OBJECTIVES:

- Imaging techniques are essential to select candidates for surgery.
- There are limitations to detect sub-centimeter lesions. Data published reported that liver metastases <1.5 cm, are detected in 91.6% of cases with intraoperative ultrasound, but only 33.3% in CT and 66.6% in MRI.
METHODS:
Male diagnosed with medium rectal neoplasm c T3N0M0 treated with neoadjuvant chemoradiotherapy (5FUic + 50.4 Gy)

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The preoperative CT and MRI describe a decrease in the rectal tumor and hepatic steatosis.

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We proceed to low anterior resection however as we performed hepatic ultrasound during surgery...

2 NEW hepatic palpable lesions of 5 mm in 7 and 3 segment →
Confirmed by intraoperative biopsy as metastasis of colorectal origin
In segment 7, being the nodule regeneration of segment 3.

↓

QT (FOLFOX6) adjuvant x 8 cycles (last 01/28/14), with good tolerance. The patient is now free of recurrence.

In the series of 132 patients treated so far in our center, only this case presented previously undiagnosed metastases in the preoperative CT.
DISCUSSION:
• At present the correlation of CT findings versus intraoperative echo in subcentimeter lesions still fails on liver metastases, so the surgical exploration remains an effective tool for the diagnosis and treatment of them.

CONCLUSION:
• Intraoperative Ultrasound characterizes and diagnoses small lesions and metastases not detected previously.
• Improving imaging techniques may allow greater accuracy in decision making.