

Desmoid tumor in the cecum in a pregnant woman - a Case Report

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ABSTRACT

A 36-year-old woman of Bangladeshi origin, G3 P2 (both normal deliveries) was booked into the antenatal clinic at 8 weeks gestation. This patient was due to have a laparotomy prior to pregnancy for a possible fibrothecoma, measuring 12cm in diameter. Plans were instead made to resect it during her caesarian section necessitated by an unstable lie. At operation, the mass was arising from the cecum and no further surgery was done at that time. Subsequently, it was removed with a hemicolectomy; found on histology to be a desmoid tumor.

The diagnostic confusion necessitated two laparotomies because bowel preparation had not been undertaken nor was the necessary consent acquired prior to the caesarean section. It is interesting to note that the large size of the mass caused an obstetric complication (unstable lie and malpresentation of the fetus).

Desmoid tumors (DT) are benign growths that invade the mesenchymal tissue locally without metastasizing. Also known as aggressive fibromatosis, these tumors tend to affect the abdomen and limbs. The etiology is still unclear, but DT happens more frequently in women during or after pregnancy. Histologically, they consist of spindle cells that are damaging locally.

This type of tumor is rare, and the diagnostic error of an ovarian-origin tumor can be forgiven. However, consideration of more broad consent and possible bowel preparation might be considered in such presentations in the future.

BACKGROUND

Introduction: Desmoid tumors are benign growths that invade connective tissue without metastasizing.

Epidemiology: More common in women during or after pregnancy

Presentation: Asymptomatic or common symptoms such as abdominal pain, swelling, nausea

Diagnosis: Imaging and biopsy

Histology: Spindle cell tumor appearance

Management: Complete resection but high risk of recurrence

Limitations: Misdiagnosis with abdominal wall endometriosis

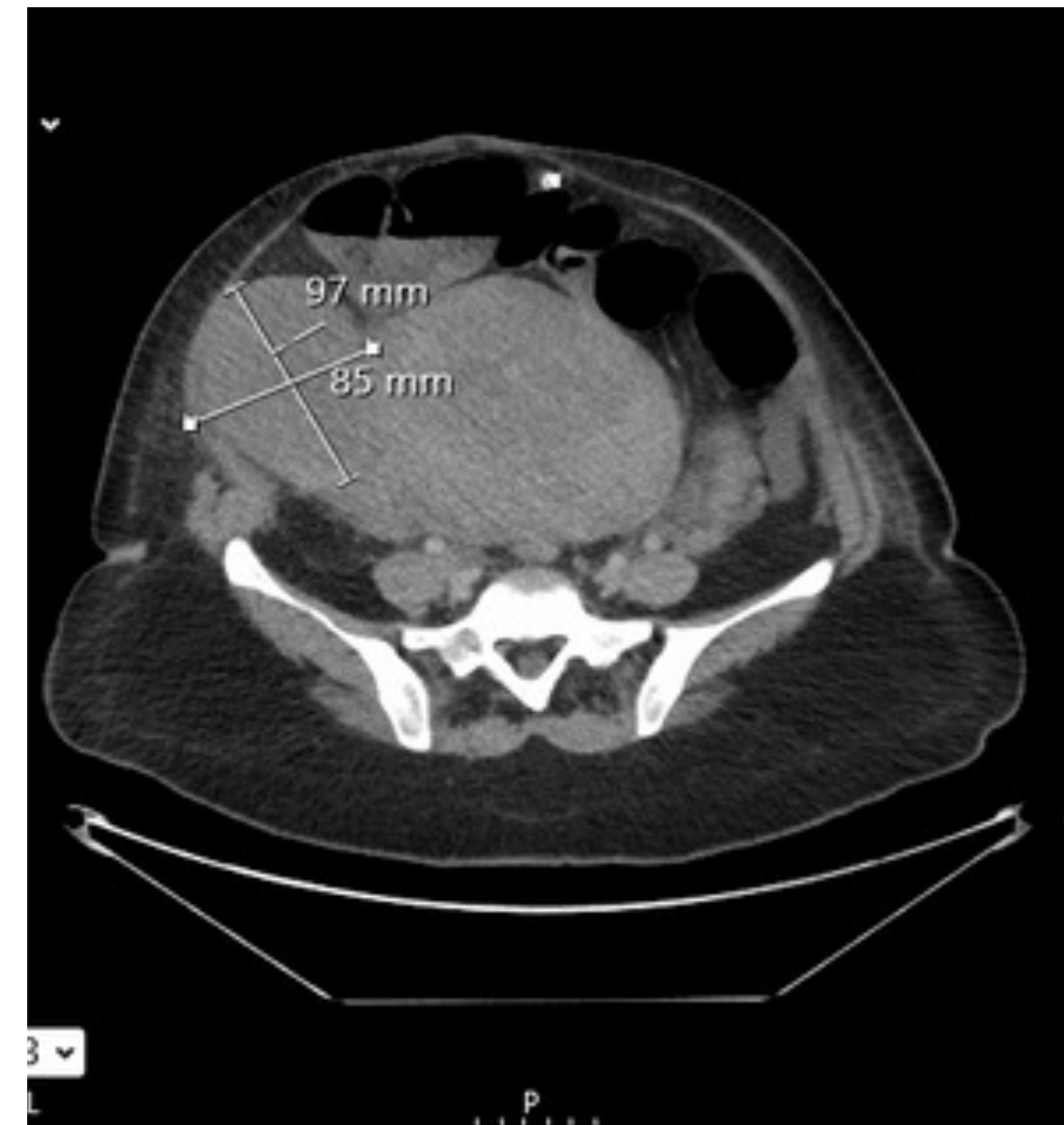


Figure 1: Axial CT scan 2019

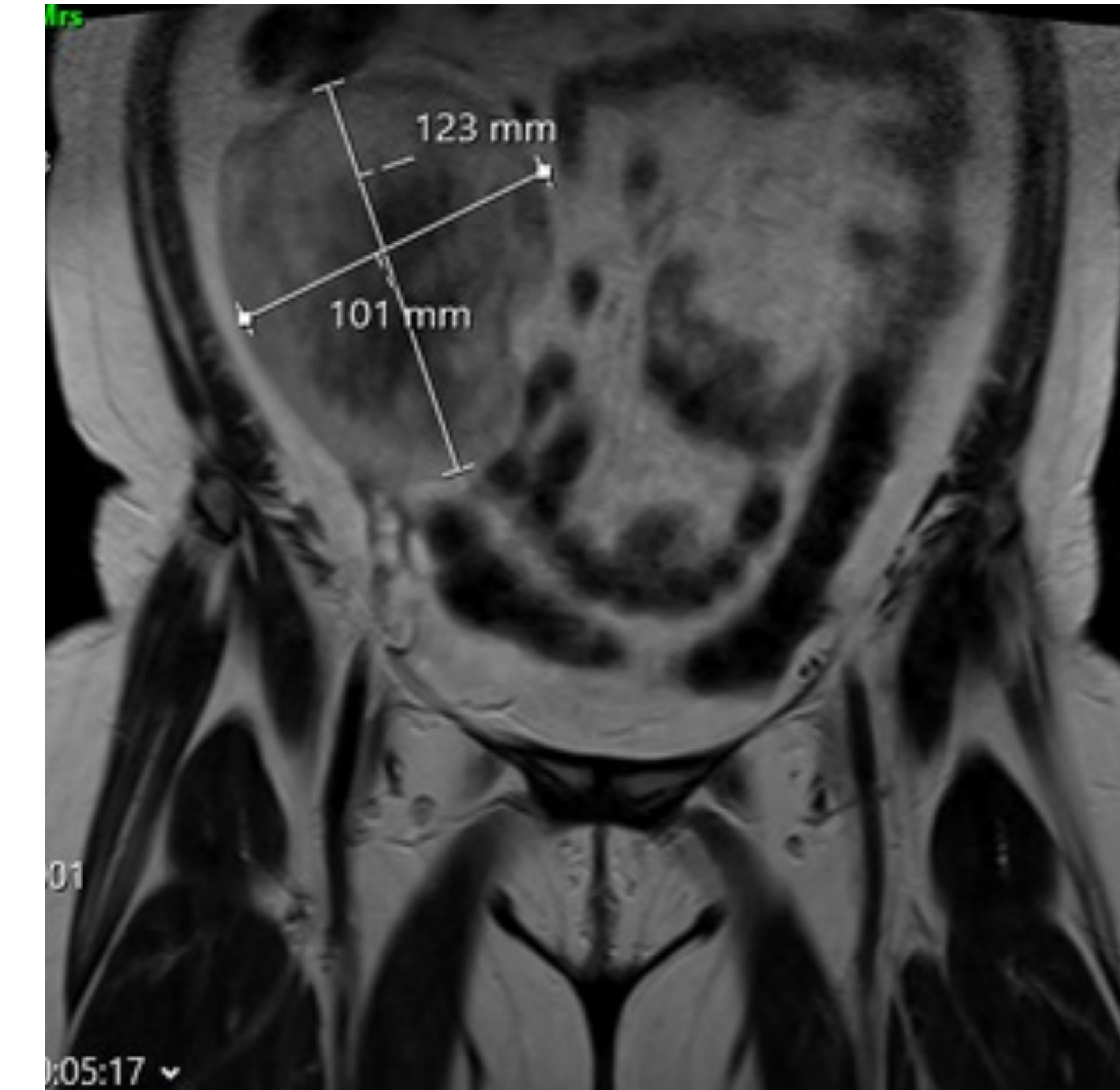


Figure 2: Coronal MRI scan 2021

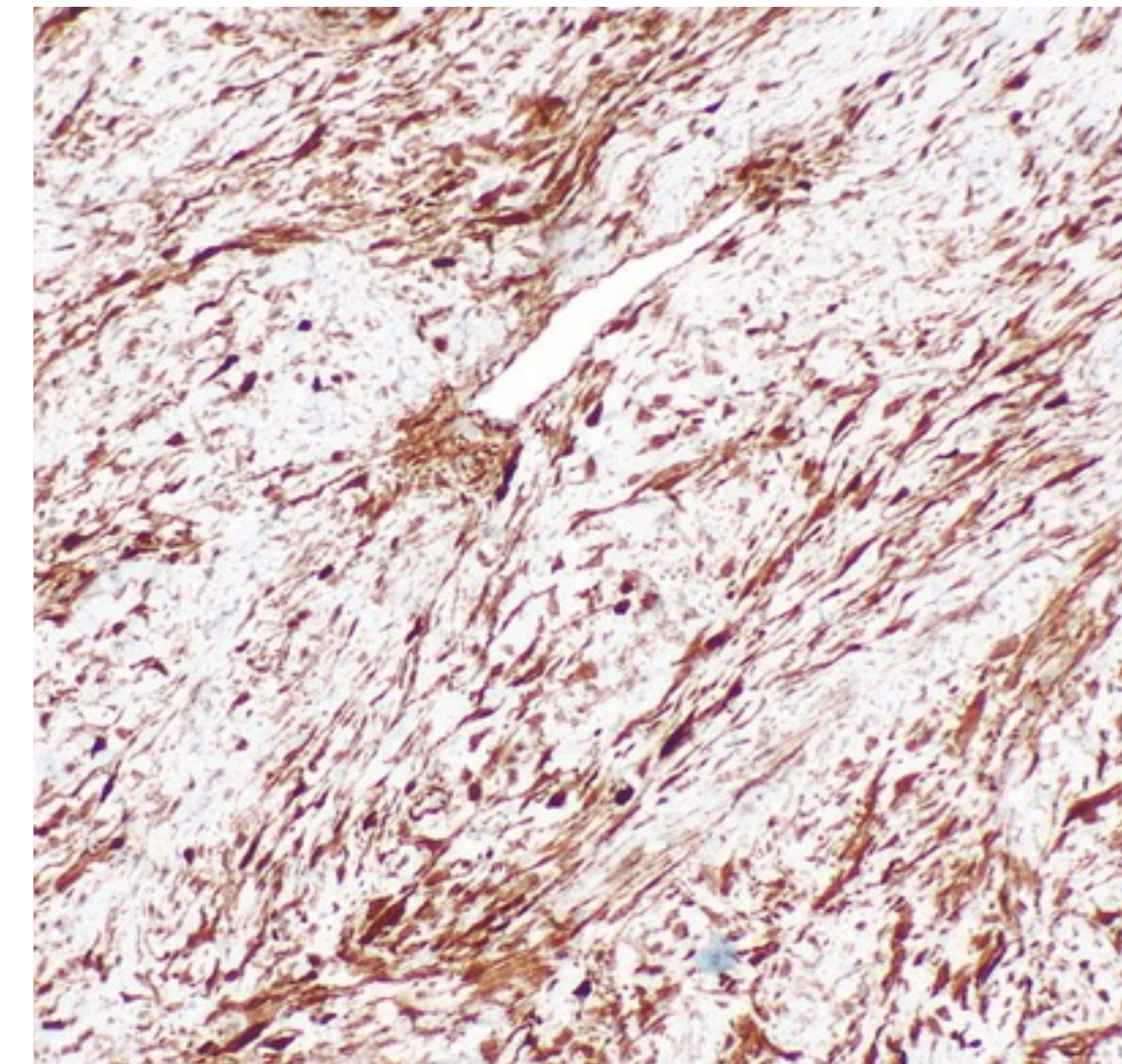


Figure 3: Desmoid tumor with positive beta-catenin staining (from a similar case)

CASE HISTORY

- 36 year old female presented with loin pain in 2019.
- Imaging suggested it was an ovarian fibrothecoma.
- Removal was planned, however, this was suspended when the patient got pregnant in 2020.
- The mass' exertional effects on the uterus resulted in pregnancy complications such as an unstable lie and fetal malpresentation, hence it was decided that the patient would have an elective caesarian section with planned mass resection.
- During surgery, the lump was seen to originate in the ileo-cecal region with no valvular involvement or bowel obstruction.
- Resection was eventually performed and histological analysis concluded that it was a desmoid tumor.

DISCUSSION

- Difficulty in diagnosing desmoid tumors
 - Uncertainty of exact location
 - Failure to undertake a biopsy
- Delay in hemicolectomy due to lack of:
 - Psychological support
 - Consent
 - Bowel preparation
 - Immediate complications (no obstruction)
- Effect of desmoid tumor in the cecum on the pregnancy
 - Unstable lie
 - Malpresentation
- Consider a 'wait and see' approach
 - Evidence of regression in the post-partum period due to hormonal changes

CONCLUSIONS

- This type of tumor is rare, and the diagnostic error (bowel tumor rather than ovarian-origin tumor) can be forgiven.
- Due to the high misdiagnosis' rate, broader consent and possible bowel preparation may need to be considered in the future.

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