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CARCINO-SARCOMA OF RECTUS SHEATH: A CASE REPORT AND REVIEW OF LITERATURE.

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Case presentation
A 77 year old male presented to General surgery out patient department of sree Balaji medical college and hospital on 17th May 2017 with complains of burning sensation over the upper abdomen for the past 1 month which was insidious in onset and gradually increased for the past 7 days, which was non radiating. No aggravating or relieving factors. Not associated with nausea/vomiting. No history of difficulty or pain while swallowing, heart burn or chest pain. No history of breathing difficulty. There was no history of any trauma or fever or history of burning micturition or malena. Patient not an alcoholic or smoker. Regular bowel and bladder habits. Patient is not a diabetic, hypertensive, asthmatic or any cardiac diseases. Normal sleep pattern.

ON EXAMINATION
General condition was fair, afebrile and oriented.
Cardiovascular, respiratory system and central nervous system was normal.
P/A – SOFT, BS+, all quadrants moves equally on respiration, umbilicus in the midline, no dialated veins, firm swelling approximately 6x9cm in the epigastric region – extending on either side of the midline, non-mobile, seems to be continuous with the rectus sheath, margins well defined, smooth surface, skin over swelling is pinchable, no warmth/tenderness, on head raising test – no significant change in size of the swelling, no obvious organomegaly, flanks free, hernial orifice are free.
PR – Normal.
Patient was heamodynamically stable.

Investigations
The routine laboratory studies, including hematology, urology and blood chemistry, along with liver function tests, were all within normal limits.

CECT ABD – large soft tissue density lesion with obulated margins and heterogenous enhancement seen in the anterior abdominal wall in the region of rectus sheath and rectus abdominus muscle in the epigastric region, part of the lesion is seen possibly extending into the peritoneum and is seen abutting the transverse colon. Multiple soft tissue density nodules seen along the ant abdominal wall of the adjacent transverse colon ?nodules / ?deposits from the above lesions.

Colonoscopy & Endoscopy was normal.
FNAC suggested fibro-fatty tissue fragments in a background of hemorrhage.

Histopathlogy suggests a picture of pleomorphic soft tissue sarcoma probably pleomorphic rhabdomyosarcoma.

Immuno-Histochemistry is suggestive of carcino-sarcoma f the rectus sheath.

Treatment
Wide local excision of tumour with mesh plasty (composite mesh).
The following were the Intra op findings:
Tumour was embedded in the rectus muscle, posteriorly the tumour was adherent to the omentum, which had multiple deposits with small nodules.

DISCUSSION
It is a biphasic tumor with carcinomatous and sarcoma-like elements. Most common epithelial component is glandular and usually poorly differentiated.[1] Most common sarcomatous components are homologous or heterologous. Angiolymphatic invasion is common. Peritoneal metastases may have scanty stromal component, psammoma bodies and form papillary structures resembling ovarian serous carcinoma metastases.[2] We present the case in the view of its rarity and its important to diagnose as the prognosis in these cases is very poor.

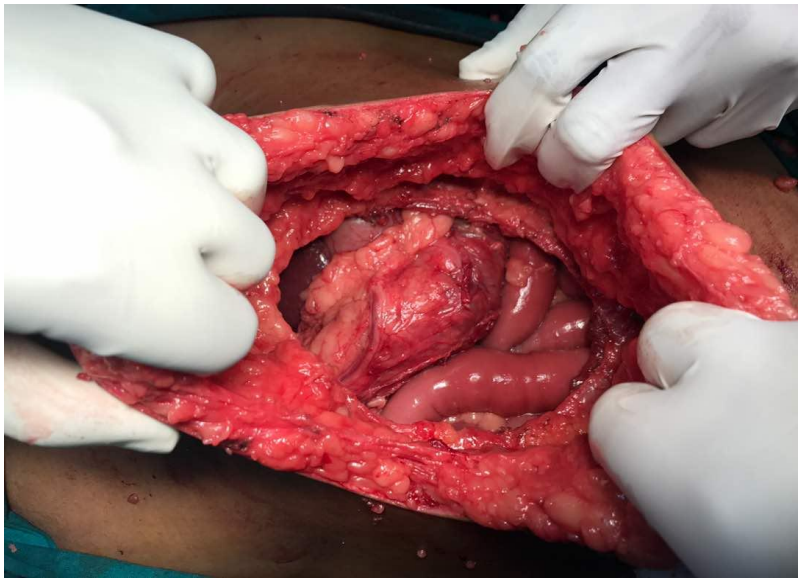

Fig. 1: After Excision of the tumor.

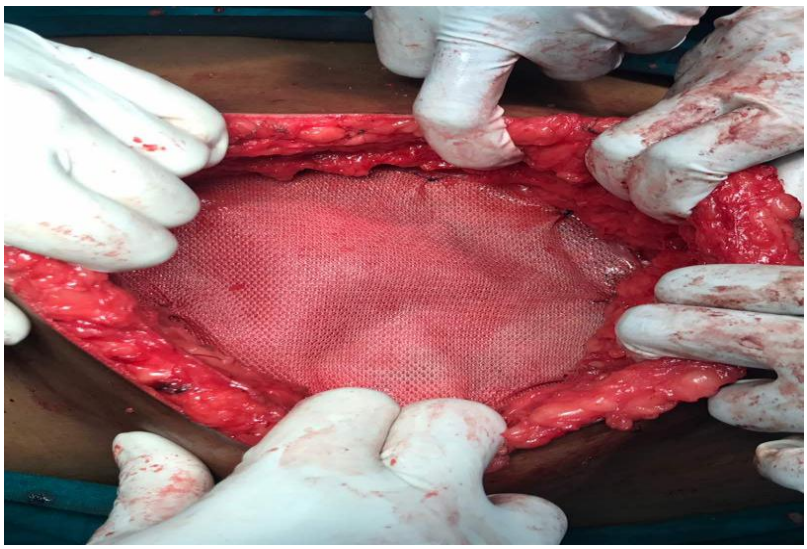

Fig. 2: Placement of Mesh.

Fig. 3: Excised Specimen.

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