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Ascending Colon Cancer presenting as a recurrent abdominal abscess in a Hispanic woman
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Introduction/Background

There are multiple case reports on abdominal wall infiltration by colonic cancerous cells in conjunction with secondary infection appearing as abdominal abscesses. However, there are only few cases reported in literature for which a recurrent abdominal abscess is the initial presentation of an ascending colon cancer.

Case Report

We present an 87-year-old Hispanic woman with history of recurrent RUQ abdominal abscess, constipation, melena and hematochezia who presented to the ED with continued discharge status post I&D of RUQ abscess. The patient was a poor historian, and no other complaints were elicited. CT abdomen/pelvis with contrast showed persistent colonic gastric cutaneous fistula in the RUQ with adjacent inflammatory fluid collection/abscess. During the same hospitalization, the patient had episodes of dyspnea and sepsis which prompted ICU admission. Once stabilized, a colonoscopy was performed which revealed a frond-like/villous, infiltrative and ulcerated partially obstructed large circumferential mass in the proximal ascending colon. A sample was biopsied, and pathology is pending with recommendations for surgical and oncology consultation. Unfortunately, shortly after the colonoscopy the patient's clinical status deteriorated due to persistent hypoxemia and the patient expired before any further interventions could occur.

Conclusion

Although recurrent abscess formation secondary to colon cancer is uncommon, it is beneficial to recognize the multiple presentations of colon cancer and its complications. This can aid in accurate diagnoses which leads to timely management/intervention.