中文題目：缸管置入造成大腸穿孔在一個胃癌合併腹膜轉移的病人

英文題目：Anal Tube Insertion Complicated With Colon Perforation in A Patient Has Gastric Cancer With Peritoneal Carcinomatosis

作　　者：田正宗[1]，陳致宇[2]，程味兒[2]，廖偉志[2]

服務單位：中國醫藥大學附設醫院內科部[1]，中國醫藥大學附設醫院胸腔內科[2]

Case Report: The 61-year-old woman with a history of hypertension, intracranial hemorrhage (ICH) complicated with hydrocephalus s/p VP shunt presented to our emergent department because of coffee ground vomitus. Gastric cancer at antrum was diagnosed by esophagogastroduodenoscopy and pathology report revealed signet-ring cell carcinoma. During hospitalization, she was intubated hospital-acquired pneumonia with severe hypoxemia. Chest computer tomography (CT) showed diffuse reticular-nodular infiltration in both lungs, and lymphangitis carcinomatosis was impressed.

Severe abdominal distension was noted. Abdominal sonography showed moderate ascites and KUB demonstrated focal continued dilated small bowel loop. Regular enema with Bisacodyl was performed but poor response, so anal tube was inserted for decompression. However, much yellowish fluid was drained. Abdominal CT revealed rectal penetration by anal tube (Figure 1). Colorectal surgeon was consulted for laparoscopic colon repair. Anal tube penetrated colon was found and simple repair of penetrated wound was performed after removed anal tube (Figure 2,3). The pathology report of peritoneum around the penetrated wound revealed metastatic adenocarcinoma, composed of cuboidal to ovoid, signet-ring like tumor cells. Due to gastric cancer with terminal stage, family decided palliative care and asked do not resuscitate. BiPAP support was used after extubation, but unstable oxygenation was noted despite of high level pressure of BiPAP support. The patient expired.

Discussion: We report the patient with colon perforation because anal tube penetrated the carcinomatosis of peritoneum. For the emergent cases of ileus caused by colorectal cancer, metastasis, carcinomatous peritonitis and sigmoid colon torsion, trans-anal ileus tube can be indicated as a method of preoperative treatment choice. However, several colon perforation cases have been reported in literature. The obstruction sites were mainly located at the rectum and sigmoid colon, and perforation occurred during a period of time ranging between the 2nd and 13th day (5.6th day on average) after tube placement. Besides, colon perforation generally

occurred in cases of conventional trans-anal ileus tube with a sharp tip. For the late colon perforation, it is considered that the tip of the ileus tube hit and compressed the colon wall at a right angle in the process of decompression. For the early colon perforation, as our case described above, may be due to blind insertion of trans-anal ileus tube and patient's vulnerable bowel wall. Severe inflammatory, edematous or dilated bowel wall or peritoneal carcinomatosis may be higher risk of perforation. Any violent manipulation may cause the penetration of the edematous bowel wall and mistaken insertion into the peritoneal cavity. Therefore, we suggested that the insertion of trans-anal ileus tube for high risk patients should be more attention.

Figure 1

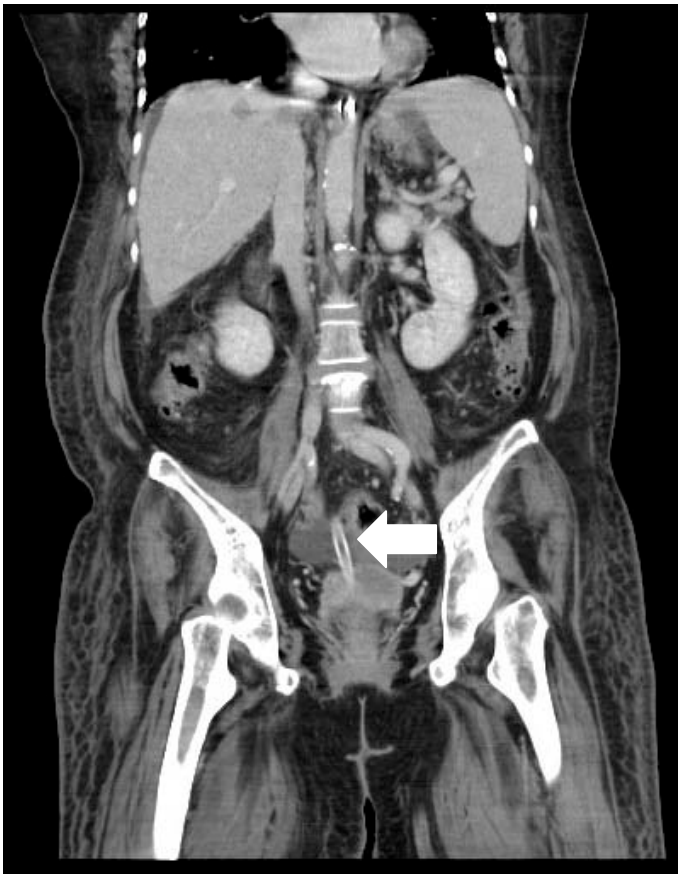

Figure 2

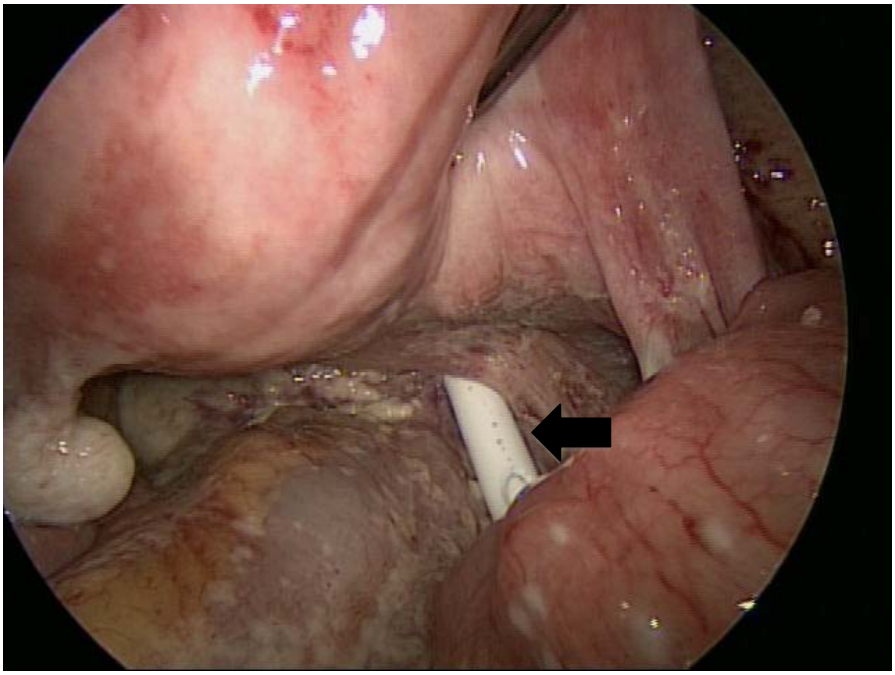

Figure 3