

中文題目:升結腸癌合併廣泛性骨髓轉移以及廣泛性血管內凝集一例報告

英文題目: A case of ascending colon cancer with diffuse bone marrow metastasis and disseminated intravascular coagulation

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Back ground : Colon cancer is the third leading cancer death in Taiwan. In the late stage of the disease, it mostly spreads to the liver, but it can also spread to other organs such as the lungs, peritoneum, or to distant lymph nodes. Colon cancer is a relatively rare malignancy that involves the bone with or without bone marrow metastasis. Colon cancer with isolated bone marrow metastasis without metastasis to liver, lung or bone is even rarer and is seldom encountered during clinical practice. The bone marrow metastasis may be neglected without PET scan. The prevalence of colon cancer with bone marrow metastasis may be underestimated. Here we present a newly diagnosed case of ascending colon cancer with diffuse bone marrow metastasis without metastasis to other organs including bone. This condition may indicate a specific type of colon cancer.

Case report : A 88y/o female who had poor appetite for 3 months and body weight loss (5 Kg / 3 months). Abdominal echo shows dilatation of a long segment of ascending colon with minimal peri-colonic fluid that colon cancer was suspected. CT scan revealed circumferential wall thickening and enhancement of a long segment of ascending colon (7cm-8cm) with segmental narrowing and dilatation of the proximal part of ascending colon. Peri-colonic tissue stranding was also shown in the CT scan. Colonoscopy showed edematous mucosa with lumen narrowing at ascending colon and poorly differentiated adenocarcinoma was confirmed by endoscopic biopsy. PET scan was done. Besides of the uptake in a long segment of ascending colon and peri-colonic soft tissue, there was also diffusely moderately uptake throughout bone marrow of the axial and appendicular bones. However, there was no uptake in any other organ system, soft tissue or lymph nodes. Colon cancer with bone marrow metastasis was confirmed by marrow biopsy. There was no anemia at admission. (CEA:16.9ng/ml , CA 199:33.4U/ml,WBC:4800/uL,Seg:61.5% Hb:12.9g/dL, Plt:107000/uL) Rapid progression of thrombocytopenia in one week(Plt:51000/uL) after admission was noticed and DIC due to malignancy was highly suspected. It was confirmed by very high D-dimer(>35.2mg/L) and prolongation of the prothrombin time (PT/aPTT:16.1/38.0, INR:1.54). Blood culture was no growth. Patient received platelet transfusion and a palliative Ileostomy treatment and supportive care.