Colon Cancer With Splenic Abscess

The final pathological examination results showed T4N0 poorly differentiated adenocarcinoma with direct invasion of the spleen.

Splenic abscess is a rare presentation of colon cancer. There are fewer than 10 reported cases in the English literature. Splenic abscess can occur because of direct invasion or local perforation into the spleen, synchronous splenic metastasis with abscess, or hematogenous spread to the spleen.

Colon cancer with direct invasion to surrounding tissue or organ is classified as T4 according to the American Joint Committee on Cancer’s TNM staging system, and curative treatment involves en bloc resection of the tumor and the involved tissue or organ. Additional adjuvant chemoradiotherapy might be indicated depending on the nodal status.

Hematogenous spread to a distant site can occur during transient bacteremia from necrotic tumors and can subsequently present as splenic abscess. Streptococcus bovis septicemia can be associated with gastrointestinal lesions, especially with colorectal cancer. Presentation is frequently delayed, and clinical manifestations include fever, left upper-quadrant pain, and leukocytosis. Administration of intravenous antibiotics and splenectomy constitute the definitive therapy for splenic abscess due to hematogenous spread because percutaneous drainage has a failure rate of 50% to 60%. However, percutaneous drainage is an option for patients who cannot tolerate splenectomy.

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Correspondence: Michael P. Vezeridis, MD, Department of Surgery, Rhode Island Hospital/Warren Alpert Medical School of Brown University, 2 Dudley St, Ste 470, Providence, RI 02905 (Michael_Vezeridis@brown.edu).

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REFERENCES


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