OPEN ACCESS

Int. Jr. of Contemp. Res. in Multi. *PEER-REVIEWED JOURNAL* *Volume 4 Issue 3 [May- Jun] Year 2025*

Case Report

Case Report: Rectal Adenocarcinoma Presenting with Atypical Clinical Features in an Elderly Female

Dr. Neelesh Kumar Kota[1*], Dr. Sucheet Avanti[2], Dr. Bharat Dhareshwar[3]

[1]Junior Resident, Department of Geriatrics, MGM Medical College, Mumbai, Maharashtra, India
[2]Associate Professor, Department of Geriatrics, MGM Medical College, Mumbai, Maharashtra, India
[3]Professor and HOD, Department of Geriatrics, MGM Medical College, Mumbai, Maharashtra, India

Corresponding Author: *Dr. Neelesh Kumar Kota

DOI: https://doi.org/10.5281/zenodo.15454692

Abstract

Rectal adenocarcinoma, a significant subset of colorectal cancer, typically presents with rectal bleeding, altered bowel habits, and weight loss. However, in elderly patients, the disease may manifest atypically, delaying diagnosis and management. This case report discusses a 60-year-old postmenopausal female who presented with diffuse epigastric pain and abdominal distension, without hallmark gastrointestinal symptoms such as hematochezia or altered bowel habits. Initial investigations revealed ascites with omental thickening, raising concerns for peritoneal carcinomatosis. Tumor markers (CEA, CA 19-9) and digital rectal examination were unremarkable, further complicating the clinical picture. However, contrast-enhanced CT imaging and colonoscopy subsequently revealed a rectal mass, confirmed as moderately differentiated adenocarcinoma on biopsy. This case underscores the importance of considering colorectal malignancy in elderly patients with nonspecific abdominal symptoms, even in the absence of classical signs or elevated tumor markers. A thorough diagnostic approach is essential to facilitate early detection and improve clinical outcomes in such atypical presentations.

Case Report Information

- **ISSN No:** 2583-7397
- **Received:** 21-04-2025
- **Accepted:** 15-05-2025
- **Published:** 18-05-2025
- **IJCRM:**4(3); 2025: 89-92
- **©2025, All Rights Reserved**
- **Plagiarism Checked:** Yes
- **Peer Review Process:** Yes

How to Cite this Case Report

Kota NK, Avanti S, Dhareshwar B. Case Report: Rectal Adenocarcinoma Presenting with Atypical Clinical Features in an Elderly Female. Int J Contemp Res Multidiscip. 2025;4(3):89-92.

Access this Article Online

www.multiarticlesjournal.com

KEYWORDS: Colorectal Cancer, Tumor, Rectal adenocarcinoma

INTRODUCTION

Colorectal cancer (CRC), comprising malignancies of the colon, rectum, and anal canal, is an emerging health concern in India. Although global advancements in screening and treatment have contributed to a gradual decline in mortality, the incidence of CRC continues to rise, particularly in low- and middle-income countries. [1] According to GLOBOCAN 2020 data, colorectal cancer is the third most commonly diagnosed cancer worldwide and is responsible for 6.7% of all cancer cases and 7.7% of cancer-related deaths in India, with a cumulative lifetime risk of 1.85%. Rectal carcinoma, a significant subset of CRC, typically

© 2025 Dr. Neelesh Kumar Kota, Dr. Sucheet Avanti, Dr. Bharat Dhareshwar. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY NC ND). https://creativecommons.org/licenses/by/4.0/

presents with symptoms such as hematochezia, altered bowel habits, tenesmus, and unintentional weight loss. [2]

Despite well-recognized clinical manifestations, rectal cancer can present with atypical or nonspecific symptoms, particularly in the elderly population. [3] Age-related physiological changes, coexistence of multiple comorbidities, and a tendency to attribute symptoms to benign conditions like hemorrhoids or irritable bowel syndrome can delay suspicion and diagnosis. [4] In elderly females, the clinical picture may be further obscured due to postmenopausal changes and underreporting of symptoms.

This case report highlights an unusual presentation of rectal adenocarcinoma in an elderly female who did not exhibit classic features such as rectal bleeding or overt bowel disturbances. Instead, she presented with subtle and nonspecific symptoms, leading to initial misdirection in the clinical workup. This case underscores the importance of maintaining a high index of suspicion for malignancy in older patients, even in the absence of hallmark gastrointestinal symptoms. It also emphasizes the need for thorough diagnostic evaluation and awareness of atypical presentations, which can facilitate earlier detection and improve patient outcomes.

CASE REPORT

A 60-year-old postmenopausal female presented with gradually progressive diffuse epigastric pain and abdominal distension over one month. She did not report any gastrointestinal symptoms such as vomiting, diarrhoea, constipation, haematochezia, or melena. There was no history of fever, jaundice, or weight loss. She had no history of addictions or significant comorbidities. On clinical examination, she appeared cachectic, and abdominal palpation revealed shifting dullness suggestive of moderate to gross ascites. There were no palpable masses or hepatosplenomegaly.

Initial laboratory investigations including complete blood count, liver and renal function tests were within normal limits. She was screened for tuberculosis, hepatitis B and C, and HIV—all of which were negative. A chest X-ray showed no abnormalities. Abdominal ultrasound revealed gross ascites with thickened and irregular peritoneum, omental caking, and cystic changes, raising suspicion of peritoneal carcinomatosis. Mild hepatomegaly was noted, but spleen and kidneys appeared normal. There was no ultrasonographic evidence of lymphadenopathy. Diagnostic paracentesis revealed haemorrhagic ascitic fluid with elevated protein and LDH levels, but cytology was inconclusive. Tumor markers, including carcinoembryonic antigen (CEA) and carbohydrate antigen 19-9 (CA 19-9) were within normal ranges. Despite a negative digital rectal examination, contrast-enhanced CT imaging of the abdomen and pelvis revealed a soft-tissue mass in the rectal wall with adjacent fat stranding and subtle signs of peritoneal involvement. (Figure 1).

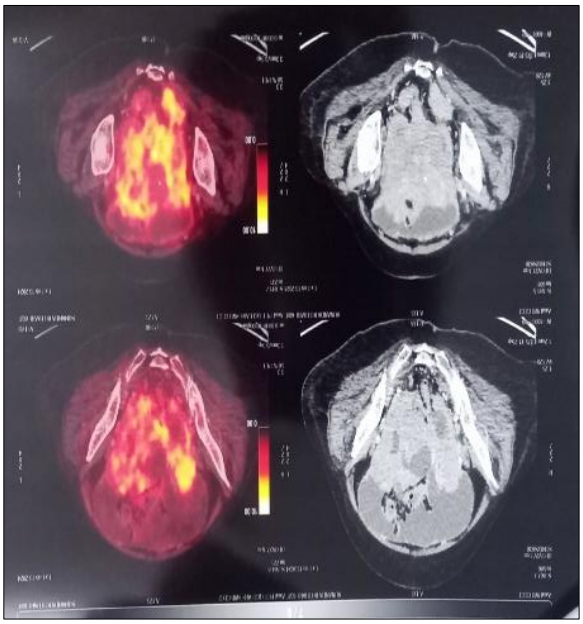

Figure 1: CT imaging of the abdomen and pelvis

A subsequent colonoscopy demonstrated an ulcerative lesion in the mid-rectum. Biopsy from the lesion confirmed the diagnosis of moderately differentiated adenocarcinoma of the rectum. (Figure 2).

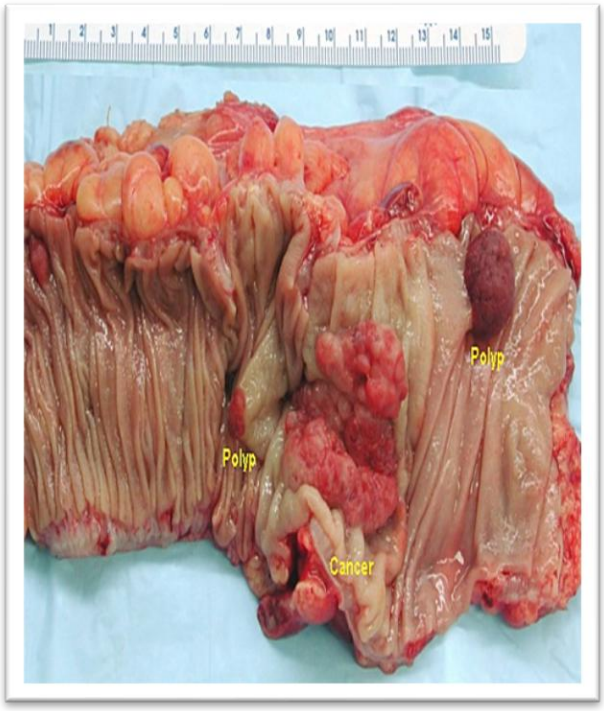

Figure 2: Adenocarcinoma of the rectum

This case highlights an uncommon presentation of rectal adenocarcinoma in an elderly female, manifesting primarily with ascites and vague abdominal symptoms, without the typical

© 2025 Dr. Neelesh Kumar Kota, Dr. Sucheet Avanti, Dr. Bharat Dhareshwar. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY NC ND). https://creativecommons.org/licenses/by/4.0/

lower gastrointestinal complaints or elevated tumor markers. It underscores the importance of considering colorectal malignancy in the differential diagnosis of unexplained ascites in elderly patients. Early imaging and endoscopic evaluation should be pursued even when initial clinical findings are nonspecific, as timely diagnosis directly impacts prognosis and treatment outcomes.

DISCUSSION

Rectal adenocarcinoma typically presents with symptoms such as hematochezia, altered bowel habits, tenesmus, and unexplained weight loss. However, in elderly patients, the clinical presentation can often be atypical or non-specific, which may delay diagnosis and appropriate treatment. In this case, a 60-year-old woman presented with diffuse epigastric pain and abdominal distension, without any classic signs of lower gastrointestinal tract malignancy. Such presentations can easily be mistaken for benign conditions like dyspepsia, ascites of hepatic or tuberculous origin, or age-related gastrointestinal discomfort, especially when tumor markers and rectal examination are unremarkable. [4]

The elderly population often presents unique diagnostic challenges. Physiological aging, multiple comorbidities, and cognitive changes can alter symptom perception and reporting. Moreover, symptoms like fatigue, anorexia, or abdominal discomfort may be wrongly attributed to age or benign conditions, leading to under-investigation. [5] In this case, the absence of gastrointestinal bleeding, bowel habit changes, or weight loss contributed to a low initial clinical suspicion of colorectal cancer. Furthermore, normal CEA and CA 19-9 levels, often relied upon for guiding diagnosis and prognosis, failed to provide clues in this patient, underscoring their limited utility as screening tools, especially in atypical cases.

This case also highlights how rectal adenocarcinoma can mimic other diseases common in the elderly, such as abdominal tuberculosis or chronic liver disease with ascites. The presence of hemorrhagic ascitic fluid and omental thickening on imaging initially raised concerns for peritoneal carcinomatosis of unknown primary. The eventual identification of a rectal mass on advanced imaging and subsequent confirmation via colonoscopic biopsy reiterates the value of comprehensive diagnostic workups in elderly patients with unexplained ascites or abdominal symptoms.

Ultimately, this case reinforces the need for heightened clinical vigilance and a multidisciplinary approach when assessing nonspecific symptoms in older adults. Involvement of specialists such as gastroenterologists, radiologists, and oncologists can facilitate the timely identification of occult malignancies. Early diagnosis is especially critical in rectal cancer, where prognosis and treatment options are heavily dependent on the stage at presentation. Therefore, clinicians must consider colorectal cancer in the differential diagnosis even in the absence of classic symptoms, especially in high-risk age groups.

CONCLUSION

This case report highlights looking for occult pelvic and abdominal malignancies in the differential diagnosis of patients presenting with atypical symptoms, even in the absence of elevated tumor markers. Clinicians should maintain a high index of suspicion and pursue a comprehensive diagnostic evaluation to ensure timely diagnosis and appropriate management of rectal adenocarcinoma, particularly in cases with unusual presentation.

REFERENCES

1. Rawla P, Sunkara T, Barsouk A. Epidemiology of colorectal cancer: incidence, mortality, survival, and risk factors. Prz Gastroenterol. 2019;14(2):89-103.
2. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2021;71(3):209-49.
3. Lavingia V, Sardana S, Khanderia M, Bisht N, Patel A, Babu P, et al. Localized rectal cancer: Indian consensus and guidelines. Indian J Med Paediatr Oncol. 2024;45(6):461-80.
4. Tumwine LK, Kagimu M, Ocama P, Obua C, Galukande M. Atypical presentation of colon adenocarcinoma: a case report. J Med Case Rep. 2012;6(1):58.
5. Kawamura R, Suzuki Y, Harada Y, Shimizu T. Atypical presentation of colorectal carcinoma with sole multiple osteolytic bone metastases: a case report. J Med Case Rep. 2021;15(1):256.

Creative Commons (CC) License

This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY 4.0) license. This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

About the Corresponding Author

Dr. Neelesh is currently pursuing his MD in Geriatric Medicine at MGM Medical College. Dedicated to improving elderly care, he is focused on understanding age-related diseases and promoting healthy aging. His clinical interests include dementia, frailty, and chronic disease management in older adults, aiming to enhance quality of life in geriatric populations.

© 2025 Dr. Neelesh Kumar Kota, Dr. Sucheet Avanti, Dr. Bharat Dhareshwar. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY NC ND). https://creativecommons.org/licenses/by/4.0/