19-year Survival in a Patient with Rectosigmoid Liver Metastasis

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Abstract

We present the case of an 82-year-old man diagnosed with rectosigmoid cancer and liver metastasis who survived for 19 years following treatment. At the age of 64, the patient twice experienced mucus excretion for which he underwent a colonoscopy that resulted in a diagnosis of rectosigmoid cancer the patient underwent surgery for resection of the tumor and liver metastasis. Histopathology was notable for a diagnosis of rectal adenocarcinoma that infiltrated the entire thickness of the wall, with metastasis to the liver and no lymph node involvement. Post-operative chemotherapy was administered for about four months. The patient remained asymptomatic for 19 years which at that time he presented with liver metastasis, ascites and renal failure.

Keywords: Colorectal Cancer (CRC), Liver Metastasis, Survival

Introduction

Colorectal cancer (CRC) is a common, lethal disease. The long-term survival rate of CRC following surgery varies according to the invasiveness of the tumor. Up to 50% of patients with CRC will have colorectal liver metastasis (CLM) at some point.¹ Despite surgical and medical knowledge regarding the treatment for CLM, in the absence of resection, survival is not more than three years.¹ Studies show that surgical resection prolongs the five-year survival rate to 25% – 51%.¹ Here, we present the case of a patient with rectal cancer and a small metastasis to the liver who survived for 19 years following diagnosis and resection of the primary tumor.

Case report

An 82-year-old man with a past history of rectosigmoid cancer was admitted to Shariati Hospital in Tehran, Iran. He underwent surgery 19 years prior, at the age of 62, for rectosigmoid cancer. A colonoscopy evaluation at that time was remarkable for a mass in the rectosigmoid region. At the time of rectosigmoid resection, a small lesion was seen on the surface of the liver, which could have been a primary or metastatic lesion with severe ascites. A CT scan of the chest and abdomen was negative for any tumor. Colonoscopy of the left colon after this surgery revealed no macroscopic lesions. After seven months, he experienced edema in his lower extremities as a result of thrombosis in his left popliteal vein, partial thrombosis in the right popliteal vein and ascites. Additionally, he had leukopenia and anemia. Laboratory results were remarkable for: WBC (1100 c/mm), Hgb (9.1 g/dl), and Hct (27.7%), which necessitated in blood transfusions given monthly or every two weeks.

Bone marrow aspiration was notable for pancytopenia with the following results: Hgb (8.9 g/dl), Hct (27.7%), MCV (101.1 fl), RBC (2.74 mil/cumm) and WBC (1400 c/mm). Liver function tests (LFT) as reported were: AST (13 U/L), ALT (11 U/L), alkaline phosphatase (749 U/L), LDH (208 U/L), total protein (6.7 gr/dl), albumin (4 gr/dl), BUN (26 mg/dl) and creatinine (1 mg/dl). Tumor marker results showed elevated CEA (10.1 ng/ml), CA 19-9 (105 IU/ml), and CA-125 (51.1 U/ml). Alpha fetoprotein was within normal limits. Sonography of the abdomen one month before death revealed further enlargement of the metastatic lesion in the right liver lobe (Figure 1). The final stage included bronchopneumonia, hypoxia with loss of consciousness, and demise.

Discussion

The survival of colon cancer depends mainly on tumor invasiveness. In stage A with no involvement of tissue around the colon wall, long-term survival is achieved. The survival rate of patients with CRC according to various studies is shown in Table 1. Only 7% – 58% survive after five years. In a literature review, we have been unable to locate any report about metastatic rectosigmoid cancer with long-term survival. There are many studies that have researched the main factors for CRC prognosis and survival. In one study, the main prognostic factors for long-term outcome
of patients with hepatic resection of metastasis of CRC were advanced age, female gender, stage and grade of differentiation of the primary tumor, lymph node metastases, and number and diameter of the hepatic lesions. Hepatic resection for metastatic CRC was one survival according to an analysis. Studies have shown the following, to be prognostic factors: differentiation grade, preoperative CEA > 5 ng/ml, diameter of the lesion > 5 cm, time from primary tumor resection to occurrence of metastasis in the liver, more than 12 months. However in one study of 1061 patients it has been shown, that tumor stage had a major factors for survival. Location of the rectosigmoid tumor and a single metastasis in the right hepatic lobe were the most favorable factors for survival. On the other hand, the prognosis of untreated hepatic metastasis has been very poor, with less than 30% of patients who survive after one year and less than 5% who survive for five years. Chemotherapy has been very important for patient survival with non-resectable liver metastasis from CRC. In our case, survival was very long (19 years) following four months of chemotherapy. In this respect, surgical resection of a liver metastasis is the best plan for long-term survival. In 10% – 15% of patients with liver metastasis has ranged from 40% to 80%. In the current case, it is important to note the presence of liver metastasis from the beginning of this patient’s illness. As the liver metastasis was small, most likely chemotherapy was effective and prevented the enlargement of the lesion.

It has been concluded that right-sided colon cancer has a worse prognosis compared to tumors of the left side [OR = 1.12]. One study on 1219 CRC patients has shown that the one to five-year survival of patients with rectal cancer was better than those diagnosed with colon cancer. Another survey of 1283 CRC pa-
tients from Iran determined that tumors of the colon generally had worse prognosis, than the rectal location.15

References


