

Solitary ulcer in cecum, mimicking a carcinoma: A case report

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Abstract

Introduction Solitary ulcers in the colon are rare and infrequent; little over 200 cases have been reported in medical literature. We present a case of a patient presenting with a solitary colonic ulcer associated with NSAIDs intake, mimicking a malignant lesion. A review of the literature is also revised. **Presentation of case** 68- year-old female patient with past history of nonsteroidal anti-inflammatory drugs (NSAID) intake for chronic pain, complaining of severe abdominal pain was admitted to our teaching hospital. The diagnosis of a low-grade dysplasia was made with colonoscopy and biopsy, a malignant lesion could not be ruled out. A laparoscopy right colectomy was performed without complications. The final diagnosis resulted in a solitary cecal ulcer. **Discussion** The majority of the cases of solitary colonic ulcers occur in the ascending colon, at the cecum, which has been attributed mostly to the intake of NSAIDs. There could be solitary colonic ulcers in other portions of the large intestine, caused by different etiologies: ischemia, inflammatory disease, stercoraceous ulcers, ulcers caused by infections, among other more uncommon causes. The diagnosis is often made through a biopsy of the tissue during a colonoscopy, with either surgical or conservative care. **Conclusion** The diagnosis of solitary cecal ulcer should be considered in patients presenting with RLQ abdominal pain and with history of NSAIDs consumption. Recognition of this diagnosis by surgeons, ruling out malignancies, understanding the morphologic features, and carefully taking the patient's history are essential for the diagnosis and treatment of this uncommon disease. © 2017 The Author(s)

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indometacin, 53-86-1, 74252-25-8, 7681-54-1; paracetamol, 103-90-2; scopolamine butyl bromide, 149-64-4, 7182-53-8, 73156-19-1

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