



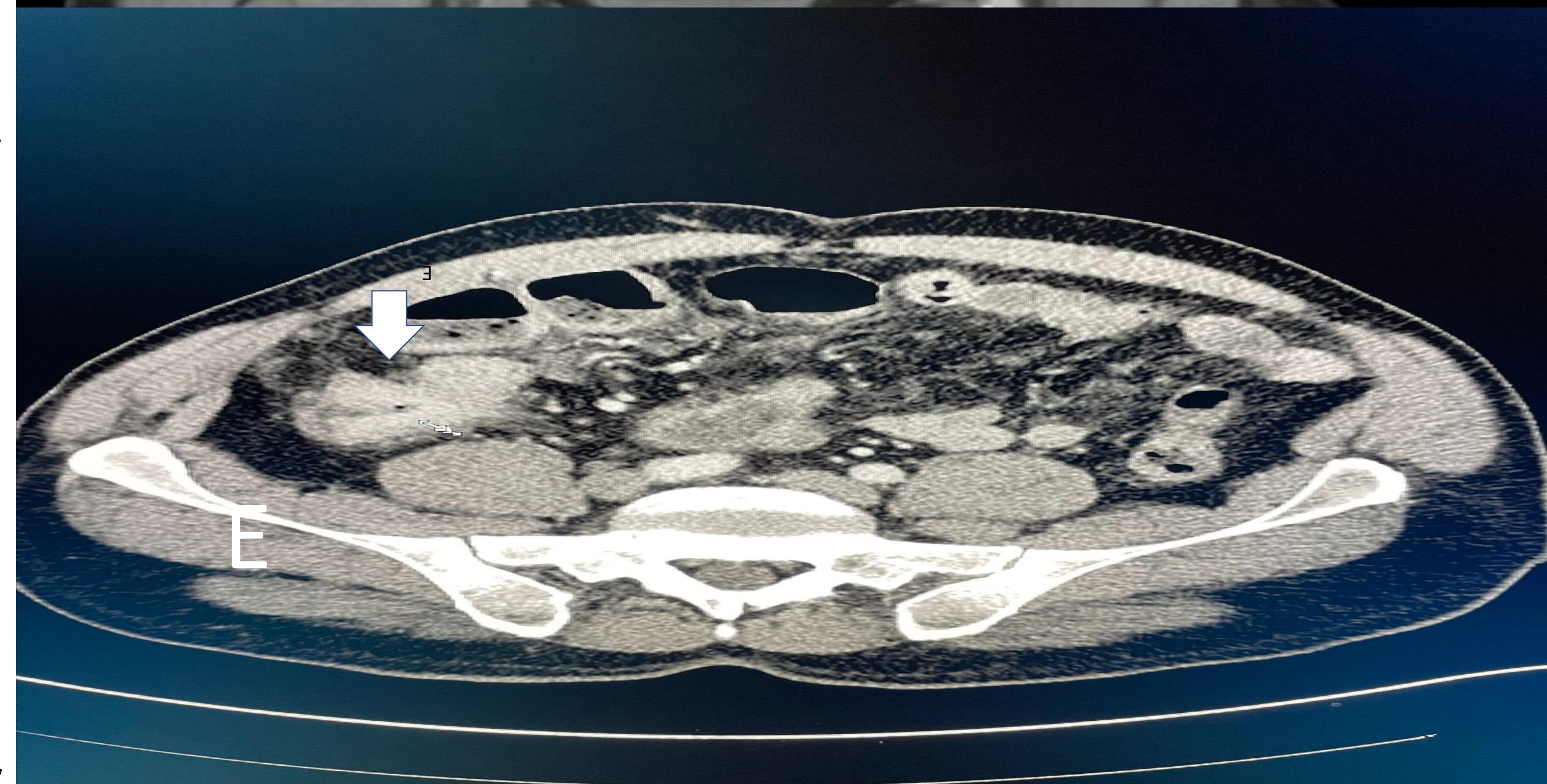
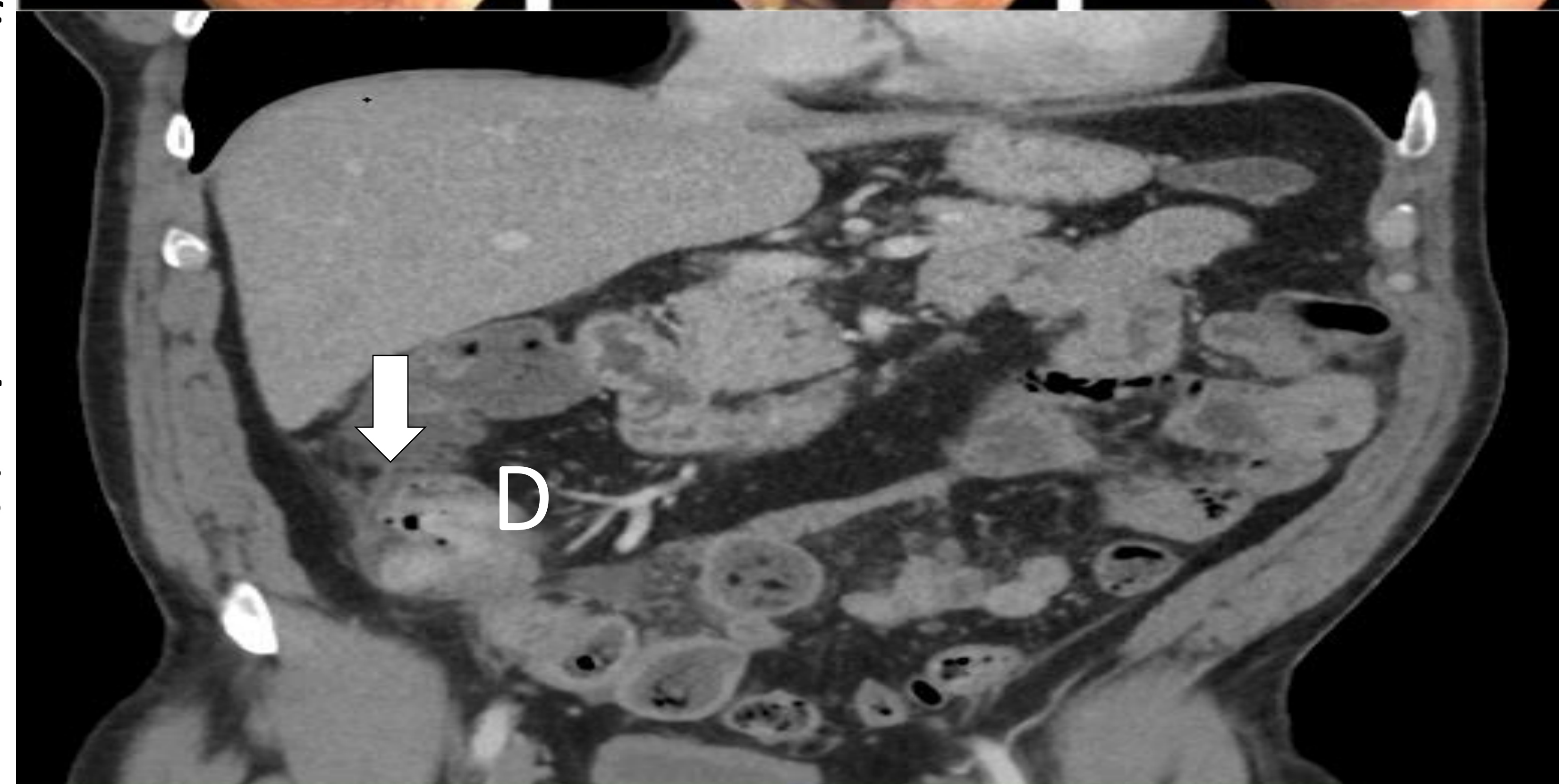
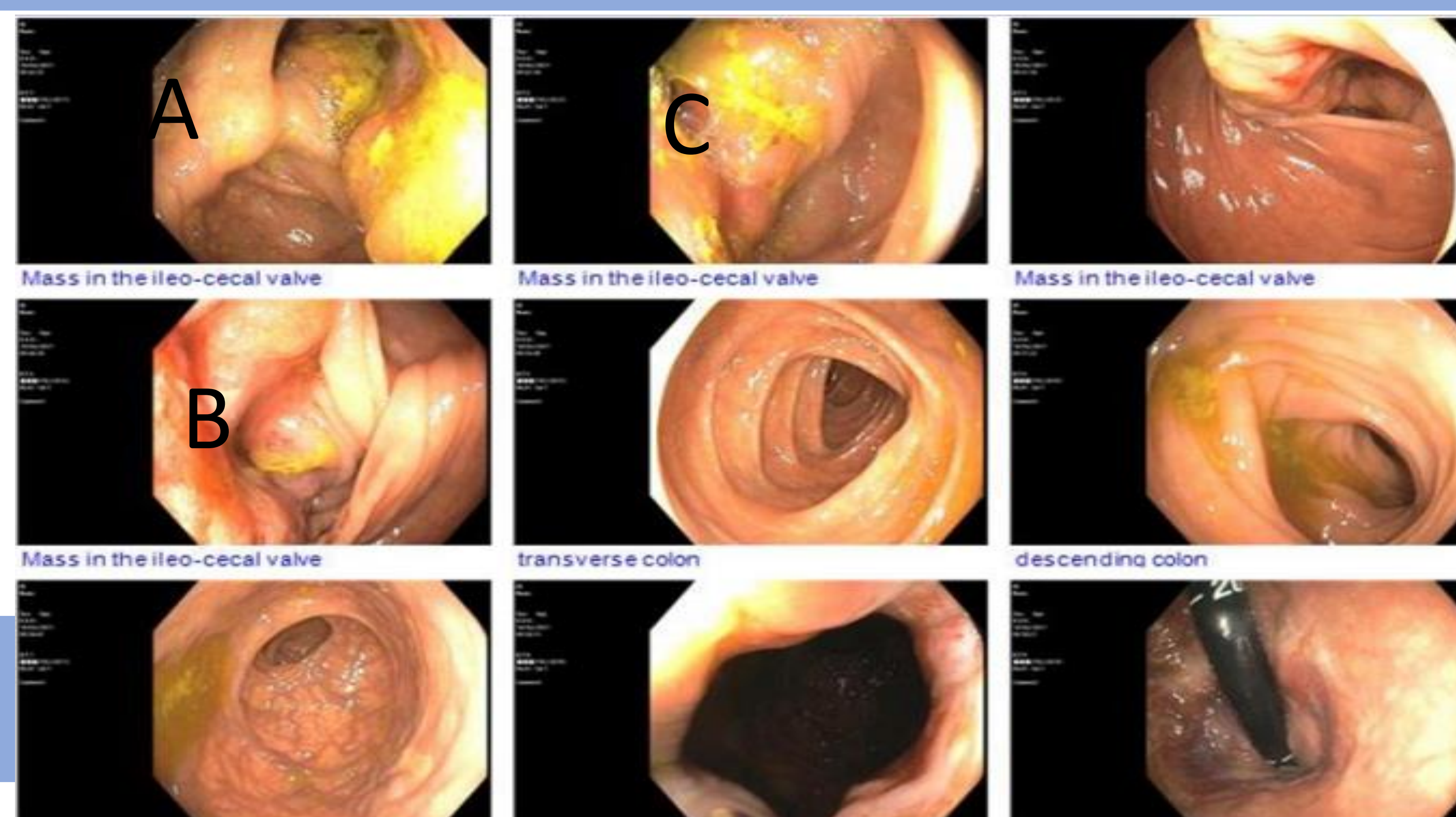
## INTRODUCTION

The ileocecal valve is a sphincter muscle situated at the junction of the ileum and cecum. Signet ring cell carcinoma is a rare, highly malignant adenocarcinoma. Ileocecal valve involvement is uncommon. Long standing chronic diarrhea, often in association with Crohn's disease, is a known risk factor to signet ring cell adenocarcinoma.

## CASE PRESENTATION

A 61-year-old male patient with past medical history of anxiety, depression, hyperlipidemia, and chronic diarrhea presented with progressively worsening abdominal pain for three months. The pain was intermittent, achy in character, and radiated to the lower abdomen. The patient denied any specific exacerbating or relieving factors. The patient endorsed 1-2 loose stool per day for many years. Prior workup for chronic diarrhea included multiple previous colonoscopies which were reported by the patient to be unremarkable. He denied NSAID use or family history of Inflammatory bowel disease. Physical examination revealed bilateral lower quadrant tenderness to palpation. Laboratory data showed Hb 12.7, HCT 37.2, Platelets 200, INR 1.0, B12 272, TSH 1.8, stool Calprotectin 117, stool electrolytes normal, Endomysial IgA, Tissue Transglutaminase IgG and IgA normal, hepatitis C and rapid plasma reagin were also negative. Enhanced computerized tomography of abdomen and pelvis showed thickening of the terminal ileum.

## IMAGING



Presentation Day #2 Picture A/B/C Endoscopy showed mass in ileocecal valve  
 Presentation Day # 1 CAT Scan Abdomen and pelvis showed D ileocecal thickening  
 Presentation Day # 1 CAT scan Abdomen and pelvis showed E abnormal shape IC

## DECISION MAKING

A colonoscopy was then performed showing circumferential edema and a partially obstructive mass at the ileocecal valve. Biopsies of the mass demonstrated signet ring cells infiltrating lamina propria consistent with adenocarcinoma of the valve. Subsequently the patient underwent a laparoscopic right hemicolectomy. The resected colonic tissue contained an 8 cm ileal mass with histology showing a poorly differentiated metastatic signet ring cell adenocarcinoma with invasion of visceral peritoneum and peri-colonic lymph node involvement.

## DISCUSSION

Signet ring cell adenocarcinoma of the ileocecal valve is an exceedingly rare presentation. Patients are often asymptomatic but may present with non-specific constitutional symptoms. Abdominal pain is typically associated with late or advanced disease. Patients with Crohn's disease greater than 10 years are at an increased risk of developing signet ring cell adenocarcinoma. Chronic diarrhea in the absence of Crohn's disease also represents a risk factor to development of signet ring cell adenocarcinoma, as was seen in this patient.

## REFERENCES

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