# Depressed-type early adenocarcinoma of the terminal ileum

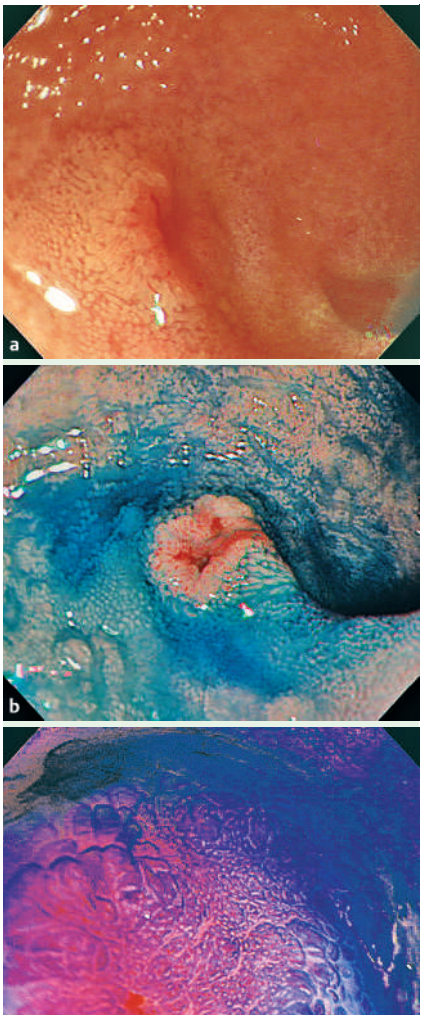

**Fig. 1** **a** Conventional endoscopic view showed a shallow depressed lesion in the terminal ileum. **b** Chromoendoscopic view with indigo carmine dye showed a star-shaped demarcation line of the depressed lesion. **c** Magnifying endoscopic view with crystal violet staining showed regular arrangement of small round and tubular pit patterns.

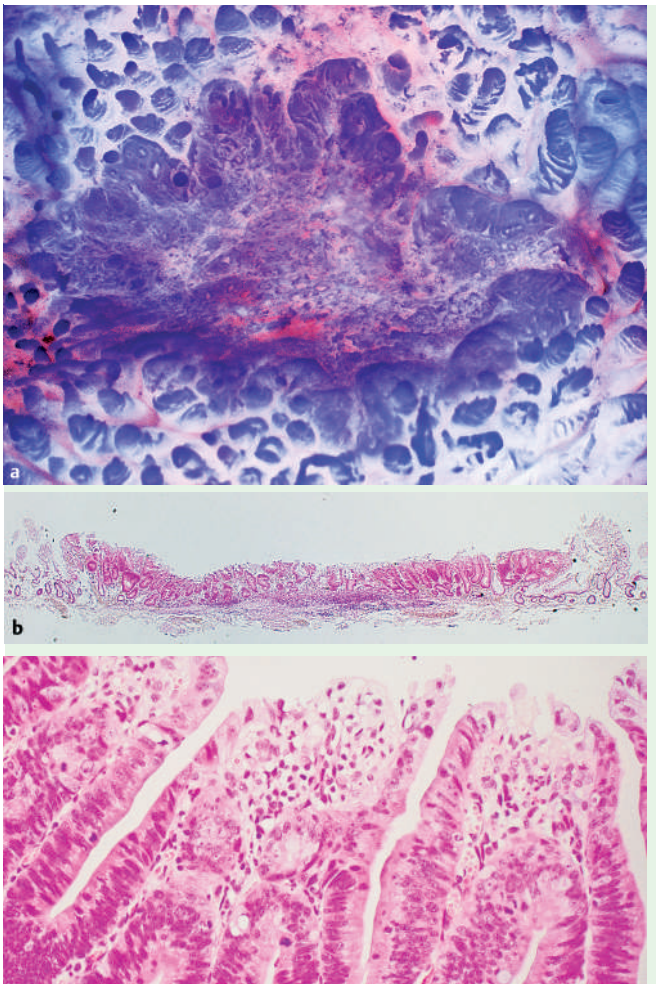

**Fig. 2** **a** Stereomicroscopic view showed a star-shaped depressed lesion with marginal elevation. **b** Histopathologic cross section revealed an intramucosal depressed neoplasm with lamina propria invasion (H & E, original magnification × 10). **c** High-power view revealed well-differentiated adenocarcinoma (H&E, original magnification × 200).

**Video 1**

Video clip shows conventional and magnifying endoscopic features of depressed type adenocarcinoma of the terminal ileum, and procedure of endoscopic mucosal resection.

Depressed-type neoplasm of the jejunum and the ileum has not yet been recognized. To the best of our knowledge, this is the first case of depressed-type primary adenocarcinoma of the ileum.

A 62-year-old man underwent total colonoscopy. A small reddish depressed lesion with marginal elevation, 5 mm in diameter, was detected in the terminal ileum (▶ **Fig. 1 a**). A chromoendoscopic view with indigo carmine dye showed a star-shaped demarcation line of the depressed lesion (▶ **Fig. 1 b**). A magnifying endoscopic view with crystal violet staining showed small round and tubular pit patterns (▶ **Fig. 1 c**). With these findings, we diagnosed intramucosal neoplasm.

An endoscopic mucosal resection was performed, and the resected lesion measured 5 × 4 mm. Stereomicroscopic view showed a star-shaped, depressed lesion with marginal elevation (▶ **Fig. 2 a**). A histopathologic cross section revealed an intramucosal depressed neoplasm with lamina propria invasion (▶ **Fig. 2 b**). A high-power view revealed well-differentiated adenocarcinoma (▶ **Fig. 2 c**). Cancer-cell nuclei were positive in p53 im-



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munohistochemical staining. A polymerase chain reaction-single strand conformation polymorphism (PCR-SSCP) study of p53 genes revealed some mutations of exon 6, 7, and 8. K-ras codon 12 mutations (PCR-restriction fragment length polymorphism [RFLP]) were not observed.

Morphological appearance was classified as type 0-IIc in the Paris endoscopic classification [1], and mimicked a depressed-type colorectal cancer advocated by Kudo [2]. It had been reported that K-ras mutations were absent in depressed-type colorectal cancers [3,4]. It was reported that rates of p53 positivity in depressed-type colorectal neoplastic lesions were higher in carcinomas and high-grade neoplasms than in low-grade neoplasms [5]. Therefore the characterizations of the genetic change, such as p53 and K-ras, were mimicking depressed-type colorectal cancer.

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**Bibliography**
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