Should I Do It or Not

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Age and Gender: 65/Male

Chief Complains: For the treatment of rectal lateral spreading tumor

Present Illness: He was referred for the treatment of rectal lateral spreading tumor (LST) diagnosed by screening colonoscopy.

Past History: none

Family History: His mother was treated for a gastric cancer.

Physical Examination and Laboratory Findings: On physical examination, there was no abnormal finding. The level of CEA was normal (3.29 ng/ml, range 0-5) and the level of CA 19-9 was slightly increased (40.68 U/ml, range 0-37).

Endoscopic and Radiologic Findings:
Colonscopy: About 7.0 cm LST-G on RS junction
Abdominal CT:
1. Irregular wall thickening involving distal sigmoid colon and rectosigmoid junction.
2. Several small-borderline sized lymph nodes along with the superior rectal vessel and perilesional area.
Chest CT:
1. A small perifissural nodule in the right upper lobe.
2. Mild subpleural pulmonary fibrosis in the basal lungs.

Hospital Progress: Endoscopic submucosal dissection was performed. Histopathological examination revealed an adenocarcinoma, MD invading the deep submucosal layer (1200 μm) with lymphovascular invasion. He underwent additional low anterior resection. Histopathological examination of surgical specimen revealed several lymph node metastasis and invasion of pericolic adipose tissue. After surgery, he was treated by concurrent chemoradiotherapy. After 11 months, a small perifissural nodule in the right upper lobe was slightly increased in size and he underwent video assisted thoracotomy’s wedge resection. Histopathological examination revealed metastatic adenocarcinoma from colon.