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Malignant neoplasm of sigmoid colon found accidentally during a routine gynecological examination

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The patient regularly performed a routine gynecological examination with cytology every year. During one of them, the gynecologist noticed and described a well-defined structure with a positive echo behind the uterus, measuring 22x24mm in the transvaginal ultrasound (fig. 1). This structure aroused the oncological vigilance of the gynecologist performing the examination. Further diagnostics was recommended, during which a colonoscopy was performed, which revealed a tumor clamping the lumen of the sigmoid colon. In the next stage, CT scan of the abdominal cavity and pelvis, without any contrasting agent, was performed (fig. 2). The examination revealed a thickening of the colon wall at the level of the initial segment of the sigmoid colon. The patient was qualified for surgical resection of the sigmoid colon. Histopathological examination of the excised tumor confirmed the diagnosis of pT3N1aM0 sigmoid adenocarcinoma. The patient underwent a cycle of adjuvant chemotherapy.

This case shows that regardless of the medical specialty, attention should be paid to changes in other organs, including those that were not directly examined. Most colorectal cancers are diagnosed in older patients, over 70 years of age [1]. This patient was in her 50s at diagnosis, so it can be concluded that one should be vigilant for cancer, even if the patient is not directly in the high-risk age group. In this patient the tumor was asymptomatic and accidental detection enabled the implementation of treatment that led to remission. If the gynecologist ignored the lesion revealed in the transvaginal ultrasound, most likely the tumor would be detected already at the inoperable stage and only palliative treatment would be possible. In the available literature, we can find information that the only early detection of the disease gives a chance of remission [2].

Conflict of interest: none declared

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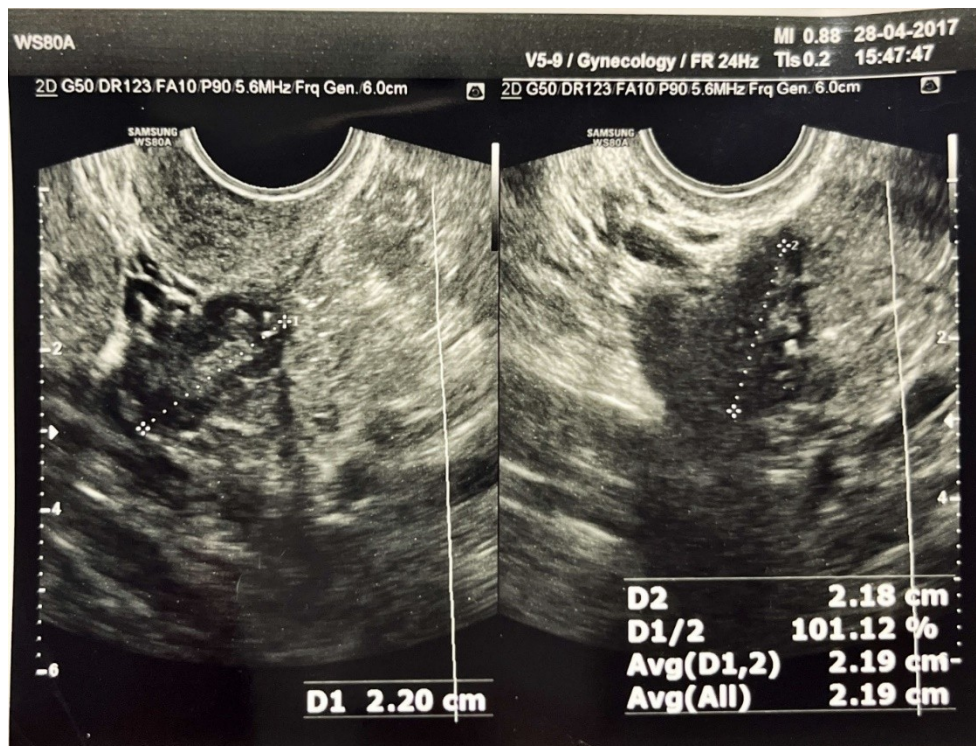


Figure 1. Transvaginal ultrasound, echopositive structure behind the uterus

L: 12.3

Ex: May 22 2017

DFOV39.4cm
SOFT/+

A
1
8
8



P
2
1
2

DCA:OFF

0.66
kV 120

2.5mm 1.35:1/2.50sp

W =400 L =36

I 459

Figure 2. CT of the abdominal cavity of the pelvis without contrast, segmental thickening of the sigmoid colon