

LONG SURVIVAL STAGE IV COLON CANCER: CASE REPORT

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Clinical History

- 66 year old man, no known comorbidities apart from hypertension. No family history of digestive or gynaecologic cancer.

January
2005

Diagnosed with **Sigmoid Colon Cancer**

Left Hemicolectomy:
Adenocarcinoma G2
Stage pT3N1R0



Adjuvant chemotherapy
capecitabine + oxaliplatin
(every 3 weeks), for 6 months

November
2006

Hepatic nodule on the
VI segment

— biopsy —

**metastatic colon
origin**

Hepatic metastasectomy
(R0 resection)



Adjuvant chemotherapy
capecitabine + oxaliplatin
(every 3 weeks), for 6 months

Clinical History

January
2008

Pulmonary metastatic nodule in the apical segment of the superior left lobe (Figure 1).

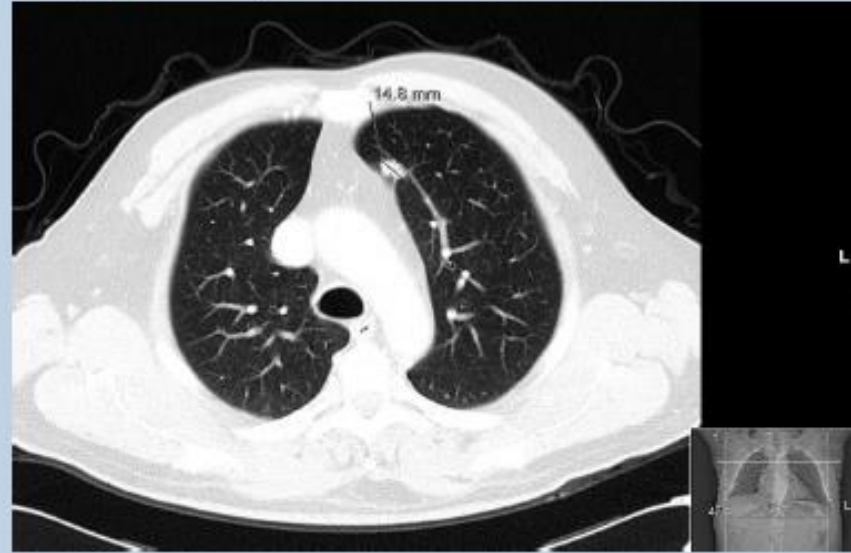


Fig.1 – Thoracic CT showing the lung metastasis in the apical segment

- Atypical lung resection (R0 resection)
- Adjuvant chemotherapy with capecitabine in monotherapy (peripheral neuropathy due to oxaliplatin)

Today

COMPLETE REMISSION

Discussion

- Colon cancer is a heterogeneous disease
- The recession of the metastatic disease showed to prolong survival, and must always be considered
- The indolent history of this patient could be related with a genomic alteration - microsatellite instability?