

An Atypical Case of Squamous Cell Carcinoma of the Rectum Masquerading as a Rectal Carcinoid Tumor

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Introduction

- Squamous cell carcinoma (SCC) of the GI tract is rare. When encountered, it usually involves the esophagus or the anal canal.
- Infrequently, it can be associated with a fistula of the GI tract, lined by squamous mucosa.
- SCC of the rectum is very unusual and not much is known about its pathogenesis, prognosis, and optimal treatment.

Case Description

- A 67-year-old man, with a PMH of HIV, CKD stage 3, and HLD, initially presented with intermittent hematochezia, along with mucus per rectum and lower abdominal pain, for the past few months. He denied constipation, weight loss, and any other GI symptoms.
- He underwent colonoscopy in August 2021, which demonstrated left colon diverticulosis, a 6 mm tubular adenoma in the sigmoid colon, and a 15 mm rectal submucosal nodule at 15 cm proximal to the anus. It was biopsied and came back as hyperplastic changes.
- He was referred for a rectal EUS for further evaluation of the rectal submucosal nodule. He underwent flexible sigmoidoscopy and lower EUS-FNB in November 2021 with the finding of a 25.6 x 28.7 mm rectal submucosal lesion arising from the muscularis propria (Figures 1 and 2).
- Pathology initially demonstrated high-grade squamous intraepithelial lesion (HGSIL) but the diagnosis of malignancy was not confirmed. However, the pathology was sent to a reputable cancer center for a second opinion and confirmed a diagnosis of SCC (Figure 3).
- He continued to have intermittent rectal bleeding and mucus in the stools, prompting him to visit the ER for further evaluation.

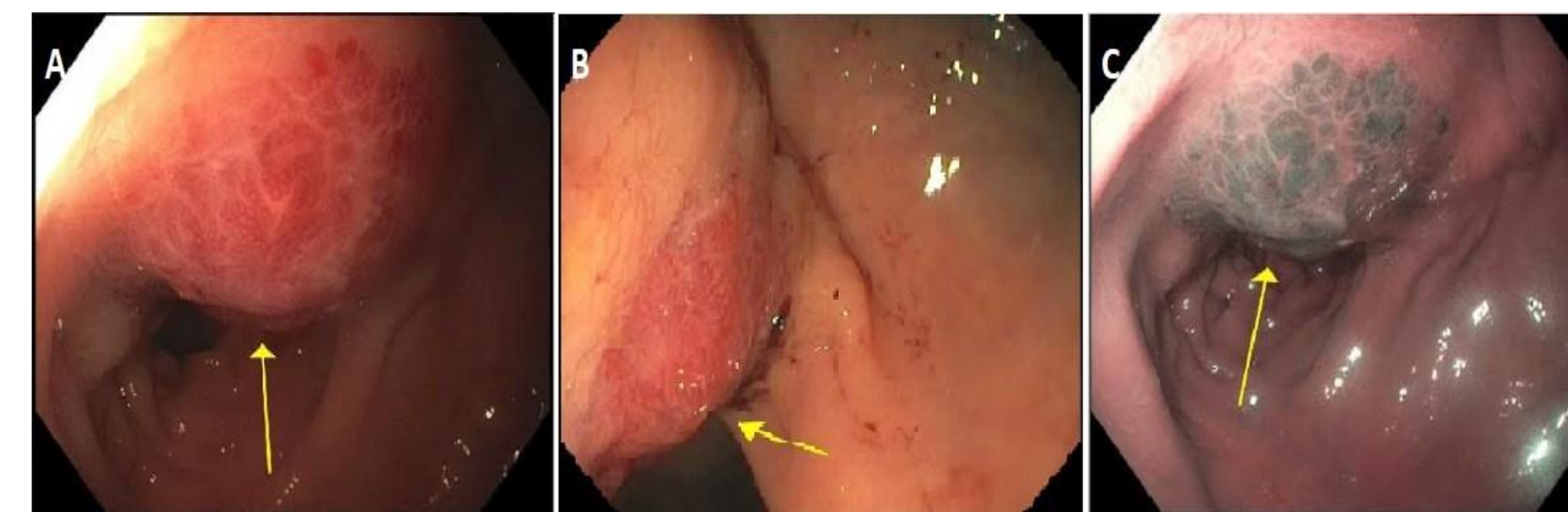


Figure 1. A, B) A 15 mm subepithelial nodule in the proximal rectum at 15 cm from the anal verge, seen on flexible sigmoidoscopy. C) The same nodule on NBI.



Figure 2. Lower EUS with the finding of a 25.6 x 28.7 mm rectal submucosal lesion arising from the muscularis propria. FNB was performed.

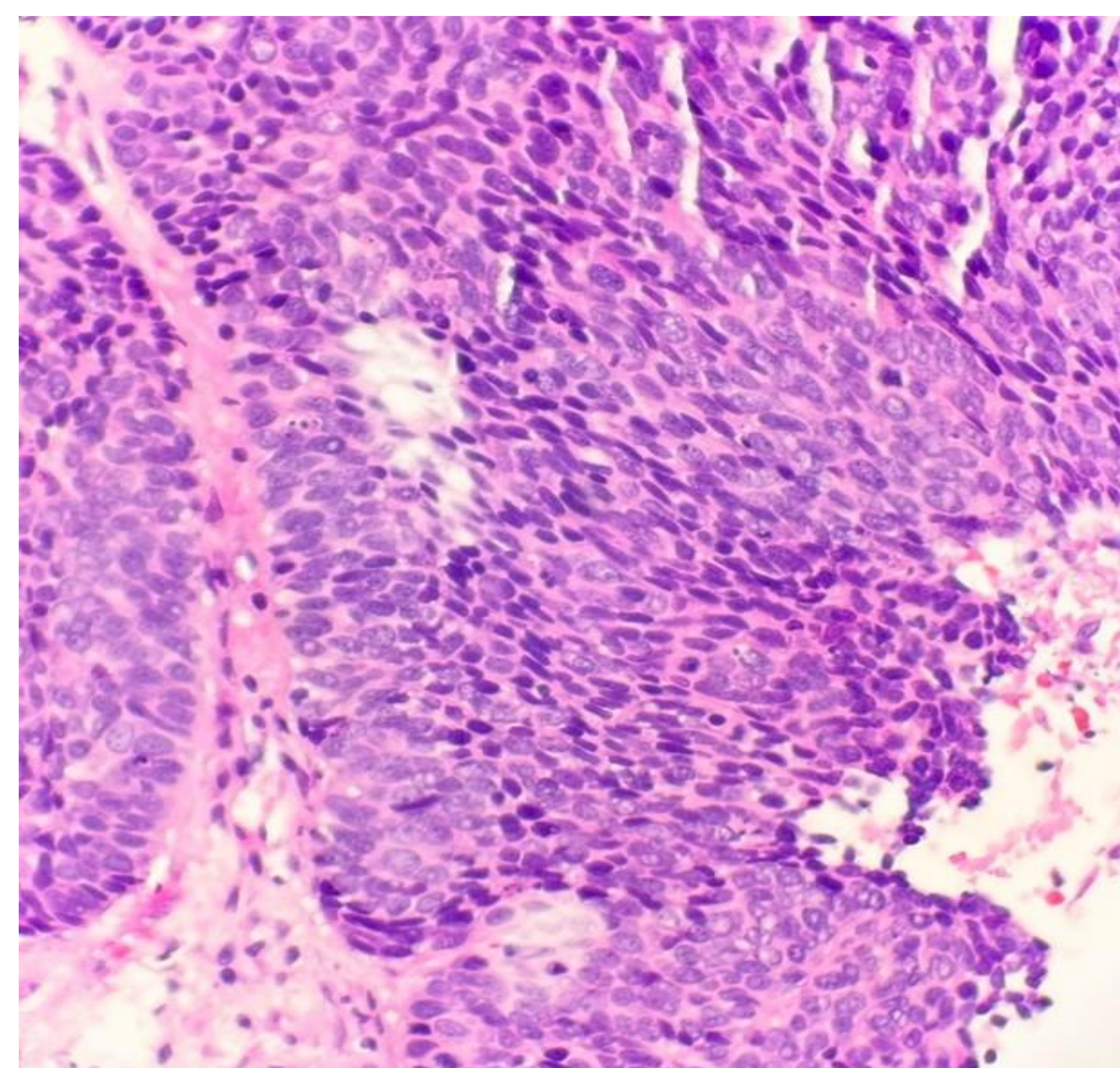


Figure 3. Squamous cell carcinoma with basaloid features.

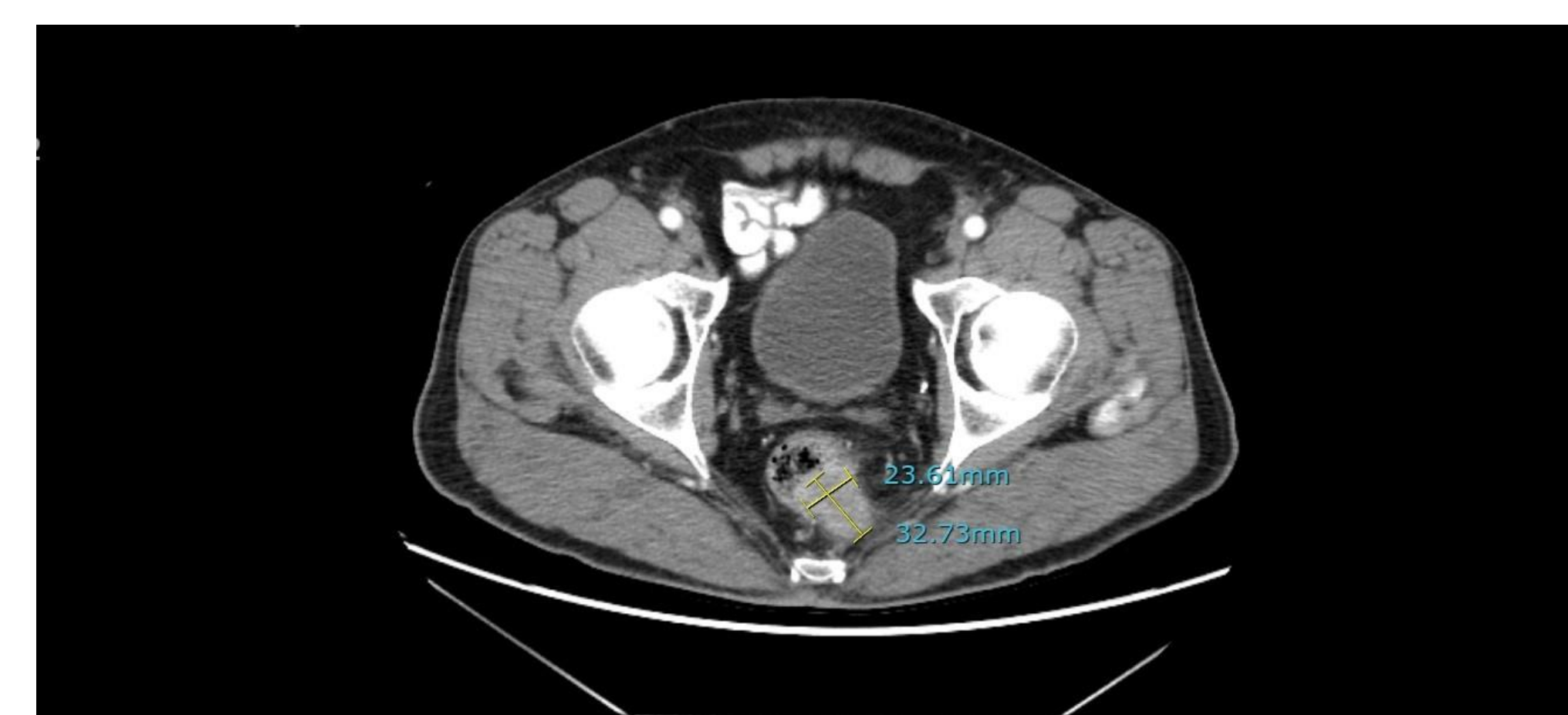


Figure 4. A CT scan demonstrating a 3.3 x 2.9 x 2.4 cm soft tissue mass arising from the low rectum at the 3-7 o'clock position, highly concerning for neoplasm.

Case Description continued...

- A CT scan demonstrated no acute findings, and he was discharged. A repeat CT scan would demonstrate a 3.3 x 2.9 x 2.4 cm soft tissue mass arising from the low rectum at the 3-7 o'clock position, highly concerning for neoplasm (Figure 4).
- He underwent another flexible sigmoidoscopy and lower EUS-FNB in December 2021, which demonstrated colonic mucosa with erosion and dense chronic inflammation in the submucosa, negative for tumor.
- Given the prior findings, the lesion remained highly suspicious. He obtained a second opinion from a colorectal surgeon who performed a third transanal procedure. The biopsy results of the rectal mass demonstrated rectal cancer, per patient.
- He has been begun on neoadjuvant chemotherapy and radiation therapy.

Discussion

- SCC is among the rarest forms of rectal cancer.
- 90% are adenocarcinomas, while the remaining 10% is comprised of carcinoid tumors, lymphomas, and GISTs.
- While SCC can occur throughout the GI tract, it usually affects the esophagus or the anal canal.
- This lesion presented as a suspected rectal carcinoid tumor, located far from the anal verge.
- Pure SCC of the rectum remains an extremely rare histological diagnosis and clinical occurrence.
- Further research is needed about its pathogenesis, prognosis, and optimal treatment.