



PELVIC INFLAMMATORY DISEASE AS ATYPICAL PRESENTATION OF RECTAL CANCER – AN UNUSUAL CLINICAL CASE

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BACKGROUND

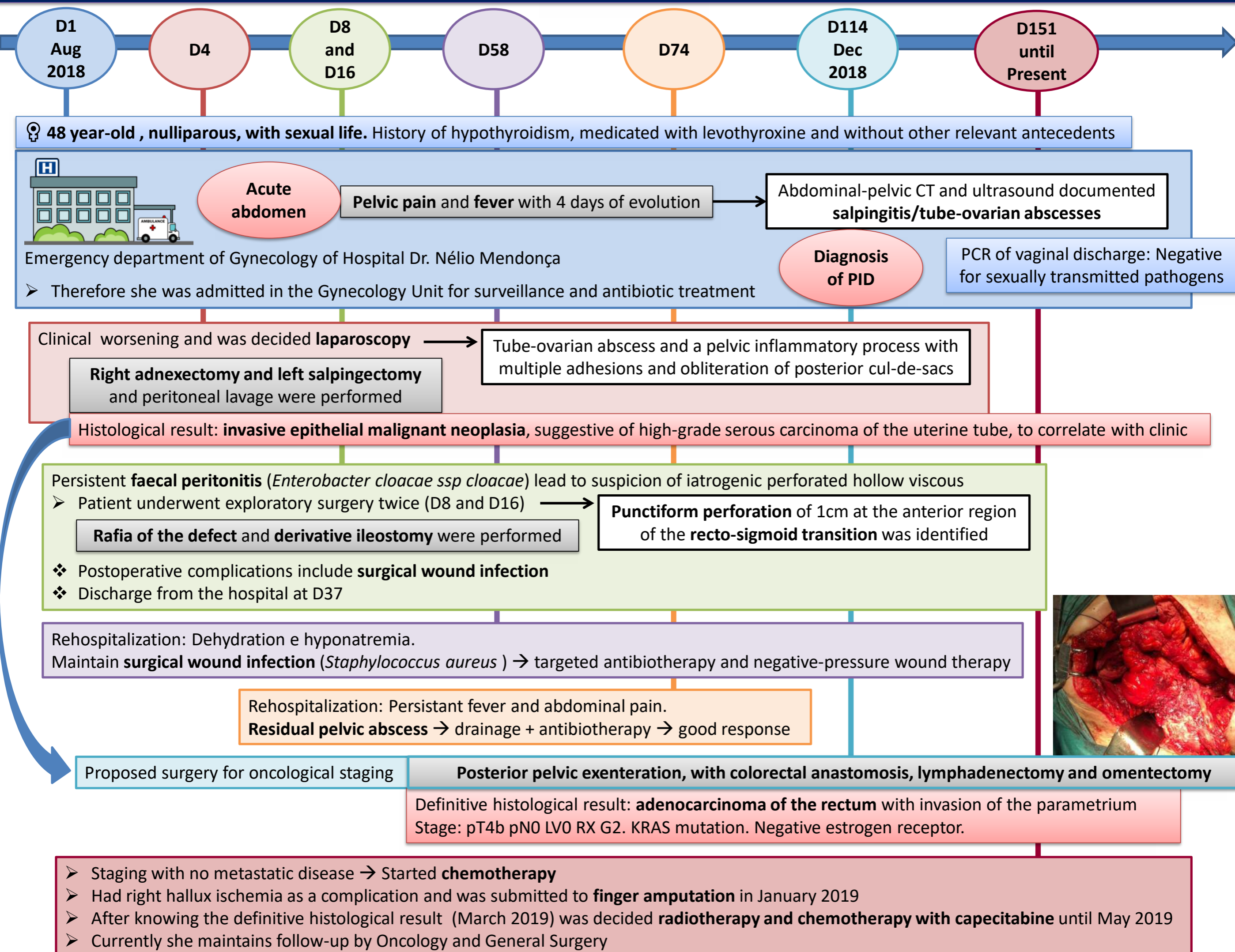
Pelvic inflammatory disease (PID)

- Acute and subclinical **infection of the upper female genital tract**, causing endometritis, salpingitis, oophoritis, peritonitis, perihepatitis, and/or tubo-ovarian abscess.
- Majority (85 percent) are caused by sexually transmitted pathogens or bacterial vaginosis-associated pathogens. Fewer than 15 percent of acute PID cases are not sexually transmitted and are associated with enteric or respiratory pathogens that have colonized the lower genital tract.
- Signs and symptoms associated with acute PID include pelvic or lower abdominal pain, abnormal vaginal discharge, fever, intermenstrual or postcoital bleeding, dyspareunia and dysuria.

Colorectal cancer

- Unusual presentations** can occur by **local invasion**, or a **contained perforation** causing malignant **fistula formation into adjacent organs**, most commonly in cecal or sigmoid carcinomas. In this cases, patient can present unspecific symptoms like fever and abdominal pain.

CASE REPORT



CONCLUSION

- It is important to question the initial diagnosis if a patient continues to exhibit persistent symptoms after adequate therapy for the initial diagnosis.
- Sometimes colorectal cancer can have atypical presentations due to local invasion, or a contained perforation, presenting with unspecific symptoms, as we shown in this case.