中文題目：合併大腸直腸原位腺癌和神經內分泌瘤的雙重腫瘤:一個病例報告

英文題目：Colorectal double tumor consist of adenocarcinoma in situ and neuroendocrine tumor: a case report

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Back ground:

Colorectal tumor that has two distinct neoplastic components is defined as collision tumor or double tumor. Combinations of adenocarcinoma and neuroendocrine tumor are occasionally seen in clinical practice. Here, we present a special case with colorectal double tumor.

Case presentation:

A 56 year-old man visited our outpatient department because of positive stool ELISA test in health examination. He denied family history about colon cancer or other diseases. History of past and current smoking or drinking alcohol was denied. Colonoscopy showed a 4 cm subpedunculated, Kudo pit pattern Vi and Sano classification IIIA tumor at rectosigmoid junction of rectum with positive lifting sign. Standard laboratory tests were in normal limits. Contrast CT of abdomen revealed a 3.5cm fungating tumor in rectum, with no enlarged lymph nodes and chest x-ray is normal. Clinical stage I, cT1N0M0 rectal tumor was diagnosed. After discussion with patient about choices of treatments including surgery and endoscopic submucosal dissection (ESD), he decided to receive ESD. The tumor was resected completely by isolated-snare pre-looping method. Four days after the procedure, the patient was discharged without any discomfort or complications.

The pathology report revealed intraepithelial adenocarcinoma arising from villotubular adenoma, 2.5x2.0x1.5 cm in size; and neuroendocrine tumor (carcinoid tumor), 2.7x1.1 mm in size. There was no lymphovascular invasion or submucosal invasion and the resection margin was free of tumor. The neuroendocrine tumor cells are positive for synaptophycin and chromogranin.

The patient received outpatient follow up with colonoscopy and CT image every 6 months in the first year and then annually. Currently, the patient has been tumor-free for three years.

Conclusion:

In this case, neuroendocrine tumor is incidentally found after the resection for primary colon cancer. Early diagnosis of neuroendocrine tumor at the base of the large colon adenocarcinoma before the tumor resection is difficult even by the endoscopic ultrasonography approach. The overlying large tumor may mask the deep one and cause catastrophic result especially when the ignored one is violent. World

Health Organization defined a term called mixed adeno-neuroendocrine carcinoma (MANEC) in 2010, which was a tumor having both components and each represented at least 30%. This case share some similar features with MANEC. Marker proteins as synaptophysin, chromogranin for neuroendocrine tumors and CK20 for adenocarcinomas are presented in both types. Besides, the prognosis is highly relative to the extent of differentiation in each component, same as MANEC. The worse grade of differentiation brings the poorer outcome. The pearl of this case is en bloc resection of colon cancer is important, especially for large tumor. Adequate evaluation of tumor specimen is essential and pathologist should carefully consider the possibility of coexisted tumor.