

Case Report

The Value of Colon Cancer Screening in Developing Countries

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Abstract

Objectives: Colorectal cancer is the third most diagnosed cancer worldwide and the second most common cause of cancer death. If diagnosed at an early stage, however, it is one of the most curable malignancies.

Patients with biopsy-proven adenocarcinoma of the colon without evidence of distant metastasis, and without contraindications to major surgery, are commonly treated with surgical resection.

Methods and results: A 49-year-old male patient without any significant history is admitted at Surgery 5 Service, Cluj-Napoca for abdominal pain, diarrhoea, and important weight loss in the last 7 months. CT showed thickening of the sigmoid colon as well as bladder and small bowel invasion. The final diagnosis was completed by a colonoscopy and biopsy which was of stenotic sigmoid tumour, chemo treated. Unfortunately, the chemotherapy was unsuccessful, as the tumour did not regress. A multidisciplinary team was gathered debating the possibility of pelvic exenteration.

As of surgical treatment, the following were performed: Sigmoidectomy with manual colo-rectal T-T anastomosis and central lymphadenectomy, ileal segmental resection with manual T-T anastomosis, resection of 2/3 of bladder, jejunostomy, evacuation of bladder abscess and the introduction of a double J ureteral stent. Consecutive to all procedures, the patient is in good health and can live a normal life.

Conclusion: Even though surgery is curative in most cases of colorectal cancer, the survival rate of unoperated colorectal cancer is 0%. Thus, it is of utmost importance to diagnose colorectal cancer as soon as possible. Identification of populations at risk and screening of asymptomatic patients are therefore crucial imperatives.

Background

Colorectal cancer is the most common type of gastrointestinal cancer, the third most diagnosed cancer worldwide and the second most common cause of cancer death. If diagnosed at an early stage, however, it is one of the most curable malignancies. The etiology is variable, from genetic factors to inflammatory diseases of the colon, environmental and dietary exposures.

Patients with biopsy-proven adenocarcinoma of the colon without evidence of distant metastasis, and without contraindications to major surgery, are commonly treated with surgical resection, surgery being the most efficient treatment.

Adjuvant chemotherapy can be used preoperative with the aim of tumour downstaging and downgrading. It can also be used as a treatment postoperative for the patients with a high risk of recurrence due to genetic mutations or R1/R2 resections [1,2]. Advanced colorectal cancer cases are easily preventable due to effective screening programmes which unfortunately are not well implemented in most of the countries. Also, treatment procedures evolved in the past few years and now tumours that were considered inoperable have a better chance of being cured nowadays.

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Case Presentation

A 49-year-old male patient without any significant history is admitted at Surgery 5 Service, Cluj-Napoca for diffuse abdominal pain, diarrhoea, and important weight loss in the last 7 months. The lab results presented in Table 1 revealed the following: anaemic syndrome, cytolytic liver syndrome, hyperglycaemia, and hyponatremia.

In the following days, the patient had a psychotic event with psychomotor seizures due to low sodium levels. Immediate treatment consisting of ringier lactate solution was administered.

The abdominal CT showed a circumferential thickening of approximately 17 mm of the sigmoid colon as well as bladder and small bowel invasion as seen in Figure 1 and Figure 2. The final diagnosis was completed by a colonoscopy and biopsy which was of stenotic sigmoid tumour- cT4bN2Mx, chemo adjuvant treated. Unfortunately, the chemotherapy was unsuccessful, as the tumour did not regress. A multidisciplinary team was gathered debating the possibility of pelvic exenteration.

As of surgical treatment, the following were performed: Sigmoidectomy with manual colo-rectal termino-terminal anastomosis and central lymphadenectomy, ileal segmental resection with manual termino-terminal anastomosis, resection of 2/3 of bladder, jejunostomy, evacuation of bladder abscess and the introduction of a double J ureteral stent. Consecutive to all procedures, the patient's intestinal transit was restored the following day, and antibiotic, analgesic and anticoagulant treatment was established.

The patient was discharged 10 days later, and he is in good health and can live a normal life.

Discussion and Conclusion

Even though surgery is curative in most cases of colorectal cancer,

Table 1: List of blood tests.

Blood Test	Result	Normal val.	Blood Test	Result	Normal val.
WBCs (billion/ μ L)	14.28	4-10	Alkaline phosphatase (U/L)	80	50-100
RBCs (trillion/ μ L)	3.76	4.5-5.5	Gamma glutamyl transferase (U/L)	45	6-50
Hb (g/dL)	7.4	13-17	Alanine aminotransferase (U/L)	128	5-30
Hematocrit (%)	25.5	40-52	Aspartate aminotransferase (U/L)	103	5-30
Sodium (mEq/L)	120	135-145	Amylase (U/L)	75	30-125
Potassium (mEq/L)	4	3.5-5	Glucose (mg/dL)	125	<100
Urea (mg/dL)	32	<49	Total protein (g/L)	75	60-80
Creatinine (mg/dL)	0.8	<1.2	C-reactive protein (mg/dL)	7.3	<5

WBCs: White Blood Cells; RBCs: Red Blood Cells; Hb: Haemoglobin

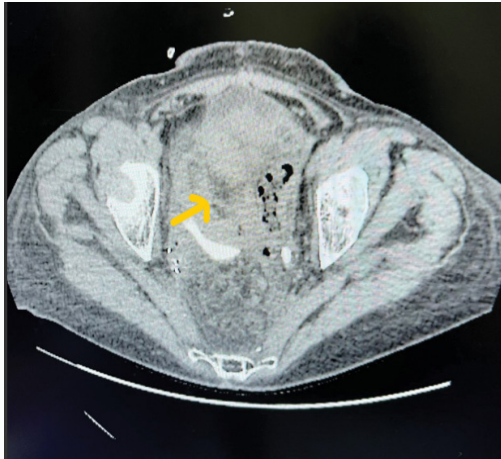


Figure 1: CT aspect of the invading tumour.



Figure 2: CT aspect of urinary bladder tumour.

the survival rate of unoperated colorectal cancer is 0%. Thus, it is of utmost importance to diagnose colorectal cancer as soon as possible. Identification of populations at risk and screening of asymptomatic patients are therefore crucial imperatives.

References

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