Diagnosis of malignant lymphoma during the colorectal cancer surgery

K. Natori¹, S. Ishihara¹, D. Nagase¹, Y. Mitsu³, A. Sakai³, Y. Kuraishi¹, M. Kato², K. Arai⁴, H. Izumi¹
¹Toho University Medical Center Oomori Hospital, Oota-ku, Japan
²Division of Hematology & Oncology, Department of Medicine, Toho University Medical Center Oomori Hospital, Oota-ku, Japan
³Toho University Medical Center, Oota-ku, Japan
⁴Toho University Faculty of Nursing, Oota-ku, Japan

Introduction: Number of cases of colon cancer has been increasing every year. Surgical treatments are, of course, in addition to advances in chemotherapy, treatment options have increased significantly by formation of molecular biology has emerged. Increased colon cancer and double cancer consisting of hematological malignancy is made in recent years. Experienced a case of acute myelogenous leukemia, the onset of non-Hodgkin’s lymphoma during the resection of colorectal cancer.

Methods: Hematologic malignancies were diagnosed in our hospital by 1988 from 2014. We intended for multiple neoplasms 303 cases that were including hematological malignancies. We reviewed 54 multiple neoplasms including hematological malignancies and colon cancer. All patients were followed up until death or until December 2014. Survival was measured from the diagnosis of multiple cancers to time of death or last contact. Definition of the multiple neoplasms was in compliance with Warren & Gates. Also we determined the synchronous type and metachronous type in accordance with the definition of Moertel, so within less than 6 months was synchronous type, more than 6 months was metachronous type. So we reviewed and reported about age, gender, therapy tactics and the cause of death.

Results: The multiple neoplasms 54 cases consist of synchronous 16 cases, metachronous type 38 cases. In synchronous type, including malignant lymphoma were 11 cases. Before operation, the case that was not diagnosed malignant lymphoma, as the metastasis of colon cancer, were three cases. 3 cases including male 2 cases, female 1 cases, median age was 57 years (ranged 54 to 74 years). First case, he diagnosed colorectal cancer diagnosed area was ascending colon. He received laparoscopy and sampling porta hepatis lymph nodes biopsy. The diagnosis was non-Hodgkin’s lymphoma. Operation for colon cancer was curative, he received 8 courses of chemotherapy (R-CHOP therapy). He achieved complete response and still lives.

Second case was female, her diagnosis was colorectal cancer of transverse colon, she received operation and revealed jejunal small tumor during operation. The pathological finding was enteropathy associated T cell lymphoma. She received chemotherapy (CHOP therapy). Unfortunately, she couldn’t achieve objective response and every salvage chemotherapy did not effect, she died from enteropathy associated T cell lymphoma, overall survival time was 13 months.

Third case was male, his diagnosis was sigmoid colorectal cancer, he received Positron Emission Tomography/Computed Tomography (PET/CT) for searching for distant metastasis. PET/CT revealed mediastinal and mesenteric lymph node hot spot. He received operation and mesenteric lymph node biopsy, the diagnosis was non-Hodgkin’s lymphoma diffuse large B cell lymphoma. He received chemotherapy and achieved complete response but relapsed and died, overall survival time was 32 months.

Conclusion: PET/CT is preoperative reliable examination. A judgment of metastasis that revealed out of the region, lead to without surgical indication. We should keep in mind to avoid overdiagnosis.