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Summary

ISOLATED CECAL NECROSIS – A RARE DIFFERENTIAL DIAGNOSIS OF A COMMON CLINICAL PRESENTATION

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Colorectal

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A 51-year-old man with diabetes and end-stage kidney disease on hemodialysis presented with right lower quadrant pain and diarrhea, diagnosed with isolated cecal necrosis confirmed by colonoscopy and biopsy, successfully managed conservatively.

KEY POINTS

- The patient presented with 12-hour history of right lower quadrant abdominal pain and bloodless diarrhea, with leukocytosis 12200/ul and C-reactive protein 190 mg/L.
- Abdominal CT scan showed 10 cm diffuse parietal thickening of the ascending colon with mesenteric fat densification, suggesting inflammatory pathology.
- Colonoscopy revealed black-colored cecum mucosa and ileocecal valve with superficial ulceration and abrupt transition to normal mucosa; histology confirmed severe ischemic colitis with necrosis.
- Conservative management with fluid therapy and antibiotics was chosen given absence of CT complications and patient surgical risk, resulting in favorable clinical evolution.
- Isolated cecal necrosis is a rare variant of ischemic colitis, more common in elderly patients with comorbidities, and represents an uncommon cause of acute abdomen with right lower quadrant pain.

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