Spontaneous umbilical colocutaneous fistula as initial presentation of sigmoid adenocarcinoma: A rare surgical challenge in advanced colorectal cancer

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ABSTRACT

Introduction: Colorectal cancer is among the top malignancies in Malaysia. Typical presentations include rectal bleeding, altered bowel habits, and obstruction. Spontaneous colocutaneous fistula is a rare manifestation, typically signifying advanced transmural disease. Umbilical fistulation secondary to sigmoid adenocarcinoma is exceptionally uncommon and presents significant diagnostic and surgical challenges. **Case Presentation:** A 61-year-old male presented with feculent discharge from the umbilicus, weight loss, and fatigue. Examination revealed a cachectic appearance, feculent umbilical fistula, and a palpable left iliac fossa mass. CT imaging showed a sigmoid colon tumor with anterior abdominal wall collection and a fistulous tract extending to the umbilicus. Laparotomy revealed a sigmoid mass with dense adhesions to small bowel and anterior wall, with a mature colocutaneous fistula. A diverting transverse loop colostomy was performed. Colonoscopy confirmed a near-obstructing sigmoid adenocarcinoma. The patient was referred for palliative chemotherapy. **Discussion:** Colocutaneous fistulas due to colorectal malignancy are rare and often indicate neglected or advanced-stage disease. A review of published literature highlights variability in fistula location and tumour pathology, with most requiring surgical control followed by individualized oncologic therapy. Umbilical presentation remains particularly rare. Prognosis depends on tumor burden, systemic status, and timeliness of intervention. Conclusion: This case illustrates a rare and dramatic presentation of advanced colorectal cancer. Awareness of such atypical manifestations is critical for timely diagnosis and management. A multidisciplinary approach including surgical control, oncologic evaluation, and nutritional support is key to optimizing outcomes. Further documentation is needed to guide evidence-based management in these rare scenarios.

Keywords: Colocutaneous fistulas, colorectal cancer, sigmoid colon tumor, left iliac fossa mass, palliative chemotherapy