



Brain Metastases With Headache and Memory Loss as a Primary Manifestation From Undiagnosed Rectal Cancer

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INTRODUCTION

- ❖ Colorectal cancer typically metastasizes to the liver and lungs.
- ❖ Intracranial metastasis of colorectal cancer is rare.
- ❖ We report a rare case of rectal cancer with brain metastases who initially presented with headaches and memory difficulties without any other systemic manifestations.

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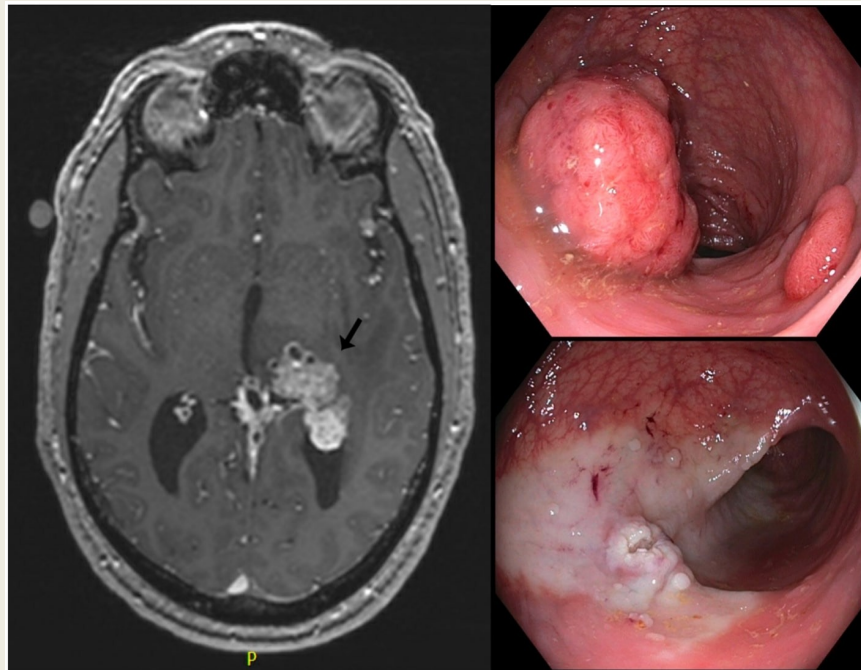


Figure: Brain MRI demonstrating metastasis to the left thalamus (black arrow). On right Colonoscopy images showing a fungating mass in the rectum and post hot-snare polypectomy.

CASE DESCRIPTION

- ❖ A 50-year-old Caucasian male presented with chronic headaches and memory difficulties. There were no GI complaints except occasional BRBPR after passing hard stools.
- ❖ He developed new onset of dizziness, right-sided facial weakness, and seizures.
- ❖ MRI of the brain (figure) showed a left thalamic enhancing mass with extensive edema extending to the midbrain with leptomeningeal metastatic deposits.
- ❖ He underwent left parietal mini craniotomy with partial resection of intraventricular tumor.
- ❖ Histopathology of the tumor showed an adenocarcinoma with IHC stains positive for AE1/AE3, CK7, and CDX2. Ki-67 proliferative index was 75.0%.
- ❖ Abdomen/pelvis and chest CT were unremarkable for any evidence of malignancy.
- ❖ A colonoscopy showed a 7 cm x 5 cm pedunculated polypoid non-obstructing lesion (figure) in the rectum which was removed with hot snare.
- ❖ The histology revealed an invasive moderately differentiated adenocarcinoma arising from the Tubulovillous adenoma with high-grade dysplasia without any lympho-vascular invasion.

DISCUSSION

Metachronous metastasis of colorectal cancer to the brain is rare and devastating. The brain metastases of colorectal cancer dictate the prognosis as chemotherapy does not penetrate CNS. Our case highlights an interesting illustration of an undiagnosed rectal cancer with isolated brain metastases presenting with neurological manifestations. Careful investigation is often warranted in such cases without any GI manifestations. Radiation therapy, anti-EGFR antibody therapies and monoclonal antibodies in addition to chemotherapy are the cornerstones of treatment in patients with colorectal cancer with brain metastases.