Ulcerative colitis is a chronic inflammatory bowel disorder associated with a high risk of colorectal cancer [1]. Endoscopic diagnosis of early ulcerative colitis-associated colorectal cancer or precancerous lesions is very difficult [2–4]. We report three cases with early-stage colorectal cancer or dysplasia examined with conventional endoscopy, magnified endoscopy and/or endoscopic ultrasonography (EUS).

Case 1 (Fig. 1) was a 48-year-old woman with the total colitis type ulcerative colitis; the disease duration was 29 years. Through conventional endoscopy, the cancerous lesion was detected as a villous, flat elevation. In the examination using EUS, the cancerous lesion was observed as a hypoechoic area. Because the hypoechoic area included the cancer itself and concomitant inflammatory cell invasions and fibrosis, the borderline between the neoplastic and non-neoplastic lesion was unclear, making it difficult to evaluate the invasion depth. Histopathologic diagnosis was well-to-moderately differentiated adenocarcinoma and the invasion extended to the muscularis propria.

Case 2 (Fig. 2 a–d) was a 55-year-old man with the left-sided colitis type of ulcerative colitis; the disease duration was 20 years. Through conventional endoscopy, the cancerous lesion was detected as a flat elevation. Through magnified endoscopy, the V₅ pit patterns [5] were mainly observed in the cancerous lesion (c), and the capillarectasia was emphasized (b). In the examination with endoscopic ultrasound, a hypoechoic area was observed. Histopathologic diagnosis was moderately to poorly differentiated adenocarcinoma, and invasion extended to the submucosa.
Case 3 (Fig. 3) was a 67-year-old man with the total colitis type of ulcerative colitis; the disease duration was 9 years. Through conventional endoscopy, the lesion was detected as a flat elevation with remarkable redness. Through magnified endoscopy, V_N or V_I pit patterns in the central area of the flat elevation and IV pit patterns in the surrounding area were observed. Histopathologic diagnosis was low-grade dysplasia.

Division of Gastroenterology, Tohoku University Graduate School of Medicine, Sendai, Japan

References

Bibliography
Endoscopy 2008; 40: E71–E72
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
Y. Sato, MD
Division of Gastroenterology, Tohoku University Graduate School of Medicine
1-1 Seiryo-machi
Aoba-ku
Sendai 980-8574
Japan
Fax: + 81-22-7177177
hfgpr960@ybb.ne.jp