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Pregnancy and Colorectal Cancer, from Diagnosis to Therapeutical Management - Short Review

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Abstract
Colorectal cancer (CRC) is one of the most common human malignancies, affecting one of 20 persons in areas with high socio-economic standard but cases of digestive cancers during pregnancy are rare. From an etiological point of view, CRC represents an entity induced on the one hand by environmental factors and on the other hand by genetic factors or, not rarely, by their combination. The difficulty of diagnosing digestive cancers in pregnancy is the consequence of a symptomatology often masked by signs and symptoms that can be attributed to pregnancy. Essential in terms of assessing the staging of TNM in CRC, CT remains the subject of numerous debates. Over the last 40 years CT has been contraindicated in pregnant women due to teratogenic and carcinogenic effects on the fetus. Pregnancy MRI method is preferable to any other method of investigation that uses ionizing radiation. The CRC's treatment plan must take into account the interests of two people, the mother and the fetus, so that the "interest" of one does not affect the other, respecting an axiom: for the mother, treatment as soon as possible after birth, respectively, for the foetus, delaying the therapy until it is viable. Colorectal neoplasia is, in generally, a predominantly surgical pathology at the time of disease discovery, especially in conditions of a major complication that leaves no time for a therapeutic alternative (obstruction, perforation, significant bleeding). A chemotherapy-type oncology protocol option is preferred for cases with advanced, metastatic neoplasms.
Key words: colorectal cancer, pregnancy, therapeutic management