Letters to the Editor

Malposition of the transverse colon

Key words: Malposition. Transverse colon. Nausea.

Dear Editor,

A 48-year-old man consulted for a second opinion with the diagnoses of pancreatic cancer. The patient suffered epigastric and left hypochondrium pain, constipation, nausea, hematemesis and constitutional syndrome with loss of 5 kg in the last two months.

An abdominal ultrasound (US) revealed a mass in the left hepatic lobe. Afterwards, an abdominal computed tomography (CT), chest radiography and complete analytical of tumoral markers were performed.

The thoraco-abdominal CT showed a mass of 17 cm in the tail of pancreas with infiltration of stomach, spleen and splenic vessels (Fig. 1). One of the liver lesions infiltrated intrahepatic vena cava with cranial extension up to the right atrium. Besides a horseshoe kidney and a malposition of the transverse colon were found. Transverse colon runned below the third portion of duodenum and that was caused the rotation of the root of the mesocolon with a moderate dilatation of bowel loops and the stomach secondary to the duodenal compression by the transverse colon.

Bone metastases and high CA19.9 serum levels were shown. A liver biopsy confirmed the diagnoses of pancreatic small cell acinar carcinoma. The patient underwent a palliative distal pancreatectomy, esplenectomy and amplified left nephrectomy.

Fig. 1. Thoraco-abdominal CT. Malposition of the colon.

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