



Missed Diagnosis of Gastrointestinal Cancer in A & E

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A Case Report

A 60 year old male (British white ethnicity) presented to A&E with 2 months History of upper abdominal pain, which was insidious in onset, non radiating and intermittent in nature (with no aggravating factors). He had been to A&E 3 times with similar complaints.

- Each time he was thoroughly examined by an A&E doctor and his clinical examination was unremarkable.
- The only abnormality on his initial bloods was a mild microcytic anaemia.
- As each time pain responded to PPI's and paracetamol in the emergency department therefore was sent home on PPI's and simple analgesics and a routine GP follow up was arranged.

Background

There was no background history of significant

medical conditions/co-morbidities. He was independently mobile.

Follow up

During a follow up with his GP (3 months after initial presentation to A&E), further scans were done which revealed a bowel cancer.

Result

By the time he was scheduled for surgery there had been widespread dissemination leading to palliative management (rather than potentially curative had he been identified earlier)

This was hugely detrimental for the patient.

Case Review

On reviewing the case, it was identified that a new iron deficiency anaemia is a red flag for colorectal cancer according to NICE CKS guidelines.

