15. COLORECTAL CANCER: ASPECTS OF DIAGNOSIS AND SURGICAL TREATMENT

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Introduction. Colorectal cancer is currently the most common neoplasm of the digestive tract and the third most common cause of cancer mortality worldwide.The Methods for diagnosing colorectal cancer show that 20% of patients with this disease have distant metastases, and another 25% are prone to further metastasis. Among colorectal cancer screening tests, colonoscopy is currently considered the most sensitive and specific method of diagnosis. However, double-contrast computed tomography, nuclear magnetic resonance and transanal ultrasonography are also important in clinical practice, being considered as methods of screening and evaluation of surgical tactics.The first-line treatment is surgery that involves complete excision of the tumor, restoration of the digestive tract through the application of anastomosis, and mandatory lymph dissection of adjacent lymph nodes. For patients with concomitant diseases and major anesthesiological risk, laparoscopic treatment is the first-line intervention.

Case presentation. A woman, 66 years old, addresses the following causes: constipation alternating with diarrhea, flatulence, and pain in the region of the left lateral flank. The colonoscopy revealed a diffuse, infiltrative exophyte process with circular stenosis of the sigmoid colonic lumen, of a hard consistency, with insignificant hemorrhage after taking the biopsy. Histopathologically, a moderately differentiated invasive adenocarcinoma of the colon was determined. The diagnosis of sigmoid carcinoma, stage II-III,T3-4NxM0, complicated with partial intestinal occlusion was established.Intraoperatively, a massive circular tumor was detected, lasting 8x9 cm, overgrown with the loops of the small intestine and the posterior wall of the uterus. Regional lymph nodes enlarged in size. The surgery was limited to the segmental excision of the sigma with the transanal application of the end-to-end anastomosis. Postoperative histopathological examination determined G2 adenocarcinoma, T3N0M0, with inflammatory infiltrate in adjacent organs. The monitoring for 3 years postoperatively did not establish loco-regional and metastatic recurrence data.

Discussion. The purpose of the discussions is to describe and interpret the data of the clinical case in relation to the already known specialized data. The variability of clinical cases but also of diagnostic and treatment techniques highlights the need for comprehensive, prospective, randomized studies to minimize the aggressiveness of the neoplastic disease.

Conclusion. Colorectal cancer remains a high-risk pathology in people over the age of 45. Screening by colonoscopy, CT and MRI, but also transanal EUS are the methods of choice in the diagnosis and early detection of colorectal cancer.Tumor ablation and lymph dissection are the main stages of surgery.