Case report: incidentally diagnosed and treated early metastatic gastrointestinal cancer at time of emergency Caesarean section

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1 Background

Caesarean section (CS) is the most commonly performed major surgery worldwide [1]. The reported incidence of adnexal mass incidentally detected at time of CS ranges from 1:123-329 [2,3]. Hence, it has become common practice to routinely examine the ovaries and uterine tubes at time of CS [4]. The incidence of ovarian cancer diagnosed at time of CS is 1:4760 [5]. Much rarer is the diagnosis of gastrointestinal (GI) malignancy at CS. There are 2 case reports in the existing literature of asymptomatic *localised* GI cancer diagnosed at time of CS. We report, for the first time, a case of *metastatic* gastrointestinal cancer detected and surgically managed at time of CS.

2 Case Report

A 26-year-old, G3P1, presented in spontaneous labour at 38 weeks gestation. She was booked for emergency CS due to a history of laparoscopic excision of cornual ectopic pregnancy with suspected uterine wall involvement. She otherwise had no significant past obstetric, medical, surgical or family history.

Following delivery of the fetus, there was noted to be a 4 x 4cm soft, fluid-filled, well-defined, cystic lesion enclosed within the bladder peritoneum, lying anterior to the lower uterine segment. The lesion was distinct from the bladder parenchyma and was easily excised by blunt dissection and sent for histopathology. Two obstetricians agreed it appeared benign, most in keeping with an epidermoid cyst.

However, histopathology revealed a diagnosis of mucinous neoplasm with immunohistochemical profile consistent with gastrointestinal tract origin, most likely appendiceal. CT imaging of the chest, abdomen and pelvis showed no metastatic disease. She was referred to the nearest tertiary colorectal unit for further investigation. Subsequent upper GI endoscopy was normal and colonoscopy revealed one 4mm benign polyp in the descending colon.

At laparoscopy, there was only a small amount of mucin in the pelvis mucin and the entirety of the small and large bowel (including the appendix which was excised) appeared normal.

Unexpectedly, histopathology of the appendix was normal and pelvic biopsy of the suspected mucin returned instead as benign endosalpingiosis. As the origin of her low-grade appendiceal mucinous neoplasm was not identified, she is planned for monitoring with repeat gastroscopy and colonoscopy in 12 months.

3 Conclusions

This case report demonstrates a highly unusual presentation of asymptomatic metastatic gastrointestinal malignancy diagnosed in pregnancy. While acknowledging the time pressures and acuity associated with emergency CSs, remaining alert to variations of normal anatomy is valuable. Maintaining a low threshold to seek multidisciplinary input for and/or biopsying incidentalomas found at time of CS has the potential to facilitate early diagnosis of malignant pathology. This in turn has the potential to curtail significant morbidity in a patient population which is otherwise typically young, fit and well.

4 References

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