



A RARE METASTATIC PRESENTATION OF CARCINOMA RECTUM- CASE REPORT

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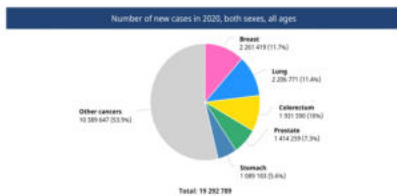
KEYWORDS :

INTRODUCTION

Colon and rectal cancers (CRC) combined are the third most commonly diagnosed cancer in the united states and second deadliest. Initial work up starts with a careful history and physical examination , including a digital rectal examination.

Rectal cancers are more frequently metastasized in to thoracic organs and the nervous system and less frequently within peritoneum.

Mucinous and signet ring adeno-carcinomas more frequently metastasized within peritoneum compared with generic adenocarcinoma and less frequently into liver.



Incidence of cancers in both sexes according to GLOBOCAN 2020

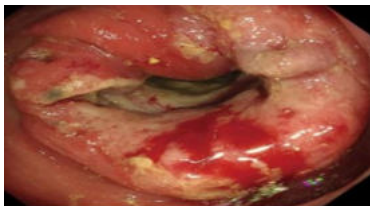
According to this colorectal cancers are the 3rd most commonly diagnosed cancer in both sexes

CASE HISTORY

We report a case of 75 year old male with complaints of bleeding per rectum and tenesmus since 6months.

He s has history of alternating bowel habits.
No history of any co-morbidities or any positive family history.
on examination vitals stable and systemic examination NAD.

On per-rectal examination there is a palpable circumferential mass in lower end of rectum 5cm from anal verge. On colonoscopy there is exophytic circumferential friable growth noted 5cm from anal verge. Biopsy taken and HPE s/o adeno-carcinoma of rectum.



INVESTIGATIONS

CBP(complete blood picture) :WNL(within normal limits),
RBS(random blood sugars):WNL,
RFT(renal function test):WNL,
LFT(liver function test):WNL,
SE(serum electrolytes):WNL,
HIV&HBSAG:NR,

CXR-PA (chest x-ray):WNL,
CEA:30ng/ml

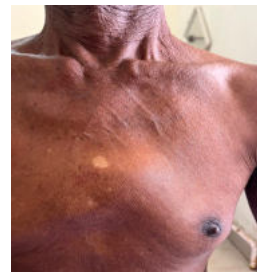
MRI ABDOMEN AND PELVIS: F/S/O carcinoma rectum involving lower and mid rectum for a length of 7cm infiltrating anterior peritoneal reflection, meso rectal fascia infiltrated, EMVI+, NO suspicious lymph nodes

DIAGNOSIS

Adeno-carcinoma of rectum staged as T4aN0M0 (stageIIB).

TREATMENT AND FURTHER COURSE OF DISEASE

- The patient was planned for neo-adjuvant chemo-radiation of total 50.4Gy @1.8Gy per fraction in 28fractions with concurrent capecitabine of 825mg/m2 throughout the course of radiation.
- After neo-adjuvant chemo-radiation patient presented with a lesion of size 4*4cm over sternum which is firm to hard, irregular margins, fixed. No local rise in temperature or tenderness .
- USG OF LESION: palpable swelling on chest predominantly hypoechoic 4*3cm extending in to muscular plane
- FNAC of the above mentioned lesion s/o malignant epithelial deposit of adeno-carcinoma. It is highly unlikely of rectal carcinoma to present with epithelial deposits.



DISCUSSION

The most common sites of metastasis for colorectal cancer is liver ,lungs,bones,brain. But the epithelial depositis are a rare metastatic presentation for adenocarcinoma rectum. This care report demonstrates the rare metastatic presentation of carcinoma rectum.

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