Extrinsic Compression of the Hepatic Flexure from Metastatic Cholangiocarcinoma Masquerading as Cecal Bascule

Minji Seok, MD[1]; Krutika Lakhoo, MD[2]; Anna M. Lipowska, MD[2]

[1]College of Medicine, University of Illinois Chicago, Chicago IL; [2]Division of Gastroenterology and Hepatology, Department of Medicine, University of Illinois at Chicago, Chicago IL

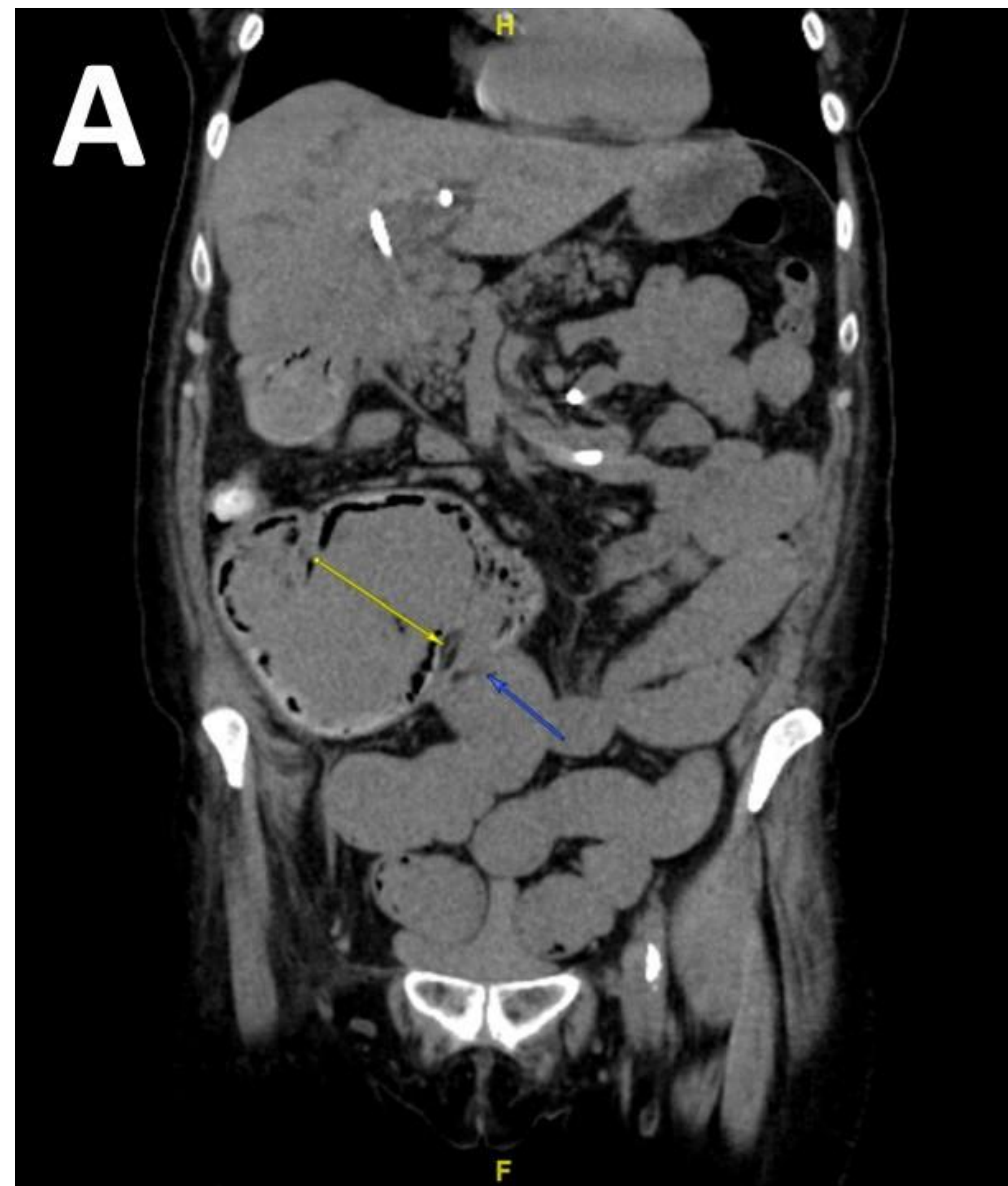
Introduction

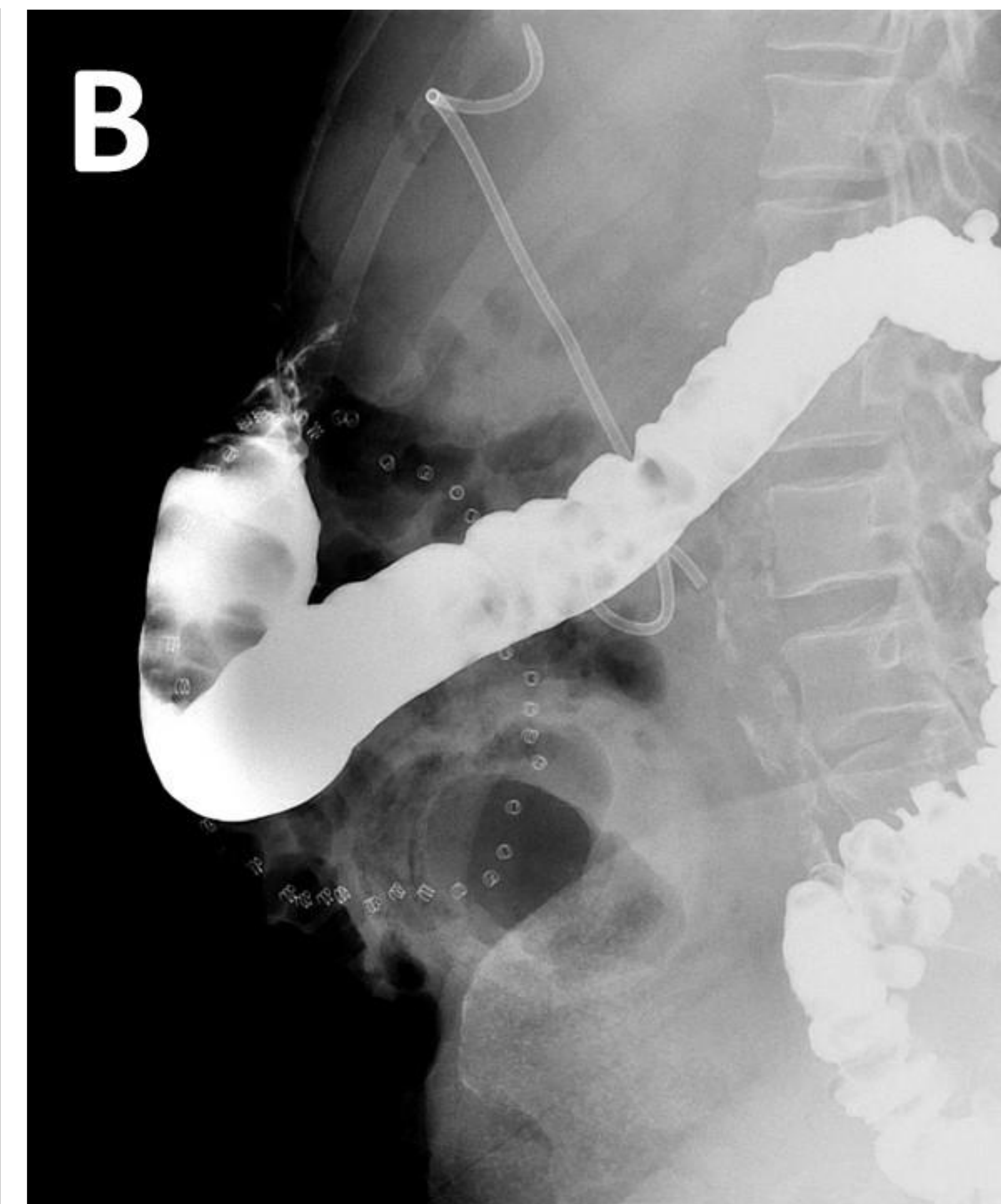
Cecal bascule (type III cecal volvulus) is the rarest form of cecal volvulus with upward folding of the cecum and no axial twisting or sigmoid involvement.

Case Presentation

66-year-old woman with history of stroke, hypertension, and recent choledocholithiasis presents with abdominal pain, weight loss, jaundice and constipation.

- Her colonoscopy a few years prior was normal.
- She had previous episodes of severe choledocholithiasis in 2017 and again one month prior to presentation requiring ERCP with incomplete stone extraction and biliary stent placement.
- Pertinent ROS:
  - 15lb weight loss over one month
  - 3 weeks of constipation with thin stools
  - Nausea and vomiting
  - Negative for fevers and chills
- Notable Labs:
  - WBC 6.8
  - AST 23, ALT 16
  - Total bilirubin 1.8
  - Direct bilirubin 0.8
  - Alkaline phosphatase 796
- CT abdomen/pelvis showed dilated loops of distal small bowel and cecum that folded anteriorly and superiorly with extensive pneumatosis (**Figure A**), consistent with cecal bascule.





- The ascending colon was dilated up to a decompressed hepatic flexure where nonspecific bowel wall thickening was visualized, suggesting a transition point.
- Colorectal surgery team was consulted who recommended medical management with decompression, NPO status and fluids.
- LGI Series showed persistent obstruction at the hepatic flexure with bird-beak appearance (**Figure B**) and the patient was urgently taken for surgery.
- Exploratory laparotomy discovered a mass causing extrinsic compression of the hepatic flexure and numerous omental nodules. The largest nodule was removed and pathology showed metastatic cholangiocarcinoma.
- A distal loop ileostomy was created to decompress the colon and prevent ongoing obstruction.
- The patient began evaluation for cancer staging, but unfortunately passed one month after diagnosis.

Discussion

- The development of a cecal bascule is usually attributed to abnormally mobile cecum due to improper development and insufficient fixation of the mesentery to the posterior parietal peritoneum.
- A mobile cecum may be congenital or acquired through surgeries that require extensive division of peritoneal attachments to the cecum or pregnancy due to enlargement of the uterus.[1]
- It often presents with abdominal pain, distention and nausea but can progress to an acute abdomen and perforation.[2]
- The diagnosis requires cross sectional imaging confirming a distended cecum lying anterior to ascending colon.
- Treatment generally involves surgical resection of the affected bowel; colonoscopic detorsion may lead to recurrence.[3]
- This is a unique case of an extrinsic malignant obstruction causing a cecal bascule.

References

1. *Rabinovici R, Simansky DA, Kaplan O, et al. Cecal Volvulus. Dis Colon Rectum. 1990;33(9):765-769.*
2. *Lung BE, Yelika SB, Murthy AS, et al. Cecal bascule: a systematic review of the literature. Tech Coloproctol. 2018;22(2):75-80.*
3. *Le CK, Nahirniak P, Qaja E. Cecal Volvulus. StatPearls Publishing. StatPearls Website. Published 2021. Accessed 2022.*