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Splenomegaly and cytopenia after surgical resection and chemotherapy for colorectal cancer: An interdisciplinary case of hematology and oncology

ONKOLOGISCHES & PALLIATIVMEDIZINISCHES NETZWERK LANDSHUT

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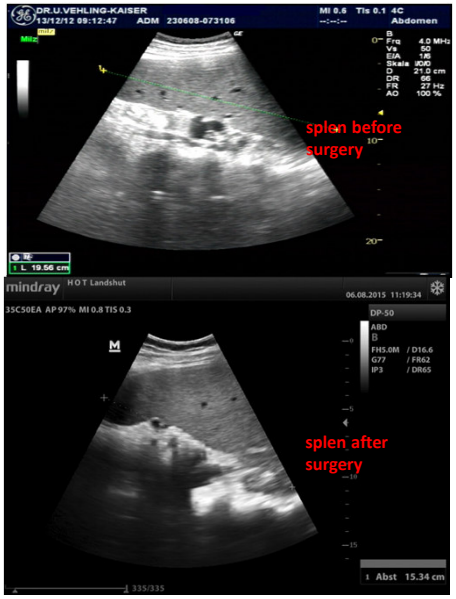
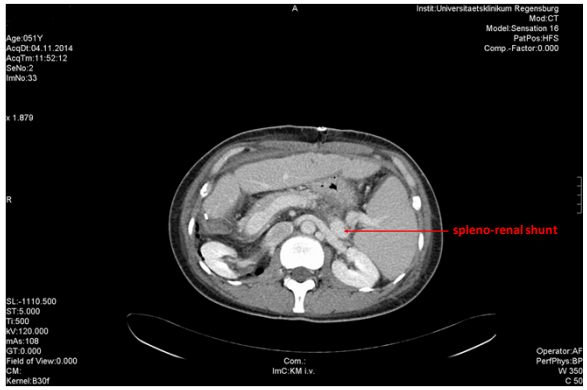
Introduction: The current report from an oncologic practice in Germany describes a cross-link between hematology, oncology and surgery

Methods: In 2001, a woman then aged 38 years underwent R0 resection for adenocarcinoma of the ascending colon. Afterwards an adjuvant chemotherapy with 5-fluorouracil/folinic acid/oxaliplatin was administered. 4 years later the patient sufferd from relapse with metasis in the right liver lobe and right hemihepatectomy was done. One year later splenomegaly of 18cm x 5cm became evident, but did not cause any symptoms. The blood count then showed a slight tri-cytopenia possibly due to previous chemotherapy. The patient was fully active without any problems due to splenomegaly. In 2013, the patient increasingly suffered from left-sided abdominal pain and fatigue, the spleen then was 20cm in size. Thrombocyte count had dropped below 50 G/L. Bone-marrow puncture did not show signs of dysplastic syndrome or other malignancy. In 2014, the spleen was 23 cm in longest diameter. A CT-scan showed signs of portal hypertension with pronounced collaterals, possibly due to constriction of the inferior vena cava and/or left hepatic vein, possibly due to the liver-resection in 2005. A gastroscopy confirmed oesophageal varices. The patient was transferred to a university hospital for further diagnostics and potential placement of a portosystemic shunt. Left hepatic vein stenosis could not be substantiated by venous catheter pressure measurements. As a definite reason for portal hypertension was not clear with no evidence for liver cirrhosis or fibrosis, the patient was advised for splenectomy for symptom relief.





Results:
To avoid splenectomy, as preferred by the patient and the treating hemato-oncologist, the case was again discussed with the surgeon. It was concluded to initially perform a side-to-side spleno-renal shunt. After constructing the shunt, a significant reduction of blood-flow through the portal vein directly after surgery was observed. Only three months after the intervention, the spleen had shrunk from 24cm to 16cm accompanied by an increase in thrombocytes above 100 G/L and significant improvement of symptoms.

Conclusion:
The patient achieved a significant improvement of symptoms after construction of the shunt. Close networking between different disciplines and especially the treating physicians in rural areas and specialists at highly specialized centers were crucial to avoid splenectomy in this case.

Offenlegung potentieller Interessenkonflikte

JAHRESTAGUNG 2015 BASEL 9.–13. Oktober

1. Anstellungsverhältnis oder Führungsposition
   keine
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   keine
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5. Honorare
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6. Finanzierung wissenschaftlicher Untersuchungen
   keine
7. Andere finanzielle Beziehungen
   keine
8. Immaterielle Interessenkonflikte
   keine

Onkologisches Zentrum

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