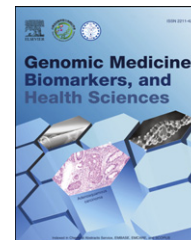




Available online at www.sciencedirect.com

SciVerse ScienceDirect

journal homepage: www.e-gmbhs.com



CASE REPORT

Adenosquamous carcinoma of the colon

Ying-Che Chen^a, Hsiang-Lin Tsai^{a,b,c}, Chin-Hung Lin^d, Che-Jen Huang^{a,g},
Jaw-Yuan Wang^{a,e,f,g,h,*}

^a Division of Gastrointestinal Surgery, Department of Surgery, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

^b Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

^c Bachelor Degree Program of Health Beauty, School of Medical and Health Sciences, Fooyin University, Kaohsiung, Taiwan

^d Department of Pathology, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

^e Cancer Center, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

^f Graduate Institute of Clinical Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

^g Department of Surgery, Faculty of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

^h Department of Genomic Medicine, Faculty of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

Received 15 August 2012; accepted 24 October 2012

Available online 22 November 2012

KEYWORDS

adenosquamous
carcinoma;
colon;
prognosis

Abstract Adenocarcinoma accounts for most of the malignant tumors originating from the colon, whereas adenosquamous carcinoma is rare, accounting for less than 0.1% of all colorectal cancer. Herein, we present a case of adenosquamous carcinoma of the transverse colon. A 52-year-old male patient presented with a chief complaint of intermittent upper abdominal fullness and dull pain for 10 months. Colonoscopy showed a mass with obstruction at 40 cm from the anal verge and abdominal computed tomography scan showed a huge mass in the distal transverse colon with adjacent tissue invasion. A pathologic report demonstrated adenosquamous carcinoma and extended left hemicolectomy was performed as a International Union Against Cancer (UICC) Stage III advanced colon cancer with adenosquamous carcinoma histology. Postoperative recovery was uneventful and adjuvant chemotherapy was administered. We have reviewed the literature with regard to the clinical presentation, management, and prognosis of this tumor.

Copyright © 2012, Taiwan Genomic Medicine and Biomarker Society. Published by Elsevier Taiwan LLC. All rights reserved.

* Corresponding author. Department of Surgery, Kaohsiung Medical University Hospital, Number 100, Tzoyu 1st Road, Kaohsiung 807, Taiwan.

E-mail address: cy614112@ms14.hinet.net (J.-Y. Wang).

Introduction

Colorectal cancer is the most common cancer in Taiwan. Most of these tumors, however, are adenocarcinoma.¹ Tumors with adenosquamous carcinoma (ASC) are rare and evoke much interest with regard to the mechanisms of histogenesis, pattern of spread, and prognosis. There have been few reports of ASC of the lower gastrointestinal tract since its original description in 1907.² ASC of the colon and rectum is extremely rare and represents 0.025–0.1% of all colorectal malignancies.³ We report a case of ASC of the colon and review the literature in relation to the presentation, natural history, management, and prognosis of this disease entity.

Case report

A 52-year-old male patient presented with a 10-month history of intermittent upper abdominal fullness and pain, poor appetite, and weight loss (10 kg over 10 months). There was no family history of colorectal cancer. Colonoscopy revealed a large circumferential mass at the transverse colon near the splenic flexure. Biopsy was suggestive of a malignant epithelial tumor with histologic features of squamous epithelial differentiation. This pathologic finding was consistent with a primary colonic neoplasm or a secondary deposit from a primary lesion elsewhere. The serum carcinoembryonic antigen level was normal (0.67 ng/mL; normal, < 5.0 ng/mL) and a computed tomography scan of the abdomen did not reveal any other lesions except colon cancer in the distal transverse colon with adjacent tissue invasion (Fig. 1). Laparotomy showed that the patient had a mass at the splenic flexure of the

transverse colon with adherence of the adjacent small intestine. An extended left hemicolectomy was performed. Histology of the lesion showed a tumor of biphasic morphology with malignant bands (adenocarcinoma, glandular components) and solid sheets of malignant squamous cells (Fig. 2A). Furthermore, dyskeratotic cells were present in the squamous components (Fig. 2B), indicating squamous cell carcinoma. The appearance of this tumor was annular, ulcerated, and showed invasion of the serosa. The histologic grade was poorly differentiated and the resected small intestine was negative for malignancy. Metastatic disease was noted in two of 36 lymph nodes that were involved with metastatic squamous cell carcinoma. The patient had an uneventful postoperative recovery, and adjuvant chemotherapy was administered. Unfortunately, 15 months after surgery, computed tomography of the abdomen revealed recurrent tumor with carcinomatosis and the patient expired 3 months later.

Discussion

Because of the rarity of ASC, it is a challenge to understand the biology of this disease. A review of the National Cancer Institute's (NCI) Surveillance, Epidemiology and End Results Database CD-Rom shows 145 cases of ASC of the colon, rectum, and anus. Among these cases, 84 (58%) occurred in the sigmoid-rectum-anus, 19 (13%) in the transverse-descending colon, and 41 (28%) in the ascending colon and cecum.⁴ In 2008, Yokoi et al⁵ demonstrated that the most common locations of ASC were the cecum and ascending colon, with a significant difference in location in comparison with that of conventional colorectal adenocarcinoma.

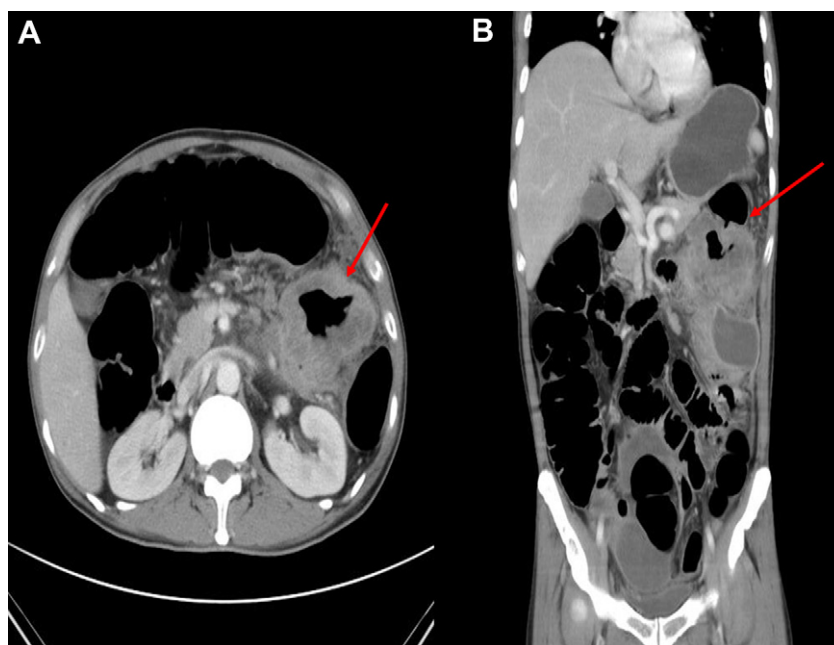


Figure 1 A mass with adjacent tissue invasion at the distal transverse colon was found in a computed tomography (CT) scan of the abdomen. (A) Lesion shown by sagittal view of the abdominal CT scan (arrow). (B) Lesion shown by coronal view of abdominal CT scan (arrow).

Download English Version:

<https://daneshyari.com/en/article/2054013>

Download Persian Version:

<https://daneshyari.com/article/2054013>

[Daneshyari.com](https://daneshyari.com)