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Management of refractory diarrhea

Identification

- ◉ 69 years-old
- ◉ Female

Past History

- ◉ Hypotiroidism (medicated with levothyroxine 15 mcg id)
- ◉ Hysterectomy plus bilateral adnexectomy (1996)
- ◉ Allergic to Penicilin

Present History

Date	Diagnosis	Treatment approach	Response
July 2003	Rectal adenocarcinoma cT2cN0	Anterior rectal resection	pT3pN1
September 2003	pT3pN1	Adjuvant CHT (12 cycles FOLFOX IV)	Complete response
March 2008	Vaginal and vesical recidive of rectal carcinoma	CHT (12 cycles of FOLFIRI) followed by concomitant chemoradiotherapy	Initial partial response
February 2009	Vaginal and vesical recidive of rectal carcinoma	Anterior abdominal resection	ypT3pN0pMx
March 2009	ypT3pN0pMx	Adjuvant CHT (8 cycles of FOLFOX IV)	Stable disease
August 2009	Entero-vaginal fistula and skin metastasis	Transuretral amputation	No signs of disease
January 2013	Abdominal adhesions	Intestinal bypass	=


Present History

Date	Diagnosis	Treatment approach	Response
February 2016	Vesical recidive of rectal carcinoma	-	-
April 2016	Multiple hepatic and lung metastasis (RAS Wild Type)	CHT (16 cycles of FOLFIRI)	Hepatic progression
May 2016	Hepatic progression	CHT (4 cycles of irinotecan + cetuximab)	Clinical deterioration
June 2016	ECOG PS 2	Best Supportive Care	Clinical recovery
June 2016	Stage IV rectal carcinoma + bowel obstruction	Ileo-transversotomy	Restored bowel movements

Present History

⊙ 18/7/16 - Palliative Care Nursery:

– Major complains:

1. Diarrhea
 2. Fecal incontinence
 3. Infection of surgical abdominal suture
 4. Small dehiscence of surgical abdominal suture
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- Short bowel syndrome*

Physical examination

- ◉ ECOG 1
- ◉ Weight – 54kg High: 1.73 m BMI: 18
- ◉ Dehydrated
- ◉ Pulmonary and heart auscultation with no alterations
- ◉ Abdomen: light pain in every quadrant. Hepatomegaly. Small dehiscence of abdominal surgical scar with little exudate.
- ◉ No peripheral edema

Therapeutic approach

- ✓ Nutritional evaluation and support
- ✓ Loperamide 2 mg per os 12/12h
- ✓ Octreotide 0.1 mg i.v 8/8h

Follow-up

- Good clinical evolution



- Discharge from nursery room on subcutaneous injection of octreotide 0.1 mg 8/8 hours
- Follow-up in Palliative Care Consultation

Thank you for your attention.