

Image of the Month - Mucinous Adenocarcinoma of the Rectum in an Adolescent

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Clinical Image

A 15-year-old boy was admitted with a history of diarrhea, rectal bleeding and melena for the last week. His previous history was unremarkable although an unintentional weight loss of 15 kg was reported during the last months. On admission, the patient was pale, but hemodynamically stable. His clinical examination was unremarkable with a moderate sensitivity on palpation of the

hypogastrium. Laboratory investigation revealed iron deficiency anemia and moderate elevation of CRP & ESR.

In colonoscopy, a severe stenosis of the lumen was observed at ~20 cm from the anus. Rectal mucosa below the stenosis, was whitish, as occurs after chemical trauma, with multiple ulcerations, pseudopolyps, friability and spontaneous bleeding (Figure 1). The rectal biopsies revealed a mucinous adenocarcinoma (Figure 2).

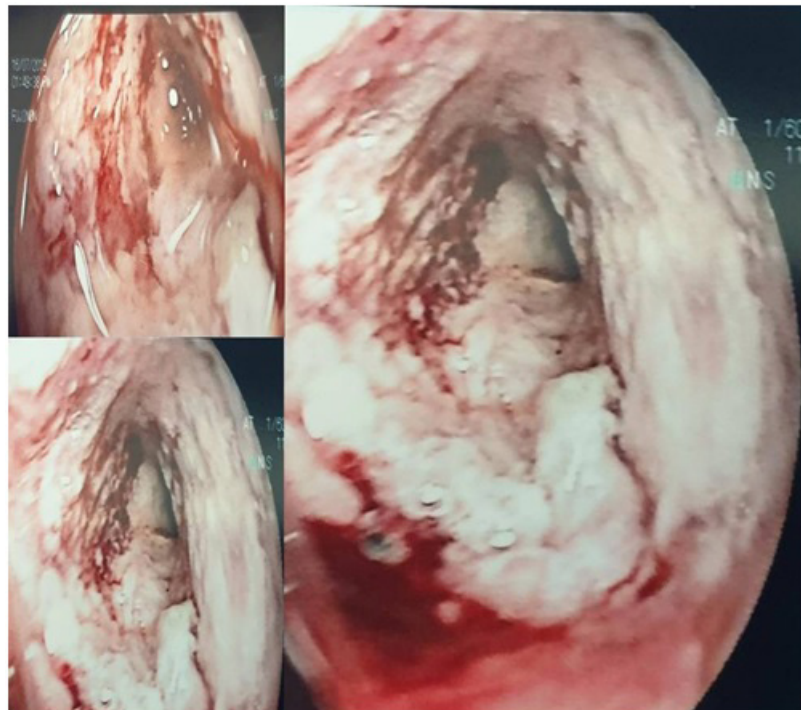


Figure 1: multiple ulcerations, pseudopolyps, friability and spontaneous bleeding

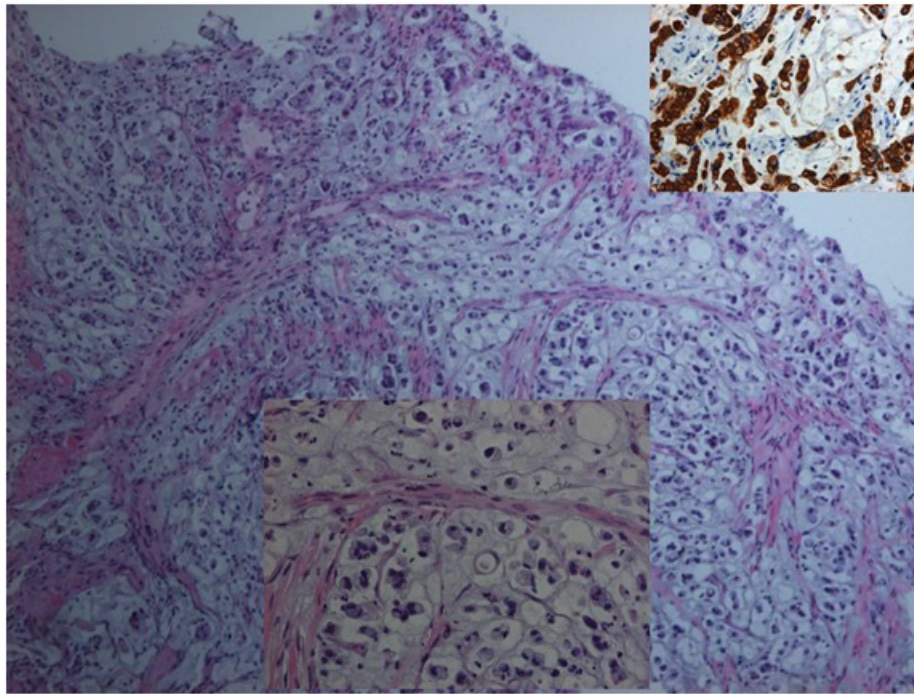


Figure 2: The rectal biopsies revealed a mucinous adenocarcinoma

Colorectal carcinoma comprises approximately 1% of pediatric neoplasms and it is the most common primary gastrointestinal malignancy in children [1,2]. The presenting symptoms are non-specific and diagnosis is usually delayed with an extremely poor prognosis compared with adults [3].

Mucinous colorectal adenocarcinoma is characterized by the presence of abundant extracellular mucin for at least 50% of the tumor volume and occurs more commonly in female and younger patients [4,5]. The patient was transferred to the oncologic department for further assessment and treatment.

References

1. Salas-Valverde S, Lizano A, Gamboa Y, Vega S, Barrantes M, Santamaria S, et al. Colon carcinoma in children and adolescents: prognostic factors and outcome-a review of 11 cases. *Pediatr Surg Int.* 2009; 25: 1073-6.
2. Koh KJ, Lin LH, Huang SH, Wong JU. CARE--pediatric colon adenocarcinoma: a case report and literature review comparing differences in clinical features between children and adult patients. *Medicine (Baltimore).* 2015; 94: e503.
3. Hill DA, Furman WL, Billups CA, Riedley SE, Cain AM, Rao BN, et al. Colorectal carcinoma in childhood and adolescence: a clinicopathologic review. *J Clin Oncol.* 2007; 25: 5808-14.
4. Bosman FT, Carneiro F, Hruban RH, Theise ND. WHO classification of tumours of the digestive system. 4th ed. Geneva: World Health Organization Classification of Tumours; 2010.
5. Cong Luo, Shuyi Cen, Guojun Ding, Wei Wu. Mucinous colorectal adenocarcinoma: clinical pathology and treatment options. *Cancer Commun (Lond).* 2019; 39: 13.