A 61 year old male presented with abdominal pain for several days. The pain was localized to the periumbilical region then migrated to the right lower quadrant hours prior to presentation. His RDI was remarkable for hematocrit over 30% and a WBC of 12,000/mm3 but liver enzymes were normal. He was diagnosed with acute appendicitis and an exploratory laparotomy was done. He was found to have a perforated cecal mass with localized purulent material and underwent a right hemicolectomy. Biopsy confirmed high grade cecal adenocarcinoma with ischemic necrosis and metastasis to 3 of 11 pericolic lymph nodes. CEA was elevated at 22.24ng/ml. The anaerobic culture from the peritoneum fluid grew C. septicum. Due to a concern for associated aortitis caused by this organism, CT chest/abdomen was done. There were no arterial aneurysms or inflammation, but there were bilateral pulmonary embolisms and multiple hepatic hypodensities concerning for metastases versus septic emboli. He was treated with LMWH, 5 days of vancomycin. Surgical debridement is necessary in some cases (5). Hyperbaric oxygen is occasionally used as adjunctive treatment to the antibiotics and surgery, although further evidence is needed that C. septicum is as susceptible to hyperbaric oxygen as are the other forms of clostridium (6).

**Discussion**

* C. septicum is a rare anaerobic, gas-forming, gram positive bacillus associated with immunosuppression, diabetes mellitus, hematologic or gastrointestinal malignancies (1-3). It is not considered to be part of the normal intestinal flora.

* Although it may have a variable clinical presentation, C. septicum infections generally present with spontaneous gas gangrene, septicaemia, or myonecrosis and are associated with a rapidly progressive clinical picture and high mortality (2,5); especially if treatment is delayed. The organism may be further disseminated through mucosal ulcerations within the tumor. Its ability to disseminate is furthered through its production of multiple exotoxins, including the alpha-toxins which are responsible for the myonecrosis and hemolytic capabilities, and through the use of its flagella for motility.

* There is a strong association between C. septicum and cancer (1,2,3,4,7). The association between this organism and GI malignancy is due to the favorable low pH, low oxidation-reduction environment in ileocecal tumors that allows C. septicum to thrive and germinate (3).

* C. septicum is also able to cause liver abscesses, but rarely in the absence of any underlying pathology. Aortitis may be diagnosed by computed tomography, which may show contrast enhancement around the aorta or air in and around the wall of the aorta. Treatment is emergent surgical resection of the infected section and graft replacement. C. septicum can cause aortitis when there is seeding of an atheromatous lesion during bacteremia, leading to a rapid aneurysmal change (4). Aortitis may be diagnosed by computed tomography, which may show contrast enhancement around the aorta or air in and around the wall of the aorta. Treatment is emergent surgical resection of the infected section and graft replacement. C. septicum is susceptible to various antibiotics, including penicillin, 3rd or 4th generation cephalosporin, imipenem, metronidazole and erythromycin. The combined effects of C. septicum sepsis and an underlying malignancy are associated with a high morbidity and mortality, especially if there is a delay in treatment.

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* Conclusion*

* In conclusion, we present an interesting case of a patient with C. septicum infection in association with a perforated cecal adenocarcinoma.

* The combined effects of C. septicum sepsis and an underlying malignancy are associated with a high morbidity and mortality, especially if there is a delay in treatment.

* All patients found to have C. septicum infections should undergo an aggressive search for an occult malignancy. Early identification and treatment of such is essential for ensuring the best possible prognosis.

* Once hematological malignancy has been excluded, colonoscopy is essential for an early diagnosis (4).