



ACRAL INJURY AS THE FIRST MANIFESTATION OF COLON CANCER: CASE REPORT

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Introduction

Colorectal cancer (CRC) is the third most commonly diagnosed cancer in the general population in the United States. During the diagnosis of the primary CRC, about 20% of patients have already developed metastatic diseases, and the most commons metastatic sites for CRC patients include the liver and lungs. Bone metastasis is quite rare and is reported only in 10–15 % of patients with CRC.

Case Report

We report a case of a male patient, 55 years-old, who went to the orthopedic trauma center after a trauma in his foot. (Figure 1A.A')

An X-ray showed a tarsus fracture and he was treated conservatively with immobilization. The patient had no improvement of the symptoms and returned to the orthopedist. A MRI of the foot which showed an image suggestive of bone fractures compromising the medial cuneiform of tarsus and areas of medullar bone edema. The patient continued in a conservative treatment. (Figure 2).

A CT scan of the right foot showed an extensive lysis with expansive effect compromising predominantly the medial cuneiform bone and the basis of the first metatarsus, with components of soft parts associated exerting clear obliteration of the muscular and fatty tissues adjacent. The lesion was compatible with aggressive neoplastic lesion. (Figure 3).

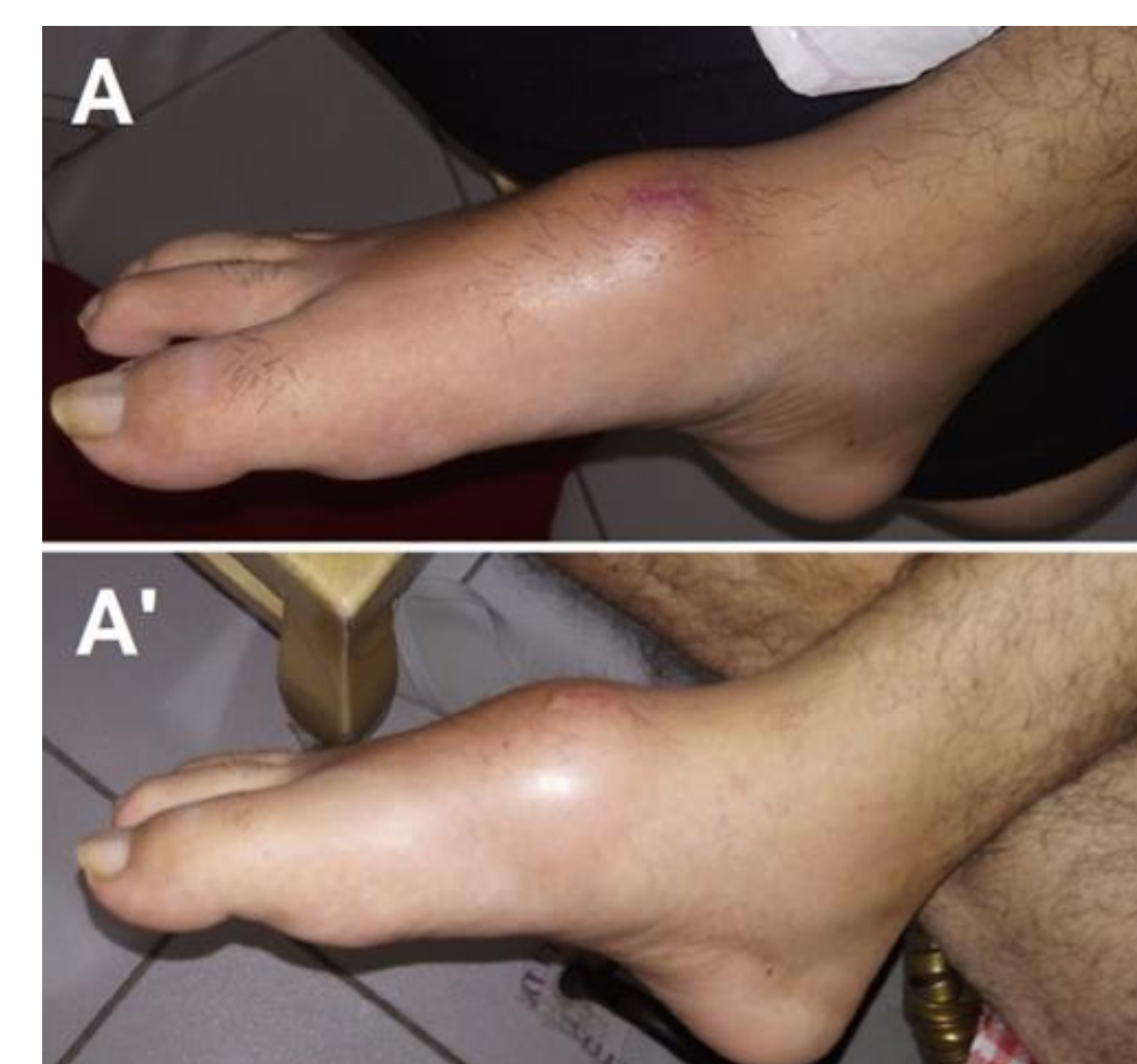


Figure 1.A.A'. Right foot with edema and hyperemia after trauma.



Figure 2. MRI of the foot which showed an image suggestive of bone fractures, compromising the medial cuneiform of tarsus and other areas of the medullar bone edema.

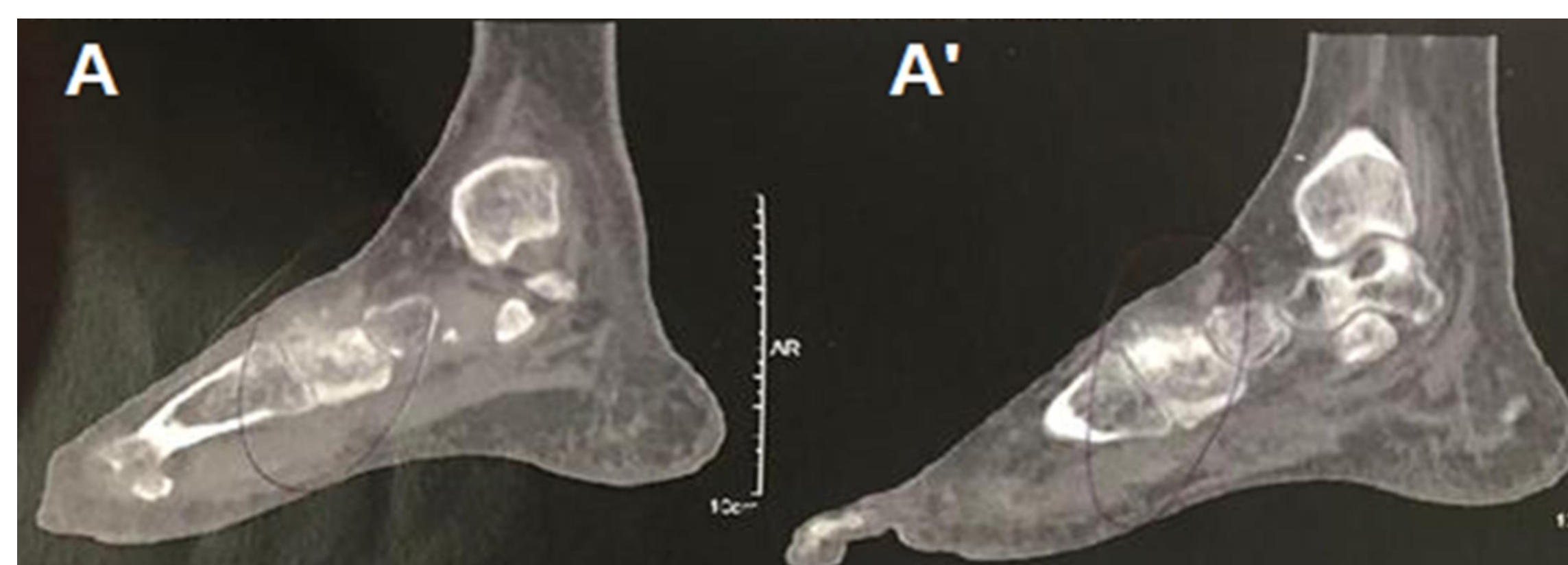


Figure 3.A.A'. CT scan of the right foot showed an extensive lysis with an expansive effect compromising predominantly of the medial cuneiform bone and the basis of the first metatarsus, with components of the soft parts associated exerting clear obliteration of the adjacent muscular and fatty tissues. The aspects of the lesion were compatible with aggressive neoplastic lesion.

The biopsy of the lesion showed a metastatic carcinoma, and immuno-histochemistry suggested a metastatic adenocarcinoma originated from the gastrointestinal tract. Two months later, patient presented with fever, pain in the lower abdomen and constipation. A CT scan showed a solid and concentric parietal thickening in the transition of the descending to the sigmoid colon, which could correspond to a primary neoplasia.(Figure 4.A.A').

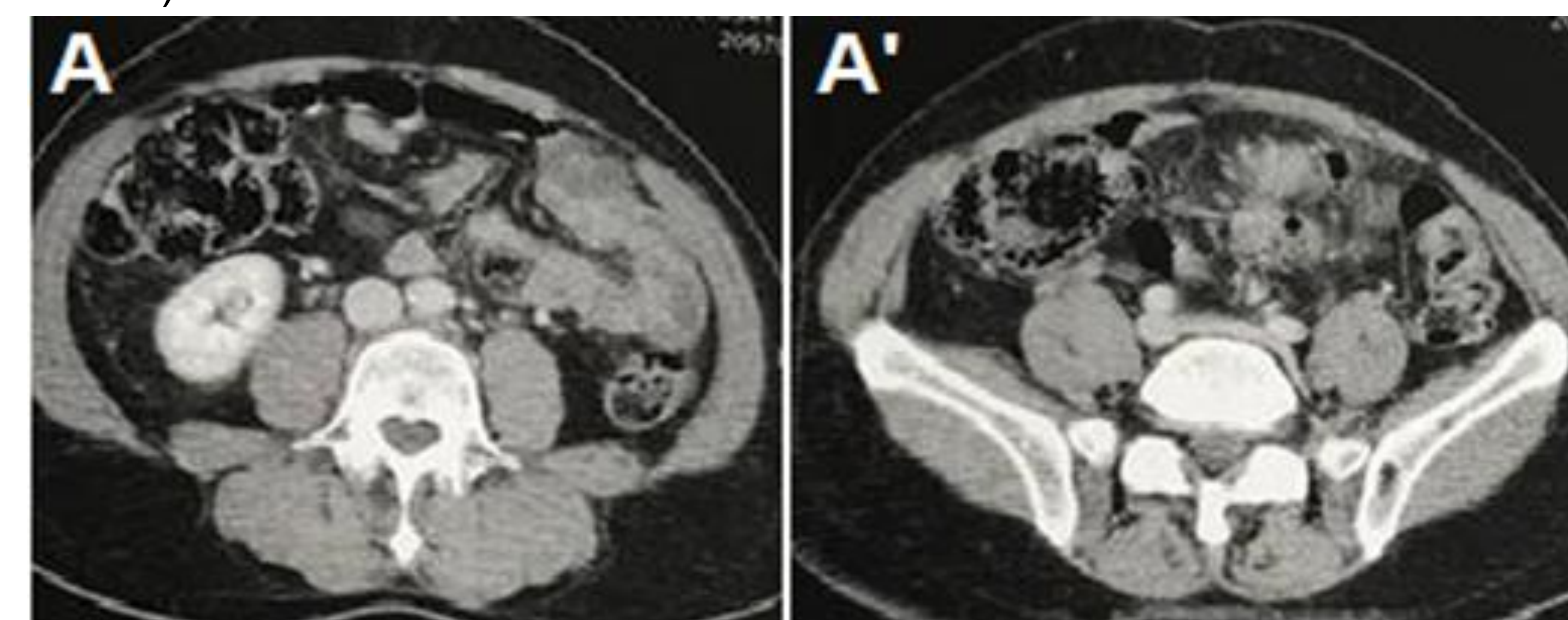


Figure 4.A.A'. CT of total abdomen scan showed a solid and concentric parietal thickening in the transition of the descending to the sigmoid colon, which could correspond to a primary neoplasia.

Colonoscopy confirmed the findings of the CT scan, identifying, 14 to 16 cm from the anal margin, a vegetative and infiltrative lesion occluding almost completely the lumen of the organ, preventing the passage of the instrument. Pathology showed a villous colonic adenoma with high grade dysplasia. (Figure 5).

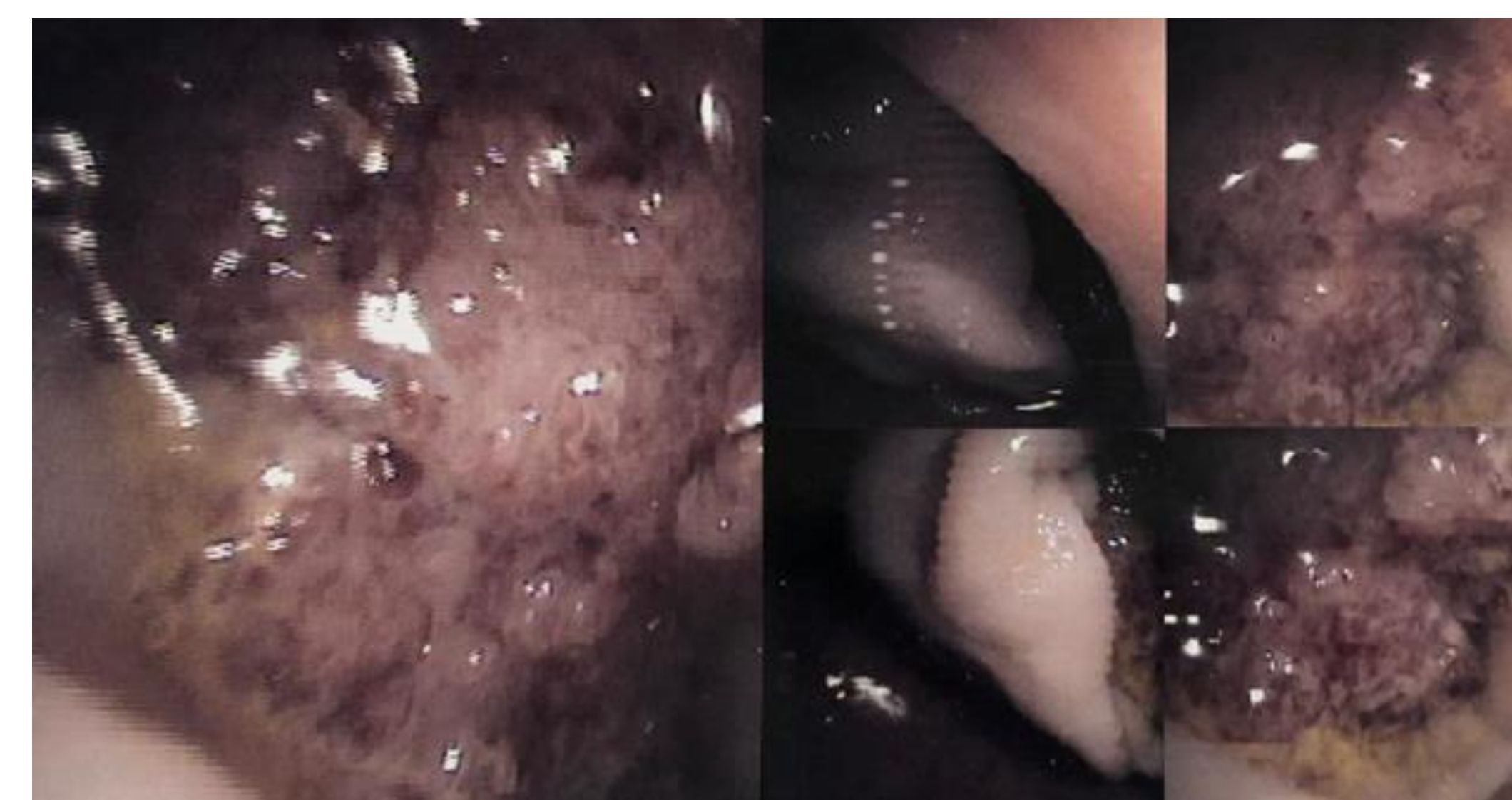


Figure 5. Colonoscopy: 14 to 16 cm from the anal margin, a vegetative and infiltrative lesion occluding almost completely the lumen of the organ, preventing the passage of the instrument.

A block resection was performed (R0), and the descending colon, sigmoid and part of the bladder were resected, The team opted together with the patient and his family for the amputation of his inferior right limb below the knee. The histologic examination of the right foot showed a well-differentiated metastatic adenocarcinoma compatible with intestinal origin. After the amputation, CEA level decreased (1.3 mcg/l). (Figure 6 and 7).

Currently, the patient continues his follow-up with no signs of recurrence.

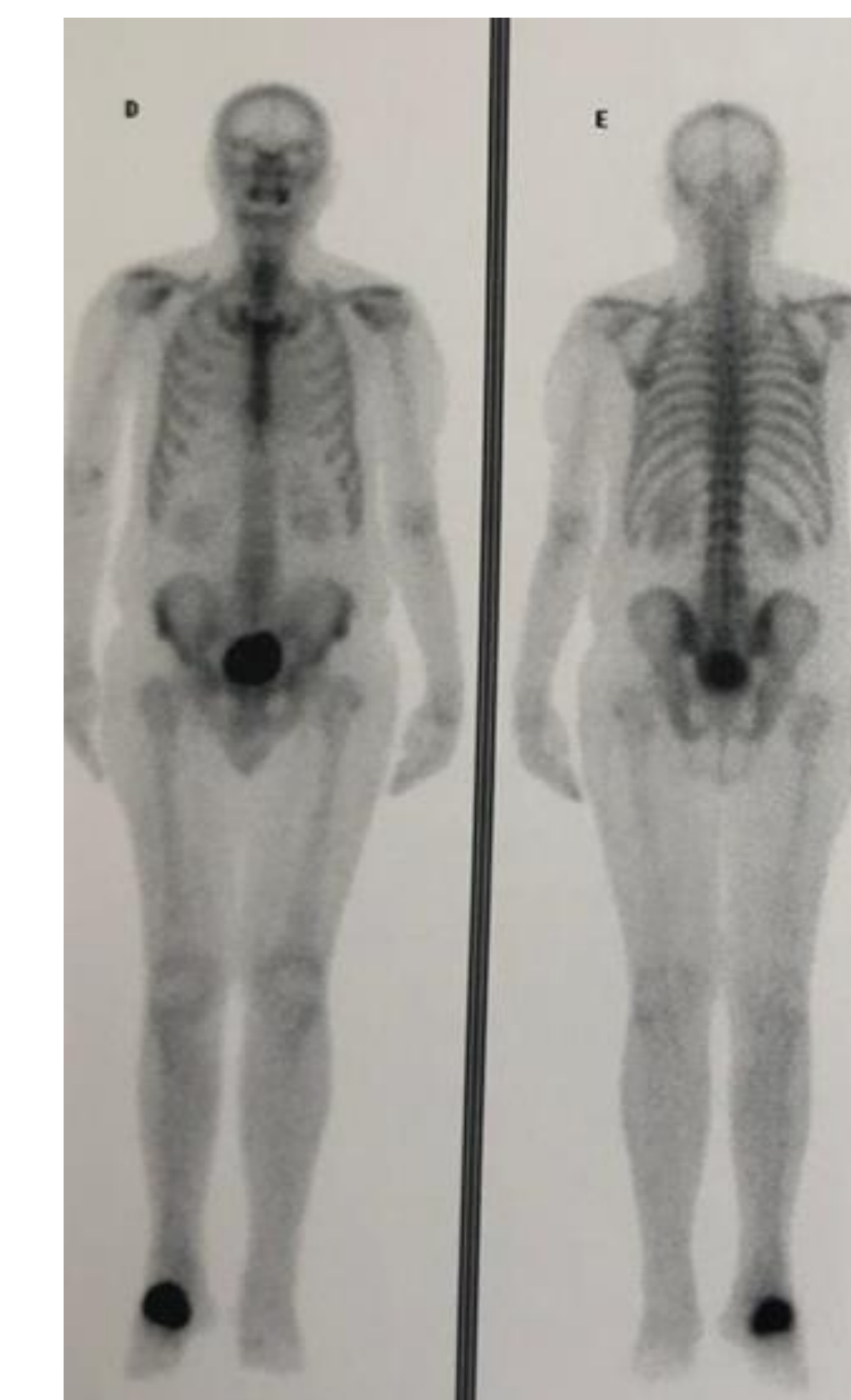


Figure 6. bone scintigraphy showed an extensive osteogenic activity in his right tarsus compatible with the hypothesis of tumor, with no known etiology.



Figure 7. A new CT scan of the right foot showed a lytic lesion with areas of sclerosis compromising the medullar and cortical areas of the cuneiform bone and basis of the first metatarsus, with important expansive periosteal component with extension to soft parts measuring 7 x 5 cm.