth grossly and microscopically [3] . Although, in our case, the neoplasm of the colon seems to be secondary one, it appeared to be a primary qrowth grossly.

The roentgenological appearance of colonic lesion in this case could not be distinguished from a primary neoplasm of the colon. However, the margin of the mass was sharply demarcated and the angle formed by the mass and adjacent mucosa was sharp. It reminds us a submucosal tumor of the colon rather than a mucosal tumor. Extrinsic lesion from the female reproductive system usually shows extrinsic pressure defect with the intact mucosa.

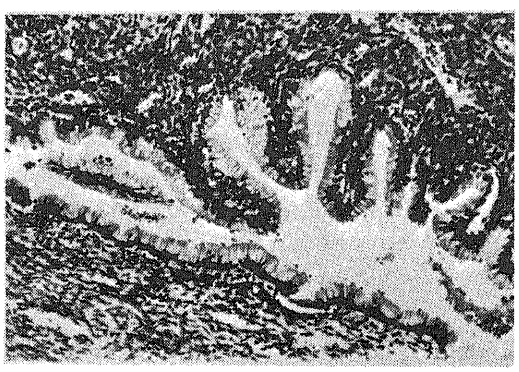

Fig. 3. Histological section of the tumor. Note well-differentiated mucinous cystadenoma.

Pathogenesis of the colon involvement of ovarian mucinous cystadenoma in this case might be produced by direct invasion from the primary ovarian tumor of which a large portion was resected five years ago. The rest of primary mucinous cystadenoma might develop at the invaded site of the colon, as recurrence. With growing, it produced a bulky intraluminal mass with significant obstruction. Meyers classified secondary neoplasms of the bowel into three radio-pathologic categories which are direct invasion, intraperitoneal seeding, and hematogenous metastasis [1] . This classification relates more directly to the pathogenesis of the secondary neoplasms of the bowel. According to this classification, this case is considered to be due to direct invasion. Implanted mucinous cystadenoma on the colon from the ovary are occasionally associated with loculated jelly-like material on the serosal surface of the colon as designated "myxoma peritonei" . Cariker and Dockerty's comprehensive study on the biological behavior of mucinous tumors of the ovary has reported no case of solid implanted tumor except myxoma peritonei [3] .

References

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内腔性結腸閉鎖をきたした再発性卵巣粘液性嚢腺腫：富山医科薬科大学医学部放射線科　柿下正雄，国立東静病院放射線科　大場　覚，同外科　飯田幹穂，同病理　福田正則．金沢市，920，日本．金沢大学十全医学会雑誌，第90巻，　　（昭和55年）

抄　録　卵巣の粘液性嚢腺腫あるいは嚢腺癌が腹膜に播種され腹膜粘液腫をつくったり，腸管や，腸壁や，膀胱の表面などを浸潤性に犯すことはよく知られている。しかしながら，続発性腫瘍が，浸潤性に，結腸の原発性腫瘍のように内腔へ腫瘤の大部分が突出し，結腸の内腔性閉塞をきたすことは稀である。患者は60才の婦人で16年前に子宮頸癌の手術の際，子宮と右卵巣を摘出しており，５年前に残った左卵巣から粘液性嚢腺腫が発生し，これも摘出している。この時恐らくＳ字状結腸の漿膜面に腫瘍の一部が残存し，Ｓ字状結腸の内腔に向って徐々に発育し，やがて結腸閉塞をきたしたものと考えられる。今回の術前診断は結腸の原発性腫瘍であった。組織学的には５年前手術した良性の卵巣粘液性嚢腺腫と同一のものであった。結腸の内腔性閉塞の稀な原因の１つとして報告する。