

One-stage minimally invasive approach to metastatic colon cancer

Federico Veracierto, Nicolás Avellaneda, Tomas Lancelotti, Roberto Salgado (h),
Ricardo Oddi, Augusto Carrie

Department of General Surgery, Centro de Educación Médica e Investigaciones Clínicas “Norberto Quirno”
(CEMIC). Ciudad Autónoma de Buenos Aires, Argentina.



ABSTRACT

Introduction: The most frequent site of distant metastasis of colon cancer is the liver, and when a patient presents with metastasis at this level of a primary colonic tumor, the prognosis will be related to the possibility of treating these lesions. Current guidelines for colon cancer with liver involvement propose an appropriate treatment for each individual patient. The choice of how to approach the patient raises several options (perform neoadjuvant treatment, address the liver or colon first or simultaneously, etc.), and 2 preponderant factors when deciding to manage the patient are the symptoms associated with the colon tumor on the one hand, and the volume of liver disease and the location of the lesions. The multidisciplinary approach in centers with experience in the management of this type of patients is important, and both colorectal surgeons and specialists in hepato-biliary-pancreatic surgery should be involved in the discussion for better decision-making.

Description: A 49-year-old female patient who consulted for abdominal pain which started one year before, weight loss and alteration of the evacuation rhythm associated with blood in stools. On physical examination, she presented a palpable tumor in the left hemiabdomen.

Colonoscopy reveals a tumor at sigmoid level that is cannot be passed with the endoscope (adenocarcinoma). For tumor-staging purposes, a computed tomography is performed, which shows a single peripheral lesion in segment VI of the liver. This tomography is complemented with a magnetic resonance that does not show other lesions at the liver level. Tumor markers in blood were slightly increased.

The case is discussed in a multidisciplinary committee, making the decision to perform a simultaneous approach to the lesions in the colon and liver, and subsequently perform adjuvant treatment.

During the procedure, an exploratory laparoscopy was performed that did not show secondary lesions in the peritoneum, and at the level of the sigmoid colon, a large tumor was observed that invades the left ovary and tube by contiguity. Finally, in the liver a single metastasis in segment VI, previously diagnosed, can be seen. It was decided to perform a laparoscopic left colectomy associated with resection of the left tube and ovary, a procedure carried out by the colorectal surgical team. Subsequently, the liver surgical team performed a laparoscopic metastasectomy.

The patient is discharged on the fourth postoperative day without intercurrents, and subsequently begins adjuvant treatment with systemic chemotherapy.

Conclusion: Surgical approach to colon cancer with liver metastases represents a challenge for the attending team. However, carried out in a minimally invasive way, and with teams with experience in the management of this disease, it carries along good results that allow patients to achieve a rapid transition to adjuvant treatment after curative surgery.

Keywords: Cancer; Colon; Metastasis; Minimally Invasive

The authors declare no conflicts of interest.

Federico Veracierto

federicoyoelveracierto@gmail.com

Received: August 2021. Accepted: September 2021.