

# Micropapillary Adenocarcinoma of the Sigmoid Colon Presenting as Intestinal Obstruction in an Elderly Woman

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## **Abstract**

Colorectal carcinoma (CRC) is the second most common malignancy in Malaysia. Nonetheless, micropapillary adenocarcinoma (MPA) subtype has not been studied extensively since its initial description in 2005. This article is the first reported case of MPA of the sigmoid colon in Malaysia. An 84-year-old Chinese woman presented with a three-day history of obstipation and progressive abdominal distension. She was nauseated with poor oral intake and vomiting gastric content. Otherwise, she did not experience constitutional and gastrointestinal red flag symptoms. Systemic reviews were non-significance. Her elder brother had colon cancer, but she was never screened for CRC. Her abdomen was distended with no peritonism nor palpable mass. Erect abdominal radiograph showed dilated small and large bowels with multiple air fluids levels, no air under diaphragm seen in chest roentgenogram. Apart from elevated carcinoembryonic antigen and cancer antigen 125, her initial blood works were normal. Urgent surgical consult obtained for suspected malignant bowel obstruction. Contrasted computed tomography scan delineated a luminal narrowing at the sigmoid colon and confirmed the diagnosis. She underwent proctosigmoidectomy and discharged post-operatively. Histopathological examination came back as moderately differentiated MPA with nodal extension at stage pT4N2a. Despite 10% of CRC presented with intestinal obstruction, the cohort had a significantly lower survival rate with more advanced disease. Histologically, MPA behaves invasively and predicts nodal metastasis. Identification of micropapillary components is linked to poorer disease prognosis. Effective therapy remained unknown. This case describes the late presentation of MPA variant of CRC, which highlights its clinical and research implications.

**Keywords:** colorectal neoplasms, intestinal obstruction, adenocarcinoma, papillary

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