Not a Hands Down Diagnosis – An Unusual Presentation of Colon Cancer
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Introduction
- Venous thromboembolism (VTE) is common in cancer. Arterial thrombosis is uncommonly associated with cancer and is rare as its sole initial manifestation especially in the upper extremities.

Case Presentation
- 58 year old male
- Stopped smoking 5 years before admission
- No significant medical illness
- Pulseless left arm with severe pain
- Arterial doppler: thrombus from left subclavian to ulnar and radial arteries
- Surgical thrombectomy
- Iron deficiency anemia, hemoglobin of 8.5 g/dL
- Malignancy suspected
- Abdominal CT: thickened cecum, prominent mesenteric lymph node
- Colonoscopy: cecal mass; biopsy revealed adenocarcinoma
- Right hemicolecction: 9 cm adenocarcinoma, stage IIIB colon cancer
- Despite thrombectomy, left hand became gangrenous and required amputation.

Imaging
- Amputated left distal forearm and hand with gangrenous necrosis of the fingers
- Colonoscopy showing large cecal mass

Discussion
- Arterial thrombosis occurs in 2.4% of cancer patients with higher risk in breast, colorectal, and lung cancers. It usually occurs in the lower extremities and after cancer diagnosis.
- Explanations for hypercoagulable state associated with malignancy include production of:
  - Procoagulants: tissue factor and cancer procoagulant
  - Anti-fibrinolytics: tissue plasminogen activator inhibitor
  - Inflammatory cytokines: tumor necrosis factor, vascular endothelial growth factor, interleukin beta

Conclusion
- Malignancy should be suspected in the appropriate setting of arterial thrombosis even when it occurs in uncommon locations.

References