

## Correspondence

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### Importance of Per Rectal Bleeding in Colorectal Carcinoma in Children

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Sir,

We have recently published an article on adenocarcinoma of sigmoid colon (left colon) in an eleven year-old male child<sup>1</sup>.

Herein we are presenting another case of mucinous adenocarcinoma of rectosigmoid (left colon) in an eight-year-old male child. He was admitted on May 15, 2003 with complaints of pain & distension of abdomen for 2 months & features of acute intestinal obstruction for one week. There was past history of passing blood in stool. There was no family history or evidence of familial polyposis syndrome. He was taking treatment for above & admitted twice in nursing home in last one month. General examinations revealed mild anemia. Abdominal examination revealed-distension of abdomen, visible bowel loops, tenderness all over abdomen, & minimal ascites. Per rectal examination was normal. Investigations Hb - 9.2gms% TLC-13600/cmm, ESR-55mm, & Stool was positive for occult blood. renal & liver function tests were normal. CEA 245. 0ng/ml (done on 5<sup>th</sup> postoperative day). X-Ray of abdomen showed multiple air fluid levels. X-Ray Chest was normal. Ultrasound abdomen was normal except dilated bowel loops. contrastenhanced CT scan of abdomen - revealed markedly dilated, thickened & matted bowel loops in hypogastrium & upper pelvis. There was no evidence of mass lesion in the rectosigmoid region. Minimal ascites was present. Exploratory laparotomy was done in emergency for acute intestinal obstruction. Peroperatively there was 10 x 8 cms hard, immobile, growth arising from the rectosigmoid

region & fixed to the adjoining tissues. There was a dense adhesion, metastasis to omentum & peritoneum. Mesenteric lymph nodes were adherent to adjoining structures. Minimal haemorrhagic ascites was also present. Colon proximal to growth was markedly dilated & contained multiple metastatic nodules over whole of the colon. Disease was unresectable & bowel was not prepared; hence transverse loop colostomy was done. Biopsy was taken from growth, mesenteric lymph nodes & omentum. Histopathology revealed mucinous adenocarcinoma of colon with metastasis to mesenteric lymph nodes & omentum. He received first cycle of chemotherapy as a combination of oxaloplatin, leucovorin, & 5-fluorouracil, there after he was lost to follow-up.

Though clinical presentation for colorectal carcinoma in children is vague & diagnosis is delayed, we wanted to highlight the importance of per rectal bleeding. Per rectal bleeding is one of an important clinical feature & in majority of cases the disease was diagnosed after exploratory laparotomy.<sup>1,3,5,6,8</sup>. Bleeding from rectum in children should not be ignored & must be investigated early & thoroughly by taking proper history, complete clinical examination including per rectal examination. Investigations particularly stool for occult blood, ultrasound & CT scan of abdomen, barium enema, colonoscopic / sigmoidoscopic examinations, exploratory laparotomy, endoscopic or operative biopsies, all are needed in hope of early diagnosis for better outcome<sup>1-8</sup>.

## REFERENCE

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