

# A Rare Case of Carcinoma Colon with Metarous Soft Tissue Metastasis

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## ABSTRACT

The more common patterns of dissemination and recurrence of colonic cancer are known and well-documented. In contrast, extravisceral, distant soft tissue metastases are comparatively rare. Therefore, these metastases are not subject to meaningful generalizations, with the exception that they are often associated with widespread metastatic disease. This report describes a case of carcinoma of the colon metastatic to the skeletal muscle of the ipsilateral thigh with concurrent evidence of pelvic metastases. Curative resection was not possible because of presence of pelvic metastasis

**KEY WORDS:** CEA – carcino embryonic antigen ; CT – computed tomography, 5FU – 5 fluorouracil

## Case Presentation

50 year old female patient was referred to our hospital with anemia & pain abdomen. Computed Tomography (CT) abdomen revealed ascending colon growth without evidence of metastasis. Colonoscopy was done & biopsy from growth proved malignancy (adenocarcinoma). laparoacopic right radical hemicolectomy was done. HPE was reported as well differentiated adenocarcinoma with tumor free resected margins. Malignant deposit reported in one node. Patient completed adjuvant chemotherapy (oxaliplatin + capecitabine) and was on follow up

Patient developed swelling in the right thigh. MRI right thigh showed T1 & T2 hyperintense solid mass lesion measuring 5.3 x 2.4 x 2 cm within the vastus lateralis muscle with surrounding edema suggestive of intramuscular metastasis core needle biopsy revealed adenocarcinomatous deposit confirming metastasis.

CT abdomen revealed multiple enlarged para aortic & iliac nodes causing moderate HUN. The patient was diagnosed as metachronous metastatic carcinoma ascending colon & started on palliative chemotherapy (5 fluorouracil (5FU) + LV)

## Discussion

More than 50% of patients undergoing curative surgery for colonic cancer have tumour recurrence. 85% do so during the first 2.5 years and the remaining during the subsequent 5 years distant disease recurrence is the most common type of presentation, occurs either alone or with loco-regional recurrence [1-5]. Most common site of distant recurrence

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is liver followed by lung, bone & brain. Metachronous soft tissue recurrence is a rare entity, only a few cases have been reported.

Carcino Embryonic Antigen (CEA) is invaluable for post operative monitoring. CEA levels that normalize postoperatively & then start to increase are indicative of recurrence. Despite the reliability of CEA in detecting post operative recurrences, around 20% of patients with recurrent tumours have a normal CEA level. Such false negative results may be due to poorly differentiated tumours that do not make CEA [2].

Median survival of metastatic colorectal cancer without systemic chemotherapy ranges from 6 – 9 months in early series. The addition of 5FU based regimens improves survival to 10–12 months. The addition of irinotecan or oxaliplatin to 5FU further improves survival to 14–17 months. The addition of monoclonal antibodies has improved survival to greater than 20 months.

## Conclusion

Metachronous soft tissue metastasis from colonic malignancy is a rare entity. It is

important to recognize soft tissue mass in following up a patient after a curative resection of colonic malignancy. Systemic therapy with 5FU based regimen marginally improves survival in such patients

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