

Carcinoma colon in young female-A rare case report

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Abstract

Colorectal carcinoma is the most common malignancy of the gastrointestinal tract. The incidence of colorectal cancer increases from the fourth to the eighth decade of age. Age is the most common risk factor. A 25 year female patient arrived to casualty with complaints of distension of abdomen, pain abdomen and constipation since 15 days. Per abdomen examination showed diffusely distended abdomen with hyperperistaltic bowel sounds. MRI abdomen showed a constricting growth in descending colon for that left hemicolectomy and diversion-ileostomy was done. Carcinoma colon in young adults is uncommon in literature. Although the incidence of colorectal cancer is decreasing in elderly, there is increase in incidence of cases in people younger than 55. Hence it is told not to neglect the cases when young population arrive with symptoms of large bowel obstruction and in suspected case, screening has to be done to rule out malignancy in early stage to save the precious life..

Key Words: Carcinoma colon, Laparotomy, Hemicolectomy. Young adults, Malignancy.

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Introduction

Colorectal carcinoma is the most common malignancy of the gastrointestinal tract¹. Worldwide, more than 1 million patients are diagnosed with colorectal cancer, with more than 500,000 associated deaths². The highest rates of colorectal carcinoma predominate in the more industrialized countries. The incidence is similar in men and women and has remained fairly constant over the past 20 years. Identification of risk factors for development of colorectal cancer is essential to establish screening and surveillance programs in appropriately targeted population. Age is the most common risk factor. The incidence of colorectal

cancer increases from the fourth to the eighth decade of age³. Most individuals present with disease after age 60 and only 10% of cancers occur in individuals younger than age 40. Approximately 80% of colorectal cancers occur sporadically, while 20% arise in patients with a known family history of colorectal cancer. Colorectal carcinoma occurs more commonly in population who consume diet high in animal fat and low in fibre. Interestingly, epidemiologic studies indicate arising proportion of right-sided colon lesions. At least two well-described genetic pathways leading to the development of colorectal adenocarcinoma namely chromosomal instability (CIN) pathway and microsatellite instability (MIN) pathway⁴.

The prognosis for patients with colorectal cancer is related to the stage of disease at diagnosis and tumor histology, including differentiation, lymphatic invasion and extent of tumor-free surgical resection margins. Approximately 40% of patients treated for sporadic colorectal cancer will develop metachronous polyps and at least 6% will develop a second colorectal cancer while under surveillance⁵. Ca colon in young adult is uncommon. Here we are reporting a case with stage II Carcinoma colon which was successfully surgically managed.

Presention of Case

A 25 year female patient came to casualty with complaints of distension of abdomen, pain abdomen associated with constipation since 15 days. No history of weight loss. There was no family history of any cancer. She underwent LSCS surgery 18 months ago. No significant personal, family, drug and medical history was noted.

General physical examination revealed moderately built and nourished, conscious, orientation to time, place, person with BP 130/90 mmhg and Pulse rate of 86 bpm. Per abdomen examination Showed diffusely distended abdomen with guarding and rigidity along with hyperperistaltic bowel movements. Digital rectal examination showed roomy rectum. Laboratory investigations showed hypoalbuminaemia (2.1g/dl) and other parameters were within normal range. Erect X-Ray abdomen showed dilated large bowel. MRI Abdomen showed a constricting growth in descending colon. Later patient was taken for explorative laparotomy in which left hemicolectomy and diversion-ileostomy was done. Histopathologic examination showed as Grade 2 moderately differentiated adenocarcinoma of colon, TNM STAGE: T3 N0 M0 (STAGE 2A), Circumferential margin involved by tumour and Lymphovascular and perineural invasion present. No post-operative complications were seen. Patient discharged from the hospital on POD 7. She was advised to consult oncologist to plan for adjuvant therapy.

Discussion

Colorectal cancer is the third leading cause of cancer-related deaths in men and women, and the second most common cause of cancer deaths when

men and women are combined. It is expected to cause about 53,200 deaths during 2020⁶. The death rate from colorectal cancer has been dropping in both men and women for several decades⁸. There are number of likely reasons for this. One of the reason is that colorectal polyps are now being found more often by screening and removed before they can develop into cancers, or cancers are being found earlier when they are easier to treat.

In addition, treatment for colorectal cancer has improved over the last few decades. Although the overall death rate has continued to drop, deaths from colorectal cancer among people younger than age 55 have increased 1% per year from 2008 and 2017. An article has been published by reporting a seventeen year young patient who died after 7 months of diagnosis of stage IV colorectal cancer⁸. Carcinoma colon in young adults is uncommon in literature. Here is a case report in whom diagnosis of Carcinoma descending colon stage II helped to survive the patient by surgical management.



Fig 1: Erect X ray abdomen showing dilated large bowel.

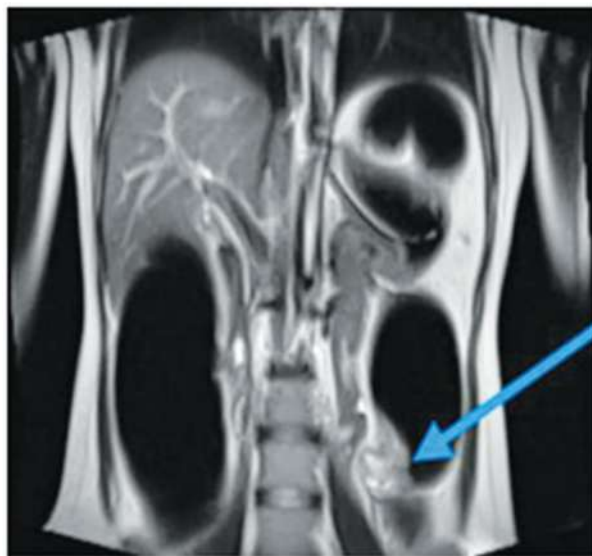


Fig 2: MRI abdomen showing growth in descending colon.

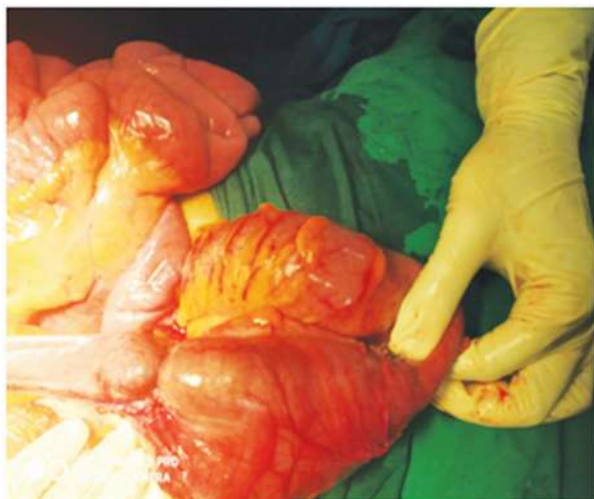


Fig3: Showing constricting growth in descending colon.

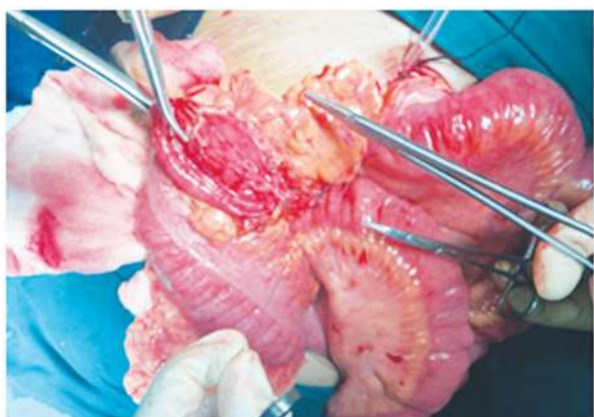


Fig 4: Showing post resection of growth.

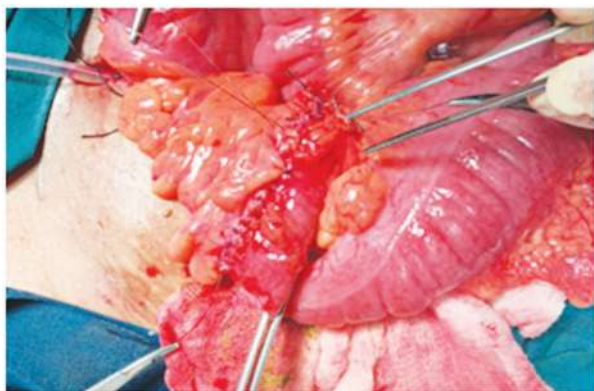


Fig 5: Showing Transverse colon – Sigmoid colon anastomosis.

Conclusion

Although the incidence of colorectal cancer is decreasing in elderly, there is increase in incidence of cases in people younger than 55. There is increase in death rate in same young population probably due to late diagnosis and lack of screening in younger population. To conclude one should not neglect the cases when young population present with symptoms, try to rule out malignancy in early stage to save the precious life.

Reference

1. Kelli M. Bullard Dunn and David A. Rothenberger Colon, Rectum, and Anus In: F Charles Brunicaudi Chapter 29, Schwartzs principles of surgery 10th edn McGraw-Hill Education 2015 p.1203-1206.
2. Parkin DM, Bray F, Ferlay J, et al: Global cancer statistics, 2002. *CA Cancer J Clin* 55:74, 2005.
3. Sandler RS: Epidemiology and risk factors for colorectal cancer. *Gastroenterol Clin North Am* 25:717, 1996.
4. Marthin R. Waiser, Mitchell C. Posner, Leonard B. Saltz, Adenocarcinoma of the colon and Rectum and Section 4. Chapter 164 In: Giovanni Zaninotto, Mario Costantini. Shackelford's Surgery of the Alimentary tract edited by Charles J. Yeo 7th ed. Elsevier Saunders. Philadelphia, PA; 2013. p.2051-2058.
5. Heald RJ: Synchronous and metachronous carcinoma of the colon and rectum. *Ann R Coll Surg Engl* 72:172, 1990.
6. Surveillance, Epidemiology, and End Results (SEER) Program. SEER*Stat Database: Mortality-All COD, Aggregated With State, Total US (1969-2017) <Katrina/Rita Population Adjustment>. National Cancer Institute, Division of Cancer Control and Population Sciences, Surveillance Research Program, Cancer Statistics Branch; 2019; underlying mortality data provided by National Center for Health Statistics, 2019.
7. Rebecca L. Siegel, MPH, Kimberly D. Miller, Ann Goding Sauer, Colorectal cancer statistics 2020. *CANCER J CLIN* 2020;70:145-164
8. Taiane Francieli Rebelatto, Luiza Haendchen Bento, Rafaela Fenalti Salla et al.
9. Colorectal cancer in young patients-A case report. *Clin Biomed Res.* 2016;36(2).110-113.
