

A White Tone Sessile Type Polyp; Submucosal Invasion Sigmoid Colon Cancer - 6 mm in a Diameter

Masaichi Ogawa^{1*}, Yoichi Tomita², Kazuo Matai¹, Kohei Ichihara¹, Takuo Hasegawa¹ and Kazuhiko Yoshida¹

¹Department of Surgery, Katsushika Medical Center, The Jikei University School of Medicine, Tokyo, Japan

²Department of Endoscopy, Katsushika Medical Center, The Jikei University School of Medicine, Tokyo, Japan

*Corresponding author: Masaichi Ogawa, Department of Surgery, Katsushika Medical Center, The Jikei University School of Medicine, Tokyo 125-8506, Japan, Tel: +81-3-3603-2111; Fax: +81-3-3838-9945; E-mail: masatchmo1962@yahoo.co.jp

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Abstract

A 53-year-old woman received a total colonoscopy for a FOBT (Faecal Occult Blood Test) positive and detected a sessile type poly in the sigmoid colon. Colonoscopy exhibited a “somewhat of a white tone” and measured 6 mm 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 6 mm, 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 6 mm 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 (Figures 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; and (3) Evidence from Japanese studies that these classifications can stratify for the risk of invasion [4,5]. Therefore, our 6 mm 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. We would like to consider the epigenetic mechanisms that might be involved in the initiation of colon cancer. It has been shown that histone methyltransferase G9a might be a potential oncotarget in the colorectal cancer (CRC), as it is highly expressed in the CRC cells and facilitate their proliferation and colony formation [6]. Since histone

methyltransferase G9a and its partner parotein GLP are the main enzymes that required for the establishment and maintenance of histone H3 lysine 9 mono-, and di-methylation [7], aberrant distribution of H3K9me1/2 might be an direct feature of CRC. Interestingly, as G9a/GLP complex also plays a role in the maintenance of DNA methylation [8], abnormal DNA methylation patterns caused by the dysfunctional G9a/GLP complex might also trigger the initiation of CRC. Actually, it has been found that both loss of G9a and pharmacological inhibition of G9a could attenuate the growth of tumor cells [9], which suggested that histone methyltransferase G9a might be an oncotarget for the early diagnosis and treatment of CRC. We accumulate such those cases and examine above the G9a/GLP complex enzyme in future.

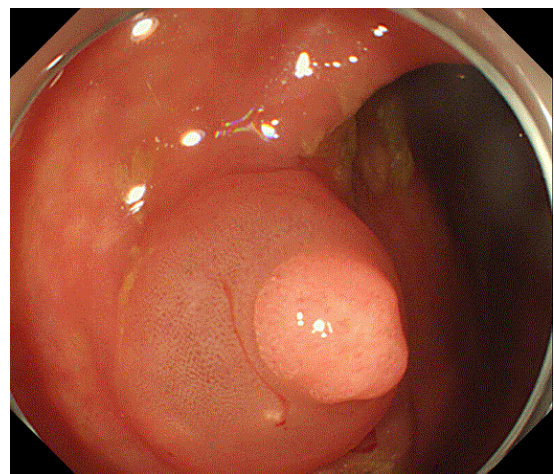


Figure 1: Endoscopic view showing a “somewhat of a white tone” sessile type poly.

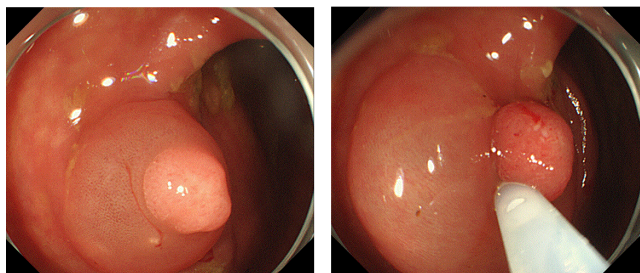
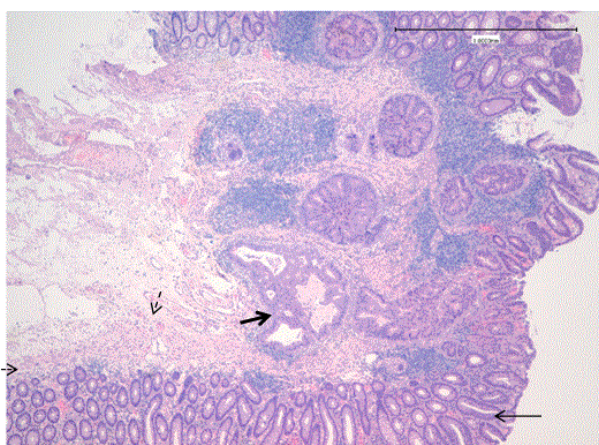


Figure 2: Endoscopic mucosal resection showing: the endoscopic appearance during the procedure.



→ : well-differentiated adenocarcinoma
→ : mucosa
--> : submucosa
-----> : muscularis externa

Figure 3: Histologic appearance of the resected specimen showing a well differentiated adenocarcinoma and the depth of invasion was 1,200 micron.

Competing Interests

We have read and understood Annals of Clinical Case Reports on declaration of interests and we have nothing to declare.

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Patient consent obtained.

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