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Synchronous Colorectal Carcinoma Manifested as Three Separate Colon Masses: A Case Report and Review of Literature

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INTRODUCTION

Colorectal cancer is the second leading cause of cancer-related deaths in the United States amongst cancers that affect both genders. A small entity of this common disease is synchronous colorectal carcinoma. Research on this topic is becoming more prevalent, however, more answers are still needed. Below is a case of synchronous colorectal carcinoma in which three separate colon masses were discovered on initial presentation.

CASE PRESENTATION

78 year-old female who presented with shortness of breath on exertion for two weeks. She complained of associated lightheadedness and a remote history of intermittent black stools but no bright red per rectum or hematemesis. Past medical history significant for PE currently on Xarelto and left-sided breast cancer that was treated with neoadjuvant chemotherapy two years prior. Patient has never had a colonoscopy or EGD. Family history pertinent for sister dying of stomach cancer 30 years ago but no known history of inflammatory bowel disease. Physical exam on presentation was benign with no abdominal tenderness or organomegaly. Vital signs significant for sinus tachycardia.

CLINICAL COURSE

- Hemoglobin found to be 5.0 with iron deficiency and heme-occult positive stool: two units packed red blood cells transfused
- Gastroenterology consulted: plan for EGD/colonoscopy
- V/Q scan ruled out PE, anticoagulation held for possible GI bleed
- Taken to endoscopy suite: three polypoid lesions in rectum and three separate colon masses located in the cecum, sigmoid colon and rectosigmoid seen; all of which were biopsied and inked
- CT scan post-procedure: 4.2 x 2.7 cm mass at the cecum in region of terminal ileum (left). Areas of bowel wall thickening at distal rectosigmoid colon (right).

RESULTS

- Splenic flexure adenocarcinoma invades into muscularis propria (pT2). C. Sigmoid adenocarcinoma invades into muscularis propria (pT2). D. Lymph node showing metastatic adenocarcinoma. Five of 12 lymph nodes were positive in the resection specimen.

CONCLUSION

Synchronous colorectal cancer may be more prevalent than even documented secondary to not fully diagnosing or patients undergoing palliative surgery prior to complete diagnosis. This is a topic that could benefit from a large research experiment or meta-analysis to better answer the question as to how to effectively manage these patients.

REFERENCES