

Case Report

Recurrence of colon cancer

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ABSTRACT

Follow up post colorectal cancer treatment is the gold standard to detect early recurrence, since this improves the quality of patient's lifestyle reducing the incidence of mortality and morbidity. Intensive follow up is usually reserved for patients with additional risk factors as older age, family history of colon cancer, underlying medical history of ulcerative colitis or chrons, obesity. Multidisciplinary team approach is currently used worldwide to accurately diagnose and stage the cancer, this provides great benefit to the patient's outcome.

Keywords: Colorectal cancer, Colon cancer recurrence, Risk factor

INTRODUCTION

Based on the American Cancer Society statistics, excluding skin cancer, colorectal cancer is the third most diagnosed cancer in both men and women in the United States. People with colorectal cancer are having good outcomes after treatment nowadays, but the overall five-year survival rate is 60%. One of the major factors that affects long term survival is recurrence after curative surgery. This paper discusses a right colon cancer recurrence.¹

CASE REPORT

A 61-year-old male patient who was diagnosed with cecal cancer in 2018, and previously underwent right hemicolectomy in September 2018. Pathological result was T3N0, and he was under observation in the colorectal clinics, he did not receive chemotherapy.

In September 2019, the first scope was done for him after the operation and it was normal. There were no colonic masses and the patient was kept under observation and OPD follow up with normal CT CAPs.

In July 2020, the patient came to the emergency department with previous medical history of right lower abdominal pain, associated with constipation. CT abdomen was done and showed large heterogenous mass at the anastomotic site. Therefore, the patient was taken for the operating room, laparotomy done and relived a right lower quadrant mass at the previous anastomotic site, iliortransverse area. Resection and anastomosis were done again.

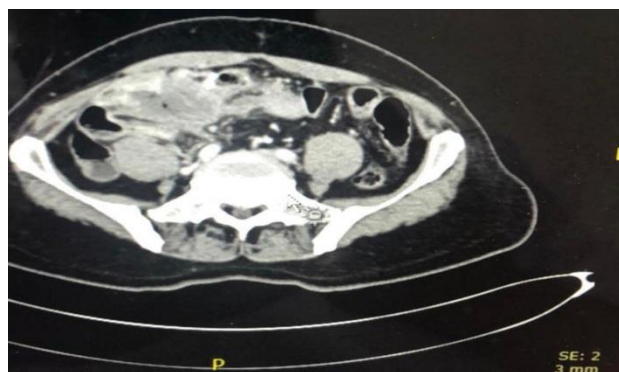


Figure 1: CT scan showing a mass at the anastomotic site at the ileocolonic anastomosis.

CT scan in the given figure showed a mass at the anastomotic site at the ileocolonic anastomosis.

Pathological report showed that this is an invasive adenocarcinoma, moderately differentiated, consistent with recurrence. The patient now is receiving chemotherapy in the oncology department.

DISCUSSION

Based on previous researches conducted, there are several prognostic factors that signify better prognosis on colon cancer management, this includes the primary tumor location. Colorectal cancer can recur in 35-50% in people who underwent surgery without chemotherapy, recurrence happened within the first 3 to 5 years. This recurrence can happen in different organs including liver, lungs or other parts of the body.^{2,3}

Colon cancer incidence is greatest in the elderly population, and due to the improvement in life expectancy led to the increase in the elderly population and as a result increase in encountering colon cancer.

There are certain predictive risk factors for colon cancer recurrence, these include carcinoembryonic antigen level, serum albumin level, and the presence of colloid component. There is great value placed on improving the calculation of the risk of recurrence since this greatly influences the modality of treatment chosen whether to undergo further prophylactic resection or adjuvant treatment methodology.

TNM classification groups colon cancer into five stratifications, this makes it more feasible to plan treatment modality and prognosis. Surgical resection is yet considered the gold standard treatment for colorectal cancer, sometimes surgical resection is associated with adjuvant therapy to downgrade the chance of recurrence. However, we should always consider the tumor stage, histology as well as the patient age, gender, and family history since all these acts as etiologies for colon cancer.⁴

Based on previous studies conducted, most recurrent cases happened during the first two -three years after the initial treatment.

It is greatly emphasized to have strict follow up after curative colorectal cancer treatment to detect early stage recurrence by conducting tumor marker testing, imaging,

and colonoscopy. Based on the set guidelines, colonoscopy should be performed one year postoperatively, then every three to five years depending upon the number, size, and location of the polyps.⁵

CONCLUSION

Currently used predicative risk factors slightly improved early diagnosis of recurrent colon cancer cases. CEA measurements together with imaging studies are helpful to guide the diagnosis of colon cancer recurrence since the early the detection the better the prognosis. Recurrence could be prevented by adequate surgery together with adjuvant therapy.

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