

A Case of Obstructive Ileus Occurring Early after Surgery in a Patient Undergoing a Resection for a Mesenteric Desmoid Tumor

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Abstract: In the general population desmoid tumors are rare. Desmoids originate from musculo-aponeurotic tissue and, from a histological point of view, are benign tumors because they consist of mature uniform fibroblasts with normal rates of mitosis. They are also unable to metastasize. However, they can become quite large, and often infiltrate and compress the surrounding viscera and also have a marked propensity for recurrence after a conservative resection. This report describes a case in which mesenteric desmoid causing obstructive ileus developed after surgery in a 58-year-old man who had been undergone a low anterior resection for rectal carcinoma (P0, H0, n1, ss: stage III) about 15 months earlier. Obstructive ileus occurred only 8 days after surgery for the desmoid tumor. The obstructive ileus was caused by a rapid recurrent desmoid tumor which adhered to the intestinal wall. Because of this trend, an aggressive wide local excision has now become the preferred treatment. However, a complete and wide resection cannot always be performed because mesenteric desmoids often occur near the vessels, nerve, ureter, and other important organs. Radiation therapy and a repair the mesenteric wall using the synthetic membrane after surgery is therefore useful in preventing such our complications.

Key words: intra-abdominal desmoid tumor, mesenteric desmoid tumor, obstructive ileus, complication after surgery