

A Case of Gut-associated Lymphoid Tissue Carcinoma of the Colon

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Gut-associated lymphoid tissue (GALT) carcinoma, or so-called dome-type carcinoma, is an extremely rare type of colorectal cancer (CRC). Histologically it shows the submucosal location, a prominent lymphocytic infiltration with germinal center formation, and dilated glands lined by columnar epithelial cells with bland nuclear features and cytoplasmic eosinophilia. Endoscopically, it appears a subepithelial tumor (SET). Here we report a patient with an early rectal cancer and another incidentally detected synchronous GALT carcinoma. A 70-year-old woman was referred from a local clinic to treat a suspected early rectal cancer detected by sigmoidoscopy. Colonoscopy at our center showed a 38 mm-sized sessile tumor in the rectum. This lesion showed Kudo type IV pit pattern and was removed en bloc using the endoscopic submucosal dissection technique. In addition, a 10 mm-sized, yellowish SET was noted at the rectosigmoid colon. Endoscopic mucosal resection was performed for this SET under suspicion of a rectal neuroendocrine tumor (NET). The histology of the larger one was identified as a well-differentiated adenocarcinoma arising from tubulovillous adenoma. The depth of submucosal invasion was 0.8 mm from the muscularis mucosae, and resection margins were clear. Neither lymphovascular invasion nor tumor budding was identified. The histology of SET was a well-circumscribed nodule of carcinoma confined within submucosa. In detail, its histology showed tumor-infiltrating lymphocytes and dilated dysplastic glands lined by columnar epithelial cells with eosinophilic cytoplasm. Abdomen-pelvis computed tomography showed neither significant lymph node enlargement nor distant metastasis. GALT carcinoma is a rare and unique form of CRC, which mimics a subepithelial tumor under colonoscopy. Both endoscopists and pathologists should be aware of GALT carcinoma as one of the differential diagnoses of colorectal SETs. The prognosis of GALT carcinoma is not unknown but considered favorable based on the currently available case reports.

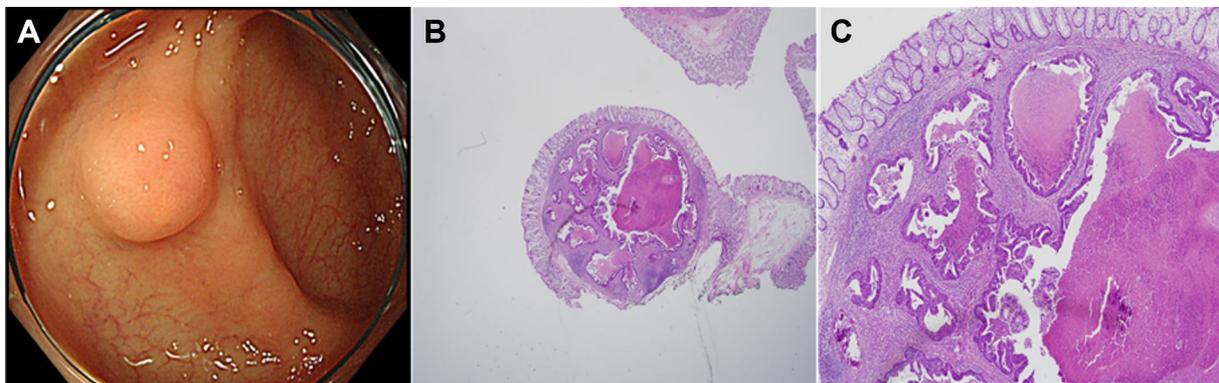


Figure 1. Endoscopic and histologic findings of Gut-associated lymphoid tissue carcinoma. A: Endoscopic finding; B: Low power view of a gut-associated lymphoid tissue/dome-type carcinoma; C: High power view of a gut-associated lymphoid tissue/dome-type carcinoma