An 80-year-old woman presented with recurrent abdominal pain for 1 month, constipation, and vomiting. She had no diarrhea, rectal bleeding, or weight loss.

She had insulin-dependent diabetes, hypertension, and gastroesophageal reflux. One year earlier, carcinoma of the colon, Dukes’ stage B, had been diagnosed. A partial colectomy was performed at that time.

Physical examination findings were normal. Colonoscopy revealed a semiobstructive, 2 × 5-cm lesion 20 cm from the anal verge at the site of colon anastomosis (A). The patient underwent a low-anterior colon resection. Drs Ewa Ruggieri, Gamil Kostandy, Hesham Taha, Maged Ghaly, and Bruce Sosler of New York Methodist Hospital in Brooklyn report that the biopsy of the removed lesion showed a suture granuloma (B) of lymphocytes and multinucleated macrophages with no evidence of malignancy. They point out that a recently published study found that as many as 25% of postoperative adhesions were suture granulomas. The patient’s recovery was uneventful, and she was discharged from the hospital in stable condition.

REFERENCES:

Source URL: http://www.diagnosticimaging.com/articles/suture-granuloma

Links: