

Deceptive Cecal ameboma: avoidable trap?

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ABSTRACT

BACKGROUND: Amoeboma represents a rare condition even in endemic areas. Its diagnosis is still challenging. its treatment is medical unless a complication occurs.

Aim of the study: The aim of the study was to report a case of a cecal amoeboma diagnosed after surgery in order to raise awareness about this rare and challenging entity.

Case Presentation : A 34-yearold man presented with abdominal pain and weight loss. Computed tomography demonstrated an heterogenous mass in the cecum. Colonoscopy showed a large ulcerated mass. Biopsies from the colonic growth concluded to inflammatory cells. Since colic cancer was suspected, radical right hemicolectomy was carried out. The histopathological exam concluded to cecal ameboma.

Conclusion: Ameboma mimicking colic carcinoma is a challenging diagnosis that can lead to surgical procedure for a medical treatable condition.

KEY-WORDS: Ameboma, cecum, colic cancer.

I. INTRODUCTION

Amoeboma represents a rare condition even in endemic areas [1]. Its diagnosis is still challenging. Its treatment is medical unless a complication occurs. The aim of the study was to report a case of a deceptive cecal ameboma. The work has been reported in line with SCARE criteria [2].

Case Presentation : A 34-year-old man presented with abdominal pain lasting for 3 weeks with a weight loss of 4 Kg in 6 months. He had no medical history of dysentery. No abnormalities were revealed after physical examination especially in the right ileac fossa. Laboratory examinations were normal except for anemia. Abdominal ultrasound discovered a thickening of the cecum measuring 6 cm in diameter. Computed tomography demonstrated an heterogenous mass without hepatic or extrahepatic extension (Figure 1). Colonoscopy showed a large ulcerated mass in the cecum. Biopsies from the colonic growth concluded to inflammatory cells. Since a cecal tumor was suspected, radical right hemicolectomy was carried out through median laparotomy with end-to-side anastomosis between the ileum and the transverse colon. The patient was reoperated on 15 days later for anastomotic leakage. The histopathological exam concluded to cecal amoeboma. The patient received metronidazole for 15 days followed by diloxamide furoate for an additional 15 days.

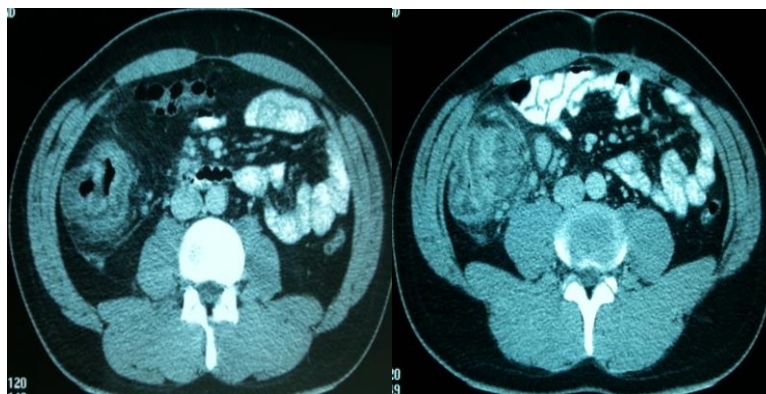


Figure 1. Computed tomographies showing an heterogenous mass in the cecum.

II. DISCUSSION

Ameboma is a rare condition that can mimic colic carcinoma. The diagnosis is usually made after laparotomy as in our case [3]. Tumorous, exophytic, cicatricial and inflammatory masses known as ameboma formation are encountered in 1.5% of the cases [1]. They are due to the inflammatory reaction and the pseudo tumoral formation replacing tissular necrosis. Amebomas are usually solitary [4]. They are commonly located in the cecum, the appendix, and the rectosigmoid [5]. They can take place years after dysentery in untreated or inadequately treated patients [6]. Our patient didn't mention a previous dysenteric episode. This condition usually affects men between the ages of 20 and 60 years [4]. The presentation varies between asymptomatic carrier state to perforation. The differential diagnosis are mainly appendiceal abscesses, Crohn's disease, diverticulitis, and colic cancer [7]. Diagnostic tests are amebic serology and stool exam [6]. Endoscopy leads to the diagnosis in 60% of the cases [4] in front of flask-shaped ulcers covered with white slough [1]. Extensive cytology explains the difficulties to reveal trophozoites in the biopsy specimens as in our observation [8]. Treatment is medical unless a complication occurs. It consists in oral-administrated metronidazole for 5 to 10 days followed by diloxanide furoate or paromomycin to eradicate carriage for 15 days [6]. In order to ensure treatment success, endoscopically follow-up is recommended [6].

III. CONCLUSION

Ameboma mimicking colic carcinoma is a challenging diagnosis that can lead to surgical procedure for a medical treatable condition.

ACKNOWLEDGEMENTS

For all authors, no COI/Disclosure and Funding/Support to declare. I have received no funding for this study.

Informed consent : Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

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