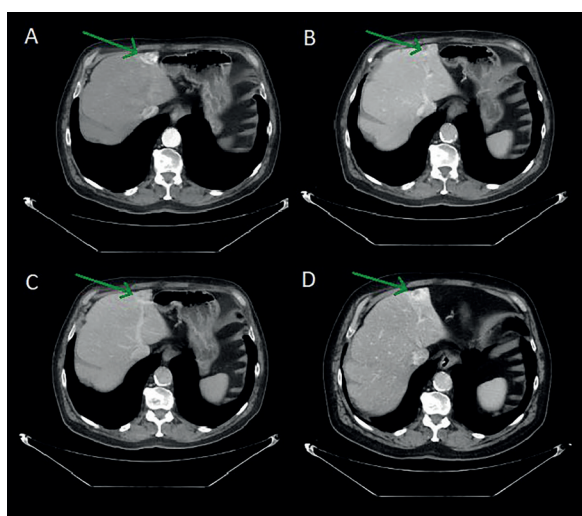


## High CA 19.9 concentration as a diagnostic dilemma in gastrointestinal cancer survivors

Aleksandra Grela-Wojewoda<sup>1</sup>, Mirosława Puskulluoglu<sup>1</sup>, Joanna Anioł<sup>2</sup>, Marek Ziobro<sup>1</sup>

<sup>1</sup>Department of Clinical Oncology, Maria Skłodowska-Curie National Research Institute of Oncology, Krakow Branch, Krakow, Poland

<sup>2</sup>Department of Radiology, Maria Skłodowska-Curie National Research Institute of Oncology, Krakow Branch, Krakow, Poland



**Figure 1.** Abdominal contrast-enhanced computed tomography. In the liver, beneath the frontal capsule, there is an oval lesion that enhances after the administration of contrast medium intravenously. This enhancement is observed in the arterial phase (A), followed by a “wash out” in the portal (B) and venous phases (C). The lesion should be differentiated between a metastatic or primary liver tumor and an atypical hemangioma. A follow-up abdominal computed tomography (D) performed after 22 months revealed an oval lesion of the same size and enhancement pattern

In March 2021, an elevated concentration of CA 19.9 (1177.95 U/ml) was detected in a 71-year-old patient during a routine check-up. The remaining biochemical parameters, including the CEA marker, and the blood count, were within normal limits. The patient remained asymptomatic. In the pre-

vious year (January 2020), the patient underwent a right-sided hemicolectomy as a curative treatment for partially mucinous G2 adenocarcinoma (pT4bN0R0LV0). Based on an elevated concentration of CA 19.9, suspicion was raised regarding primary biliary carcinoma or dissemination of CRC. An abdominal and pelvic computed tomography (CT) in May 2021 revealed a hepatic lesion, necessitating differentiation between cholangiocarcinoma and atypical hemangioma (fig. 1 A–C). After 22 months, a follow-up CT did not confirm the presence of malignancy and stable CT picture (fig. 1 D). Concurrently, CA 19.9 concentrations, initially elevated in multiple measurements, exhibited a decrease, returning to normal levels by June 2021. At present, the patient remains asymptomatic, with imaging and biochemical test results within the normal range. This clinical case shows that a CA 19.9 marker concentration test is not intended for screening purposes, but is useful for monitoring the treatment and follow-up of patients with gastrointestinal malignancies who demonstrated elevated levels prior to initiating therapy. In addition, a high concentration of Ca 19.9 is not a pathognomonic symptom of gastrointestinal cancers. Numerous non-neoplastic conditions may manifest with elevated levels of CA 19.9 [1, 2].

### References

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