

METASTATIC COLONIC CANCER:

AN UNEXPECTED DIAGNOSIS IN A 41 YEAR OLD MALE

Dr Jamie Ludgate, FYI

University Hospitals Plymouth NHS Trust

Introduction

Bowel cancer is the fourth most common cancer in the UK. 94% of cases are diagnosed in people aged over 50, with 59% of these cases diagnosed in people aged 70 or over (1). Below, there will be a discussion of a case I was involved with on the surgical assessment unit (SAU), with a patient who fell outside this majority, and had radiological findings which were unanticipated from clerking.

Case Study



Initial presentation

41-year-old male, presented with a 2-month history of cramping lower abdominal pain, weight loss (attributed to recent dietary change) and 2 episodes of diarrhoea. O/E there was umbilical tenderness but otherwise unremarkable. Background of additional recent admission 3 weeks prior where patient was discharged with Laxido and Buscopan.

Clinical impression: Irritable bowel syndrome? Gastroenteritis? Diverticulitis?

Investigations

Bloods: CRP 36, other results unremarkable

CTAP with contrast: Metastatic colonic cancer

(Figure 1) Showed an ill-defined mass within the mid transverse colon with multiple circumferential nodes. No obstruction, no ascites.

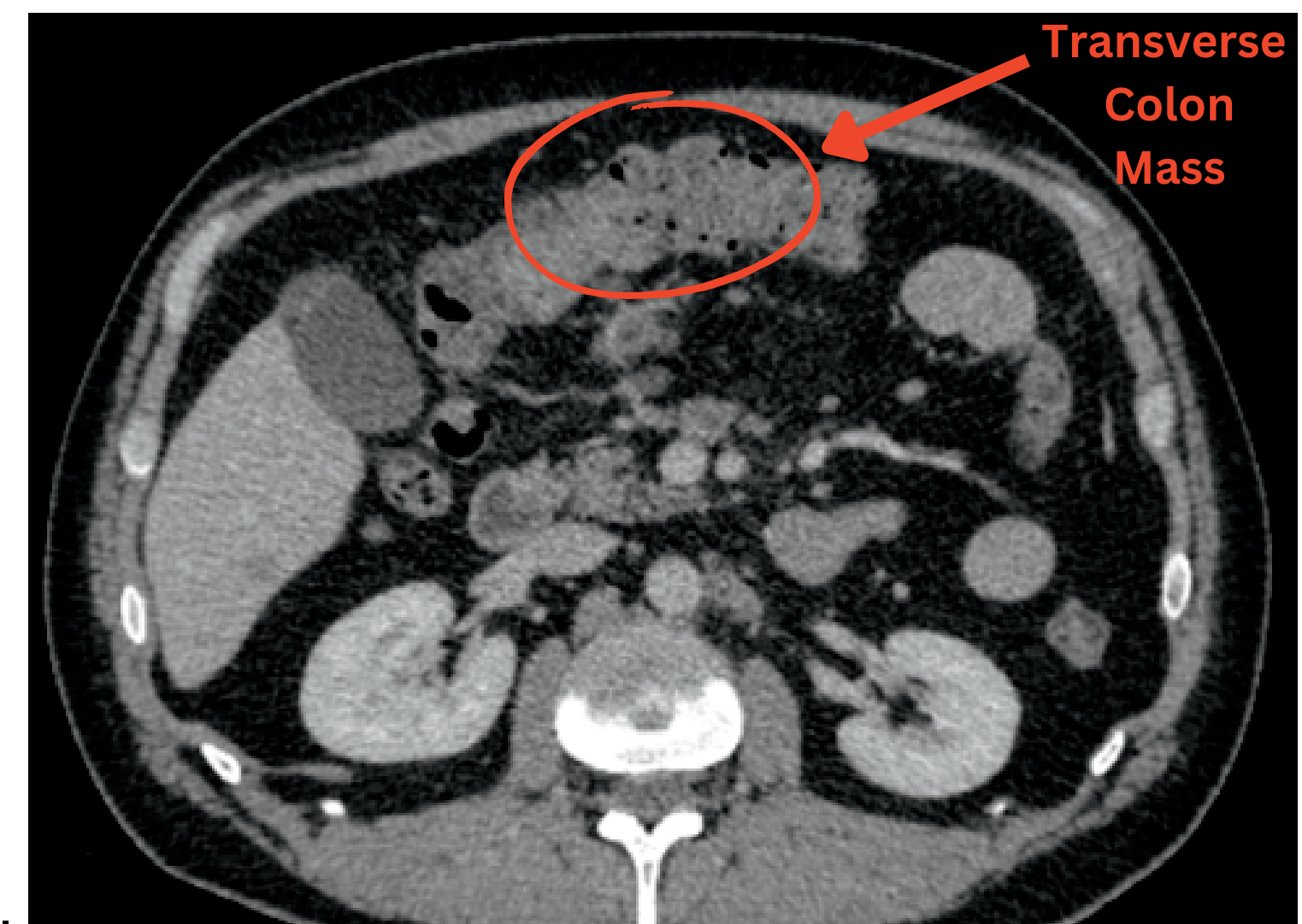


Figure 1. CT/abdomen/pelvis with contrast. Transverse view.

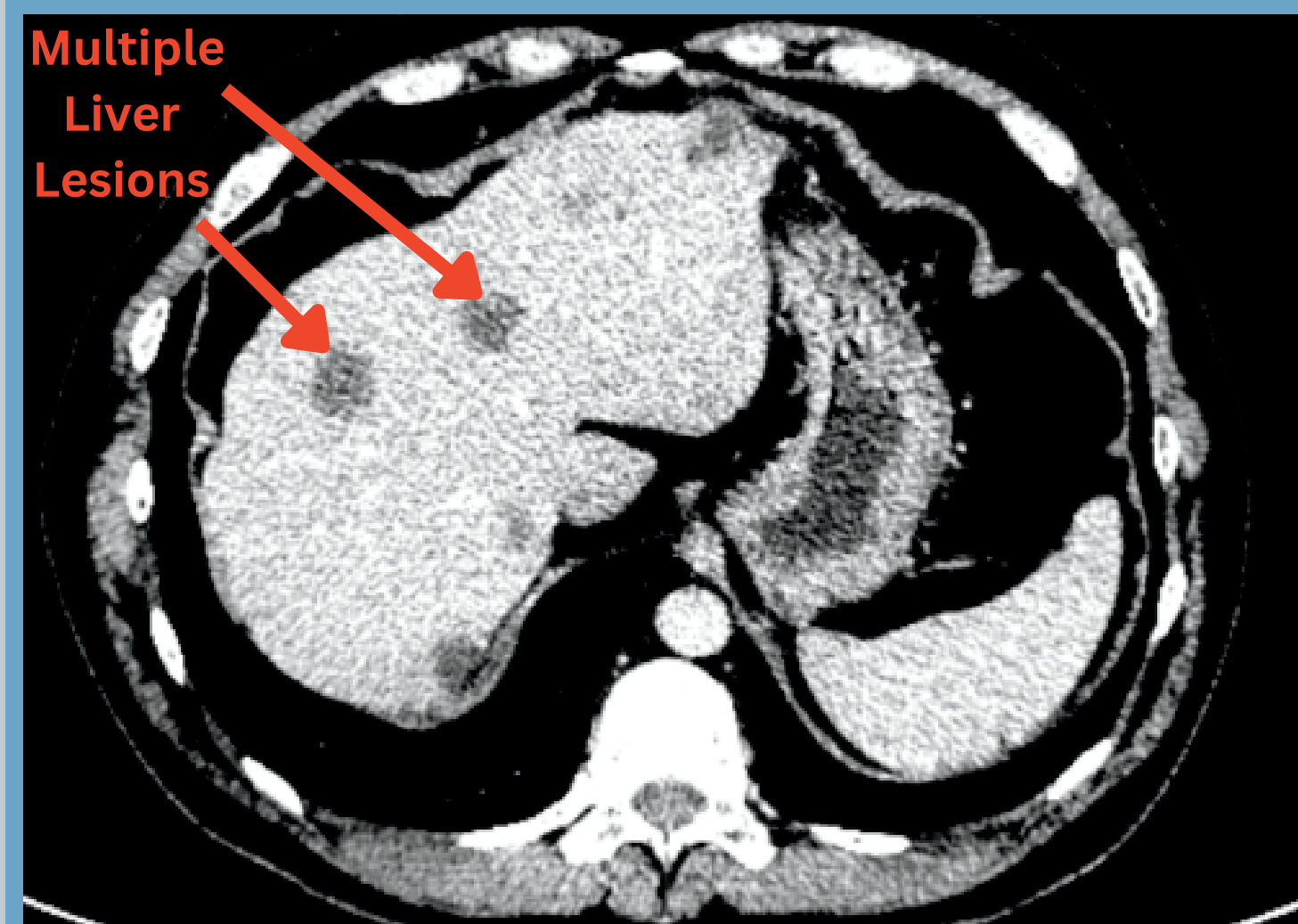


Figure 2. CT/abdomen/pelvis with contrast. Transverse view.

(Figure 2) Shows multiple low-density lesions spread throughout the liver with ill-defined contours, suggestive of metastatic disease.

(Figure 3) shows multiple soft tissue nodules throughout the lung bases.

Other findings:

Multiple abnormal cystic nodes within the mesentery extending towards the mesenteric root, and also centered around the gastrohepatic ligament, coeliac axis, superior mesenteric artery and left para-aortic region. Nodal mass encasing the coeliac axis root and partially effacing it. Normal spleen, pancreas, gallbladder, kidneys and adrenals. No aggressive bone lesions.

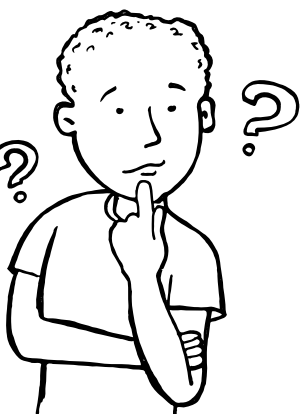
Radiologist recommendations: 1) Histology through liver biopsy, 2) Chest CT completion imaging



Figure 3 CT/abdomen/pelvis with contrast. Transverse view.

Reflection:

As the doctor who initially saw this patient, I did not feel that their presentation was concerning for malignancy. There were no obvious red flags, besides expected weight loss and a minor change in bowel habit. Therefore, the CT findings were shocking and saddening.



From this singular scan, we were able to communicate a definitive diagnosis, discuss management and palliation options and arrange prognostic investigations, all of which strongly demonstrated the value of radiology in medicine.

Our clinical examination was important, but ultimately this scan supplied the key information to enable us to do the best for our patient.



WHY THIS CASE INSPIRED ME TO CONSIDER SPECIALTY TRAINING IN RADIOLOGY



- 1) Imaging was pivotal in this diagnosis: The clinical impression from the history and examination were not consistent with the true pathology and therefore all diagnostic information originated from the scan.
- 2) Forefront of diagnosis: For me, working out the correct diagnosis for a patient is one of the most rewarding aspects of the job. In the case described, the radiologist was the first to discover the unexpected cancer, which changed the patient's management dramatically. This experience showed me that Radiology allows for exposure to new, diverse and interesting cases, making it a continually stimulating and engaging career.
- 3) Piecing together the puzzle: This scan involved thorough assessment of multiple organs and tissues to create a comprehensive diagnosis. Application of strong anatomical knowledge to clinical cases is a skill which I value and enjoy learning about.
- 4) Role in the MDT: Radiologists are central to the MDT and use their specialist knowledge to guide other clinicians with regards to further investigations and management. As shown above via the radiologist's recommendations within the report.
- 5) Technology driven speciality: Continual advancements in imaging and CT make for radiology to be an enticing career. As an individual who enjoys IT, it was interesting to explore various methods of viewing these images (windowing, changing orientation, taking measurements).

I look forward to entering this fulfilling speciality and to being involved in advancing a very exciting and progressive area of medicine.