

Fulminant hepatic failure caused by diffuse lymphangitic liver metastasis from colon cancer

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We report a rare case of Diffuse lymphangitic liver metastasis from colon cancer. A 56-year-old man was diagnosed Ascending colon cancer and metastases to retroperitoneal lymph nodes and peritoneum. He underwent palliative right hemicolectomy. Postoperative computed tomography (CT) revealed newly developed metastasis in liver and lymph nodes around superior mesenteric artery. He was enrolled in a phase II clinical trial of palliative triplet chemotherapy with S-1, irinotecan and oxaliplatin. After 6 cycles of chemotherapy, his blood test revealed abnormal Liver function. He presented with acute onset jaundice. Imaging studies did not show abnormal finding except periportal linear hypo-attenuating area. Endoscopic retrograde cholangiography showed tight stricture of proximal common bile duct. Endoscopic sphincterotomy was done and stent was inserted into common bile duct. However his total bilirubin level continued to rise after sphincterotomy. Blind liver biopsy revealed tumor infiltration along lymphatics in liver. Hepatic parenchyma and sinusoids were not involved by tumor. Tumor cells were mainly confined within lymphatic vessels, neither arteries nor veins. Although one loading dose of cetuximab and two fraction of palliative radiation therapy were given, the patient died of fulminant hepatic failure 30 days after development of jaundice.



Choroidal and cutaneous metastasis from colorectal cancer

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Background: Choroidal and cutaneous metastasis from colorectal cancer is very rare and has been never reported in Korea yet. Choroidal metastasis from colon cancer was reported in 14 cases by earlier literature, and frequency of skin metastasis of colorectal carcinoma has been reported to be 2.3-6%. We report a patient with colon cancer who presents with visual disturbance and palpable mass in her scalp. **Case Report:** A 78-year-old woman presented with epigastric pain, indigestion. A diagnostic biopsy was performed by gastroduodenoscopy and colonoscopy. Patient diagnosed as colon cancer with no metastasis (cT2N1M0). Laparoscopic right colectomy was performed; ascertained with colon cancer, stage IIA (pT3N0M0). Adjuvant chemotherapy (5-fluorouracil/leucovorin 12 cycles) was proceeded during 2013.6-2013.11 and was continued by CT scan to verify the disease progression. 6 months later, after the chemotherapy, 4 mm enhanced lung nodule was detected by follow up chest CT scan and kept aggravated for the 3 months. Hematogenous lung metastasis was identified by PET-CT scan. At the same time, patient presented with visual disturbances and multiple flesh-colored palpable mass on her scalp. Orbit CT and MRI revealed intraocular enhancing masses in the right eye and diagnosed choroidal metastasis. Brain MRI was performed to evaluate the palpable mass in the scalp, and it obtained the enhancing lesions at the right parietal and posterior parietal scalp and confirmed adenocarcinoma from the skin biopsy. Consequently, patient diagnosed with colon cancer with metastasis to the lung, right choroid and scalp. Palliative chemotherapy -capecitabine- was started and it showed efficient to shrink the brain masses and improves the visual disorders. After eight months later, serum CEA had been increased from 2.83 to 4.61, and all those masses had been enlarged the size. Consequently, the disease kept progressed and the patient was deceased. **Conclusions:** Cutaneous and choroidal metastasis from a colon is rare event. When its present, the metastasis usually implies disseminated disease and poor prognosis. However palliative chemotherapy can be an effective way for treatment of cutaneous and choroidal metastasis.