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 with capillarectasia; the cancer was located in the rectum. Using magnified endoscopy, the Vn pit patterns in the Kudo classification 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.
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, VN or V₁ 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.

Endoscopy_UCTN_Code_CCL_1AD_2AB
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Endoscopy 2008; 40: E71–E72
© Georg Thieme Verlag KG Stuttgart - New York
ISSN 0013-726X

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