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CASE REPORT

Small colorectal cancers resembling submucosal tumor with massive submucosal invasion and lymph node metastasis: A report of two cases and review of the literature

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Summary Colorectal cancer resembling submucosal tumor (SMT) is very rare. We herein report two cases of small colon carcinoma resembling SMT (80-year-old female and 67-year-old male), which massively invaded into the submucosal layer and accompanied marked lymphatic invasion and lymph node metastasis. We also reviewed the reported cases of colorectal carcinoma resembling SMT (SMT-like group, $n=70$) and analyzed the clinicopathological characteristics of this group compared with typical colorectal carcinoma cases operated at our institution (control group, $n=1723$). Tumors in the SMT-like group were significantly smaller in size compared with the control group; the median diameter measured 22 mm vs. 37 mm ($P<0.01$), respectively. Histologically, although the tumors in the SMT-like group were small in diameter, they almost all invaded into the submucosal (T1) or deeper layer (T2–4), and the rate of

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poorly differentiated adenocarcinoma or mucinous adenocarcinoma was significantly higher than that in the control group (48.6% vs. 7.7%; $P < 0.01$). In the subgroup analysis of T1 tumors, the rate of lymphatic invasion in the SMT-like group was also significantly higher than that in the control group (43.8% vs. 15.4%; $P < 0.01$). Carcinoma resembling SMT appears to be invasive and has a high risk of lymphatic invasion even if small in size. Therefore, surgical treatment with dissection of the regional lymph nodes might be necessary in cases with any signs of massive submucosal invasion.

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Introduction

Colorectal carcinoma resembling submucosal tumor (SMT) shows an unusual macroscopic presentation compared with typical carcinoma. Typical colorectal carcinoma arises from the epithelium of the intestine and most of the surface consists of cancerous tissue. In contrast, although carcinoma resembling SMT also arises from the epithelium tissue, it invades into the submucosal layer and the surface of the

lesion is almost covered with normal mucosa. This type of tumor is not frequently reported in the literature [1,2].

Lymph node metastasis of colorectal carcinoma, which invades the submucosal layer, is reported to comprise approximately 10% of cases [3,4]. On the other hand, a tumor resembling SMT might show a higher rate of lympho-vascular invasion and lymph node metastasis because of its massive invasion into the submucosal layer, even when the macroscopic size of tumor is small [1].

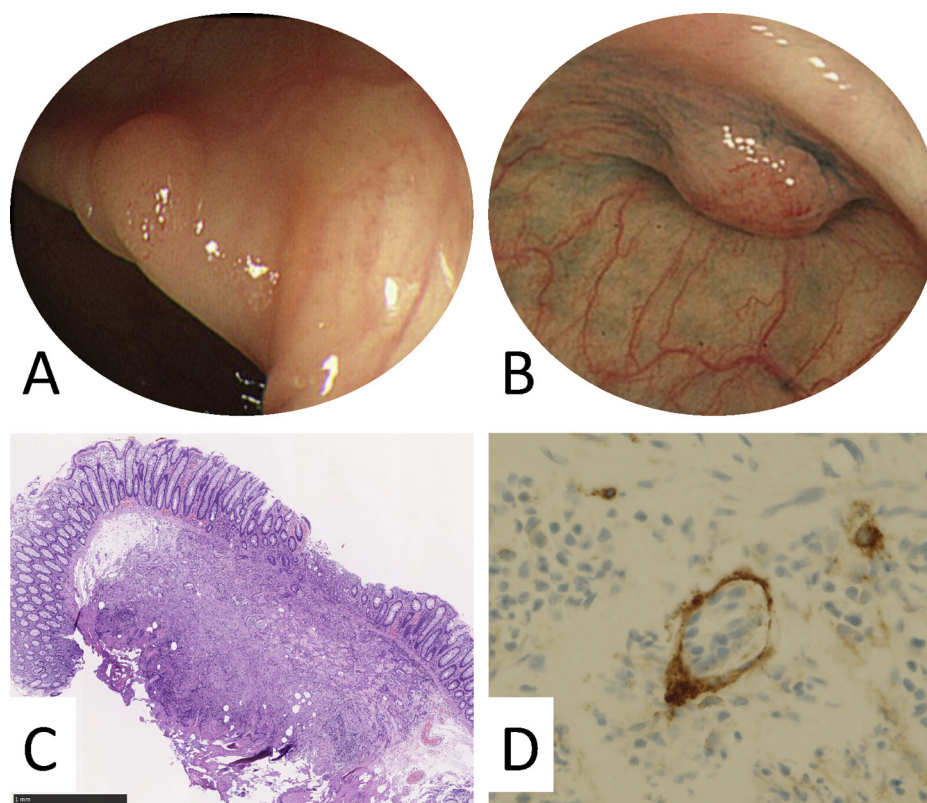


Figure 1 Colonoscopic and pathological findings of case 1. A: colonoscopy revealed a small polyp (3 mm in diameter) in the transverse colon at the first checkup. B: The same polyp grew to 6 mm in diameter one year later. The edge of the polyp was smooth and covered with normal mucosa with a slight red spot at the top (case 1). C: an endoscopic mucosal resection specimen revealed massive proliferation of well to moderately differentiated adenocarcinoma in the submucosal layer with a positive vertical resection margin (Hematoxylin-eosin stain). D: lymphatic invasion of the tumor was noted through D2-40 immunostaining.

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