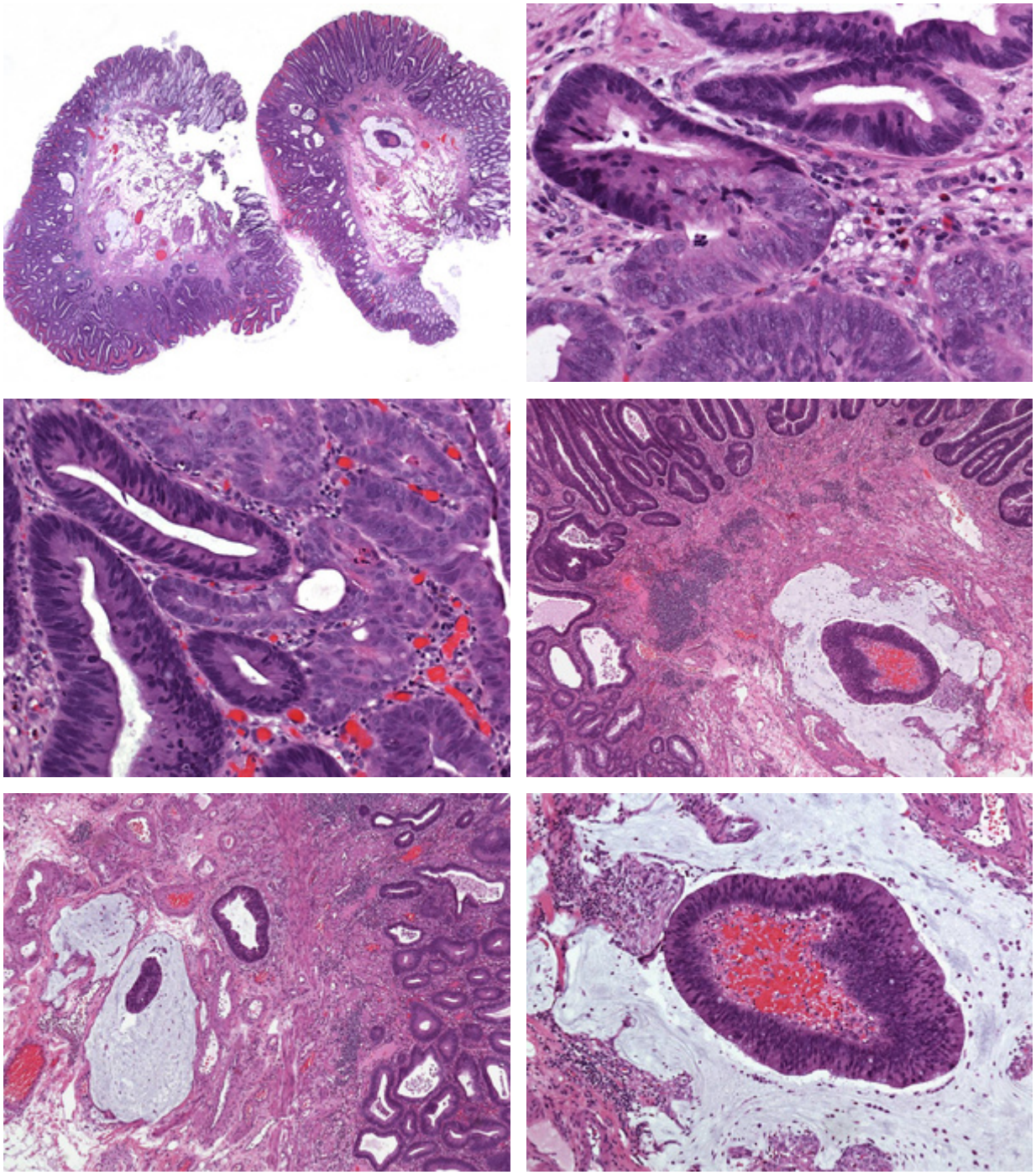
September 2012

Colorectal polyp, measuring 8 mm in largest diameter, obtained from the sigmoid colon of a 76-year-old female.

What is your diagnosis?



Diagnosis

Mucinous adenocarcinoma with early submucosal invasion (T1, sm1, Haggitt-Level I, depth of invasion <1000µ, G1, L0), developed within a tubular adenoma (low and high grade intraepithelial neoplasia). Tumour-free resection margin (R0). Low risk of regional lymph node metastasis.

Comment

The lesion illustrates a “malignant polyp”. Within the background, you see a tubular adenoma with mostly low grade intraepithelial neoplasia (IEN), yet also clonal evolution to high grade IEN. Note areas of intramucosal invasion which should, in accordance with current WHO criteria, assessed as mucosal high grade neoplasia. There is superficial invasion into the submucosal layer, the invasive parts qualifying for a diagnosis of mucinous adenocarcinoma. This tumour type is according to current WHO criteria no longer “by convention” considered poorly differentiated (grade 3). Thus, the lesion does not show any feature indicating high risk of regional lymph node metastasis: poor differentiation, deep submucosal invasion (sm3, Haggitt-Level IV, depth of invasion >1000µ), L1 or R1. Local therapy (endoscopic treatment or transanal excision / transanal endoscopic microsurgery) is curative for low risk early colorectal cancer and is therefore considered adequate treatment.

For further reading

- Tytherleigh MG, Warren BF, Mortensen NJ. Management of early rectal cancer.Br J Surg. 2008;95:409-23.
- Quirke P, Risio M, Lambert R, von Karsa L, Vieth M. Quality assurance in pathology in colorectal cancer screening and diagnosis — European recommendations. Virchows Arch. 2011;458:1-19. [see ENGIP >> Guidelines]
- Langner C, Harbaum L, Pollheimer MJ, Kornprat P, Lindtner RA, Schlemmer A, Vieth M, Rehak P. Mucinous differentiation in colorectal cancer — indicator of poor prognosis?Histopathology. 2012;60:1060-72.

Presented by

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