



Colonic Metastasis from Pancreatic Cancer: An Extremely Rare Cause of Large Bowel Obstruction

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Keywords

Pancreatic cancer; Colonic metastasis; Large bowel obstruction; Immunochemistry

Clinical Image

The most common pancreatic cancer spreading sites are peripancreatic lymph nodes, liver, lung and peritoneum while colonic metastasis are an exceptional finding and only few cases have been described [1-3]. A 74-year-old man was admitted with intestinal obstruction. Computed tomography disclosed a neoplastic stricture of the sigma, multiple bilateral pulmonary lesions and an ill-defined slightly enhancing hypodense mass lesion involving the tail of the pancreas (Figures 1-4). Serum cancer antigen 19-9 was 648 U/mL. The patient underwent emergency left colonic



Figure 1 and 2: Contrast enhanced CT showing neoplastic thickening of the sigma.

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Figure 3: Contrast enhanced CT showing an enhancing hypodense mass lesion involving the tail of the pancreas.



Figure 4: CT findings of multiple and bilateral pulmonary metastasis.



Figure 5: H/E tumor finding x10.

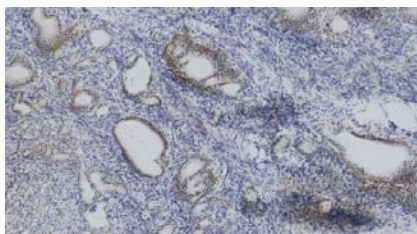


Figure 9: CDX2(+++) x14.



Figure 6: H/E cancer nests invading the muscular layer x4.

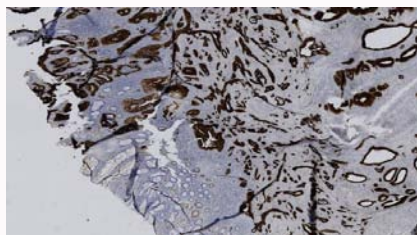


Figure 10: CK7(+++) x4.



Figure 7: H/E tumor without mucosal invasion x14.

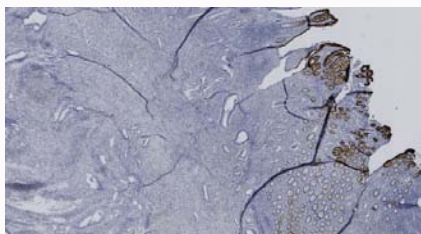


Figure 8: CK20(---) x4.

resection according Hartmann's procedure. The postoperative course was uneventful and he was discharged on day 7. Histological and immunohistochemical features supported the diagnosis of colorectal metastasis from the pancreatic cancer (Figures 5-10). Despite a very rare finding, colorectal metastasis from pancreatic cancer should be included in differential diagnosis of large bowel obstruction particularly if elevated values of Ca 19.9 are detected and if a simultaneous pancreatic cancer is suspected during preoperative investigations. Immunohistochemistry plays a key role to rule out a primitive colonic cancer.

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