

Objectives

Colorectal cancer is a rare condition in childbearing women, with an incidence of about 2.2-7.7 per 100,000 pregnancies ¹

Here, we report a case of CRC in pregnancy, with diagnosis of metastatic adenocarcinoma of colon, who underwent laparotomy with caesarean delivery and creation of ileostomy, had palliative care, culminating in end-of-life support at our hospital.

Case Report

This is a case of 41 yrs. old Primigravida, White British, BMI 22, booked under Obstetrician-led care, commenced on low-dose aspirin and iron tablets as her booking Hb was 109g/dl. She self-referred to her GP at around 26 weeks, with worsening exhaustion, breathlessness and on and off constipation.

Additional bloods including LFTs were performed and found to be deranged, ALP 986micromol/L, Bilirubin 29micromol/L, ALT 42iu/L. Urgent Ultrasound abdomen suggested multiple focal lesions on the liver, with possibility of liver secondaries. Of note were her raised CA 19-9: > 10000, CEA 93ng/ml and CA 125 of 121U/ml. She mentioned that her father was undergoing treatment for Prostate cancer and that she was a Pescatarian.

MRI abdomen and pelvis reported extensive hepatic metastatic disease with appearances of obstructing mid/distal ascending colon primary tumour. There was early involvement of the multidisciplinary team, who opined against chemotherapy in view of extensive hepatic metastasis. She underwent Elective laparotomy with caesarean delivery, creation of ileostomy at around 28 weeks and 3 days gestation as there was persistent foetal tachycardia on the CTG the previous day. The mother’s condition deteriorated rapidly thereafter and 23 days following the birth of the baby she was placed onto an end-of life care pathway. She died the following day surrounded by her family.



Advanced colorectal cancer in pregnancy.
A case report

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FBC, U&Es and LFT results were as follows

Blood test	Result	Normal range
Haemoglobin (Hb)	104 g/L	>110 g/L
White cell count (WCC)	14 K/μL	4 – 10 K/μL
Platelets (PLT) (109/L)	260	150-400
C-reactive protein (CPR)	113 mg/dL	0.2 to 3 mg/dL
Alkaline phosphatase (ALK phos)	1116 umol/l	30 -100 umol/l
Bilirubin (Bil)	39 umol/l	3 – 17 umol/l
Alanine transaminase (ALT)	42 iu/l.	3-40 iu/l
Albumin (Alb)	31 g/L	41-53 g/L
Urea & electrolytes (U&Es)	Normal	
D Dimer	1082 μg/L	<500 μg/L

The tumour marker test results were as follows:

Blood test	Result	Normal range
Alpha-fetoprotein (AFP)	74 IU/ml	0-15IU/ml
Cancer antigen (CA 125)	121 units per ml	<35 units per ml
Cancer antigen (CA 19-9)	> 10000	<37U/ml
Carcinoembryonic antigen (CAE)	93 ng/ml	<2.5 ng/ml
human chorionic gonadotropin (Hcg)	5540 mIU/mL	standard hCG 16-29 weeks gestation 1,400 – 53,000 mIU/mL

References

1. Saif MW (2005) Management of colorectal cancer in pregnancy: a multimodality approach. Clin Colorectal Cancer 5(4):247–256

2. Khodaverdi S, Kord Valeshabad A, Khodaverdi M. A Case of Colorectal Cancer during Pregnancy: A Brief Review of the Literature. Case Rep Obstet Gynecol 2013;2013:626393.

Discussion

CRC in pregnancy presents with non-specific symptoms such as nausea, vomiting, abdominal pain, constipation, anaemia, and rectal bleeding which are attributed to general pregnancy symptoms² Hence, the women are often diagnosed with advanced or metastatic disease. Auxiliary examinations such as X-ray, ultrasound, sigmoidoscopy, and MRI are relatively safe during pregnancy, while CT, barium enema and radioisotope scanning may have adverse effects on the foetus due to ionizing radiation. For this mother, MDM reported histology result as moderately differentiated mucinous carcinoma of colorectal origin; tumour grade T3 N1 M1, with Dukes’s D surgical pathological staging.

MRI abdomen and pelvis images



Conclusion

CRC poses diagnostic and therapeutic challenges during pregnancy. A multidisciplinary approach, requiring collaboration between the obstetric, surgical, oncology, neonatology teams, as well as social workers, chaplains and ethicists is required.