SIMPLE ULCER OF THE CAECUM

By G. T. WATTS, M.B., F.R.C.S.

Senior Surgical Registrar, Surgical Professorial Unit, Queen Elizabeth Hospital, Birmingham

FIG. 1.

In a paper in the POSTGRADUATE MEDICAL JOURNAL we reported four cases of 'simple' ulcer in the colon. The following two examples are now presented as a sequel to this:

Case 1.—M.C., female, aged 14 years. This child presented with a history of two weeks' intermittent central abdominal pain; the pain was colicky, but not severe enough to incapacitate her. Two days before admission to hospital the pain became more severe and she developed a steady pain in the right iliac fossa. She vomited food taken after this and her appetite disappeared. Clinical examination showed a healthy young girl with a localized area of tenderness in the right iliac fossa; Rovsing's sign was positive and there was rebound tenderness. Temperature was 99.6°; pulse 120.

A diagnosis of appendicitis was made and the abdomen explored; the appendix was found to be normal, but there was an ulcer palpable on the posterior wall of the caecum at the level of the ileo-caecal valve. The caecum was bound down by what appeared to be inflammatory reaction at this

FIG. 2.

FIG. 3.

FIG. 4.

site. A right hemi-colectomy was carried out with removal of caecum and ascending colon and an end-to-end anastomosis performed between ileum and transverse colon. Post-operatively the patient made a completely uneventful recovery.

The specimen (Fig. 1) showed an ulcer in the mucous membrane $\frac{1}{2}$ in. across with almost vertical sides; it had penetrated through all layers of the bowel wall, which was very oedematous.

Further investigation before the patient was discharged showed no evidence of dysenteric

lesions or any other exciting cause for the condition.

Case 2.—D.W., male, aged 36 years. This man had been quite well until two days before admission, when he developed a colicky central abdominal pain. A few hours after the onset the pain moved to the right iliac fossa and became more constant. The patient had not vomited, but his appetite disappeared with the onset of the pain; he had been constipated for the same period. There had been no other symptoms.

Clinical examination showed vague tenderness in the right half of the abdomen, maximum in the right iliac fossa. A tender mass was palpable in the region of McBurney's point about 2 in. in diameter. Temperature was 99° and pulse rate 80.

Laparotomy under general anaesthesia showed a tumour in the posterior wall of the caecum at the level of the ileo-caecal valve. The caecum was adherent to the posterior abdominal wall. A right hemi-colectomy was carried out with resection of the terminal ileum, caecum and ascending colon, and an end-to-end anastomosis was performed. Post-operatively the patient made a satisfactory recovery.

The specimen (Figs. 3 and 4) showed an ulcer about 1 in. in diameter with vertical walls, penetrating deeply into the muscular layer of the bowel.

Further investigations showed no evidence of amoebiasis or other exciting cause.

Histological examination of both specimens showed no evidence of malignancy. In the first patient there was marked oedema in the sub-mucous layer. The inflammatory processes were most marked in the depths of the ulcer, suggesting that the process of penetration was still active and that an abscess was probably about to form. The sub-mucous oedema is clearly shown in the section (Fig. 2). In the male patient there was no gross oedema in the sub-mucous layer, but inflammatory processes were rather more active. The ulcer had not penetrated so deeply, but the muscle had actually been partly breached. The histological picture is shown in Fig. 5.

Comment

It will be noted that both these cases were diagnosed as appendicitis and that the true pathology was only detected at operation. This appears to be the usual state of affairs with simple ulcers in the colon. In both specimens it was very noticeable that the inflammatory process was active

FIG. 5.

in the sub-mucous layer. As Cameron noted, this is a feature which has been seen by all observers reporting this condition in the past and it would, therefore, seem that the lesion is primarily one of the superficial layers in the bowel.

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