

An Unwanted Neighbor: Contiguous Spread of Colonic Adenocarcinoma

Background

- Left Sided Colonic Cancer typically present with obstructive symptoms with abdominal discomfort.
- Right Sided Colonic Cancers will often present with insidious symptoms such as anemia from slow oozing bleeding.
- Common forms of metastases or invasion of Colon Cancer are hematogenous or lymphocytic invasion with contiguous spread being less common.
- Small Bowel Involvement of Colonic Adenocarcinoma is relatively uncommon with generally poor prognoses.

Objective

Tachycardia as a presentation of Anemia Secondary to Left Sided Colonic Adenocarcinoma.

Case Presentation

A 66-year-old female presented to the ED with complaints of palpitations. She was in sinus tachycardia with a hemoglobin of 4.4 with evidence of bright red blood per rectum. Her GI bleed worsened after admission requiring 6 units of pack RBCs during her initial presentation. Gastroenterology performed EGD and Colonoscopy. Upon colonoscopy, grade 4 internal hemorrhoids were identified as well as a large obstructive circumferential mass in the rectosigmoid colon extending beyond 15cm. Biopsies were taken consistent with infiltrating moderately differentiated adenocarcinoma of the colon. CT chest, abdomen and pelvis showed a polypoidal soft tissue mass involving the proximal rectum and rectosigmoid colon, with a segmental length of approximately 9.4cm. A right posterior perirectal lymph node was noted to be 8mm as well as a total of 8 lymph nodes identified in this imaging study. Due to the location of the mass and potential obstruction seen, Urology implanted a stent in the Left ureter. General Surgery then successfully performed a recto-sigmoidectomy noting that the mass had contiguous invasion and perforation in the adjacent small bowel requiring small bowel removal and a diverting ileostomy site was placed. The patient tolerated the procedure well but did require further antibiotics due to persistent sepsis which gradually resolved. Pathology results of the colonic and small bowel mass were consistent with infiltrating moderately differentiated adenocarcinoma T4bN1a Stage IIIc with 1/16 lymph nodes positive for metastatic adenocarcinoma. Oncology was consulted who will be following up with the patient for a plan of FOLFOX chemotherapy following discharge.

Imaging Studies

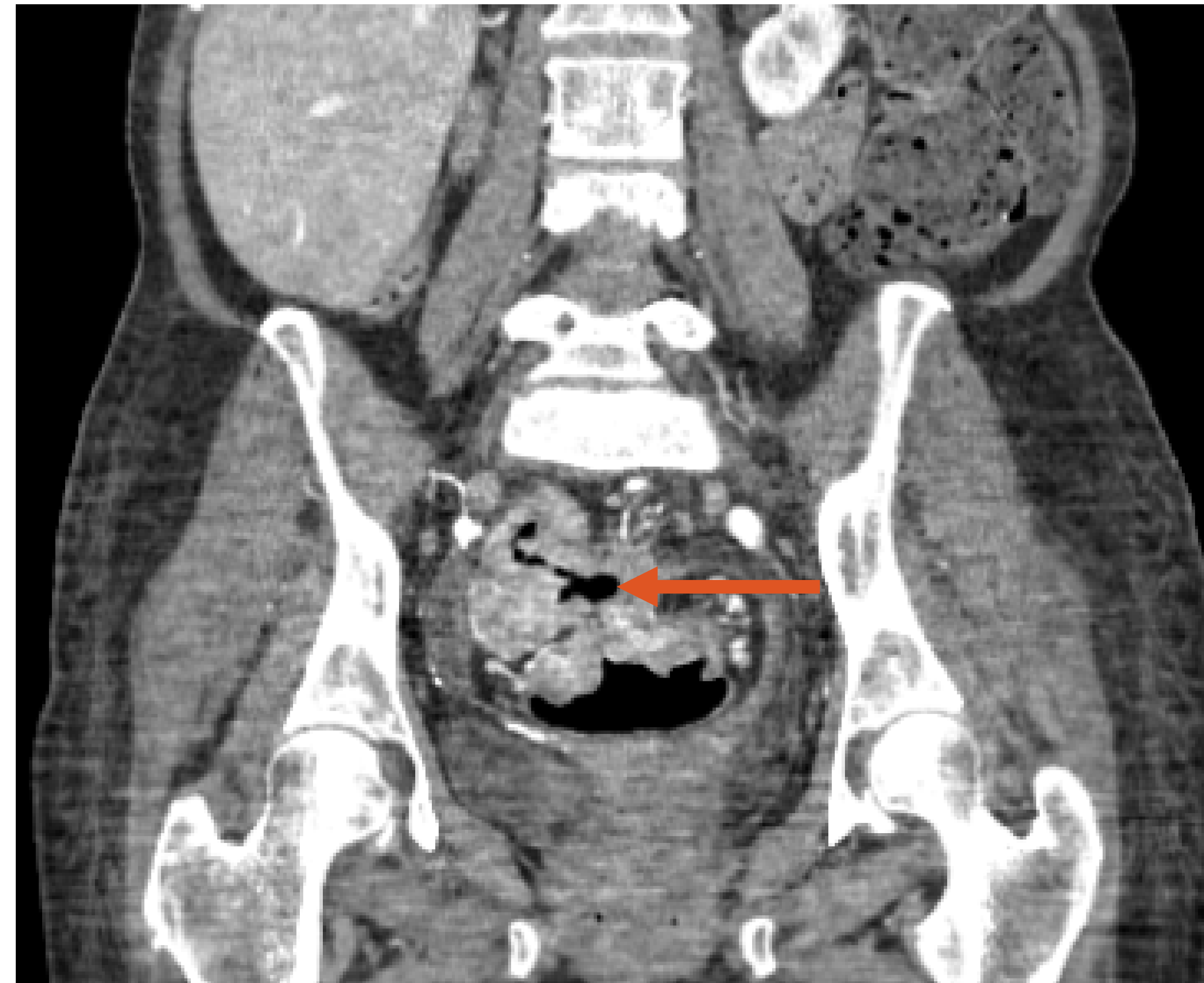


Figure 1: Coronal View CT Abdomen/Pelvis Without Contrast showing Inflammation and Contiguous Spread of Colonic Adenocarcinoma to the Adjacent Small Bowel (Orange Arrow).

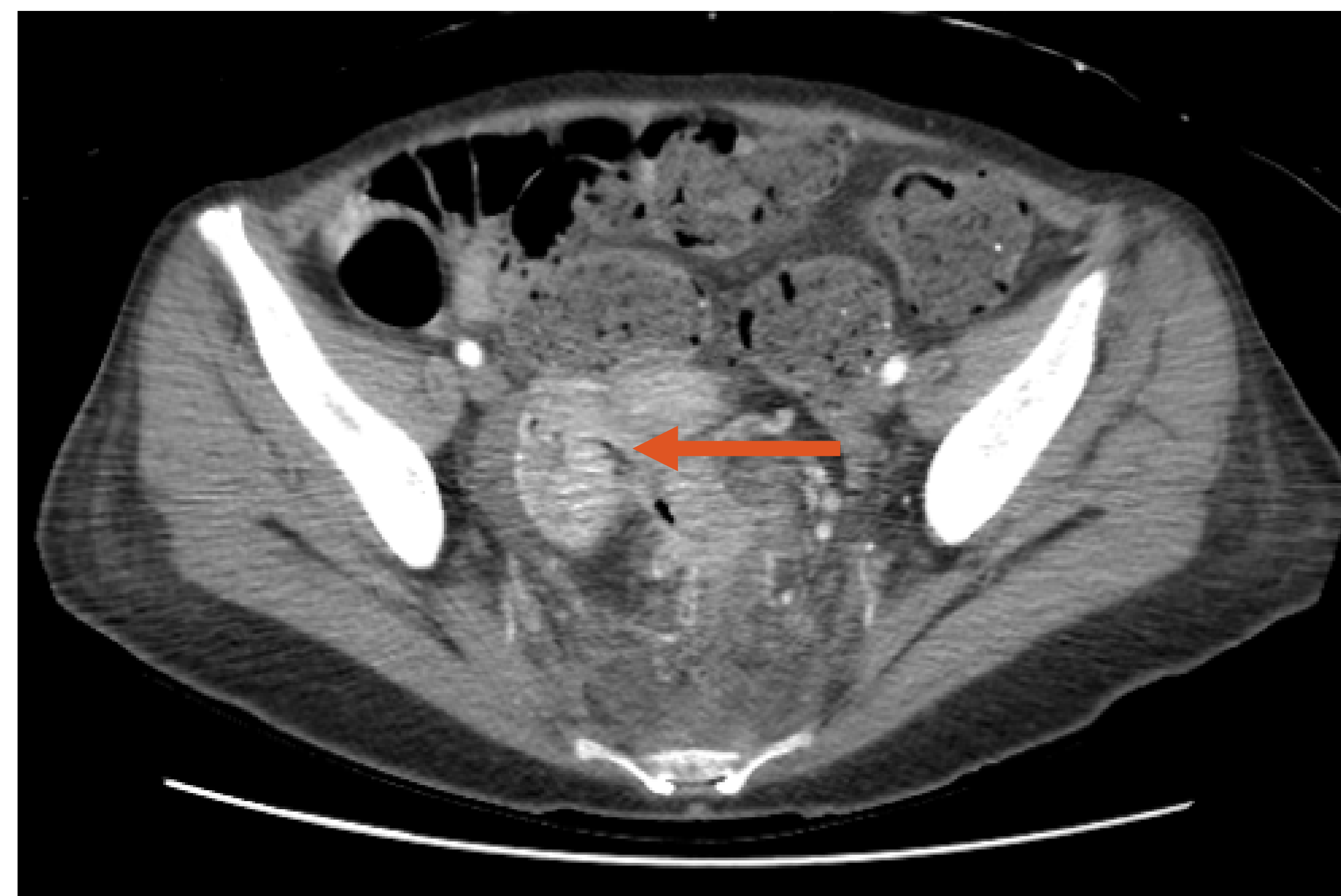


Figure 2: Axial View CT Abdomen/Pelvis Without Contrast showing Inflammation and Contiguous Spread of Colonic Adenocarcinoma to the Adjacent Small Bowel (Orange Arrow).

Discussion

Colon cancer is the 3rd most common and 2nd deadliest cancer studied. Although the incidence and mortality has been declining due to continued screening efforts, it remains a continued example for preventative screening and providing continued education through genetic markers and increased risk through inheritable syndromes.¹ Up to 70% of colon cancer is sporadic with the overall majority of which being carcinomas.¹

Signs and symptoms of colorectal cancers, such as adenocarcinomas, lead to colonoscopy diagnosis in 80% of cases. Extraintestinal involvement includes liver or lung by hematogenous invasion, supraclavicular adenopathy by lymphatic invasion or adjacent structures by contiguous invasion.^{2,3}

Metastatic small intestinal involvement is rare, caused mostly from hematogenous, peritoneal metastasis or intestinal metastasis from proximal sites.^{4,2,5} Typical symptoms of which include both obstructive and insidious symptoms. The most common diagnostic method is a small bowel series showing either “bull’s eye sign” or transverse stretch.⁵

Treatment is surgical resection for non-metastasized colorectal and small bowel cancers. In advanced disease, adjuvant chemotherapy can be used postoperatively.⁴ Adenocarcinoma requires wide segmental surgical resection with nodal resection to determine the need for adjuvant chemotherapy. Small bowel involvement of adenocarcinoma, specifically the 1st and 2nd portion of the small bowel, a Whipple procedure may be utilized.^{4,6}

Conclusion

Small bowel cancer is uncommon with contiguous metastatic invasion being less so. Our patient presented with palpitations possibly caused by her symptomatic anemia. Unlike most Left-sided bowel tumors, the patient did not present with obstructive symptoms but rather insidious symptoms. Unfortunately, prognosis in small bowel metastasis from colonic cancer is poor and commonly associated with occlusion postoperatively.

References

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