

**CASE STUDY
PRIMARY COLON
ADENOCARCINOMA**

Amy Dela Cruz

CLINICAL HISTORY

- Female
- 86 years old

- History of metastatic colon cancer in January 2010, with a recurrence in August 2010
- Nuclear Medicine on 11/22/2010 to reassess showed no remarkable findings
- Nuclear Medicine on 05/04/2011 showed 5.2 X 3.8 cm mass in abdomen

- Visited ER for RLQ pain on 06/25/2011
- Received abdominal CT and was checked in to hospital
- Received abdominal US on 06/30/2011 for RUQ pain

US

Does Mass Infiltrate GB wall?



SAG GALLBLADDER SUPINE

W: 256 C: 127

| | |
|-------|------|
| CHI | |
| - Frq | 3.0 |
| - Gn | 42 |
| - S/A | 3/4 |
| - Map | G/0 |
| - D | 14.0 |
| - DR | 60 |

1cm X 2cm growth since May



US

Mass bordering Duodenum



Shows Vascularity



US

Mass adjacent to GB, Liver, Colon, and Duodenum



ULTRASOUND RESULTS

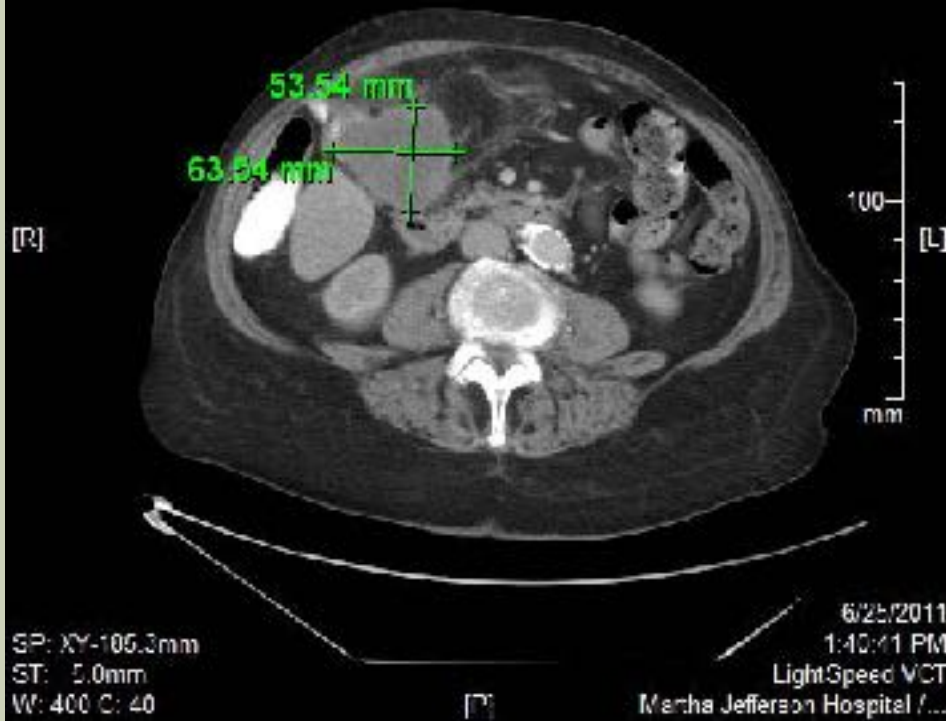
- **Multiple gallstones**
- **GB wall thickening**
- **Echogenic Liver**
- **6.6 X 6.0 cm mass adjacent to the duodenum and stomach, as well as to the GB and colon.**

DIAGNOSIS/RADIOLOGIST REPORT

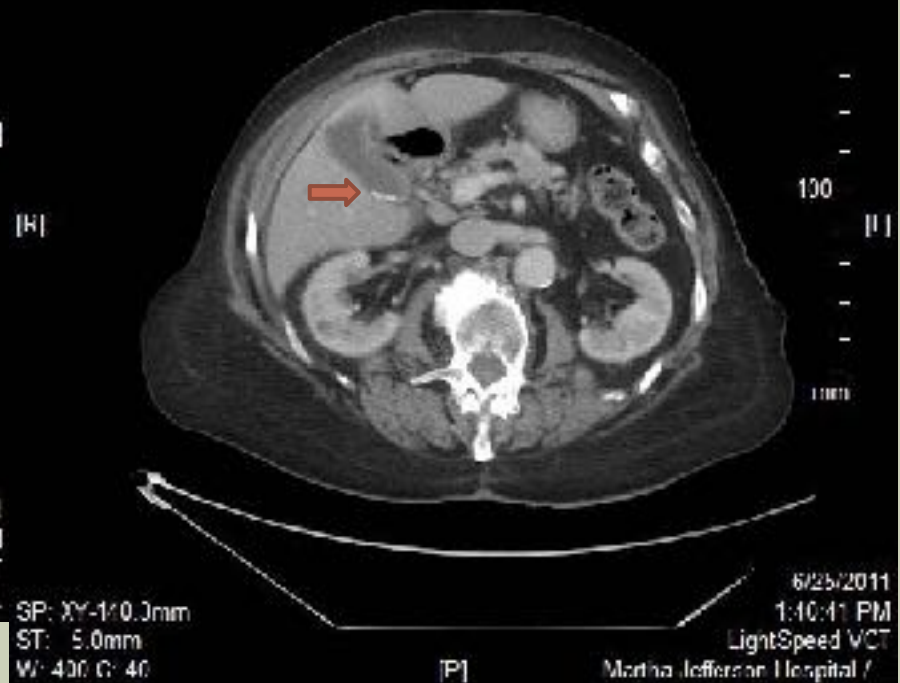
- Recurrence of primary colon adenocarcinoma
- Possible mets to liver and kidney
- Invasion into the gallbladder could not be excluded
- Multiple gallstones likely causing majority of pain
- Pathologic lymph nodes and inflammation
- No mention of follow-up or next course of action

CT

Mass



Gallstones



CT RESULTS

- Growing mass (6.3 X 5.3 cm) situated between the duodenum, stomach, GB, and Colon
- Multiple Gallstones
- Subtle lesion in liver, too small to characterize (?Malignant or Benign?)
- Subtle lesion in right kidney, too small to characterize
- Enlarged lymph nodes

PRIMARY COLON ADENOCARCINOMA

- Cancer from progression of premalignant polyp or lesion in colon
- Timeline ranges from 10-20 years for progressive changes to occur
- Incidence highest after age of 65
- Early screening and discovery usually means good prognosis
- Early symptoms include: fatigue and weight loss
- Advanced symptoms include: abdominal tenderness, rectal bleeding, palpable mass, hepatomegaly, and ascites

PRIMARY COLON ADENOCARCINOMA

- **Treatments vary depending on stage**
- **If found early, surgery is the best treatment**
- **If cancer has metastasized, chemotherapy and radiation therapy are used**
- **95% chance of survival with early detection**
- **10% chance of survival if metastatic**