

Guidelines for investigations of Colorectal carcinoma

Clifford Caruana
Mater Dei Hospital
21st May 2008

Introduction

- Common cancer
- Commoner in >60yr (85%)
- 20% +ve FH
- Early Dx and Rx → Better outcome
- Guidelines for investigations
- Cancer screening

HISTORY

- >50yr with Rectal bleeding **WITHOUT** anal symptoms
- All ages presenting with change of bowel habit to looser stools and/or increased frequency of defecation persistent for 6 weeks **WITH** rectal bleeding
- > 50 yr with change of bowel habit to looser stools and/or increased frequency of defecation persistent for 6 weeks

Rectal bleeding

- Sy – early bowel CA
- >50 yrs – colorectal CA needs to be excluded → refer
- Blood on toilet paper **ONLY** - <1% risk of CA

Change in bowel habit

- >50 and persisting for >6weeks
- Constipation (dec freq and harder stools) alone (0.8%)
- Increased looseness and frequency (higher risk)

Fe deficiency anaemia

- Hypochromic microcytic anaemia
- Low Hb low MCV low MCH Low Se Ferritin
- Ass with bowel symptoms → inc risk of CA
- With this picture gastric and colonic malignancy to be excluded
- 25% have colonic CA
- Iron deficiency anaemia - Hb <11g/dL (male) and <10g/dL (postmenopausal females)

EXAMINATION

- All ages – right sided abdo mass
- All ages – rectal mass

Investigations

- Referred for further inv
- Colonoscopy
- Double Contrast Barium enema + flexible sigmoidoscopy
- Ct colonography

Colonoscopy

- Gold standard test
- Bx and therapeutic
- Very low risk of Perforation or severe bleeding
- Higher sensitivity for polyps > DCBE or CT colonography



Barium Enema

- Can be used if colonoscopy not available
- Double contrast – air – contrast study
- Complemented by flexible sigmoidoscopy
- Safe and no sedation required
- Sensitivity < colonoscopy
- If positive → will need colonoscopy



CT COLONOGRAPHY

- instead of DCBE
- Accuracy > DCBE
- Accuracy ? Close to colonoscopy
- Bx and Rx not possible → colonoscopy



Staging

- Investigations – staging
- CT CHEST ABDO PELVIS
- Rectal tumour - MRI PELVIS
- Early rectal tu (<3cm) – TRUS
- Emergency surgery - ?Synchronous lesions – colon exam within 6/12.

Tumour markers

- No evidence – diagnostic value
- CEA
 - advance dis
 - Benign conditions
 - Surveillance following curative resection
 - Monitoring treatment resp in adv colorectal ca

PREOP Investigations

- Assessment of patient's general Health and Operative risk (ASA)
- Routine blood investigations
 - CBC
 - U/E/Creat
 - LFTs
 - CEA

Conclusions

- Blood PR / change in bowel habit – colonoscopy (+random Bx if normal)
- Fe Def anaemia – Colonoscopy
- Palpable RIF / rectal mass – urgent SOP +/- colonoscopy
- Staging investigations are essential to plan treatment
- CEA is essentially used as part of staging and surveillance.

Hosted by

Malta Institute for Medical Education

