Hydatid disease is a fecal-oral transmission zoonosis which is endemically distributed among Mediterranean countries such as Morocco. It usually presents asymptptomatically and a diagnosis is made due to cyst complications. It is most frequently located in the liver and lungs and forms large masses (1). The incidence of colon cancer has increased amongst population under 50 years of age during the last few decades (2). It has been proposed that young adult cases may have histological characteristics with a more aggressive clinical behavior. These patients are frequently diagnosed in advanced stages (3) and a mucinous histology is frequently detected. Diagnosis is usually delayed due to a low clinical suspicion and the attribution of symptoms to other diseases such as irritable bowel and parasitosis, among others (4).

CASE REPORT

We present the case of a 33-year-old Moroccan male who presented with abdominal pain. Blood tests revealed a hemoglobin level of 6.9 g/dl and an abdominal computed tomography (CT) identified a mass of 17 x 11 x 16 cm in the hepatic flexure of the colon that was suggestive of a hydatid cyst (Fig. 1). Hydatidosis serology was negative but the carinoembryonic antigen level was 40 U/ml. Colonoscopy and biopsies confirmed the diagnosis of a stenosing signet ring cell adenocarcinoma. The patient underwent a laparotomy and a 20 cm mass that originated from hepatic flexure of the colon was identified that was attached to the omentum, right parietal peritoneum and hepatic edge (Fig. 2). An extended right colectomy and ileocolic anastomosis were performed. The postoperative period was uneventful. The pathological analysis identified a mucinous adenocarcinoma at the hepatic flexure of the colon with an adjacent cavitating lymph node metastasis of 16 mm.

Fig. 1. CT and MRI scan imaging showing a heterogeneous multi-septate cystic mass dependent on the hepatic colon flexure.

Fig. 2. Surgical specimen: a large cystic mass dependent on the hepatic flexure of the colon.
REFERENCES


