

Multicentric Synchronous Colon Cancer in the Rectum, Sigmoid, and Cecum in an Elderly Female

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Introduction

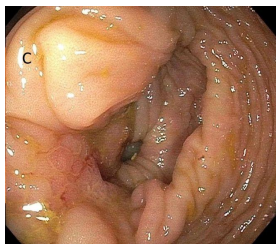
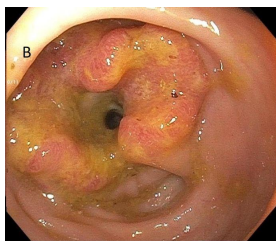
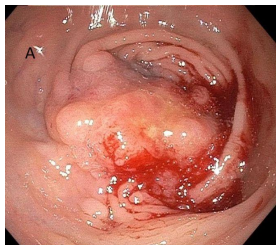
- Synchronous colorectal cancer refers to >1 primary CRC detected in a single patient simultaneously or within 6 months of initial diagnosis
- Reported incidence of 2.3 - 12.4% in the United States
- More common in genetically-linked cancers and associated with DNA mismatch repair genes/microsatellite instability

Case

- 81-year-old female with no medical history presented to the hospital with complaints of constipation and diffuse intermittent abdominal pain for the past 4 months. Her symptoms were no longer responding to over-the-counter laxatives.
- She denied any prior endoscopies or family history of colorectal cancer.
- On admission, her vital signs were normal. Abdominal exam was revealed a large tympanic abdomen with hypoactive bowel sounds and diffuse tenderness to palpation
- Digital rectal examination revealed a non-tender, hard mass in the left lateral wall of the rectum.
- Her complete blood count and comprehensive metabolic panels were normal. Iron studies were also unremarkable.
- CT of the abdomen/pelvis revealed an area of thickening in the sigmoid colon with pericolic lymph node enhancement and asymmetric thickening in the rectum

Colonoscopy

- Colonoscopy revealed three partially-obstructing, malignant-appearing lesions located in the (A) rectum, (B) proximal sigmoid, and the (C) cecum.



Hospital Course

- Biopsies of all three sites revealed well-differentiated adenocarcinoma. Immunohistochemistry for DNA mismatch repair proteins (MMR) showed intact MLH1, MSH2, MSH6, PMS2 genes.
- She underwent a laparoscopic total colectomy with an end-ileostomy. Staging revealing pT3 N0 for the sigmoid tumor and pT4a N2b for the cecal tumor.
- The rectal cancer was stage III as the tumor penetrated the mesial rectal fat and there was 2 perirectal lymph nodes involved.
- She was planned for neoadjuvant chemoradiation therapy in anticipation for future robotic proctectomy for treatment of the rectal tumor.

Discussion

- Synchronous CRC pose a distinct challenge in terms of management and treatment.
- When comparing synchronous cancers with single cancers, synchronous cancers are more common in male patients, more frequently located in the left colon, have more microsatellite instability- high status, and show more advanced stage than single cancer.
- The extent of surgical resection and the use of chemoradiation depends on the location, number of lesions and lymph node involvement.
- This was unusual as our patient was an average risk patient, had otherwise normal labs, and HNPCC/lynch syndrome-related cancers were excluded on the basis of normal immunohistochemistry testing.