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Summary

ACUTE EPIPLOIC APPENDAGITIS IN A BREAST CANCER PATIENT ON ADJUVANT ABEMACICLIB: A DIAGNOSTIC CHALLENGE AND POTENTIAL ASSOCIATION

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Colorectal

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A 48-year-old woman with breast cancer on abemaciclib presented with acute left iliac fossa pain ultimately diagnosed as epiploic appendagitis on CT imaging, with symptom resolution after temporarily discontinuing the CDK4/6 inhibitor.

KEY POINTS

- The patient had Stage IIIA hormone receptor-positive, HER2-negative breast cancer and was receiving adjuvant abemaciclib, tamoxifen, and zoledronic acid when she developed acute left iliac fossa pain.
- Initial investigations including normal CRP, negative urine culture, and transvaginal ultrasound did not clarify the cause of persistent pain despite conservative management.
- CT scan revealed a characteristic oval fat-density lesion with surrounding inflammation adjacent to the sigmoid colon, consistent with epiploic appendagitis, excluding diverticulitis and metastatic disease.
- Symptoms resolved after discontinuing abemaciclib for six weeks and managing with analgesia, raising the possibility of an association between this CDK4/6 inhibitor and the condition.
- The case illustrates the diagnostic challenge of epiploic appendagitis, which can mimic surgical emergencies, and the importance of timely CT imaging in oncology patients on targeted therapy with gastrointestinal side effects.

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