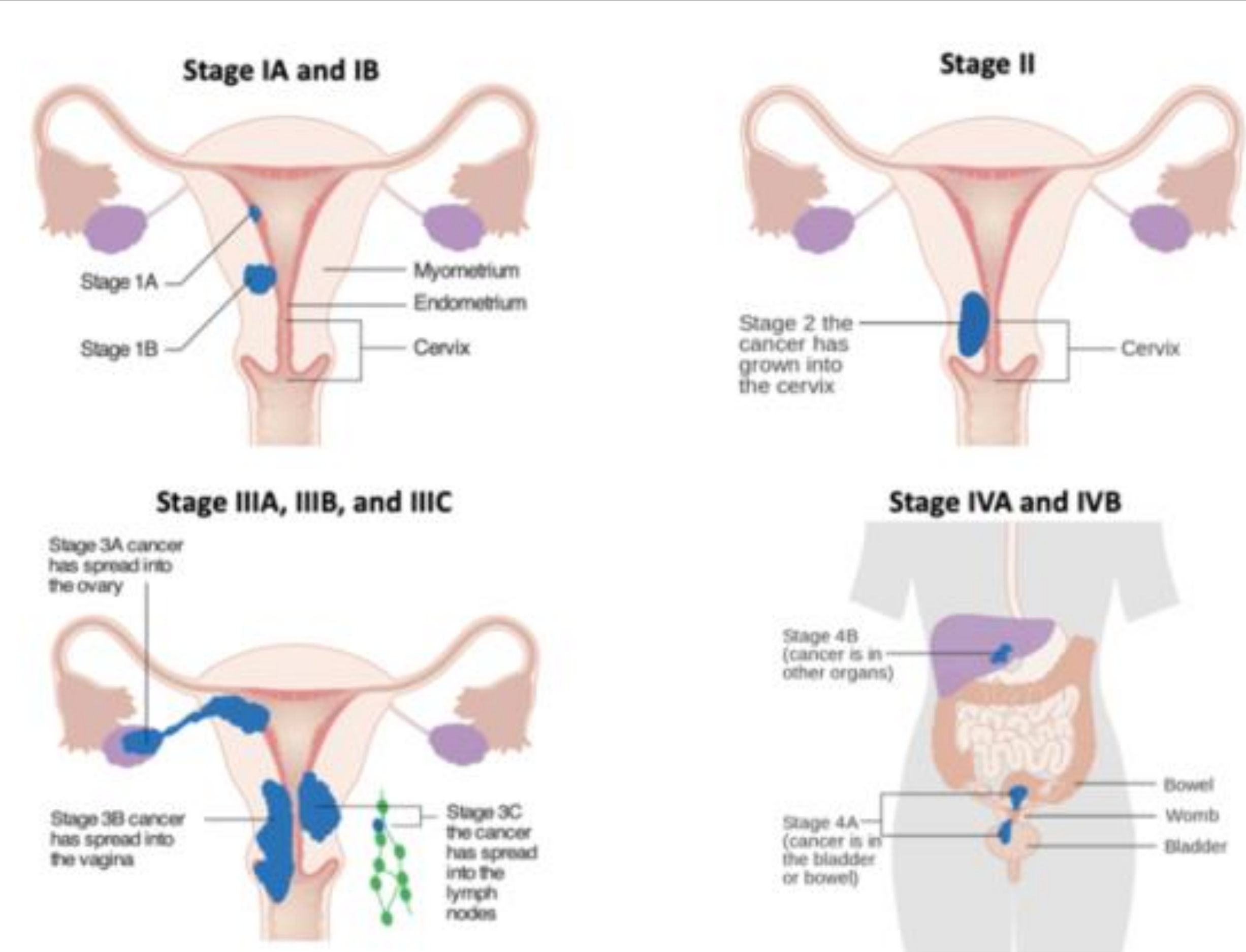


## Introduction

- Hematochezia has an annual incidence for hospitalization of 36/100,000 population.
- Differential for hematochezia include diverticulosis, angiodysplasia, inflammatory bowel disease, and malignancy, including primary colon and metastatic disease.
- Colon cancer accounts for 3.4% of cases of rectal bleeding.
- Metastasis to the colon from other sites is less common (1%), but is seen with cancer of the breast, ovary, prostate, lung and stomach.
- Less than 10 cases have been published of metastasis of endometrial cancer to the bowel.
- We present a case of a 91-year-old woman who developed metastasis of endometrial cancer to her colon.

## Endometrial Cancer Staging

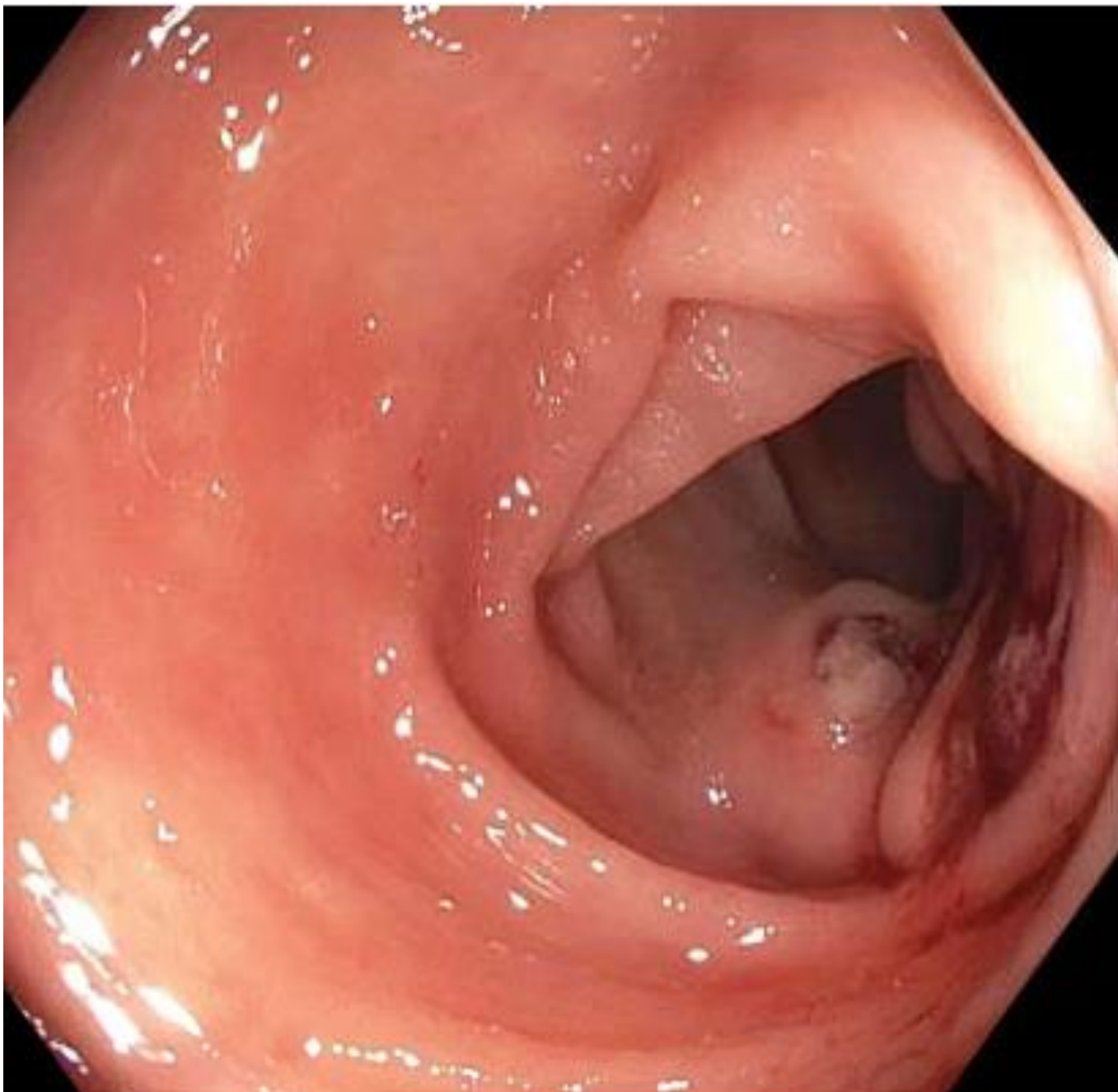
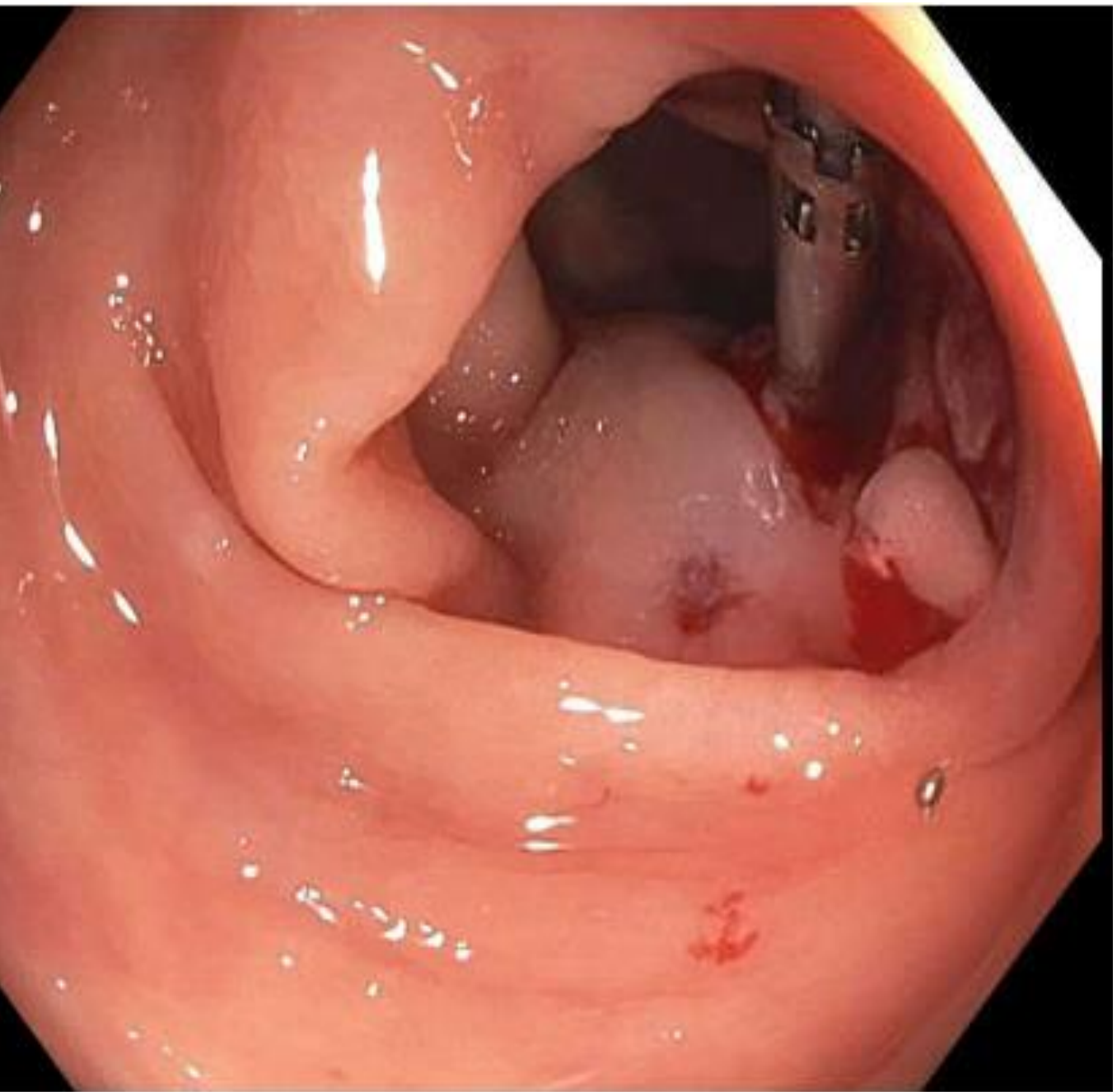
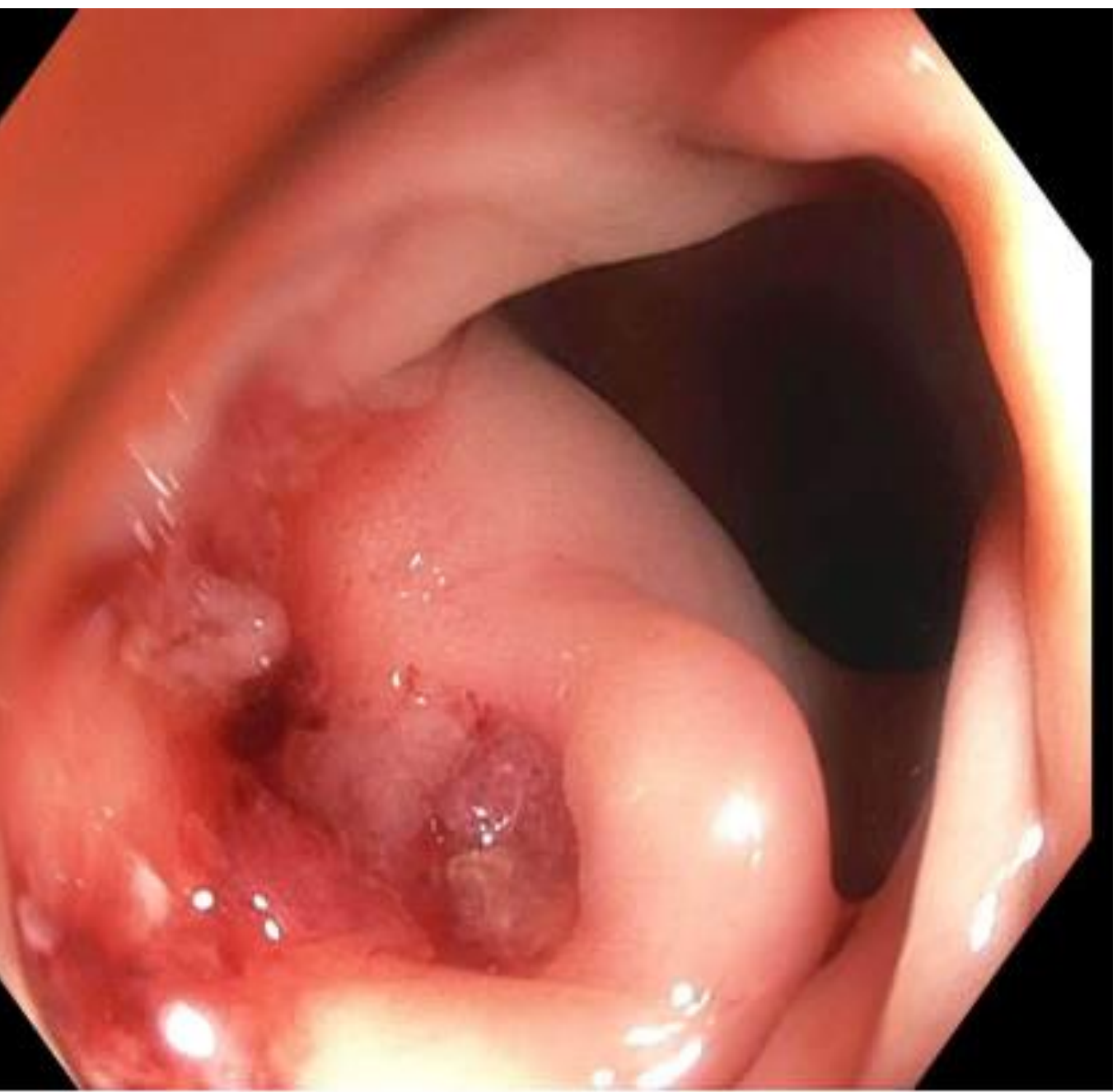


Our patient had a history of stage IA, defined as invasion of more than halfway through the myometrium, but no spread beyond the uterus' body nor lymph node or distant site involvement.

Figure 1: Staging of Endometrial Cancer  
Credit: Cancer Research UK

## Case Presentation

- A 91-year-old woman with a history of stage IA endometrial cancer s/p carboplatin and taxol treatment, moderate AS and atrial fibrillation (CHADSVASc 4) on warfarin presented to the Emergency Department due to an episode of hematochezia.
- The patient also reported a week of lightheadedness and fatigue. Her last warfarin was night prior to admission.
- Past medical history: atrial fibrillation, moderate aortic stenosis, heart failure, hypertension, recurrent uterine cancer
- Past surgical history: total abdominal hysterectomy, bilateral salpingo-oophorectomy
- **Physical Exam**
  - HR: 73, BP: 88/51; RR: 18; T: 97.4 F
  - Conjunctival pallor
  - Pale skin
  - Bright red blood in rectum
- **Labs on admission**
  - Hemoglobin: 5.1 g/dl (Ref: 12.0-14.0 g/dl)
  - Hematocrit: 15.6% (Ref: 37.0%-47.0%)
  - Platelets: 362 x 10<sup>3</sup> (Ref: 150-400 x 10<sup>3</sup> /uL)
  - INR: 1.3
- She was given Kcentra and warfarin was held on admission. Protonix 40 mg IV twice daily was begun.
- She receive 4 units of PRBC with resuscitation to 8.8 g/dl. INR on day of EGD and colonoscopy was 1.3.
- Three days after admission, patient underwent esophagogastroduodenoscopy (EGD) and colonoscopy.
- Stomach and duodenum were unremarkable. A partially submucosal, ulcerating and infiltrating oozing mass present in descending colon. Six biopsies were obtained.
- Pathology of mass in descending colon revealed malignant metastatic neoplasm with gynecologic/Mullerian primary, confirmed via immunohistochemistry (IHC).



Images demonstrate descending colon mass which was ulcerating and oozing bright red blood. One clip was placed for hemostasis after biopsies were obtained.  
Pathology report: Descending, biopsy: fragments of adenocarcinoma present. Immunohistochemical stain results are compatible with involvement by a gynecologic/Mullerian primary.

## Discussion

- The differential for hematochezia is broad and includes primary colon cancer and metastatic disease.
- A rare cause of metastatic colon cancer is primary endometrial cancer metastasis.
- Risk factors for colonic metastasis include:
  - Grade 3 endometrial adenocarcinoma
  - Myometrial invasion greater than 50%
  - 60 years of age or older
  - Lymphovascular involvement
  - Lower uterine involvement
- Our patient's cancer was stage IA, defined as invasion of more than halfway through the myometrium, but no spread beyond the uterus' body nor lymph node or distant site involvement
- Endometrial and colonic adenocarcinomas have some overlapping morphology but can be differentiated with IHC staining. CK-7 and estrogen receptor are an effective way to determine colonic tumors derived from the endometrium.
- Of the few known cases of endometrial metastasis to the colon, only two were stage IB, and to our knowledge, **this is the first stage IA to metastasize to the colon.**
- Despite low incidence, in patients with a history of endometrial cancer, metastasis to the colon should be considered.

## References

- Anstadt MJ, Lapetino SR, Defnet A, Kapur U, Shoup M. Endometrial adenocarcinoma metastatic to the colon masquerading as a primary colon cancer. *Journal of Gastroenterology and Hepatology Research* 2012; 1(3): 40-43 Available from: URL: <http://www.ghrnet.org/index/joghr/>
- Bresalier R. S. Colorectal Cancer. In: Feldman M., Lawrence S., Brandt L. J., editors. *Sleisenger and Fordtran's Gastrointestinal and Liver Disease*. 10th. Philadelphia, PA, USA: Saunders/Elsevier; 2015. pp. 2248–2296.
- Burt Cagir, MD. "Lower Gastrointestinal Bleeding." *Practice Essentials, Background, Anatomy, Medscape*, 5 Jan. 2022, <https://emedicine.medscape.com/article/188478-overview#a5>.
- "Endometrial Cancer Stages." *American Cancer Society*, <https://www.cancer.org/cancer/endometrial-cancer/detection-diagnosis-staging/staging.html>.
- Ghassemi, Kevin A, and Dennis M Jensen. "Lower GI bleeding: epidemiology and management." *Current gastroenterology reports* vol. 15,7 (2013): 333. doi:10.1007/s11894-013-0333-5
- Hubers, Jeffrey A, and Anurag Soni. "A Rare Case of Endometrial Cancer Metastatic to the Sigmoid Colon and Small Bowel." *Case reports in gastrointestinal medicine* vol. 2017 (2017): 9382486. doi:10.1155/2017/9382486
- Sabry AO, Sood T. Rectal Bleeding. [Updated 2021 Sep 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK563143/>
- Siegel, Rebecca L., et al. "Colorectal Cancer Statistics, 2020." *CA: A Cancer Journal for Clinicians*, vol. 70, no. 3, 2020, pp. 145–164., <https://doi.org/10.3322/caac.21601>.
- "Stages or Womb Cancer." *Stages | Womb Cancer | Cancer Research UK*, 30 Jan. 2022, <https://www.cancerresearchuk.org/about-cancer/womb-cancer/stages>.