

TisN1M0 Rectal Cancer

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70-year-old female was referred to our hospital for endoscopic removal of colon polyps found in routine colonoscopy. She had never taken colonoscopy before, and the findings from recent colonoscopy showed 2cm sized laterally spreading tumor on ascending colon that was biopsy proven to be tubulovillous adenoma with low grade dysplasia, and irregular nodular mucosa that was encircling the entire rectum with biopsy result of tubular adenoma with low grade dysplasia. Endoscopic submucosal dissection was done for 2cm sized LST on ascending colon and the histopathology showed well differentiated adenocarcinoma with submucosa invasion up to 1mm, with clear deep and lateral resection margins, no lymphovascular invasion, and no perineural invasion. Rectum showed diffuse nodular mucosa encircling the entire rectum. Despite its benign appearance, the patient was referred to surgical department and received laparoscopic ultra low anterior resection as the lesion involved entire rectum. Pathology of resected rectum revealed well differentiated intramucosal adenocarcinoma (Tis) confined to mucosa without lymphovascular invasion. However, histopathology of regional lymph node showed that one perirectal lymph node had definite metastatic focus of adenocarcinoma. PET-CT was done to determine other metastasis, but no abnormal hypermetabolic lesions suggesting metastasis were found. The patient received concurrent chemotherapy and RT for stage IIIa rectal cancer. This case is of interest because Tis carcinoma had involvement of lymph node metastasis. It is well understood that carcinoma confined to mucosa in colon is unlikely to metastasize as lymphatic channels are not present in mucosa. Current TNM staging limits Tis tumors to stage 0 with no involvement of lymph node or distant metastasis (NOM0). However, findings from our study suggests that further classification of Tis tumors may be needed and clinicians must consider possibility of metastasis even in Tis tumors. Although some studies have reported cases of local recurrence or distant metastasis during follow up, to our knowledge this is the first case that reported identification of lymph node metastasis of Tis tumor.

