An Exceedingly Rare Occurrence: Late Recurrent Colon Adenocarcinoma Metastasizing to Jejunum and Duodenum

ST. VINCENT CHARITY MEDICAL CENTER
A Ministry of the Sisters of Charity Health System

Pearl Aggarwal, Francisco Somoza-Cano, Abdul Al Armashi, Kanchi Patell, Mohammad Mazumder
Internal Medicine Department

Introduction

Colorectal cancer (CRC) is one of the most common cancer malignancies globally. However, the late recurrent disease after early diagnosis and treatment is rare. We present a case of small bowel obstructions secondary to recurrent CRC treated over 16 years ago.

Case Presentation

A 64-year-old African-American male with a past medical history of Stage IIA colon adenocarcinoma status post rectosigmoid resection who received chemoradiation (capecitabine) presented after worsening nausea and vomiting. An abdominal CT scan revealed a partial small bowel obstruction at the jejunum with abdominal lymphadenopathy. The patient was taken to an exploratory laparotomy with adhesiolysis and resection of the aforementioned mass. Pathology reported a metastatic adenocarcinoma with the colon as the primary malignancy. In his immediate post-op, the patient presented with worsening vomiting. Upper endoscopy revealed a pedunculated tumor of approximately 3 cm in size in the duodenum, partially obstructing the small bowel. The tumor was resected and had identical pathological characteristics to the jejunal mass. Immunohistochemistry (IMR) for mismatch repair proteins was negative without loss of MMR nuclear expression. The patient was remitted to palliative care.

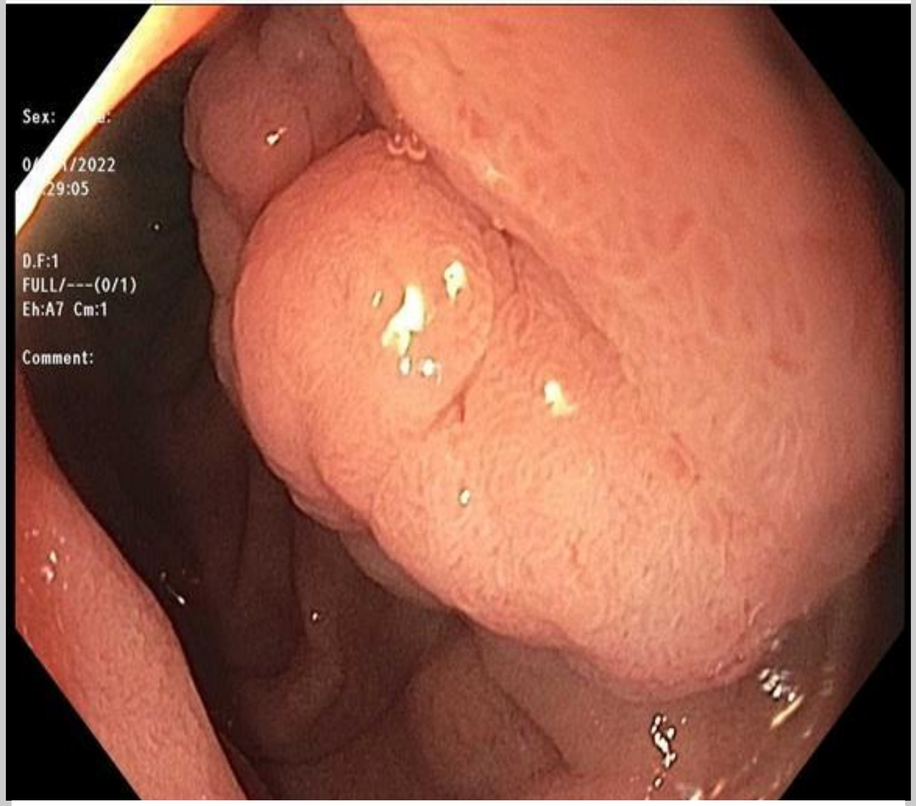

Figure 1: Upper GI endoscopy with a mass at the second portion of the duodenum

Discussion

Late recurrent CRC to small bowel is exceedingly rare and seldom reported in the literature. The recurrence patterns are dependent on several factors: interval until recurrence, site of first recurrence, stage of primary cancer, adjacent organ involvement, and influence of adjuvant therapies. Current literature suggests that the disease-free interval is significantly longer in those who received both adjuvant therapies than in those who received either radiotherapy or chemotherapy or neither of them. In our case, the interval between curative resection and recurrence of adenocarcinoma was over 10 yrs. Our patient underwent standard surveillance with colonoscopy. Locoregional recurrences have been studied involving the anastomotic site, tumor bed, mesentery, surgical site scar, draining lymphatics, or the port site. Based on these recurrence patterns, it is debatable if the current surveillance guidelines are sufficient and prompt the query if additional strategies are required to supplement the current guidelines and increase patient compliance.

Turk PS, Wanebo HJ. Results of surgical treatment of nonhepatic recurrence of colorectal carcinoma. Cancer. 1993 Jun 15; PMID: 8508389.