Recurrent borderline ovarian tumor presenting as a pedunculated polyp at colonoscopy

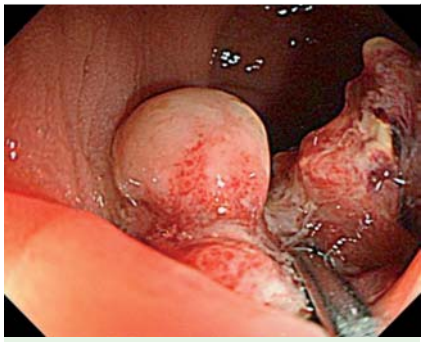

Fig. 1 Colonoscopic view of the polypoid mass.

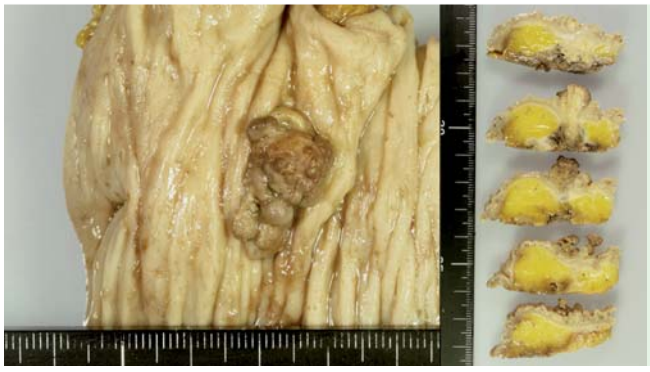

Fig. 2 Gross findings of the resected specimen. The polypoid mass is penetrating the anterior rectal wall.

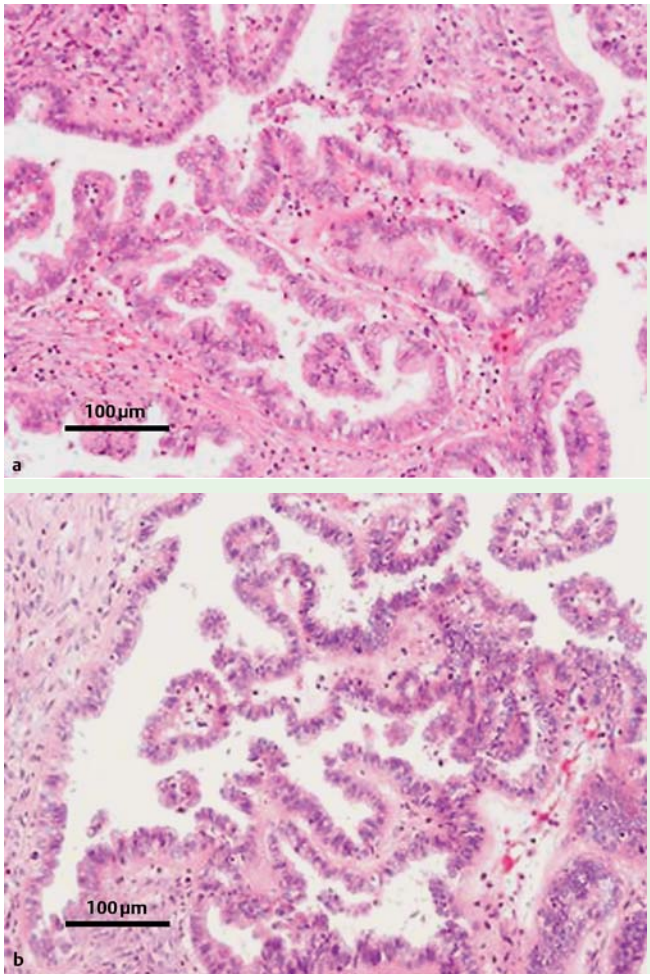

Fig. 3 Microscopic findings: (**a**) the rectal tumor and (**b**) the primary ovarian tumor (hematoxylin and eosin; magnification × 100). Both tumors show marked epithelial proliferation with a micropapillary and cribriform pattern.

A 69-year-old woman with a positive fecal occult blood test was referred for further investigations. She had been diagnosed as having a borderline serous ovarian tumor 8 years earlier, for which she had undergone complete debulking surgery. The tumor had originated in the left ovary and a pathological examination had revealed that it was confined to the left ovary, without capsule invasion. The patient was followed up for 7 years after the surgery without any evidence of recurrence.

Colonoscopy showed a hyperemic, polypoid lesion, 10 cm from the anal verge (**Fig. 1**) but the biopsy findings were nonspecific.

A computed tomography scan confirmed the presence of an intraluminal lesion in the rectum, and submucosal invasion was suspected. To rule out the possibility of recurrence of the borderline tumor or a primary rectal tumor, the patient underwent an exploratory laparotomy. There was no evidence of either carcinomatosis in the abdomen or involvement of adjacent organs. A low anterior resection was carried out with an end-to-end colorectostomy. The resected specimen included the pedunculated rectal polyp, which had invaded the entire rectal wall but was limited to the rectal serosa (**Fig. 2**).

On pathological review, the tumor was determined to be a borderline serous malignant tumor (**Fig. 3a**) and the findings were identical to those of tissue specimens taken from the original borderline ovarian tumor (**Fig. 3b**).

Since surgery, the patient has been doing well with no evidence of recurrence for 18 months.

Although epithelial proliferation in borderline ovarian tumors exceeds that found in benign tumors, they lack stromal invasion and generally behave in a benign fashion, different from invasive ovarian carcinoma. In patients undergoing primary pelvic clearance, the rate of recurrence is 2 % – 13 %; the major site of recurrence is the abdominal cavity owing to the exfoliation of tumor cells [1 – 3]. Recurrence with colorectal involvement is exceedingly rare, with only one case report of metastasis to the sigmoid colon 7 years after primary debulking surgery similar to the present case [4]. However, borderline ovarian tumors are slow growing, and 85 % of recurrences

occur after the 5-year follow-up period [5]. A favorable prognosis can be expected with surgical resection in the case of both recurrence and distant metastasis.

Endoscopy_UCTN_Code_CCL_1AD_2AC

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Bibliography

DOI 10.1055/s-0029-1215202
Endoscopy 2010; 42: E69 – E70

ISSN 0013-726X

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