Adult primary medullary carcinoma: an unusual cause of pain from intussusception

A cachexic 88-year-old woman presented with an acute episode of cramping pain localized to the right upper quadrant of her abdomen. She had been having intermittent abdominal pain for the past 3 months, but denied any associated nausea, vomiting and fever. There was tenderness and rebounding pain over her right upper abdomen.

Dr Yoen Young Chuah, Chief Resident, Division of Gastroenterology and Hepatology, Department of Internal Medicine, Kaohsiung Veterans General Hospital; Division of Gastroenterology and Hepatology, Department of Internal Medicine, Ping Tung Christian Hospital, Taiwan

Dr Yeong Yeh Lee, Professor of Medicine, Consultant of Gastroenterology, Hepatology and Internal Medicine, School of Medical Sciences, Universiti Sains Malaysia, Malaysia

Dr Chih An Shih, Lecturer, Division of Gastroenterology and Hepatology, Department of Internal Medicine, Kaoshiung Veterans General Hospital, Kaohsiung, Taiwan

Correspondence to: Dr CA Shih (dreric921@yahoo.com.tw)

Besides hypoalbuminaemia, other blood investigations were unremarkable. A colocolic intussusception and partial obstruction from a leading tumour were seen on computed tomography (*Figure 1*). Subsequently, the patient underwent a right hemicolectomy. The resected 6.5x5.3x4.7 cm ulcerated mass (*Figure 2*) was positive for calretinin and MSH2 but negative for MLH1 (*Figure 3*).

Adult medullary carcinoma is a rare type of adenocarcinoma but overall survival is better than poorly differentiated and undifferentiated adenocarcinoma (Thirunavukarasu et al, 2010). Abdominal pain from intussusception is an unusual presentation of this tumour. Positive calretinin but negative MLH1 are unique to medullary carcinoma. Surgical resection without reduction is recommended. **BJHM**

Thirunavukarasu P, Sathaiah M, Singla S et al (2010) Medullary carcinoma of the large intestine: a population based analysis. *Int J Oncol* **37**(4): 901–907.

Figure 1. Colocolic intussusception at the level of ascending colon with lead tumour is noted in computed tomography of abdomen. Arrow points to the lead point of telescoping portion.

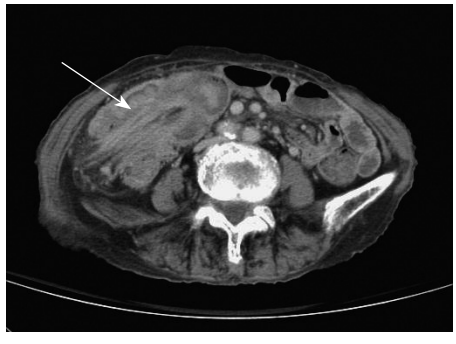

Figure 2. A tan-brown polypoid tumour measuring 6.5x5.3x4.7 cm at the level of the ascending colon.

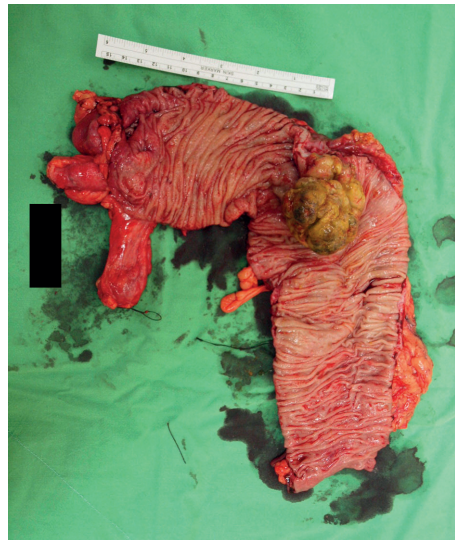

Figure 3. a. Faint positive immunostaining for calretinin (200x). b. Positive staining for MSH2 (100x). c. Negative staining for MLH1 (100x).