Depressed-type colon cancer in a patient with diverticulosis

A 63-year-old man was referred to our hospital with a history of hematochezia. He had no previous history of abdominal complaints or of abdominal surgery. Physical examination and laboratory parameters showed no abnormalities. Colonoscopy revealed diverticulosis in the sigmoid colon, and a 2-cm-diameter, hard mass within multiple diverticula. The mass was surrounded by normal mucosa, mimicking a submucosal tumor, and an apparently depressed area was identified at the top of the lesion (Fig. 1). Because chromoendoscopy using indigo carmine dye clearly showed the margin of the depressed area, the lesion was suspected to be a depressed-type neoplasm, and magnifying colonoscopy with crystal-violet staining showed type IIIa and type IIIs Kudo pit patterns (Fig. 2), mainly corresponding to an intramucosal neoplasm; a biopsy sample from the depressed area showed features characteristic of adenoma. The lesion was finally diagnosed as a depressed-type intramucosal neoplasm arising from the diverticulum. Although these lesions are usually treated endoscopically, the coexistence of diverticulosis was thought to pose a high risk of perforation. A sigmoidectomy was therefore performed, and histopathological evaluation of the resected specimen revealed an intramucosal depressed-type adenocarcinoma, 18 mm × 15 mm in size, accompanied by numerous diverticula (Fig. 3). No evidence of lymph node metastasis was found, and the patient recovered uneventfully.

Although it is still unclear whether diverticular disease is a risk factor for colon cancer, several investigators have described colon cancers associated with diverticulosis or within a diverticulum [1–5]. Because diverticulosis can mask the symptoms of cancer and can also make colonoscopic observation difficult, intramucosal cancer in association with diverticulosis is rarely reported. Moreover, to our knowledge, this is the first report of a depressed-type colon cancer occurring with diverticulosis. Although in this case we were unable to confirm that the cancer had arisen within a diverticulum, we were also unable to explain the unusual appearance of this lesion without reference to the influence of the coexisting diverticulosis.

References


Bibliography

Endoscopy 2008; 40: E44
© Georg Thieme Verlag Stuttgart · New York · ISSN 0013-726X

Corresponding author

N. Kobayashi, MD
Department of Diagnostic Imaging
Tochigi Cancer Center
4-9-13 Yonan
Utsunomiya
Tochigi 320-0834
Japan
Fax: +81-28-658-5488
nkobayas@tcc.pref.tochigi.jp