

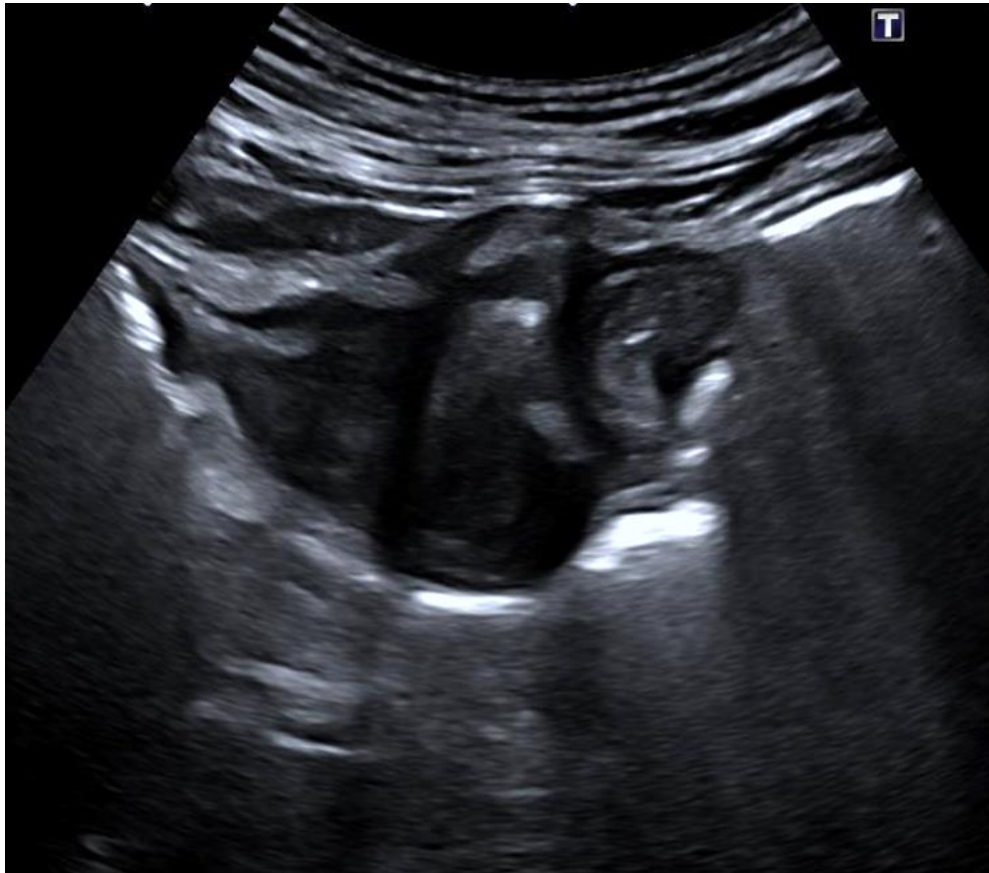
# **General Medical Case 11**

## **May 2024**

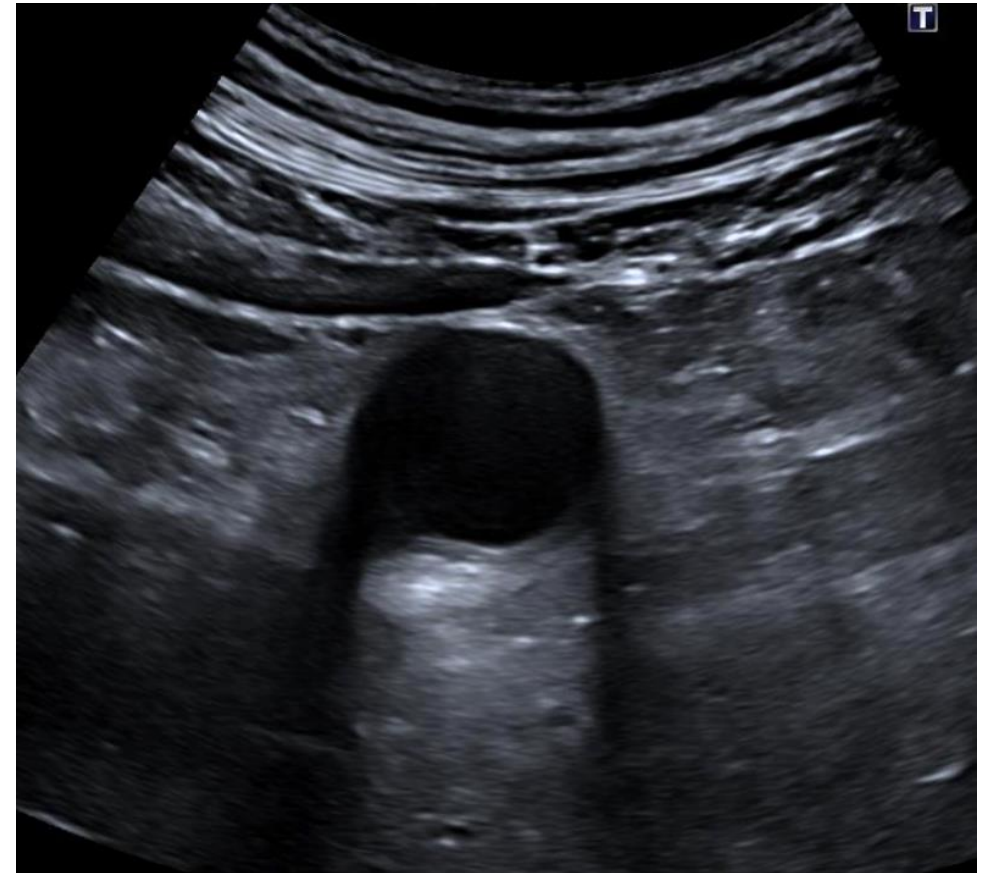
Clinical details: GP referral

58 year old male. H/O change in bowel habit, abdominal discomfort, deranged liver blood tests

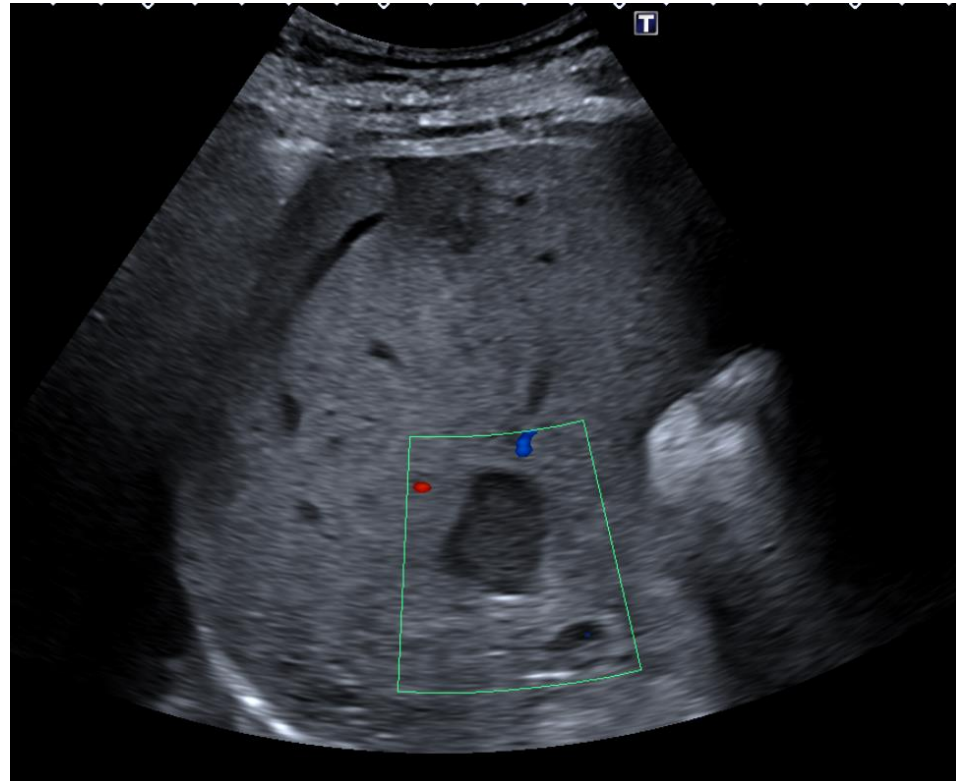
Transverse section of the caecum



Axial section of the appendix



Sagittal cross-section of the liver



Please do not progress to the next slide until you have attempted to write a report.

# Ultrasound report

## Abdominal ultrasound

Hypoechoic solid mass centered on the caecum obstructing the appendix.  
Loss of caecal wall mural stratification.

The appendix is distended and fluid-filled.

There are multiple well defined hypoechoic lesions noted in the liver.

Conclusion: Appearance suspicious for caecal malignancy with liver metastases.

# CT chest/abdomen/pelvis



Report: Locally invasive caecal carcinoma with liver metastases

# Colonic Carcinoma Fact File

- Bowel cancer is the 4th most common cancer in the UK, with 42,900 new bowel cancer cases in the UK every year
- Incidence rates for bowel cancer in the UK are highest in people aged 85 to 89
- A person's risk of developing cancer depends on many factors, including age, genetics (Lynch syndrome), and exposure to risk factors including: eating processed meat, obesity, alcohol, smoking
- Management of colorectal cancer has advanced over time with new treatment methods and strategies being trialled and used. Management of local disease differs depending on the site of the cancer and may include surgical resection, radiotherapy and chemotherapy
- Metastatic colorectal cancer commonly affects the liver, lungs or peritoneum