



The Treatment of Rectal Cancer in Pregnant Patient

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Editorial

Purpose

We want to report this case that the process of diagnosis and treatment for the rectal cancer is conduct without harming the pregnancy.

Case

A woman, 36 years old, was applied to the hospital with bloody stool complaint. A mass has been palpated at the tip of finger on the rectal examination. The patient was 6th weeks gestation. A vegetative mass has revealed on colonoscopy, starting from 9th cm and occluding the lumen. A 3 cm × 4 cm mass was detected 9 cm proximal from anal verge, obstructing almost completely the lumen in rectal ultrasound and magnetic resonance imaging. There was not a pathologic lymph node and any findings for metastases to other organs in the pelvic region. The patient has been examined by gynecologist. Surgery was recommended to the patient for rectal cancer after medical abortion. The risks of the operation and the effect of chemotherapy on the fetus were explained to the patient who accepted the surgery but did not accept the medical abortion. A low anterior resection and preventive ileostomy were performed for the patient who accepted these risks. She was discharged postoperative 6th day without any complications. The fetus was determined alive and healthy on gynecologic examination before and after surgery. Histopathology revealed mucinous rectal adenocarcinoma. Chemotherapy was recommended to the patient by the oncologist after the operation. But the patient did not accept chemotherapy due to side effects of drugs. The patient applied 3 months after the operation and multiple metastatic masses were detected in the liver on ultrasound. The patient was reevaluated by the oncologist. Chemotherapy was started to the patient whom her pregnancy reached the sixth month. The patient gave birth to a live baby with cesarean section at the 36th week of gestation and the protective ileostomy was closed during cesarean section. After delivery, abdominal and thorax computed tomography revealed multiple metastatic lesions in the liver. The patient was also given radiotherapy in addition to chemotherapy. Two years after the operation, pulmonary metastases were detected in patient who reapplied with dyspnea and cough. Despite of symptomatically treatment patient died due to liver and lung failure.

Discussion and Conclusion

It is necessary to avoid any practices that harmful the fetus during the diagnosis and treatment of pregnant patients. Surgery may be difficult because enlarged uterus restricted space for it. If the patient does not want an abortion, rectal cancer can be treated when the pregnancy is ongoing. But surgical and oncologic treatment may not be performed as required.

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Received Date: 19 Oct 2017

Accepted Date: 01 Dec 2017

Published Date: 08 Dec 2017

Citation:

Öztürk A. The Treatment of Rectal Cancer in Pregnant Patient. *Clin Surg.* 2017; 2: 1812.

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