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Inflammatory bowel disease with peritoneal metastases: A complex and extremely variable disease

During the last decade there have been a few reports looking at the outcome of colorectal cancer (CCR) in Inflammatory Bowel Disease (IBD) patients [1,2]. These studies shows an impaired outcome of CCR in IBD with a 2 fold increase in mortality compared with sporadic cancers. Hammoudi and colleagues [3] are to be congratulated for the first study evaluating CCR and small bowel adenocarcinoma with peritoneal metastases (PM) in IBD patients treated by complete cytoreductive surgery (CCRS) and hyperthermic intraperitoneal chemotherapy (HIPEC). In this study they shown a significant difference in median overall survival in IBD patients (24 months) compared to sporadic patients (44.3 months). Other interesting findings are a short median relapse time of 7.2 months in the IBD group and a rate of 80% of recurrence in the peritoneal cavity. Given these worse results in the IBD group the authors gave the conclusion to make a more careful selection of these patients.

We have the same feeling with a shorter experience of 5 IBD patients and PM (Table 1) with completeness of cytoreduction (CC-0) followed by HIPEC. These five patients had an extremely variable evolution, with two of them who recur early and die at one year, another alive with peritoneal and pulmonary recurrence at 40 months and two patients alive without recurrence at 16 and 52 months. The variability of these five patients is similar to the 11 patients reported in the Hammoudi et al. study [3]. This variability does not allow us to identify the patient group whom does not benefit from this aggressive management.

The study from Hammoudi et al. [3] failed also to determine factors that will help surgeons to improve the preoperative selection process in IBD-PM patients. The interplay of patient, tumor and treatment characteristics is more complex in IBD patients than in sporadic CRC patients. We must take into account the specificity of IBD such as duration of the disease, the degree of inflammation, previous medical treatments. All these factors must be analyzed together with classical factors (extent of peritoneal disease, completeness of cytoreduction, liver metastasis, signet ring cell carcinomas, neo-adjuvant treatment) to improve patient selection.

Larger retrospective cohort studies are needed in this rare situation to further investigate and identify the patients for CRS and HIPEC who benefit the most from this treatment along with acceptable treatment-related morbidity and mortality. This larger study could help in the development of a nomogram that may predict survival in these patients. A patient tailored approach may result in longer survival.

Table 1
Characteristics of 5 patients who underwent CC0 resection.* this patient was operated in March 2018 for lung metastasectomies and in May 2018 for a second cytoreduction (CCR0) and HIPEC for peritoneal metastases, the PCI was 6.

Sex, age at diagnosis of PM	Type of IBD	Primary tumor location	PCI	Type of HIPEC	Time to relapse And recurrence location	status
Male, 50	C	Right colon	7	Oxaliplatin	9 months peritoneum	Died at 12 months
Female, 54	C	rectum	1	Mitomycin		Alive without disease at 52 months
Male, 51	U	rectum	7	Mitomycin	6 months peritoneum	Died at 13 months
Female, 24	C	Left colon	3	Mitomycin	39 months Lung, peritoneum	Alive with lung metastases and peritoneal metastases at 41 months*
Female, 52	C	Small bowel	2	Mitomycin		Alive without disease at 16 months

C: Crohn Disease, U: ulcerative colitis.
Oxaliplatin regimen: oxaliplatin 460mg/m^2, 43°; 30 min.
Mitomycin C regimen: mitomycin C, 35mg/m^2, 43°, 60 min.

Conflicts of interest

The authors have no conflicts of interest or financial ties to disclose.

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