

Colorectal Cancer in Pregnancy: From diagnosis to delivery

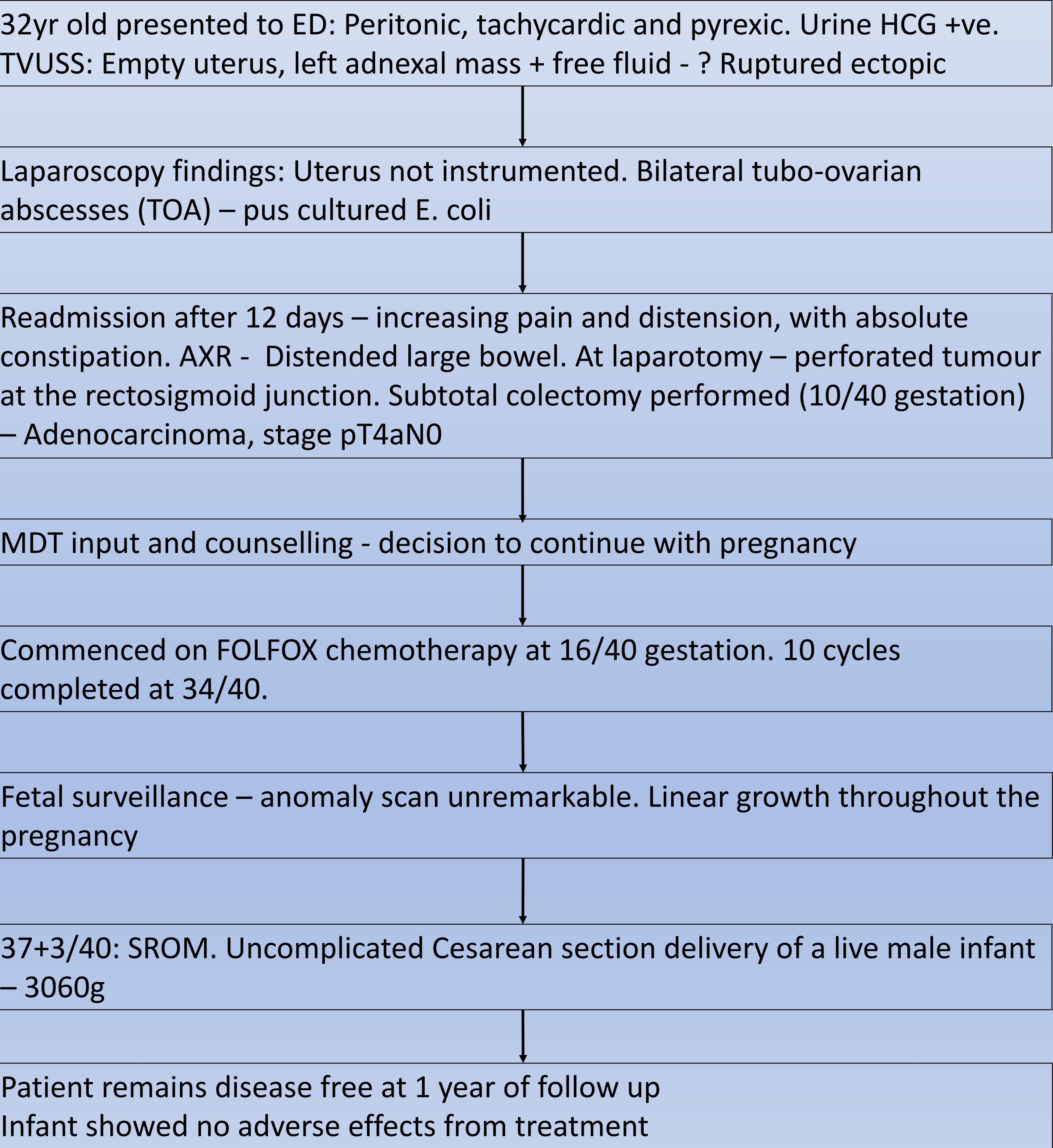
A Case Report

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Background:

Cancer in pregnancy has an incidence of 1:1000, with the last notable study (1992) finding colorectal cancer (CRC) to be found in 1 in 13,000 pregnancies. We can realistically expect this figure to be higher today, due to an increase in oncogenic lifestyle patterns, advancing maternal age and greater detection. This case aims to raise awareness amongst clinicians to consider the diagnosis, as well as discuss the safety of investigations and treatment from an early gestation.

Case Report



Learning Points

1. The symptoms of CRC often align with common complaints of pregnancy (abdominal discomfort, altered bowel habit etc). Red flag triggers, or persisting symptoms should be investigated for more sinister pathology, even in the pregnant population.
2. Diagnostic laparoscopy is required in an unstable woman with free fluid and a positive HCG. This case highlights the importance of not instrumenting the uterus when the diagnosis is uncertain.
3. E. coli is an unusual causative organism of PID. E. coli is a typical GI commensal, and its translocation from the GIT is proposed to be due to increase intestinal permeability. Its presence should prompt further consideration of GI pathology
4. Imaging provides a clinical dilemma in pregnancy, which can delay diagnosis. If in doubt, MRI and USS are safe and accepted modalities.
5. The safety of chemotherapy in pregnancy is dependent upon the gestation and level of exposure. This case adds to the evidence supporting the safety of FOLFOX from an early gestation
6. In cases of cancer in pregnancy, the placenta should be examined histologically for metastatic deposits

Conclusion:

CRC in pregnancy typically presents at an advanced stage with an aggressive pathological subtype. Prompt initiation of treatment is vital to improve prognosis. Therefore, this diagnosis creates significant ethical dilemmas for patients, with the options of continuing the pregnancy at the expense of delaying treatment or exposing the developing fetus to the treatment modalities. Increasing the evidence allows for both patients and clinicians to make informed choices with greater confidence. This case demonstrates the safety of surgery and chemotherapy, while continuing with pregnancy.

References:

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