An 80-year-old woman with a history of diabetes and arrhythmia underwent colonoscopy on 28 August 2000, because of a positive fecal occult blood test. An elevated tumor measuring 20 mm was found in the rectum (Fig. 1a). Biopsy of three different sites revealed well differentiated adenocarcinoma.

Subsequently, on 15 September she suffered a cerebral infarction, which resulted in paralysis of the left side and aphasia. Informed consent to cancel surgery and transfer the patient to a local rehabilitation hospital was obtained from the family.

Colonoscopy was repeated on 5 December 2000 at the bedside, to re-evaluate the state of the tumor before hospital transfer. Endoscopy showed that most of the tumor had dropped off (Fig. 1b).

On 11 March 2003, a request was received from the hospital to which she had been transferred to investigate a suspected intestinal obstruction. Colonoscopic examination revealed that the partially dislodged tumor remained as a flat lesion (Fig. 1c). Impaired gastrointestinal transit was due to constipation. Repeat examination was scheduled for 6 months later.

On 11 November 2003, the tumor had increased in volume and redness, and biopsy showed well differentiated adenocarcinoma (Fig. 1d). The family declined active treatment and the clinical course was observed.

On 22 June 2004, the tumor had developed to a state approaching that observed during the first examination (Fig. 1e), but the family continued to decline surgery.

On 2 May 2005, the tumor had developed to an invasive ulcerated cancer (Fig. 1f), and multiple liver metastases were observed on abdominal computed tomography scan.

On 20 November 2005, the patient passed away, 1908 days after initial detection of the tumor.

This was a rare case in which the process of regrowth of colorectal carcinoma was followed by endoscopic observation, after the tumor had dropped off due to the mechanical stimulation of biopsy [1].

Endoscopy_UCTN_Code_CCL_1AD_2AB
Y. Tomiki¹, H. Gonda², E. Seki², T. Maeda¹, D. Kitamura²
¹ Department of Coloproctological Surgery, Juntendo University School of Medicine, Tokyo, Japan
² Department of Surgery, Ohta General Hospital, Kawasaki, Japan

References

Bibliography
© Georg Thieme Verlag KG Stuttgart - New York
ISSN 0013-726X

Corresponding author
Y. Tomiki, MD
Department of Coloproctological Surgery
Juntendo University School of Medicine
2-1-1 Hongo Bunkyo-ku
Tokyo 113-8421
Japan
Fax: +81-3-3813-0731
tomiki@muh.biglobe.ne.jp

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