

### **Particularities of Diagnosis and Treatment in Synchronous Colorectal Cancers (SCC)**

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#### **Abstract**

*Introduction:* SCC have an incidence of 1,8% up to 12,4% and could have more simultaneous localizations.

*Material and method:* Between January 2004 and January 2011, 214 patients with CRC have been operated on in our ward; from those, eight patients had multiple colorectal neoplasms.

*Results:* The majority of SCC (six cases) was hospitalized under emergency status, with incomplete or complete bowel obstruction through colonic obstructive tumour. The favourite localizations were on the sigmoid (six tumours) and the transverse colon (four tumours). The diagnosis was preoperatively assessed in three cases by colonoscopy and barium enema, intraoperative in four cases, postoperative in one case. Curative operations were performed in five cases and palliative operations in three. Immediate postsurgical evolution was good, long time evolution was marked by the complications of the primary disease. Out of five patients that were long term monitored, three have a five year survival, one has survived for three years and one deceased within a nine month period after surgery, with multiple metastases.

*Conclusions:* Preoperative diagnosis of synchronous lesions can be difficult (emergency hospitalized patient, incomplete bowel preparation, bowel obstruction or intestinal bleeding) and the colonoscopy exam can be incomplete. Rigorous intraoperative colonic examination is necessary in order to diagnose synchronous lesions and avoid surgical re-intervention.

**Key words:** synchronous cancer, Lynch syndrome, colonoscopy

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