MALIGNANT TRANSFORMATION IN FISTULA AFTER PROCTOSIGMOIDECTOMY: A RARE COMPLICATION OF LONGSTANDING CROHN'S DISEASE

Jorge Fonseca

UEG Week Copenhagen 2023 | Poster

IBD

October 17, 2023

A case report describes malignant transformation to signet ring mucinous adenocarcinoma in a persistent Crohn's disease fistula eight years post-proctosigmoidectomy, resulting in metastatic disease and death within eight months.

KEY POINTS

- A 56-year-old woman with long-standing penetrating Crohn's disease developed signet ring mucinous adenocarcinoma in a persistent rectovaginal fistula eight years after proctosigmoidectomy, presenting with pelvic pain and bloody vaginal discharge.
- Biopsy of the fistula revealed adenocarcinoma of gastrointestinal origin with bone metastases already present at diagnosis; the patient died eight months after diagnosis despite palliative radiotherapy.
- Malignant transformation of Crohn's disease fistulas is rare, with pathogenesis not fully understood and data on incidence, diagnosis, and treatment scarce.
- MRI is described as the best diagnostic modality, and the authors emphasize that high clinical suspicion with biopsies of masses or accessible fistulous tracts is mandatory for early diagnosis in non-healing fistulas, though no surveillance protocol exists.
- This case is relevant to gastroenterologists and colorectal surgeons managing patients with long-standing perianal Crohn's disease and persistent fistulas.

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