

RECURRENT RECTAL CARCINOMA



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Radiation Oncologists

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RECURRENT RECTAL CARCINOMA

DEMOGRAPHICS:

Sex: M
Age: 62
Histology: Recurrent Rectal Carcinoma
Treat Date(s): April 2005

CLINICAL HISTORY:

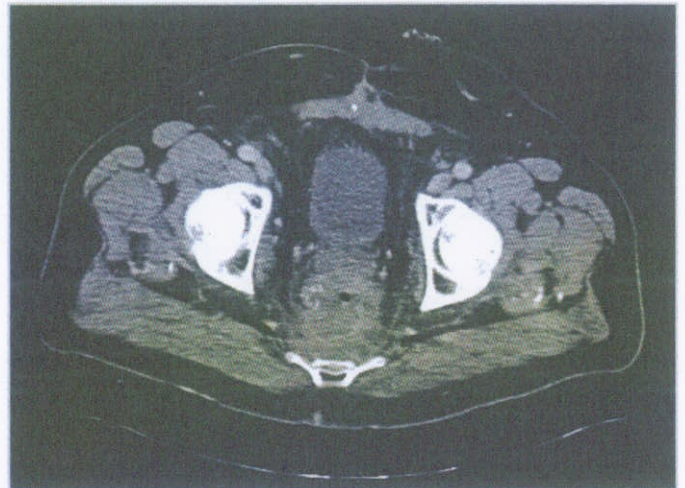
Referred by: Radiation Oncologist
Previous Treatment: Surgery, Radiation Therapy

Case History:

This patient presented in 2001 with a pT3 pN1 rectal adenocarcinoma. A surgical resection was performed followed by external beam radiation therapy (25 x 2Gy) using a three field technique. In 2002 a local recurrence was detected at the surgical scar site, and this was treated using a single electron field (30 x 2Gy). In 2004 a further recurrence was detected distal to the original treatment site, in the anal stump. This was treated with further radiation therapy (15 x 2Gy) using a three field technique. The lesion was found to be inoperable on open examination. In March 2005 the patient presented again with pain in the sacrum and coccyx, which also radiated into the right leg. He also described pain in the anus. He had anal fluid discharge, and had daily anal bleeding episodes.

CyberKnife Treatment Rationale:

A CT scan of the thorax, abdomen and pelvis showed no evidence of metastatic disease, and so chemotherapy was not considered to be appropriate. The lesion was already known to be surgically inoperable, and further conventional radiation therapy was not possible because of the high doses already delivered to a large volume. CyberKnife radiosurgery was considered to be safe in this case given the high conformality and dose gradient achieved. Treatment was delivered with the intention of palliating the pain symptoms and reducing rectal bleeding.



Pre-treatment CT, showing a large rectal lesion adjacent to both the bladder and cauda equina. The hypo-dense region at the center of the lesion is an area of infection, responsible for the fluid discharge.