

A 54-year-old Caucasian male attended our department due to acute-onset constipation, poor appetite and weight loss of 7 kg over the last 6 months. He denied rectal bleeding. He reported a family history of colorectal cancer. Colonoscopy was performed, which revealed an infiltrative lesion in the sigmoid colon (Figure 1). Histopathological examination revealed a poorly differentiated adenocarcinoma. Immunohistochemistry profile showed cytokeratin-7 positive, cytokeratin-20 negative and CDX-2 negative cells (Figure 2), supporting the presence of tissue originating from pancreatic primary cancer. After the result of histological examination, magnetic resonance imaging with gadolinium enhancement was performed and showed a mass measuring 4.5x4.1cm at the pancreatic tail (Figure 3).

Given the findings of both the immunochemical and imaging workup, the carcinoma was presumed to be pancreatic in origin. Patient received chemotherapy and died 6 months after the diagnosis.

The retro-peritoneal location of the pancreas allows for metastatic dissemination to many organs. Most common sites include the liver, lungs, peritoneum and regional lymph nodes. Colonic metastasis of pancreatic cancer is extremely rare, with a few cases having been described previously in the literature¹⁻². Metastasis is usually located in the right colon and in the sigmoid.

Informed Consent

Informed consent has been obtained for the publication of this clinical image.

Authorship

VS, KP, KG, MK and XV: contributed to the writing and approval of the final manuscript.

Conflict of Interest

None declared.

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