



General Surgery

COLON CANCER MASQUERADING AS GENERALIZED WEAKNESS: A CASE REPORT WITH AN UNCOMMON POSTOPERATIVE COMPLICATION

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ABSTRACT

Introduction: Colorectal carcinoma (CRC) is among the most prevalent malignancies worldwide, often presenting with characteristic gastrointestinal symptoms. However, atypical manifestations may lead to delayed diagnosis and treatment. Postoperative complications, though common in major oncologic surgeries, rarely include conditions such as parotiditis. Recognizing such unusual presentations and complications is crucial for timely intervention and improved patient outcomes. **Summary:** This case report describes a 72-year-old male who presented with nonspecific symptoms, including generalized weakness, exertional breathlessness, and significant weight loss, ultimately leading to the diagnosis of CRC. He underwent an extended right hemicolectomy, but his postoperative course was complicated by parotiditis, an uncommon but potentially serious condition. Conservative management initially failed, necessitating surgical drainage. This case underscores the challenges in diagnosing CRC when presenting atypically and highlights the importance of prompt recognition and management of rare postoperative complications. **Conclusion:** CRC may present with subtle, nonspecific symptoms, requiring a high index of suspicion for early diagnosis. Additionally, postoperative complications such as parotiditis, though rare, should be promptly identified and managed. A multidisciplinary approach remains essential to optimizing patient outcomes and reducing morbidity. This case emphasizes the need for heightened awareness of both atypical presentations and uncommon postoperative challenges in CRC management.

KEYWORDS : Colon cancer, parotitis, enterocutaneous fistula

INTRODUCTION

Colorectal carcinoma (CRC) is the third most common cancer globally and a major cause of cancer-related mortality¹. Although its incidence in India remains lower than in Western countries, it has been increasing, particularly among younger individuals. CRC development is influenced by genetic predisposition, dietary habits, lifestyle factors, changes in the gut microbiome and inflammatory conditions^{2,3,4,5,6,7,8,9}. This case report underscores the diagnostic challenges associated with nonspecific CRC presentations and highlights a rare postoperative complication—parotiditis.

Case Presentation

Patient Information

A 72-year-old male presented with complaints of generalized weakness and exertional breathlessness for three months. He reported intermittent black stools, last noted three months prior, and a 13 kg weight loss. There were no associated gastrointestinal or urinary symptoms. His medical history was significant for hypertension and a prior cerebrovascular accident (CVA), for which he was on anticoagulants and antihypertensive medications.

Clinical Examination

The patient appeared cachectic with marked pallor. Systemic examination was unremarkable, with no abdominal tenderness, masses, or lymphadenopathy. Per rectal examination revealed no abnormalities.

Investigations

- **Hematological and Biochemical Tests:** Severe anemia was detected.
- **Colonoscopy:** An ulceroproliferative lesion at the hepatic flexure was identified, partially occluding the lumen.



Figure 1: Colonoscopy Image Showing Ulceroproliferative Lesion Colon at Hepatic Flexure.

- **Histopathology:** Poorly differentiated adenocarcinoma of the colon was confirmed.
- **Imaging:** Contrast-enhanced CT (CECT) of the abdomen and pelvis was performed for staging, revealing no metastasis.

Management

The patient underwent exploratory laparotomy with an extended right hemicolectomy and end-to-side ileotransverse anastomosis following preoperative optimization. Postoperatively, he developed high nasogastric tube output, necessitating prolonged nil per oral and total parenteral nutrition (TPN).



Figure 2: Poorly Differentiated Adenocarcinoma Colon at Hepatic Flexure.

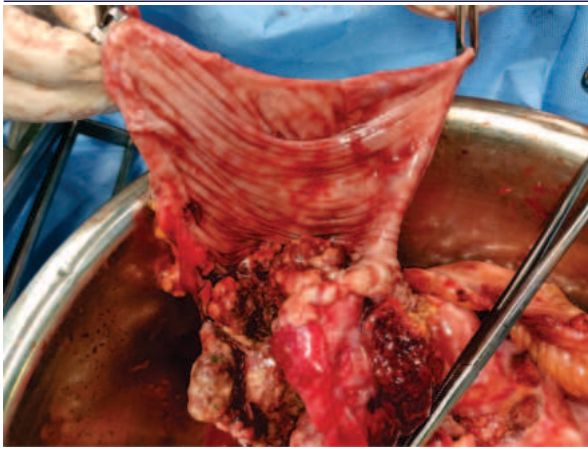


Figure 3: Same Specimen After Opening of the Colon.

Postoperative Complications

- **Parotiditis:** On the seventh postoperative day, the patient developed painful right parotid swelling with erythema and tenderness. Conservative management with intravenous antibiotics and warm compresses was initially attempted. Due to persistent symptoms and abscess formation, incision and drainage were performed, leading to resolution.
- **Fecal Fistula:** Two weeks postoperatively, a fecal fistula developed at the superior abdominal suture site. A colostomy bag was placed, and conservative management was employed. The fistula resolved within two weeks, and the patient was discharged in stable condition.

DISCUSSION

Prevention and Screening

Lifestyle modifications, including dietary changes and smoking cessation, play a role in CRC prevention^{10,11,12,13,14,15,16,17,18,19,20,21,22,23}. Screening via fecal occult blood tests (FOBT), fecal immune histochemical test, colonoscopy, capsule colonoscopy, septin 9 assay and stool DNA tests remains essential in reducing CRC-related mortality^{24,25,26,27,28}.

Diagnostic Challenges

CRC often presents with vague symptoms, complicating early diagnosis. This case underscores the importance of maintaining a high index of suspicion, especially in elderly patients presenting with anemia and unexplained weight loss. Colonoscopy remains the gold standard for diagnosis, and molecular profiling (e.g., KRAS, BRAF, and microsatellite instability)^{25,26,27,28} aids in therapeutic decision-making.

Postoperative Parotiditis

Postoperative parotitis is a rare complication, often associated with dehydration, immunosuppression, or prolonged fasting. In this case it was attributable to diuretics which was a part of antihypertensive treatment, prolonged nil per oral which ultimately leads to poor salivary flow. Early recognition and prompt management with antibiotics and hydration are crucial, with surgical drainage reserved for abscess formation.^{29,30}

CONCLUSION

This case highlights the significance of recognizing nonspecific symptoms in CRC diagnosis and addressing rare postoperative complications. A multidisciplinary approach remains key to optimizing patient outcomes.

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