Rectosigmoidian mucinous adenocarcinoma in a young male

Carmen Scurtu, M.D., Adela Vacar M.D.,
Clinic of Medical Oncology and Radiotherapy Targu Mures
DISCLOSURE OF INTEREST

None
General patient information

- N.H., ♂, 22 y.o.
- Medical history - none
- Family history - insignificant for current disease.
- Social history
  - Profession: student
  - Living conditions: lives with his mother
  - Toxics: denies.
Onset

- **December 2017** - rectorrhagia → E.R.

- **Interview & clinical exam:**
  - weight loss: 5kg in the last 2 months
  - Pale skin
  - Fatigue
  - Anxiety
Diagnosis

- Hb = 10.8 g/dl
- CA19-9, CEA - not done.
- Lower GI endoscopy w/ biopsy from a rectosigmoidian tumor
  – Pathology report: rectosigmoid mucinous adenocarcinoma
- Pretreatment imaging: not done.
Surgery

15.12.2017 *rectosigmoid resection* with colorectal T-T anastomosis.

HP 21.12.2017: mucinous adenocarcinoma with a component of signet ring cells, which invades the wall of superior rectum, exceeds the serosal surface, angiolymphatic and perineural invasion; resection margins are free of tumor; metastases in 6 of 9 resected lymph nodes.

pT4aN2a(6N+/9N)L1V1Pn1R0 Dukes-MAC C2.

CT scan 22.01.2018: resected rectosigmoid tumor, thickening of the right antero-lateral rectal wall. No hepatic and pulmonary metastases.
Chemotherapy

- 05.02.2018 – 27.06.2018 5x FOLFOX

- 16.07.2018 - during C6 FOLFOX - Oxaliplatin, the patient acuses paresthesia perioral & in limbs followed by vomiting, so infusion of Oxaliplatin is stopped. Allergological consult can not deny a possible allergy.

- 03.08.2018 – 05.10.2018 3x LV5FU2

- Refuses to continue chemotherapy
Radiotherapy

- **Abdominal US 17.04.2018**: abdominal organs - within normal limits.

- **IRM 19.04.2018**: no metastases, no abdominal and pelvic tumoral lymph nodes.

- **23.04 – 06.06.2018 EBRT**:
  - Photons
  - 3D-CRT
  - 10MV
  - Total Dose = 50Gy/25fr/45days/pelvis
Follow-up

Follow-up: CT/IRM scans of the thorax, abdomen and pelvis, blood test as serum CEA, colonoscopy.

Colonoscopy 04.10.2018: normal limits of the whole colon.

CT scan 18.10.2018: no hepatic metastases, no tumoral lymph nodes, thickening of the rectal wall at the resection area.

IRM 10.04.2019: no local relapse, no metastases at the moment.

CT scan 10.04.2019: no pulmonary metastases.

He did not come back for his follow-up until one month ago.
Relapse

- **30.10.2019** the patient comes to the ER for severe abdominal pain, recently installed, constipation, asthenia, loss of appetite, vomiting, altered general condition.

- **CT scan 01.11.2019**: resected rectal tumor. Peritoneal carcinomatosis. Intestinal occlusion (dilated bowel containing liquids, solids and gas).

- **01.11.2019**: exploratory laparotomy with adhesiolysis, ileostomy.
Treatment plan

5-FU + Leucovorin

- Good PS
  - + Irinotecan
  - + Cetuximab/Panitumumab

- Altered PS
  - + Cetuximab/Panitumumab

KRAS, BRAF - WT
NRAS - in testing

HIPEC + CRS?
Thank you!