

Case Report**Krukenberg tumors from colorectal cancer**Briguen Amel\*, Meddour S<sup>1</sup>, Bouzidi D<sup>2</sup>, Djillat K<sup>3</sup>

**\*Corresponding Author: Dr. Briguen Amel**, Medical Oncology, SETIF Against Cancer Center  
Algeria.

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**Abstract**

*COVID-19 has truly lived by its name of “Global Pandemic”<sup>1</sup> since its inception on 31st December 2019. Dubai, the center of the world, though had reported the first confirmed case of the middle east, has fought this endgame with utmost bravery. Valiant soldiers of healthcare have been using multiple personal protective gears like N95 mask, face shield, whole-body gown, goggle, face shield, cap, hand gloves, and surgical face mask. They have also been performing exponential handwashing tasks and hand rubbing to protect themselves, colleagues, and patients.*

*Our goal was to study the prevalence of dermatological manifestations in Dubai's healthcare workers due to protective gear and hand hygiene practices during the COVID-19 saga. The author has also focused on providing recommendations to prevent these adverse effects.*

## Introduction

Ovarian metastasis from colorectal cancer, also known as the Krukenberg tumor, occurring about 3% of all colorectal cancer and makes up 5 to 10% of all colorectal metastases.

There are many hypotheses done to explain the physiopathologic mechanism of dissemination of the tumor. Resection of ovarian tumor and /primary tumor could improve the diagnostic.

Surgery and chemotherapy are the principal therapeutic arm, they led to prognosis, but it remains severe.

## Method and patient

We will report 2 cases of our patient followed by the medical oncology department for colorectal cancer between 2015 to 2017.

The first case is 37 years old woman without particular antecedent, followed by sigmoid cancer initially classed T3NXM1 (ovarian synchronous metastasis).

The second is 53 years old woman that followed for metachronous triple-negative breast cancer diagnoses in 2013 and rectal cancer diagnoses in 2015. The breast cancer was treated first with surgery then adjuvant chemotherapy then adjuvant radiotherapy.

The rectal cancer was classed T3N1M1

(Ovarian synchronous metastasis)

## Result

The abdominal pain is the most common symptom in the twice case. It was associated with rectal bleeding in rectal cancer and with abdominal distension in sigmoid cancer. The colonoscopy with biopsy was objective adenocarcinoma differences of the colon in the first patient and an adenocarcinoma of the rectum in the second patient.

The CH abdomen and pelvis was found in twice cases a wall thickening of the tumor without an advice invasion with two suspected adnexal mass.

On exploration, as per operation in twice case, we noted that a left ovarian and right ovary was replaced by solids mass with capsule ruptured. The first case was treated with bilateral adnexectomy plus sigmoidectomy and the second case was treated with anterior resection of rectum plus bilatéral adnexectomy + appendicectomy.

The histology of mass removed was found in the first case a high differentiated adenocarcinoma of the colon with an invasion of adenocarcinoma to two ovaries.

In the second case, the histology was compatible in the first case with a high difference rectal adenocarcinoma with an invasion of adenocarcinoma to one ovary (right ovary).

CH abdomen in post-op was normal.

The RAS study was muted in the twice case

The first patient was treated by 8 cycles of chemotherapy type capecitabine and irinotecan with bevacizumab and in the second patient was treated with 8 cycles of chemotherapy type capecitabine and oxaliplatin with bevacizumab.

Both women are in regular follow up and we don't détect any recurrence.

## Conclusion

Krukenberg tumors are in 20% to 30 % are ovarian metachronous metastasis .the physiopathologic mechanism is not yet fixed. They have a poor prognostic, so only surgery with chemotherapy is used as referent treatment.

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