



PRIMARY SQUAMOUS CELL CARCINOMA OF RECTOSIGMOID JUNCTION – A CASE REPORT

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ABSTRACT Primary squamous cell carcinoma (SCC) of colon and rectum is a rare malignancy¹. With less than <0.1 % incidence reported in the literature². In our case patient presented to emergency room(ER) with Acute intestinal obstruction. Review of literature has been made starting from first report in 1919, many have concluded that this tumor presents, later than adenocarcinoma and follows an aggressive course. Hence need greater awareness about this tumor clinicopathology for better estimation of prevalence.

KEYWORDS :

CASE REPORT

A 62 years old female presented with pain abdomen, abdominal distension, bilious vomiting, constipation, obstipation for past 3 days. No history of similar complaints in the past, no history of significant weight loss and loss of appetite, no history of passage of black tarry stools or fresh bleed per rectum.

The patient had no history of any other cancers in the past. No history of cancer in the family.

On examination: Distension of abdomen noted with diffuse tenderness and guarding. On auscultation, bowel sounds not heard.

WORKUP:

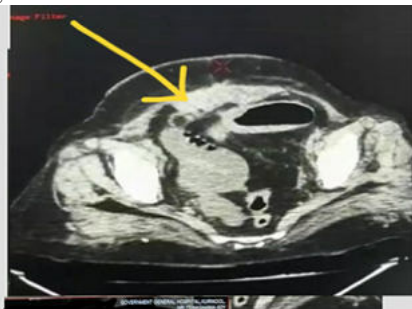
Xray Erect abdomen: showed multiple air fluid levels with dilated bowel loops



Ultrasound abdomen: showed dilated bowel loops with to and fro peristalsis

CT chest: Normal study

Contrast Enhanced CT of abdomen: showed circumferential wall thickening at sigmoid colon - ?Malignant etiology. Small bowel and large bowel obstruction with transient point at sigmoid colon. Omental thickening noted.



Blood Investigations: Normal complete blood counts, Normal RFT and LFT.

CEA 8ng/ml (sent postoperatively)

TREATMENT:

As the patient presented with acute intestinal obstruction, patient was resuscitated with fluids and taken up for emergency Exploratory laparotomy under general anaesthesia.



Intra op Findings:

Complete circumferential growth obstructing the lumen of sigmoid colon, infiltrating into lower part of the rectus sheath. Metastatic deposits noted over omentum.

Left hemicolectomy with negative resection margin and end

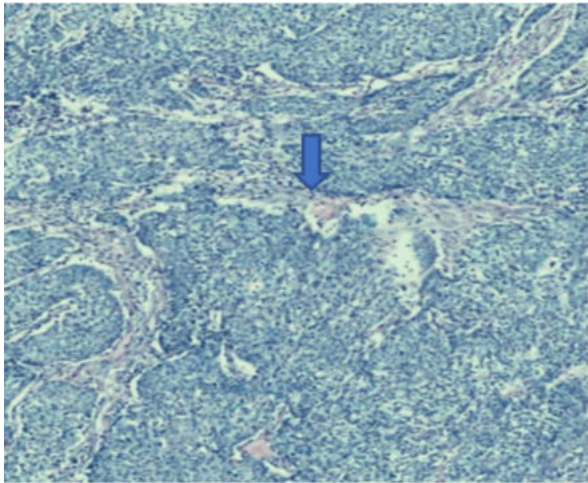
colostomy was done.

POST OPERATIVE PERIOD :

Patient was extubated immediately after surgery and shifted to intensive care unit in stable condition. Patient was started on oral feeding on third post operative day. Stoma was healthy and functional. Patient was discharged on tenth post operative day in stable condition

HISTOPATHOLOGICAL EXAMINATION OF THE RESECTED SPECIMEN :

HPE of the specimen suggestive of moderately differentiated squamous cell carcinoma of rectosigmoid junction with metastatic deposits in omentum and rectus sheath.



DISCUSSION:

It is very rare that squamous cell carcinoma arises from colorectal epithelium. Schmidtman published the first report of pure squamous cell carcinoma of colon in 1919³. Since then less than 100 cases have appeared in the literature.

Most of the pure squamous cell carcinoma cases of colon have been reported in the rectosigmoid junction. It occurs most commonly around 5th decade of life, with slight male predominance. Etiology of primary squamous cell carcinoma of colon is undetermined although various hypothesis such as neoplastic transformation of heterotrophic embryonic rests of squamous epithelium and even direct transformation of glandular epithelium into squamous epithelium are gaining support⁷. The role of carcinogens like asbestos, chronic inflammation, viral infections for causations are proposed.

Recently a unitarian concept has been proposed which suggests that pluripotent stem cells of endodermal origin capable of multidirectional differentiation are present in colonic mucosa leading to squamous metaplasia. However more work is needed before the question of pathogenesis can be considered settled.

Miyamoto et al⁵ suggested that certain criteria are required to diagnose a primary squamous cell carcinoma of the colon. First, metastasis from other sites to the bowel must be excluded. Second, a squamous cell lined fistulous tract must not involve the affected bowel, as this can be a source of squamous cell carcinomas. Third, squamous cell carcinomas of anus with proximal extension must be ruled out. Fourth, histological analysis must confirm squamous cell carcinoma.

In this case, the patient presented with acute intestinal obstruction, and thus requiring emergency surgery, plan for neoadjuvant therapy was not possible.

Similarly, other literatures have also reported⁴ advanced stage at presentation and aggressive course. This might indicate aggressive course of this variant of colorectal carcinoma.

The treatment is primarily surgical. Adjuvant treatments include cisplatin/5 FU based chemotherapy⁸. Juturi et al⁶ have also reported encouraging results, and even complete remission in one case using the same combination chemotherapy with addition of Leucovorin and GM-CSF. Radiotherapy may have a role as well. On final histopathological report, the margins were free from tumour and the patient was referred to oncology department for further management.

She was started on 5 FU based chemotherapy. However the patient expired after 3 months.

CONCLUSION:

Primary squamous cell carcinoma of colon and rectum is a rare tumour. However we should aim to create awareness among surgeons and pathologists about its existence and management. Surgery is the mainstay of treatment. But chemoradiotherapy is also being used increasingly. Regardless of the treatment, from the limited evidence available, squamous cell carcinoma of the colon and rectum emerges as a more aggressive tumour than adenocarcinoma³.

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