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Visceral Surgery II

Internal Ileocolic Bypass as a Palliative Treatment for Intestinal Obstruction Due to Peritoneal Carcinomatosis: A Case Report

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Abstract | **Case Report**

Intestinal obstruction due to peritoneal carcinomatosis is a common complication in advanced cancer stages, particularly in gynecological and gastrointestinal cancers [1]. This case report describes a 65-year-old female patient with a history of breast cancer, uterine carcinoma, and recurrent tumor, who developed intestinal obstruction secondary to generalized peritoneal carcinomatosis. Surgical treatment involved an internal ileocolic bypass after failure of medical management. Postoperative recovery was uneventful, with resolution of symptoms and restoration of bowel function. This article highlights the importance of internal bypass as a palliative treatment option in managing intestinal obstruction due to peritoneal carcinomatosis [2-4]

Keywords: Intestinal obstruction, peritoneal carcinomatosis, internal bypass, palliative chemotherapy, tumor recurrence, palliative surgery.

1. INTRODUCTION

Intestinal obstruction is a frequent complication in patients with advanced cancer, particularly in cases of peritoneal carcinomatosis, where tumor metastases invade the peritoneal cavity. This condition is often associated with gynecological, gastrointestinal, and breast cancers. Managing obstruction due to peritoneal carcinomatosis is complex and requires both medical and surgical interventions. Internal bypass surgery has emerged as a valuable palliative solution for relieving symptoms of obstruction while maintaining patients' quality of life. This case report discusses the effectiveness of internal ileocolic bypass in managing bowel obstruction in a patient with extensive peritoneal carcinomatosis

2. CASE REPORT

A 65-year-old female patient, with a medical history of cholecystectomy in 2016, mastectomy for breast carcinoma in 2015 followed by hormonotherapy, and total hysterectomy in 2024 for uterine carcinoma without myometrial invasion, presented with abdominal pain, vomiting, and cessation of bowel movements and gas for three days. The patient had previously undergone adjuvant treatment with curietherapy and chemotherapy. Clinical examination revealed a distended abdomen with a midline laparotomy scar. The rectal examination revealed an empty rectal ampoule. Imaging studies, including abdominal CT, confirmed intestinal obstruction secondary to peritoneal carcinomatosis. Despite medical management, the patient's clinical condition worsened, and surgical intervention was deemed necessary. Intraoperative findings revealed generalized peritoneal carcinomatosis involving the round ligament, parietocolic gutters, liver, and the Douglas pouch. A transverse ileocolic bypass was performed to alleviate the obstruction. Postoperative recovery was straightforward, with resumption of bowel function and cessation of vomiting. On postoperative day 4, the patient developed parotitis, which was treated conservatively by the ENT specialists. The patient was discharged on postoperative day 7.

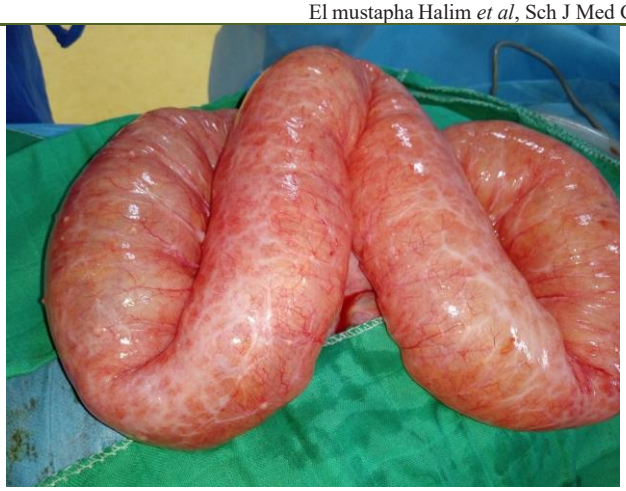

Fig. 1: Highly distended small intestine upstream of the obstruction

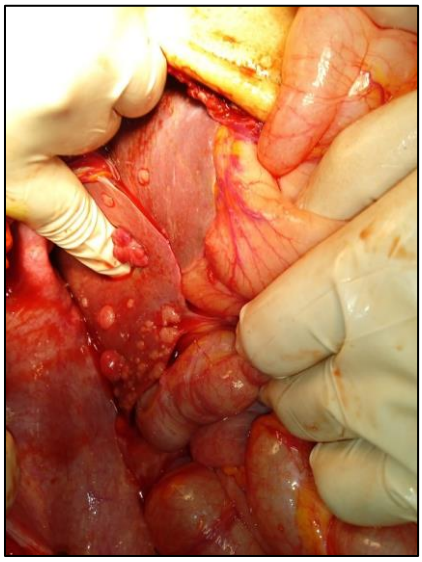

Fig. 2: The last loop pulled by the secondary pelvic shielding due to tumor recurrence

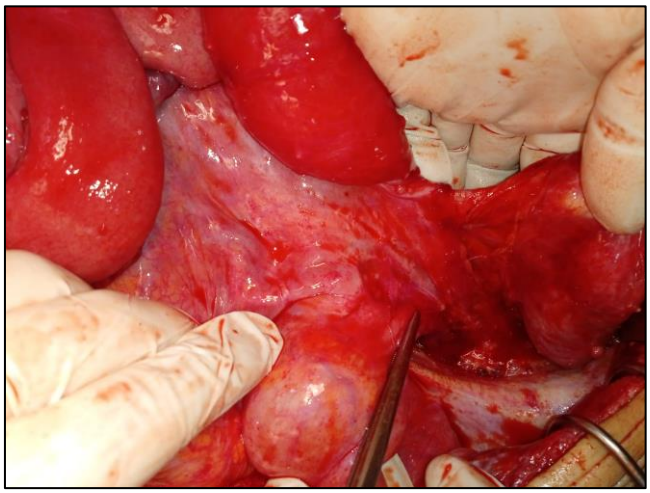

Fig. 3: Diffuse peritoneal carcinomatosis involving the liver

3. DISCUSSION

Peritoneal carcinomatosis is a common complication in advanced cancer and frequently leads to bowel obstruction. The management of bowel obstruction in these patients is challenging and includes a combination of medical and surgical strategies [5-7]. In this case, the decision to perform an internal ileocolic bypass was made after failure of medical management. This procedure provides a means to bypass the obstruction, alleviate symptoms, and improve quality of

life, particularly in palliative settings. Internal bypass has several advantages over external bypass, including a lower risk of complications such as infection and maintenance of the intestinal continuity. It is particularly valuable in terminal cancer patients, where the goal is to improve comfort and provide symptom relief without significantly prolonging life expectancy. Studies have demonstrated that palliative surgical procedures, such as internal bypass, can significantly improve quality of life in patients with malignant bowel obstructions due to peritoneal carcinomatosis [8,9]. In this patient, the postoperative outcome was favorable, with the restoration of bowel function and resolution of symptoms. Although complications such as parotitis were observed, they were manageable and did not impact the overall recovery. This highlights the effectiveness and safety of internal bypass surgery in managing bowel obstruction caused by carcinomatosis

4. CONCLUSION

Intestinal obstruction due to peritoneal carcinomatosis represents a significant challenge in the management of advanced cancers. Internal ileocolic bypass surgery offers an effective and less invasive palliative solution for these patients, providing symptom relief and improving quality of life. This case report underscores the importance of considering surgical bypass in the management of malignant bowel obstruction in patients with peritoneal carcinomatosis. A multidisciplinary approach, including both medical and surgical management, is essential for optimizing care in these patients [10-12].

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