



# What Happened in the Liver?

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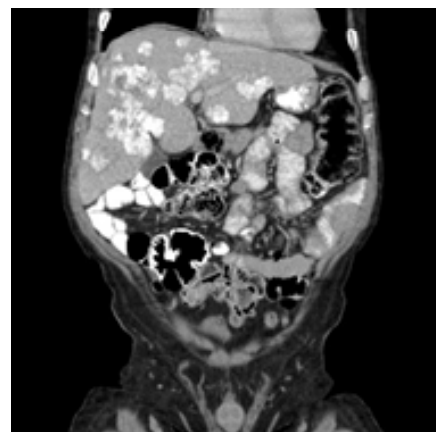
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## Clinical image description

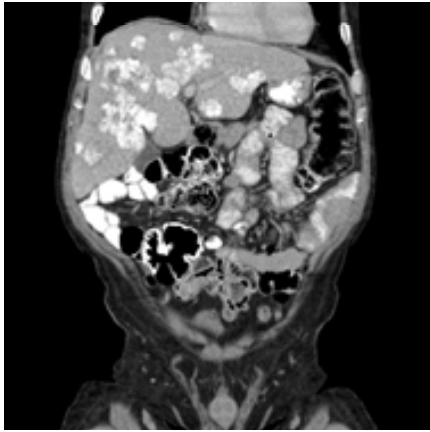
61 year-old Caucasian Male presenting with rectal bleeding, tenesmus, anasarca, intermittent confusion found to have metastatic rectal adenocarcinoma to liver, possible small lung metastatic subcentimeter nodules and marked parenchymal replacement by infiltrating metastatic liver disease seen on PET/CT. Subsequent NGS testing revealed KRAS/NRAS wild type tumor. Baseline characteristics included CEA 15,058 ng/mL, Alkaline phosphatase 285 U/L, AST 99 U/L, Albumin 2.5 g/dL, Ammonia 42 umol/L (ref range: 11-35 umol/L), WBC 23.7, Hgb 8.3 g/dL, platelet 678k.

He underwent palliative chemotherapy with FOLFOX plus cetuximab every 2 weeks for a total of five cycles with cetuximab added during cycle 3. CEA reduced to 766.5 ng/mL, Alkaline phosphatase 169 ng/mL, AST 34 U/L, Albumin 3.8 mg/dL, WBC 7.4, Hgb 11.8 g/dL, Platelet count 334k. Repeat imaging was performed.

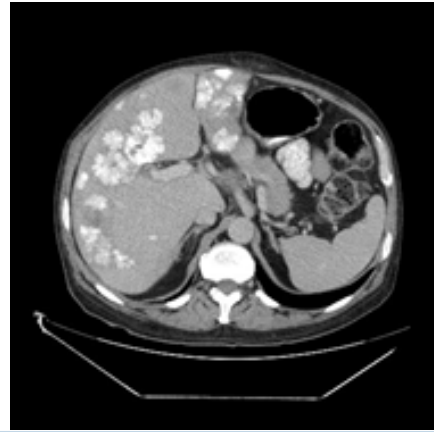


**Figure 1:** Staging pre-treatment PET-CT fused coronal image.

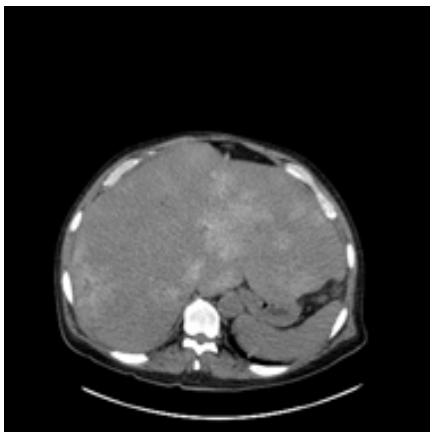




**Figure 2:** Staging pre-treatment CT axial image through liver.



**Figure 4:** Post-treatment CT axial image through liver.



**Figure 3:** Post-treatment CT coronal image.

Marked calcification of liver masses compatible with treated metastatic disease. Only two foci of residual non-calcified liver metastasis remain. Rectal mass and pelvic lymph nodes also showed calcification. Previous subcentimeter pulmonary nodules resolved except one 5 mm nodule in RLL, unchanged. Presence of calcification within colorectal liver metastasis corresponds to significantly better prognosis [1].

#### References

1. Easson AM, Barron PT, Cripps C, Hill G, Guindi M, Michaud C. Calcification in colorectal hepatic metastases correlates with longer survival. *J Surg Oncol.* 1996; 63(4): 221-225.