

## 1st Case

A 68 yrs old man is referred by his GP with 6 weeks H/O lethargy & dyspnea on walking. He lost 2 kg of his weight over the last 2 months. No rectal bleeding or change in bowel habit. His father died from colonic tumor. OGID done and was normal. RIE & sigmoidoscopy up to 18 cm were normal

Hb = 7.4

## Questions

- ① What's the most likely diagnosis?
- ② What further investigations are required?
- ③ What's the most appropriate treatment?

Changes in bowel habit are more common in L. tumor b/c the stool is more liquid in proximal colon. also, L. sided tumors tend to obstruct the lumen more than R. sided

## ► Symptoms of Colonic tumors according to their location ⇒

## ① Right-sided Carcinoma: Cecum &amp; ascending colon

- Iron deficiency anemia
- RIF mass
- Melena
- Weight loss
- Diarrhea

## ② Left-sided Carcinoma: Transverse &amp; descending colon

- Changes in bowel habit (size / consistency / frequency)
- Blood-streaked stool
- Colicky abdominal pain due to obstruction, perforation

## ③ Rectum &amp; sigmoid

- Hematochezia
- ↓ stool caliber (pencil-shaped stool)
- Rectal pain
- Tenesmus
- Flatulence with involuntary stool loss

Q1 ⇒ What is the most likely diagnosis?

Iron deficiency anemia in men > 50 years and post-menopausal women should be considered a sign of Colorectal Cancer until proven otherwise!

The most likely diagnosis is Right-sided Colonic Carcinoma. Bc the patient has a strong family history, & he has anemia which could be the only presentation of Right-sided Colonic tumors. But further investigations should be done to confirm the diagnosis.

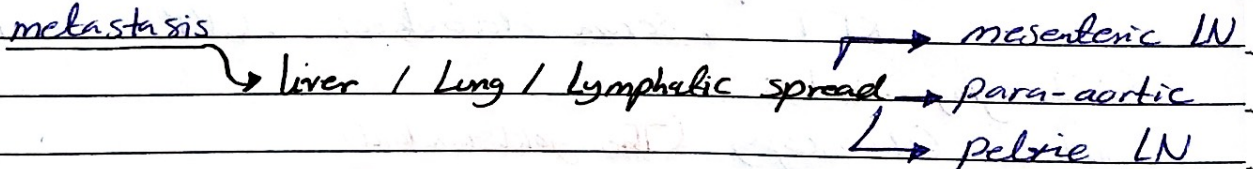
Q2 ⇒ What further investigations are required?

① Laboratory Investigations

- Iron-deficiency anemia should be firstly confirmed by a low serum ferritin (microcytic hypochromic anemia)
- Urinalysis for hematuria
- Screening for Celiac disease (Transglutaminase IgA level)
- LFT
- Carcinoembryonic Antigen (CEA) tumor marker level.

② Imaging Investigations

- Complete colonoscopy to rule out additional tumors.
- CT scan of Chest, abdomen & pelvis to check for metastasis



⇒ Radiotherapy isn't a standard modality in tx of Colonic Cancer

Q3 ⇒ What is the appropriate treatment?

Treatment depends primarily on TNM staging

Curative Approach

- In the absence of metastasis, do Right hemicolectomy followed by adjuvant chemotherapy, depending on tumor depth & involvement of Regional LNs.

palliative Approach

- If metastatic disease is present then do palliative resection. to relieve anemia, if the patient isn't a candidate for surgery then do palliative chemotherapy.

## 2nd Case

A 69 yrs old man C/O loose motion over the last 7 weeks (3-4 times/day) not mixed with blood. He has lost 3 kg of his wt. His mother had Ulcerative Colitis.

- E/O the patient looks healthy, vitally stable
- Abdominal Ex normal
- PR Ex is unremarkable

### Questions

- ① What is the DID?
- ② What are the investigations required?
- ③ What is the appropriate action?

#### ① DID

- ① Inflammatory bowel disease
- ② Colon cancer
- ③ Diverticulitis

#### ② Further Investigations

##### ① Laboratory workup

• CBC • RFT • Serum electrolytes • CRP • CEA

##### ② Imaging studies

- Complete Colonoscopy (The gold standard)
- Barium Enema
- CT chest, abdomen, pelvis

#### ③ The appropriate action

Is to do Complete Colonoscopy to see if the pt has Inflammatory bowel disease (by biopsy) or has Colonic tumor, if there's Colonic tumor, and no mets then perform resection of the tumor to send for staging. If there's mets perform palliative resection + staging, or... give palliative chemotherapy, if the patient isn't fit for surgery.

► patients at risk of Colorectal malignancy ⇒

- ① patients with family history.
- ② familial polyposis
- ③ sporadic adenomatous polyps
- ④ Inflammatory bowel disease

► Dulce's' staging for pathological staging of Colorectal CA ⇒

A: Carcinoma not breaching the muscularis propria

B: Carcinoma breaching the muscularis propria but not involving local LNs

C: Carcinoma involving local LNs

D: Carcinoma with distant mets

Five year survival: 79%, 70%, 30% for stages A, B, C respectively