A 53-year-old woman received a total colonoscopy for a FOBT and detected a sessile type poly in the sigmoid colon. Colonoscopy exhibited a "somewhat of a white tone" and measured 6mm sessile type poly, with no irregular pit pattern, and suspected an adenoma. Also, endoscopic mucosal resection was done. The pathological diagnosis was a well differentiated adenocarcinoma and the depth of invasion was 1,200 micron. Submucosal invasive adenocarcinoma with 6mm, non-depressive sessile type case is very rare. Therefore, one should recommended an endoscopic mucosal resection, not observation, when the endoscopic findings was recognized a "white tone" sessile type polyp.

Case Presentation
A 53-year-old woman received a total colonoscopy for a FOBT and detected a sessile type poly in the sigmoid colon. The lesion measured 6mm and performed an endoscopic mucosal resection. Colonoscopy exhibited a "somewhat of a white tone" sessile type poly, no irregular pit pattern was identified, and suspected an adenoma (Figure 1 and 2).

What is your diagnosis?

The pathological diagnosis was a well differentiated adenocarcinoma and the depth of invasion was 1,200 micron (Figure 3). Laparoscopic-assisted sigmoidectomy was performed and the resected specimen demonstrated no residual cancer, no lymphovascular invasion and no lymphnode metastasis.

Discussion
There have been some reports about small depressed type colorectal cancer invading the submucosal layer [1-3]. Predicting an increased risk of submucosal invasion on the basis of a lesion's endoscopic appearance is now feasible for all endoscopists as a result of concomitant advances including the following:

1. Standardized definitions of polyp descriptors (Paris classification, granularity, pit pattern).
2. Higher definition endoscopes providing sufficient visual resolution to enable accurate classification with white-light endoscopy alone.
3. Evidence from Japanese studies that these classifications can stratify for the risk of
invasion [4,5]. Therefore, our 6mm non depressive sessile type case is very rare. Therefore, one should recommended an endoscopic mucosal resection, when the endoscopic findings was recognized a “white tone” sessile type polyp.

References


