CASE REPORT

Atypical presentation of sigmoid carcinoma

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Abstract

Colorectal carcinoma is common worldwide and its metastasis represents the main cause of mortality related to the disease. Inguinal metastization of this tumor has been considered almost impossible, owing to colon anatomy and its cranial lymphatic drainage. We report the case of a 63-year-old man submitted to laparoscopic sigmoid colectomy, due a sigmoid adenocarcinoma. During follow-up, a right inguinal lymphadenopathy with 25 mm was detected. Fine needle aspiration biopsy revealed that it was a colon adenocarcinoma metastasis, and thus the patient underwent an inguinal lymphadenectomy. The histological study confirmed metastatic adenocarcinoma of the colon and the patient was submitted to 5-fluorouracil and oxaliplatin chemotherapy. This case coursed with metastasis to the right inguinal region; although, the pathophysiological mechanism involved is difficult to understand. There are no solid data for the management of these patients. Inguinal lymphadenectomy and chemotherapy, proved to be effective.

INTRODUCTION

Colorectal carcinoma is a common neoplasm worldwide [1]; for these patients, the presence of metastases represents the main cause of mortality related to the disease [2]. Considering that, ~25% of patients have metastases at the time of the initial diagnosis, and that almost 50% of patients with colorectal carcinoma will develop metastatic disease, the mortality rate of this tumor is high. At 5 years, the mean survival rate for colorectal carcinoma is ~60% [3].

In a metastatic colorectal carcinoma, metastases are usually limited to a single area, the liver and lungs being the most commonly involved organs [4]. Although unusual, metastasis to other organs, such as breast and thyroid gland has been sporadically reported in literature.

In respect to inguinal lymph node involvement, from colon carcinoma spreading has been considered almost impossible, due to the anatomical features and cranially directed lymphatic drain of the colon [5].

Therefore, the aim of this study was to describe a rare case of right inguinal metastasis of an adenocarcinoma of the sigmoid colon.
There is no evidence of disease recurrence. There is no solid scientific evidence to support the therapeu-
tic decisions for an atypical presentation of a sigmoid adenocarcinoma; although, we must keep in mind that the cho-

cosen treatment should increase the survival with low morbid-

ity for the patient [10]. In this case, after the spreading, it was
decided to perform inguinal lymph node dissection followed by

adjuvant chemotherapy. We have a short follow-up after the

last intervention, but to date, there is no evidence of disease

recurrence.

Owing to the lack of available published experience in the
diagnosis and treatment of atypical presentations of colon can-
cer we believe that sharing our experience we contribute to

optimize diagnosis and treatment of the situations.

CONFLICT OF INTEREST STATEMENT

There are no conflict of interests to declare.

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