

# Title: The Signet- Cell recurrence- Delayed and Unusual

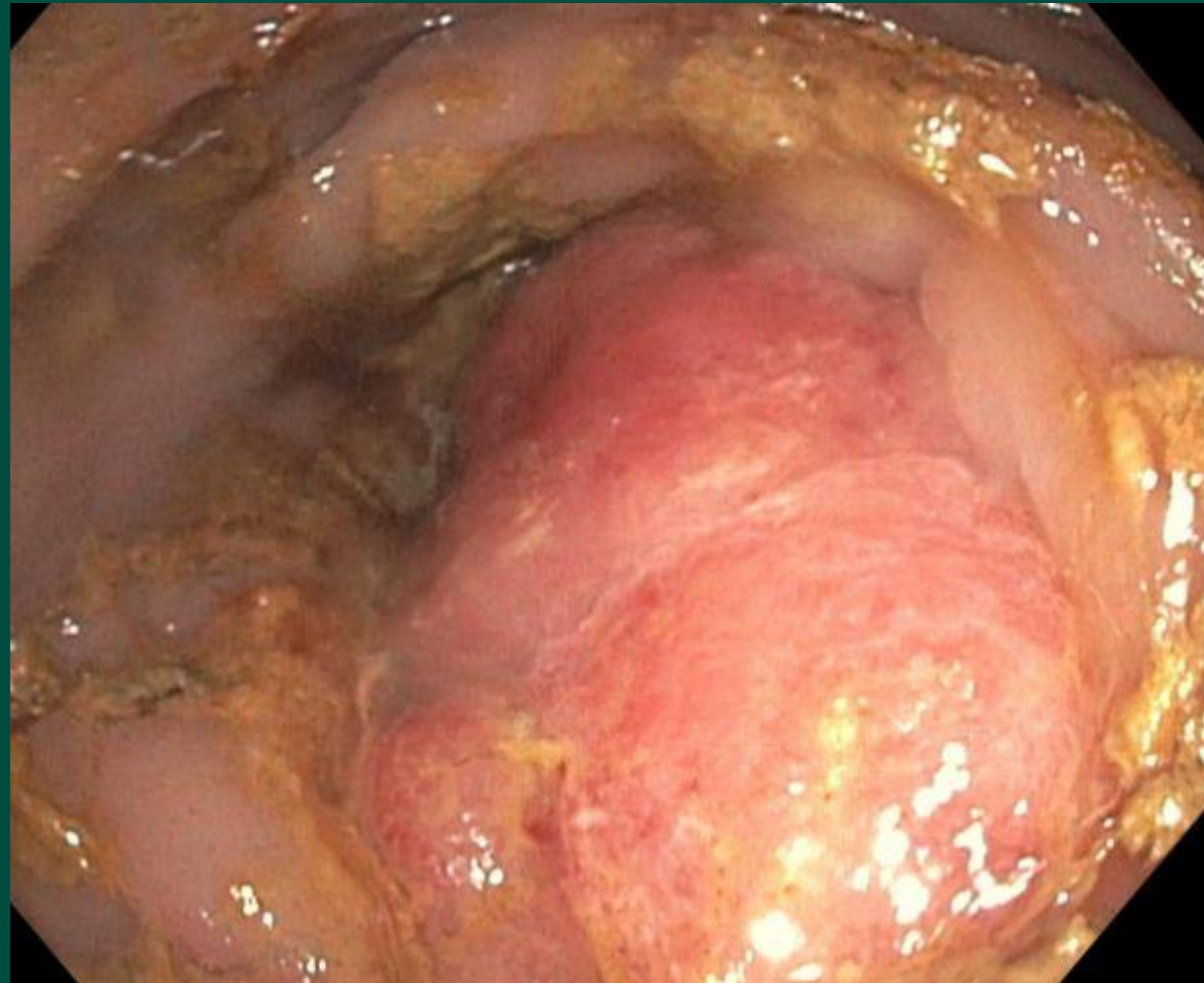
## INTRODUCTION

Metastases to colon from gastric signet ring cell carcinoma (SRCC) are unusual and can manifest as polyps, ulcerations, depressed lesions, and strictures.

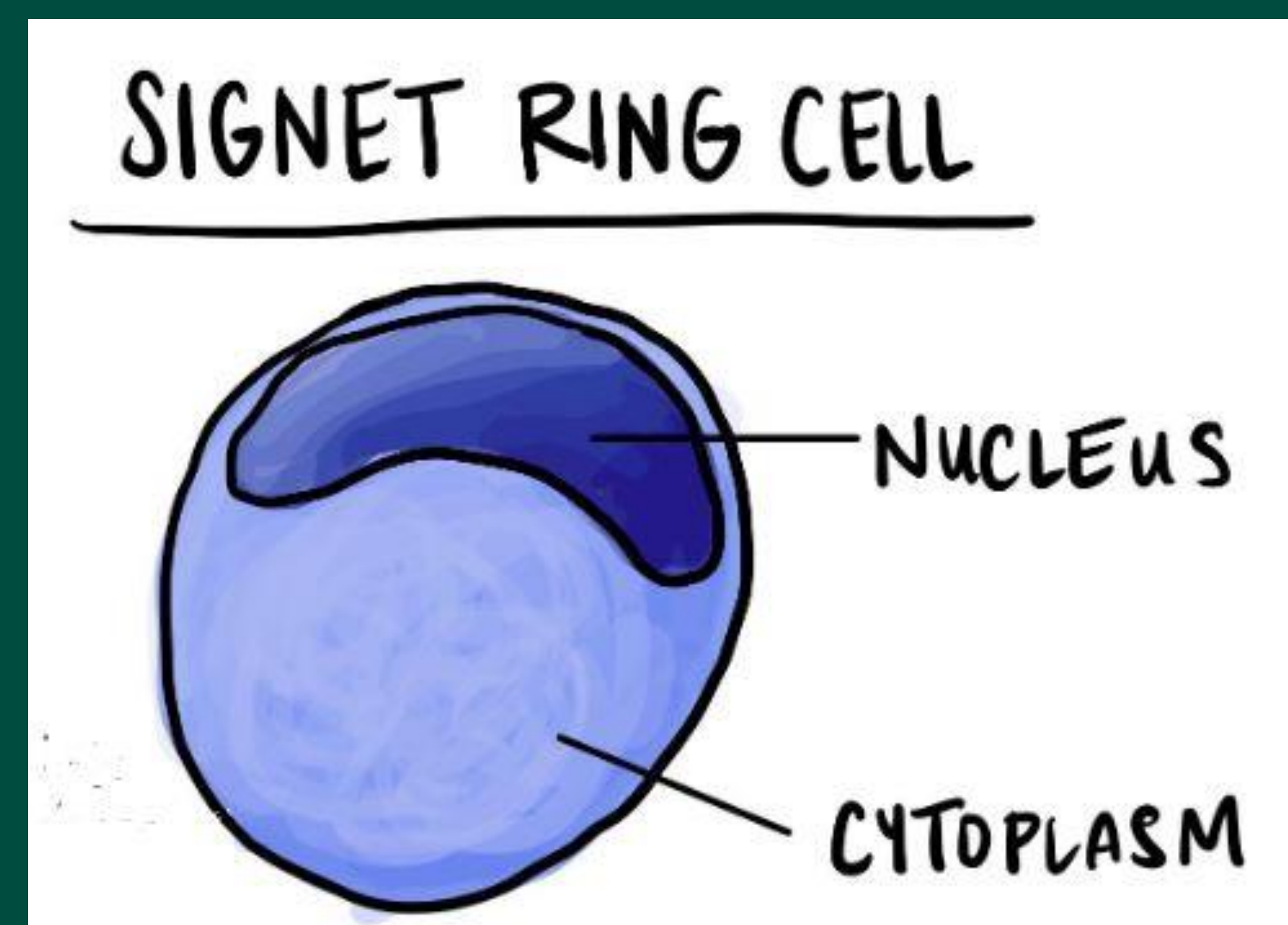
Here, we present a rare case of gastric SRCC with metastasis to the rectum, five years after initial diagnosis and treatment.

## CASE DESCRIPTION

A 41-year-old man was seen in Gastroenterology clinic to evaluate hematochezia, altered bowel function and weight loss for two months. The patient was diagnosed with gastric adenocarcinoma (SRCC) five years earlier and underwent distal gastrectomy and adjuvant CXRT. Post treatment EGDs were reportedly normal. Colonoscopy revealed a non- traversable, friable and malignant-appearing lesion in the proximal rectum, 10 cm from the anal verge. Biopsies from the rectal lesion showed poorly differentiated, invasive adenocarcinoma with signet ring cells, likely metastasis from primary gastric adenocarcinoma. The patient was subsequently referred to medical and surgical oncology.



## Rectal adenocarcinoma on colonoscopy



.Courtesy mypathologyreport.ca

## DISCUSSION

Metastases to the colon are rare with a high-frequency primary being the stomach.

In cases of metastases to the colon, the morphological type of the metastatic region is mostly the infiltrating type of poorly differentiated or undifferentiated adenocarcinoma with lymph and blood vessel invasion and are notorious to have poor prognosis with high recurrence rates. They are often misdiagnosed as Inflammatory bowel diseases causing a delay in management. Usually, finding these colon lesions have prompted investigation of the primary lesion, unlike our case here.

After an extensive literature review, we have not found a case where SRCC rectal metastasis was found five years after the primary gastric SRCC diagnosis for which the patient was treated.

Given the rarity of such presentation, this case helps increase physicians' knowledge about the different ways gastric SRCC can metastasize that can occur after prolonged treatment.

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