



Metachronous Colon Adenocarcinoma Adjacent to a Prior Ileocolic Anastomosis Following Resection of a Benign Adenoma

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Introduction

- Colorectal cancer developing near a previous anastomosis is **rare**
- This may represent:
 - A new primary tumor (**metachronous carcinoma**)
 - A malignant change in **residual adenomatous tissue**
- Metachronous tumors** represent a new disease process rather than recurrence
- This is significant for:
 - Prognosis**
 - Surveillance planning**

Case Presentation

Patient

- Male in his early 80s
- History of **right colectomy** for tubulovillous adenoma

Presentation

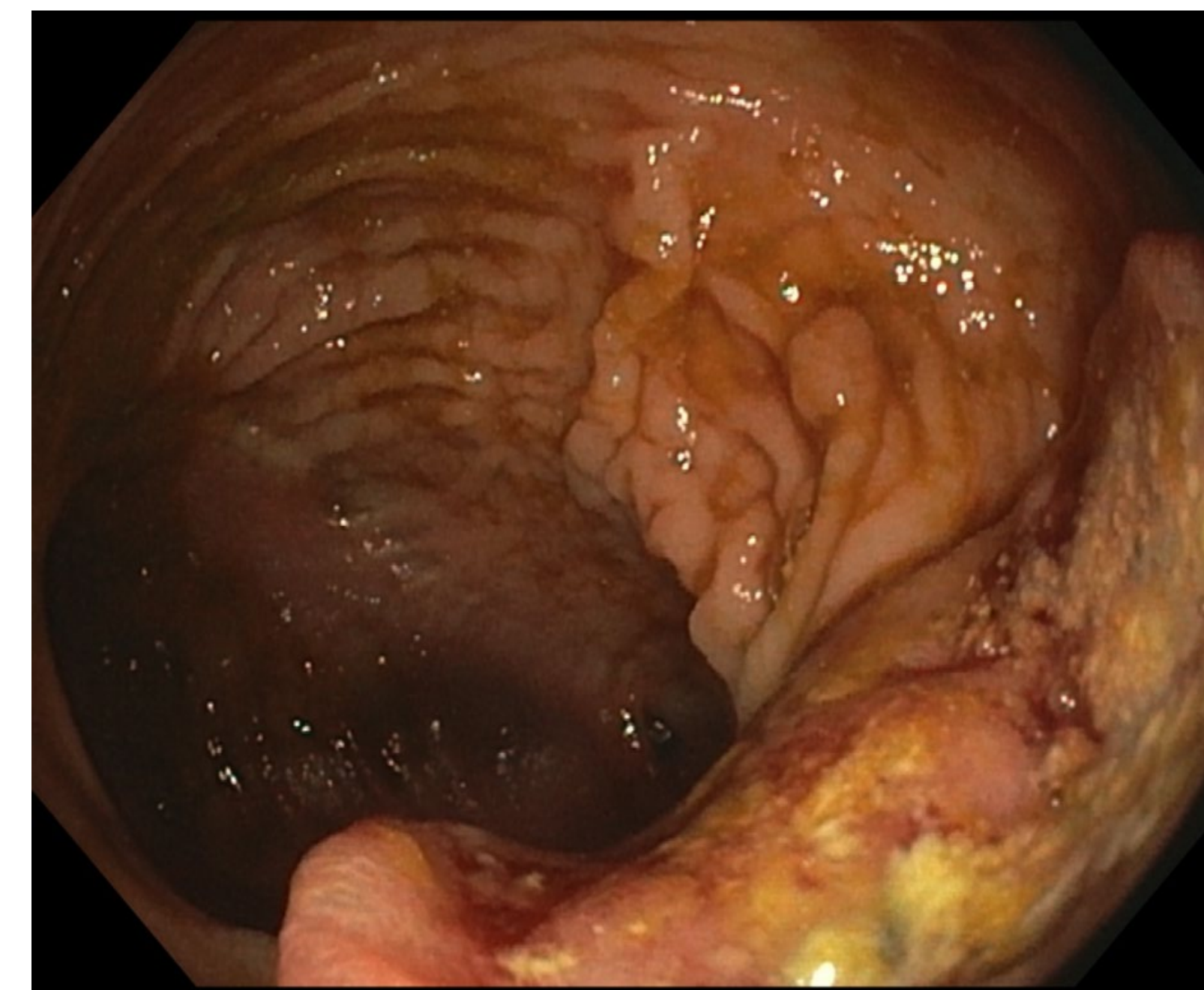
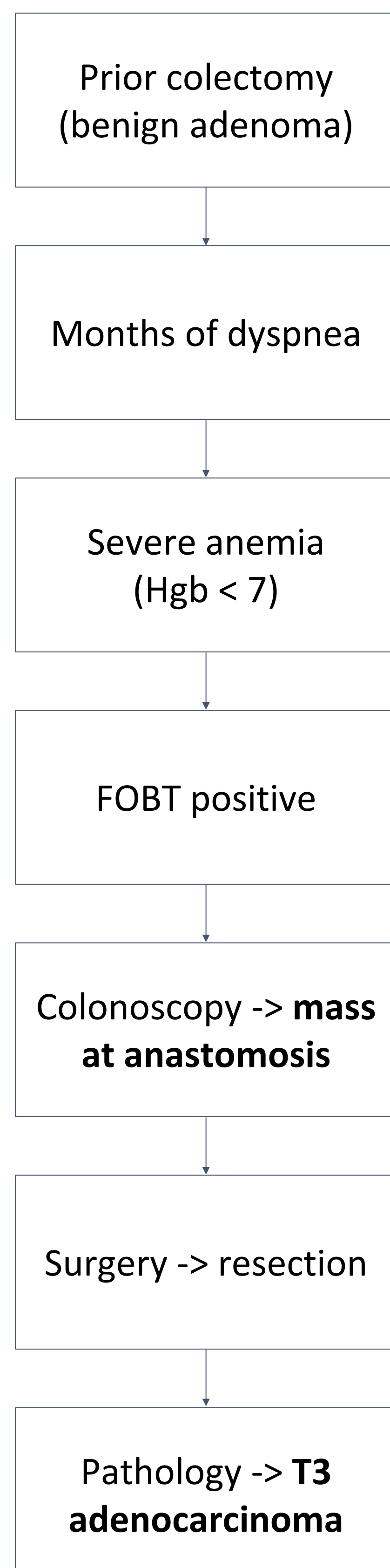
- Progressive **dyspnea** for several months
- Found to have:
 - Severe anemia** (hemoglobin <7 g/dL)
 - Positive fecal occult blood**

Medical History

- Atrial fibrillation (**on apixaban**)
- Coronary artery disease
- Heart failure with reduced ejection fraction
- Prior ventral hernia repair
- Prostate cancer (status post chemoradiation, in remission)

Workup

- CTA abdomen/pelvis:
 - No active bleeding
 - No metastasis
- Colonoscopy:
 - Multiple polyps (sigmoid, descending, transverse)
 - Ulcerated mass at prior anastomosis**
- PET scan:
 - No evidence of metastatic disease**



Colonoscopy demonstrating an ulcerated, irregular mass adjacent to the prior anastomosis



Management

- Exploratory laparotomy
- Lysis of adhesions
- Redo ileocolic resection**
- Ventral hernia repair

Pathology

- 3.0 cm invasive adenocarcinoma (grade 2)**
- Focal micropapillary features**
- Invaded into pericolonic fat (**T3**)
- Margins negative
- 5 lymph nodes examined -> all negative

Discussion

- Metachronous colorectal cancer:**
 - New primary tumor that arises at least 6 months after initial resection
- Risk persists in patients with:
 - Prior **advanced adenomas**
- Tumors near anastomosis may represent:
 - New primary lesion
 - Residual adenoma -> malignant transformation
- Surveillance colonoscopy is critical for early detection
- Differentiation from recurrence impacts:
 - Staging**
 - Management**
 - Prognosis**
- Reoperative surgical challenges:
 - Altered anatomy
 - Reduced lymph node yield
 - Requires multidisciplinary coordination

Conclusion

- Metachronous colorectal cancer can occur **after resection of benign disease**
- Lesions near **prior anastomosis** should raise suspicion
- Surveillance colonoscopy is critical** for early detection
- Early recognition impacts **outcomes and management**

References

- NCCN Colon Cancer Guidelines
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