

Early Perianastomotic Tumor Recurrence in a Patient with Sigmoid Colon Adenocarcinoma with Perineural and Lymphovascular Invasion

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Abstract

Introduction: Nationally, colon cancer is the most common malignancy, followed by breast cancer with an incidence in a slight increase in recent years. This increase in incidence has led to the necessity of development of more effective screening programs, which possess the advantages of being reproducible and easily accessible, destined for the population at risk, with the purpose of establishing, as soon as possible, a positive diagnosis, allowing adequate treatment. Tumoral invasion of the peritumoral ganglia represents one of the most important negative prognostic factors, alongside perineural invasion. The 8th edition of the TNM classification imposes the histopathological examination of at least 12 lymph nodes from the resected piece to facilitate precise staging and avoid downgrading. Perineural invasion in colorectal malignancies is associated with an unfavorable evolution unlinked to the other ways of dissemination, due to the multiple molecular mechanisms. Bellis D. et al. reported an increased rate of locoregional recurrence associated with a negative 5 years prognosis, in the presence of perineural invasion, documented in 33% of the studied cases.

Case report: We present the case of a 68-year-old patient with moderately differentiated stage III B sigmoid adenocarcinoma, operated on in the General Surgery Clinic of Colțea Clinical Hospital with histopathological staging T3N1M0 with lymphovascular and perineural invasion present on the surgical specimen, who underwent an R0 resection with end-to-end colorectal anastomosis, with loco-regional recurrence at 1 year after the intervention.

Conclusions: Early postoperative malignant recurrence was favored by the perineural and lymphovascular invasion, although a resection with oncologic safety margins was practiced, in the presence of adjuvant chemotherapy, in concordance with actual guidelines.

Key words: sigmoid adenocarcinoma, perineural invasion, lymphovascular invasion, tumoral recurrence