

Synchronous Triple Colorectal Cancer with Intestinal Obstruction in an Elderly Patient: Rare Case of Malignancy of the Large Intestine

Gambardella D^{1*}, Stelitano S¹, Borrello L², Caruso MT³, De Caridi A⁴, Maschio V⁴, Loria F⁴ and Tedesco M²

¹Department of Medical and Surgical Sciences, (Director Dr G. Sammarco), University of Catanzaro, Catanzaro, Italy

²Operative Unit of General Surgery, (Director Dr. M. Tedesco), “Giovanni Paolo II” Hospital, Lamezia Terme, Italy

³Unit of Intensive Care, (Director Dr A. Monardo), Giovanni Paolo II” Hospital, Lamezia Terme, Italy

⁴Department of Radiology, (Director Dr G. Di Leo), “Giovanni Paolo II” Hospital, Lamezia Terme, Italy

*Corresponding author:

Denise Gambardella,
Department of Medical and Surgical Sciences,
University of Catanzaro,
Catanzaro, Italy,
E-mail: gambardelladenise@gmail.com

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1. Clinical Image

Synchronous cancers are characterized by the simultaneous occurrence of multiple primary tumors in the same patient. Synchronous malignancies most commonly occur in the colon, with a high prevalence in elderly patients [1,2]. The occurrence of synchronous colorectal cancers is extremely rare and may be identified at any location within the large intestine [3]. Synchronous cancers are relatively uncommon, and triple synchronous colon cancers are particularly rare. At present, radical surgery is considered the standard curative treatment; however, individualized surgical strategies depend on tumor location, the depth of invasion and the general health of the patient. We present the case of a 85-year-old man with an history of alzheimer, BPCO and 2-month history of abdominal pain that was accompanied by intermittent hematochezia and weight loss. The patient had no family history of cancer. He was admitted to our surgical department with symptoms of intestinal obstruction: distended, painful abdomen and fecaloid vomiting. Computed Tomography (CT) of the abdomen revealed intestinal wall thickness in the colon, a suspicious mass of the cecum that attracts the sigmoid colon. The first tumor was located in the cecum, the second tumor was located in the sigmoid colon. Subsequently we planned to perform a subtotal colectomy with colocolic anastomosis to remove the two lesions, but intraoperatively we discovered the presence of a third tumor located in the rectum about 8 cm from the anal verge. The patient therefore underwent a subtotal colectomy with colorectal anastomosis. The postoperative

course was uncomplicated. The patient is discharged after 7 days of hospitalization. The patient underwent chemotherapy following surgery. Subsequent to 12 months of follow-up examinations using CT and colonoscopy every 6 months, the patient exhibited no signs of recurrence. The preoperative or intraoperative diagnosis of multiple synchronous colorectal carcinomas is extremely important, but remains challenging. It is difficult to identify certain small tumors on CT, and sometimes complete examination of the large intestine cannot be conducted, due to intestinal lumen stenosis. The combined use of CT and colonoscopy has been reported as a useful tool for the preoperative evaluation of synchronous colorectal carcinoma [4, 5].

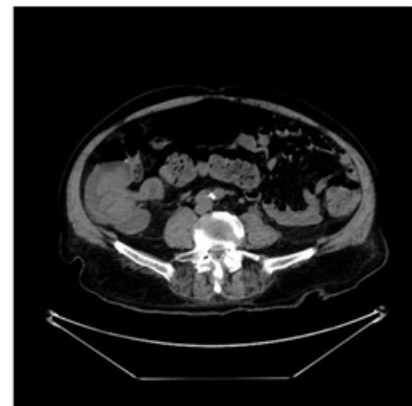


Figure 1: Sagittal CT image showing the presence of a large mass in the cecum that attracts the long sigmoid colon, with suspected presence of a second lesion of the sigma or diffusion by continuity of the neoplasm of the cecum.

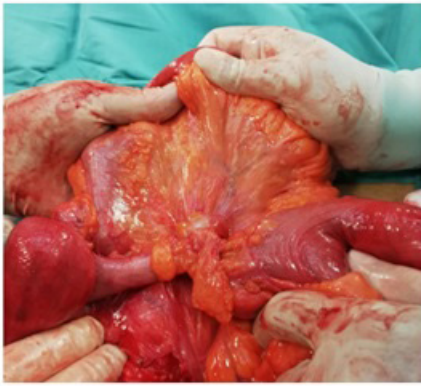


Figure 2: Correspond intraoperatively to the CT images: we can see the mass of the cecum that a compassed the appendix which attracts another suspicious mass of the sigma.



Figure 3: Polypoid lesion of the rectum discovered intraoperatively.

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