An unusual presentation of metastasis from a rectal adenocarcinoma

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patients may present with changes in bowel habit, rectal bleeding, weight loss and symptoms of anaemia and abdominal pain. For those with advanced disease, the usual site for metastatic spread is the liver where up to one quarter of new diagnoses already have detectable liver metastases and 40–45% of patients will develop hepatic secondary’s within 3 years of surgery. Other sites for malignant spread include the lungs, brain and bone metastases.

Metastatic disease in the oral and maxillofacial region is rare. Only 1% of jaw malignancies are from secondary invasion. Of these, lung, kidney and prostate are the most common primaries in men, and breast, genital organs and kidney in women. Colorectal metastases in the oral cavity
have been shown to preferentially metastasise to the mandible. Haematogenous spread is the likely mechanism. Management options depend on the site and disease extent and include surgery, chemotherapy or radiotherapy. Surgery is an option if the lesion is solitary or for soft tissue involvement. When surgery is not possible, a palliative approach with chemotherapy, radiotherapy or both is possible.

Conclusion

Oral metastases from a colorectal primary are rare and often indicate a poor prognosis. A biopsy should be undertaken in those presenting with oral lesions where an established diagnosis of colorectal cancer has been made. Our case was unusual in that the initial presentation was of pain, difficulty swallowing and bleeding from the oral lesion with no lower gastrointestinal symptoms. It was the prompt biopsy that enabled the diagnosis and appropriate palliation of symptoms.

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References