

Acute abdomen in oncologic patients

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Acute, potentially life-threatening abdominal condition in a cancer patient

- Directly related to the primary tumor
- * Related to metastasis
- * Related to treatment
 - impaired immune system, not allowing a normal response to infections
 - chemotherapy/immunotherapy: hemorrhage, perforation





GASTROINTESTINAL OBSTRUCTION

PERFORATION

VASCULAR

- Hemorrhage
- Vessel occlusion

TREATMENT-RELATED





Clinical Indications to Imaging

Acute non localized abdominal pain, associated with fever, initial presentation

Acute non localized abdominal pain, neutropenic patient, initial presentation

ACR appropriateness criteria, J Am Coll Radiol, 2018, 15, S217-231

Small bowel obstruction

ACR appropriateness criteria, J Am Coll Radiol, 2020, 17, S305-314

Palpable abdominal mass, suspected neoplasm

ACR appropriateness criteria, J Am Coll Radiol, 2019, 16, S384-391

CT of the abdomen and pelvis, with iv contrast





OBSTRUCTION

Intestinal obstruction

- large bowel obstruction: 10-30% colorectal cancer; sigmoid and splenic flexure
- small bowel obstruction : peritoneal carcinomatosis
- ovarian cancer: 20-50% acute intestinal obstruction

Gastric outlet obstruction

- malignancy: gastric adenocarcinoma, pancreatic adenocarcinoma, duodenal tumors, biliary tumors, lymphoma

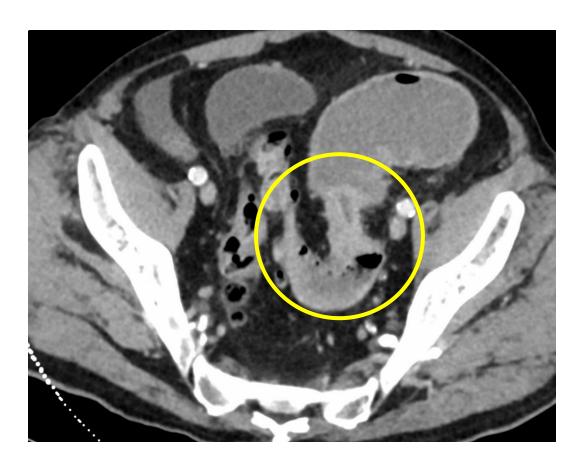
Guniganti P et al, RadioGraphics 2015, 35, 1909-1921; Bosscher M.R.F. et al, Cancer Treatment Reviews, 2014, 40, 1028-36





Acute abdominal pain, abdominal distension



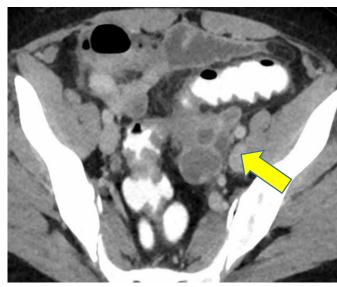






Abdominal pain, abdominal distension







Left ovarian tumor, malignant sigmoid stenosis, intraperitoneal implant





Abdominal distension, nausea, vomiting

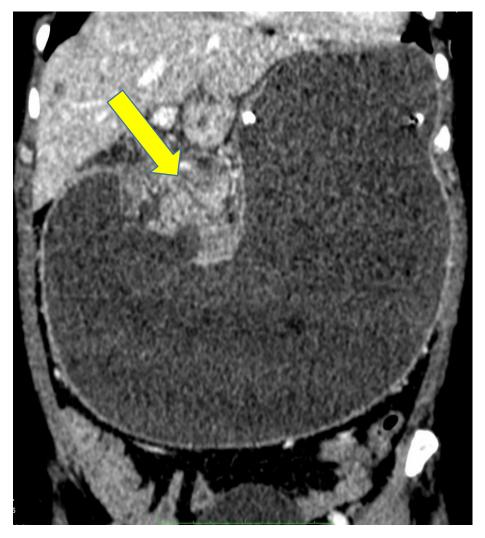


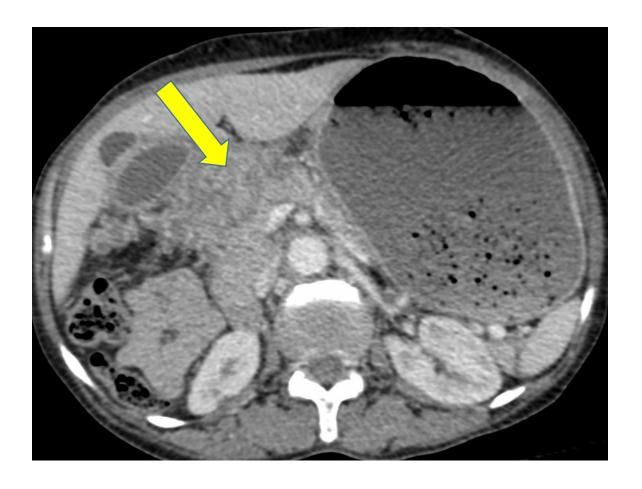






Two-days vomiting, hematemesis





Emergency CT: gastric outlet obstruction, gastric tumor (poorly differentiated adenocarcinoma)

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GASTROINTESTINAL OBSTRUCTION

PERFORATION

VASCULAR

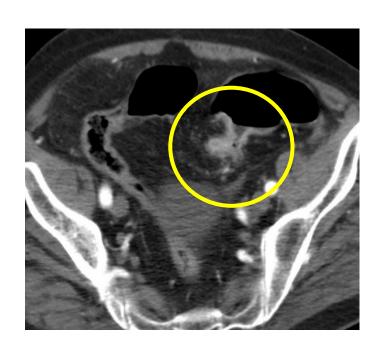
- Hemorrhage
- Vessel occlusion

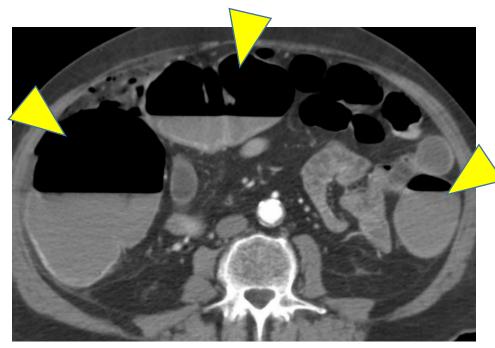
TREATMENT-RELATED

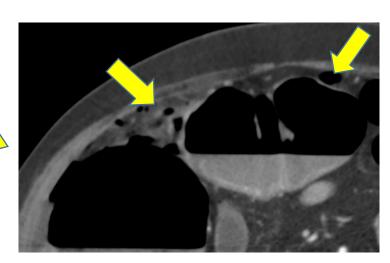




Acute abdominal pain, guarding





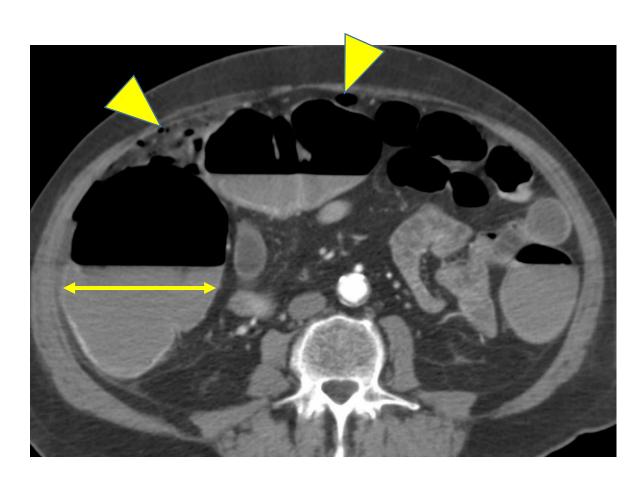


Emergency CT: sigmoid tumor, large bowel obstruction, caecal perforation





Predictive of caecal perforation in patients with obstructive distal colon cancer



Maximum caecal diameter > 9cm

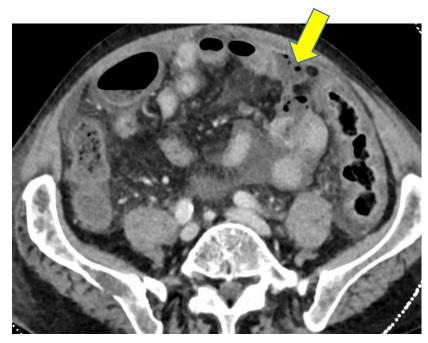
Davis L, Radiology, 1957, 68: 542-8 Sabbagh C et al, ColoRectal Disease, 2018, 20, 688-695

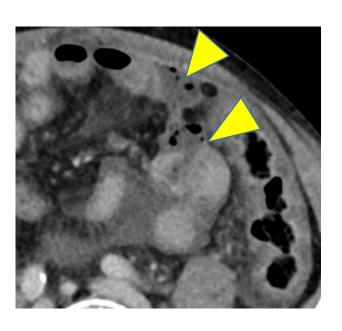




Pulmonary tumor, abdominal pain, distended abdomen







Emergency CT: small bowel perforation, ascites, liver, bone and adrenal metastasis





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HEMORRHAGE

Hypervascular malignancies

- hepatocellular carcinoma (HCC), renal carcinoma, melanoma
- 10-15% HCC: abdominal hemorrhage

Spontaneous splenic rupture

- 16%: lymphoma, leukemia
- 8%: primary splenic neoplasm (angiosarcoma)
- hypervascular metastasis





VESSEL OCCLUSION

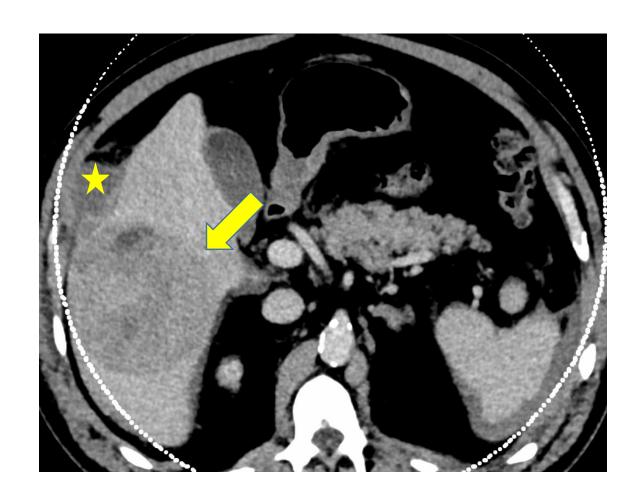
Thrombosis/Thromboembolic complications

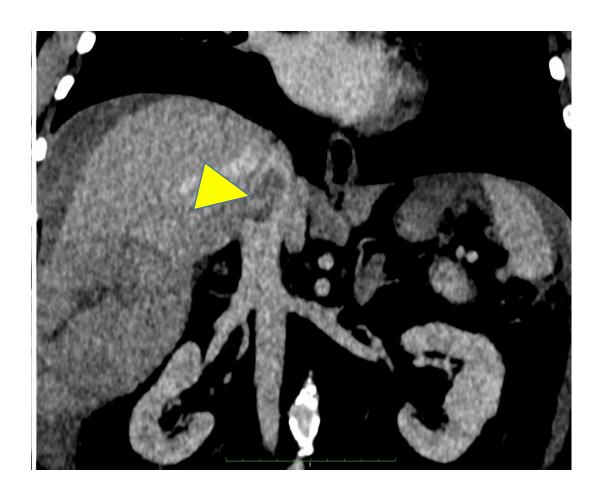
- paraneoplastic hypercoagulable status
- vascular tumor invasion: HCC, renal cell carcinoma, pancreatic adenocarcinoma
- chemotherapy





Abdominal pain, tachycardia, dizziness

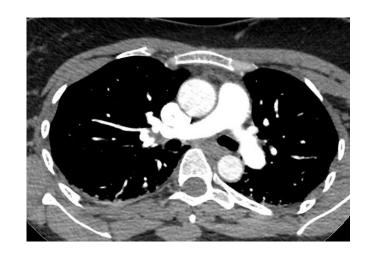


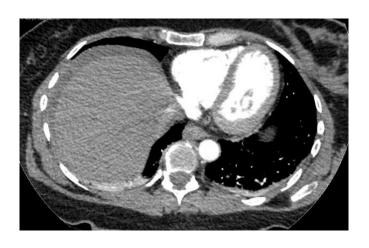






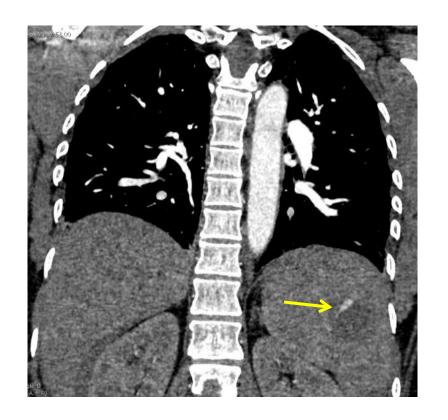
Dyspnea, left flank pain, suspected pulmonary embolism















Acute myeloid leukemia left upper quadrant pain, no fever



unenhanced



arterial





delayed

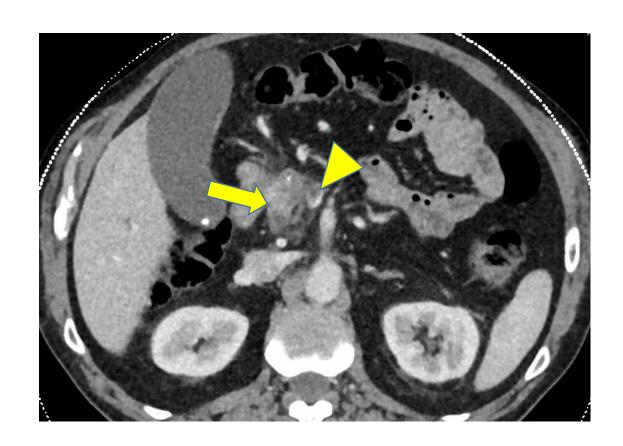








Abdominal pain, jaundice





Emergency CT: pancreatic tumor, superior mesenteric vein thrombus, biliary duct dilatation





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TREATMENT-RELATED





TREATMENT-RELATED

Neutropenic enterocolitis

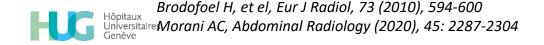
- associated with myeloprolipherative diseases
- myelosupressive therapy

Pseudomembranous colitis

- immunocompromised patients receiving antibiotic treatment

Graft-versus-host-disease

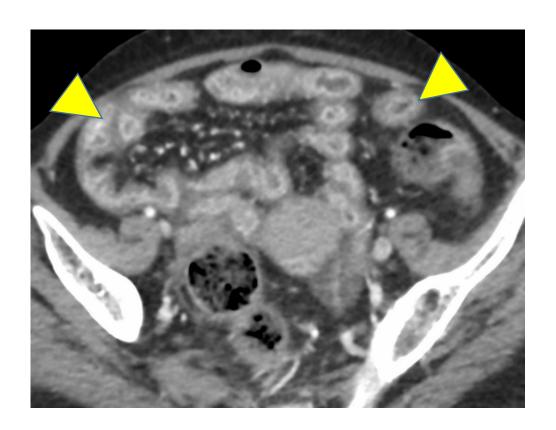
- hematopoietic cell transplantation





Acute myeloid leukemia, stem cell transplant abdominal pain



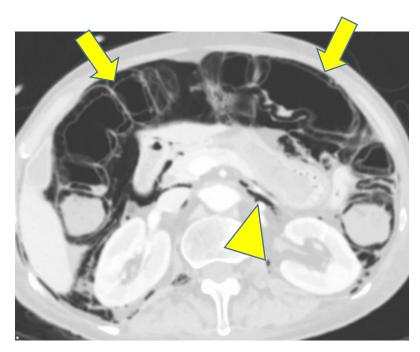


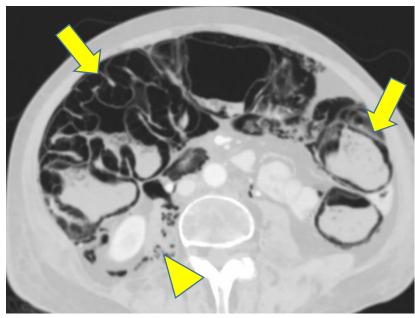


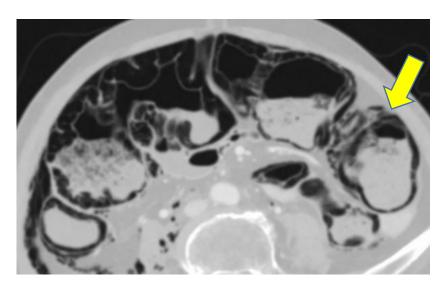




Hematopoietic stem cell transplant GVHD, novovirus infection







Pneumatosis intestinalis after stem cell transplantation and immunosuppressive treatment





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Thank you!





