A 61-year-old man with ulcerative colitis attended our hospital for a surveillance colonoscopy. He had been diagnosed with left-sided ulcerative colitis, which had been well controlled by oral 5-aminosalicylic acid for 6 years. No active inflammation was detected in the colon or rectum at colonoscopy, but a small whitish area with a clearly demarcated border, about 5 mm in size, was found in the lower part of rectum (Fig. 1). Small reddish spots were seen within the whitish area, which was surrounded by hyperplastic normal rectal mucosa. Chromoendoscopy using 0.4% indigo carmine dye highlighted the demarcation line of the whitish area (Fig. 2). Narrow-band imaging showed dark-brown dots within this area which corresponded to the reddish spots seen at conventional colonoscopy. These dots were similar in appearance to the intraepithelial capillary loops that are seen in normal esophageal squamous epithelium (Fig. 3).

Although the progression of metaplasia to dysplasia to carcinoma has not yet been established for primary squamous-cell colorectal carcinoma because of its rarity, sporadic cases of squamous metaplasia associated with dysplasia and/or primary squamous-cell carcinoma have been reported [2], and this patient should therefore be carefully followed up. Narrow-band imaging with magnification is a simple and effective method that can be used to detect the presence of the morphological changes of intraepithelial capillary loops for cancer surveillance.
References

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Endoscopy 2008; 40: E45–E46
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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