A rare case of paraneoplastic leukemoid reaction in metastatic colorectal cancer

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DISCLOSURE OF INTEREST

- No disclosures to be reported
History

- Female, 66 years old
- No significant comorbidities
- October 2017: left hemicolectomy, lymphadenectomy and splenectomy
- Poorly differentiated adenocarcinoma (G3), stage pT4bN2b
- KRAS, NRAS, BRAF, PI3K wt; HER2 neg.
- Adjuvant CAPOX for 6 months
Relapse

- October 2018: celiac and peri-aortic lymph nodes metastases
- **1st** line systemic CT: FOLFIRI + cetuximab
- First re-evaluation: radiological PD (PFS: 3 months)
- **2nd** line systemic CT: TAS102 + bevacizumab (OL)
- After 2 cycles further clinical PD (PFS: 2 months)
Paraneoplastic Leukemoid Reaction (PLR)

- Defined as WBC count exceeding 50,000/µl, owing to extramedullary causes and not related to infections or medications.
- Associated with poor prognosis and chemo-refractory disease; rarely described in mCRC.
- Patient’s WBC count increased along disease progression, ranging from 7,920/µl to 121,570/µl. MPS, infections and medications were ruled out.
Exitus

- Target lesion progressed until infiltrating gastric wall
- Patient developed acute anemia and melena
- Death occurred a few days later, despite support (OS: 11 months)
Discussion

- Could PLR identify a subset of mCRC patients with particularly poor prognosis?

- Could we modulate patient management based on the onset of such a syndrome?

- Should we consider this clinical entity as a mere symptom or rather as a driver of the disease worthy of specific treatment?
Thank you for your attention