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Synchronous Colon Cancer and Immune-Mediate Thrombocytopenia: A Case Report

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Background: The relationship between immune-mediated thrombocytopenia (ITP) and colon cancer is complex and relatively rare. There are a few important clinical and biological links to consider.

Case History: A 73-year-old Caucasian man with obesity, diabetes mellitus and reported constipation for six months was admitted for asthenia and rectal bleeding. Blood tests showed severe anemia and thrombocytopenia, who were treated with transfusions. The CT scan revealed a sigmoid stenosis with active bleeding. The patient underwent colonoscopy and histological examination, with a diagnosis of poorly differentiated adenocarcinoma. Further hematological investigations (ADAMTS-13 dosage, cytofluorometry of B and T lymphocyte clones, bone marrow biopsy) led to the diagnosis of ITP. He was started on steroid therapy, with progressive normalization of the platelet count (Table 1) and was entrusted to the multidisciplinary oncology team for subsequent management.

Table 1

Days of treatment (Prednisone 50 mg per day)	Hb values (g/dl)	Platelet count (n°/ µl)
T0	7,0	4000
T14	10,2	48000
T28	12,1	152000

Discussion: ITP can occur as a paraneoplastic syndrome in patients with solid tumors, but rarely it happens in synchronous colon cancer [1]. Mechanisms may include cross-reactivity between tumor and platelet antigens, cytokine release affecting immune tolerance and immune checkpoint dysregulation. ITP represents a diagnostic challenge among patients with cancer and it can resolve after medical management (steroids, IVIG, thrombopoietin receptor agonist) or surgical resection, supporting a paraneoplastic origin [2].

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