

Right Hemihepatectomy for Colon Cancer Metachronous Liver Metastasis in a Patient with Crohn's Disease: Case Report and Review of the Literature

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Abstract

Introduction: Twenty percent of patients with colorectal cancer present stage IV disease at the time of diagnosis. The Crohn's disease increases 20 times the risk of colorectal cancer and worsens the patients' prognosis. The objective of this case report is to illustrate the surgical resection of a liver metachronous metastasis of colon cancer origin in a patient with Crohn's disease.

Case report: A 53-year old female patient was admitted to our hospital for a colon cancer metachronous liver metastasis. The patient was diagnosed for more than ten years with colonic Crohn's disease and ankylosing spondylitis. She had a Hartmann's type resection for sigmoid colon adenocarcinoma four years ago, and a secondary resection of the transverse colon with a right transverse colostomy for colonic stenosis one month before current admission. Abdominal Computed Tomography revealed a liver metastasis of 10/11 cm located in segments 6, 7, 8, in close contact with the right and middle hepatic veins and right Glissonian pedicle. A right hemihepatectomy was performed, using Pringle maneuver for 30 minutes. The patient was discharged after 12 days, without additional morbidities.

Conclusions: Patients with liver metastases of colorectal origin in the presence of Crohn's disease come with significant clinical challenges. Inside the multimodality approach, liver resection represents the therapeutic approach associated with the best long-term oncological results.

Key words: metachronous resection, liver metastases, colorectal cancer, Crohn's disease