

Three carcinomas (Ca)

- at different segments of the gastro-intestinal (GI) tract at the same time

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INTRODUCTION

- Main diagnoses:**
 - Adeno-Ca of the rectosigmoidal junction (1st Dx, 03/2019)
 - pT3 pN1b (2/28) L1 V0 Pn0 R0 G2
- Postop. anastomotic insufficiency
- Postop. subcutaneous wound seroma
- Thrush
- Hypokaliemia

- Additional diagnoses:**
 - Status after previous early gastric Ca (intestinal type according to LAURÉN classification, prepyloric sites; 1st Dx, 09/2019)
 - pT1b (sm1) L1 V0 Pn0 R0 G1; negative MMRp-Status / HER2/neo-Status
 - Status after previous (squamous cell) Ca of the left oropharynx (1st Dx: 03/2019)
 - cT4 cN2b cM0, primary radiochemotherapy
- Diabetes mellitus type 2 – led with dietetics
- Arterial hypertension
- Status after PICC line-associated sepsis 06/2019
- Medical history, significant for allergy against Trimethoprim & Sulfamethoxazol

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AIM

- By means of a scientific case description ("case report"),
 - Based on clinical experiences obtained in the periop. / -interventional management (and)
 - Topic-related selective references from the literature,
- The interesting & rarely discussed (& therefore newsworthy) case of a Pat. w/
 - Simultaneous 3-fold Ca of the GI tract, is to be illustrated (also to be used as teaching case).

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CASE - Medical history

- In march of 2019
 - Oropharynx-Ca – left side,
 - Early gastric Ca
 - Adeno-Ca of the sigmoid colon was diagnosed.
- First - primary radiochemotherapy was initiated:
 - Oropharynx Ca
- Endoscopic dissection
 - Gastric Ca
 - Primary resection was pursued.

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CASE - Symptomatology & clinical findings

- Patient in age-relevant general condition & nutritional status
- Head/Neck:** No palpable lymph nodes, no jugular venous distention, Mucosa wet/rosy, no pain on percussion of the calotte, paranasal sinus w/o finding, pupils round/isocor/middle-wide
- Lung:** Vesicular breathing sound in auscultation at both sides, symmetric thorax excursions, no stridor, no rattling noise
- Heart:** Heart sound w/o pathological finding, rhythmic beats
- Abdomen:** Soft abdominal wall, no resistance, no tenderness on palpation, no muscular defence, borborygmus detectable (all 4 quadrants)
- Extremities:** No edema
- Neurological finding:** W/o pathological finding

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CASE - Diagnostics

- Histological investigation
- Transcervical ultrasound – 07/15/2019:
 - Cervical vessels:
 - Left: 1 Tu lesion (TL) within Regio I, 3 TL within Regio III, 1 TL within Regio IV – all of them homogeneous, ovally w/ hilus; & 1 TL within Regio II – round, echo-poor to echo-rich, diffuse perfusion, 17x13x20 mm in size
 - Right: 1 TL within Regio IV, 1 TL within Regio II, 1 TL within Regio I; all of them ovally w/ hilus
 - Thyroidal gland: Homogeneous, echo-rich w/o tumor(-like) lesion
 - Assessment/finding: Reactive lymph node swelling at both sides, 1 lymph node swelling within Regio II similar to the previous finding in Febr. of 2019
- Otorhinolaryngological investigation – 08/30/2019 for "follow-up":
 - No detectable tumor lesion
 - In ultrasound of the neck → suspicious residual lymph node metastases
 - Further clinical course remains to be observed, in thrush – Amphotromonal is recommended
 - Control in Dept./outpatient clinic of Otorhinolaryngology on 12/03/2019

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CASE - Therapy & clinical course

- Repeat anesthesiological consultation + otorhinolaryngological consultation due to the status after radiation of the oropharynx Ca
- Surgical intervention – "anterior resection" w/o complications on the 1st postop. day
- Re-initiation of oral nutrition – well tolerated
- Perioperatively initiated & postoperatively continued antibiotic therapy could be stopped.

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CASE - Therapy & clinical course (2)

- Stoolish fluid via drainage:
 - Indication for op. revision
- Intraop. finding – anastomotic insufficiency:
 - Resection of the anastomotic segment, new anastomosis incl. creation of a protective ileostoma
- Postop. course: Monitoring on the ICU for 24 h

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CASE - Therapy & clinical course (3)

- Repeat antibiotic treatment - inflammatory parameters ↓
- Lab parameters, hypokalemia → K⁺ substitution
- Drainages with regular fluid - removed within normal time frame
- Analgetic therapy via peridural catheter
 - Further course: Novaminsulfon
- Initiation of oral nutrition & mobilization - stepwise, well tolerated by the pat.
- Nutritional advice
- Wound - subcutaneous seroma (no further wound problems)
- Wound dressing with Lavasept® - outpatient clinic care & stoma service

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CASE - Therapy & clinical course (4)

- By Dept. of Otorhinolaryngology - Tu follow-up for oropharynx Ca
 - No recurrent tumor growth, however, thrush was diagnosed
 - Amphotromonal & follow-up assessment (12/03/2019)
- Postop. tumor board presentation
 - Adjuvant chemoTx with CapOx recommended
- Placement of a "PICC line" - can be kept *in situ* for appr. 180 d
- Tu "passport" issued & Pat. data transferred to the "Cancer Registry of the German district 'Saxony Anhalt'"
- Psychooncological or pastoral care - not favored by the pat.

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CASE - Imaging

Status after resection of the CA at the rectosigmoidal junction & creation of a protective stoma



Status after radiochemoTx Oropharynx CA – March 2019

STAGING from Dec. 2019

Status after removal of the early gastric Ca

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DISCUSSION - Disease

- RISK FACTORS FOR AN ADENO-Ca (RECTOSIGMOIDEAL JUNCTION)**
 - Heredity (1st° relatives of pat. with a colorectal Ca)
 - Wrong nutrition (much red meat & meat w/o dietary fiber)
 - Chronic inflammatory bowel disease (ulcerative colitis, Crohn's disease), Polyps
 - Overweight, lack of physical activity, alcohol consumption, nicotine abuse
- RISK FACTORS FOR EARLY GASTRIC CANCER**
 - Helicobacter pylori
 - Risk gastritis (pan-gastritis or corpus-dominated gastritis)
 - 1st° relatives of gastric Ca pat.
 - Previous occurrence of gastric neoplasia
 - Atrophy &/or intestinal metaplasia
 - Age, low socioeconomic status, smoking, alcohol consumption, increased familial incidence, previous surgical intervention at the stomach, pernicious anemia, life in a high-risk population, nutritional & environmental factors
 - Gastroesophageal reflux disease (GERD) - likely
- RISK FACTORS FOR A COLUMNAR EPITHELIA CA**
 - Smoking, nicotine abuse
 - Alcohol consumption
 - Genetically predisposing factors
 - ? HPV diagnostic?

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DISCUSSION - Disease (2a)

- PREVENTATION - Ca – RECTOSIGMOIDEAL JUNCTION**
 - Regular physical activity
 - Reduction of the body weight on obese people
 - No smoking, no nicotine abuse
 - Dietary fiber intake possibly 30 g per day
 - Relatives of the 1st° of pat. with colorectal Ca should undergo complete colonoscopy in an age, which is 10 years prior to the age peak of the disease, however, at the latest in an age of 40-45 years. Colonoscopy should be repeated in a polyp-free colon every 10 years after initial investigation.

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DISCUSSION - Disease (2b)

PREVENTATION - SQUAMOUS EPITHELIA - Ca

- Stomatological & physician-directed investigation should include inspection of the whole mucosa of the mouth.
- Patient information on complaints, symptoms & risk factors should be improved.

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DISCUSSION - Disease (2c)

PREVENTATION – EARLY GASTRIC - Ca

- H. pylori eradication ("Screen-&-treat" strategy)
- Green Tee – flavonoids, which inhibit growth of gastric Ca cells
- Acetylsalicylic acid (ASS) – daily intake; Risk reduction by 35 %

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CONCLUSION

From the extremely rare case example of a simultaneous manifestation of 3 Ca's at the gastrointestinal (GI) tract, a familial incidence & increased risk constellation with regard to epithelial & GI tract-associated tumor(i)genesis (also carcinogenesis) can be derived.

LITERATURE

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