Multiple Primary Malignant Tumors (MPMT) • Two or more unrelated malignancies occurring in different organs • Accounts for 3.7% of all cancers • Synchronous (<6 months) or metachronous (>6 months) • Often confused with metastasis of malignant tumors

BACKGROUND • It is important to distinguish between hepatic metastasis versus hepatocellular carcinoma (HCC). • Hepatic metastatic disease can be identified at the time of diagnosis in 20 to 25% of patients with colorectal cancer.2 • Colorectal cancers accompanied by a second primary malignant tumor has been found in about 5.3% of all patients and the liver was found to be the most common site.3 • The treatment of patients with MPMT should be based on surgery in combination with chemotherapy, radiotherapy, and biological methods.4

CASE REPORT 66 y.o Male Filipino Smoker Non-Alcoholic Non-Cirrhotic Liver

LABORATORIES
- Hepatitis B: Non-reactive
- Hepatitis C: Non-reactive
- AFP (80 ng/ml): Elevated but not diagnostic
- CEA: Normal
- KRAS: Wild Type

DISCUSSION • It is important to distinguish between hepatic metastasis versus hepatocellular carcinoma (HCC). • Hepatic metastatic disease can be identified at the time of diagnosis in 20 to 25% of patients with colorectal cancer.2 • Colorectal cancers accompanied by a second primary malignant tumor has been found in about 5.3% of all patients and the liver was found to be the most common site.3 • The treatment of patients with MPMT should be based on surgery in combination with chemotherapy, radiotherapy, and biological methods.4

TREATMENT APPROACH
- Synchronous Liver and Sigmoid Mass
- Dual Primary Malignancy
  - Synchronous Colorectal and Liver Resection followed by Adjuvant Chemotherapy
  - Neoadjuvant Chemotherapy followed by Synchronous or Staged Colectomy and Liver Resection

REFERENCES

CONCLUSION Clinicians should pay sufficient and careful attention to patients with MPMT to avoid misdiagnosis. Surgical resection with adjuvant chemotherapy is the best option in synchronous HCC and Colon Adenocarcinoma.