Colorectal Cancer In The Young: Case Discussion

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THIS IS MODERN MEDICINE

Colorectal Cancer (CRC)

- Most Common Malignancy of Gastrointestinal tract
- Risk factors:
  Positive family history
  male sex
  " Western Diet", animal based/ processed food
  smoking
  presence of metabolic syndrome
  longstanding inflammatory bowel disease
- Rectal cancer 2/3 of all CRC, Sigmoid colon about 27%, Caecum about 14%
- Symptoms: Rectal bleeding, Change of bowel habit, Abdominal weight, Weight loss, Mucus, Tenesmus
- Gold standard for investigation of lower Gastrointestinal symptoms: COLONOSCOPY
- Colorectal cancer screening in Ireland aged 60-69 population
- Screening in USA and parts of Europe start at 50 for many years helping a steady decline in CRC cases in aged 50 and older
- With increase CRC cases in under 50s guidelines suggest screening to start at 45
- But half of early-onset CRC occur in under 45s

Colorectal Cancer In The Young

- Colorectal cancer diagnosis in less than equal to 50 years of age (20-49)
- Most European countries showing increase in CRC incidence in this age group
- 50% sporadic, the rest inherited Colorectal cancer
- Potential common signs for development of early-onset colorectal cancer in the young:
  -Diarrhea
  -Abdominal pain
  - Rectal bleeding
  - Iron deficiency anaemia
- Later presentation of patients and some cases advanced disease
- Quality of life considerations in younger patients with CRC:

  - Sphincter preservation
  - Autonomic nerve preservation for bladder and sexual function
  - Avoidance of stoma
  - Fertility issues in female

Case 1

- 36 year old female 3 months post-partum
- 14 months history of fresh rectal bleed
- Treated with laxatives and Haemorrhoid cream
- Referred 3 months post-partum and on clinical examination found to have large circumferential low rectal mass
- Diagnosed and confirmed as Adenocarcinoma
- Treated after MDT meeting with Chemo/radiotherapy
- Surgery (AP resection and end colostomy)

Case 2

- 31 year old male
- Fresh rectal bleeding
- Colonoscopy show large pedunculated sigmoid colon polyp
- Removed endoscopically
- Histology show polyp cancer with clear margin at polyp stalk
- Discussed at MDT, No surgery, Clinical/ Endoscopic and radiological follow-up/surveillance

Case 3

- 40 year old female
- Care of fertility clinic undergoing fertility treatment
- Family history of CRC in mother at 60
- Fresh rectal bleed
- Colonoscopy show mid rectal tumour confirmed on histology
- Following MDT meeting and counselling decided to stop fertility treatment
- Treated with chemo/radiotherapy
- Surgery

Case 4

- 35 year old female
- Presented to ED and admitted with severe abdominal pain, nausea, constipation for several days
- Patient had been having treatment with change of bowel habit/ IBS type symptoms for a few years
- CT abdomen and pelvis show right sided colonic obstruction due to colon tumour with liver metastasis and localized spread to lymph nodes and duodenum
- Laparotomy and defunctioning ileostomy
- Discussed at MDT meeting
- Post-op palliative chemotherapy

Recommendation:

- Patient/population education
- GP education
- Detailed assessment of patient, their symptoms and family history
- Early referral for a Colonoscopy (direct access) or to a Specialist clinic/Colorectal Surgeon

Thank you

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