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Primary synchronous rectal squamous cell carcinoma and its exceptional response to chemoradiotherapy

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We present the case of 51 years-old female with a 2-months history of intense anal pain and rectal bleeding. Digital rectal exam revealed a possible lower rectal mass. A colonoscopy was then performed showing a 5x6 cm lesion in the middle rectum(Fig.1A) and a second 3 cm lesion in the lower rectum(Fig. 1B) without affecting the anal canal. Multiple biopsies were taken, and the histopathologic analysis revealed a moderately differentiated squamous cell proliferation invading beyond the lamina propria(Fig.1C). The CT scan confirmed a middle rectum T4N2bM0 and a lower rectum T3N0M0 synchronous neoplasia(Fig. 1D). These findings were compatible with a synchronous squamous cell carcinoma (SCC)

After multidisciplinary discussion, pelvic radiotherapy was administered to a total dose of 50,4 Gy in 28 fractions of 1.8 Gy with concurrent mitomycin C (10mg/m² on days 1 and 22) and capecitabine (825 mg/m² b.i.d. on each radiation treatment day).

A colonoscopy performed 7 months after revealed no signs of neoplasia in the lower (Fig.2A) and middle rectum(Fig.2b) with mild signs of grade 1 chronic radiation proctitis. The CT scan confirmed the complete response (Fig.2C), so a strict follow-up was decided.

Rectal SCC is a rare entity compared to adenocarcinoma, with 0.1 to 0.25 per 1000 diagnosed colorectal carcinomas(1). Moreover, the evidence shows that radical chemoradiotherapy has promising results with high local control rate and prolonged survival allowing organ sparing in high percentage(2). In conclusion, this case illustrates the potential complete response to chemoradiotherapy and is the first published case of primary synchronous rectal SCC.

References

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Figure 1.

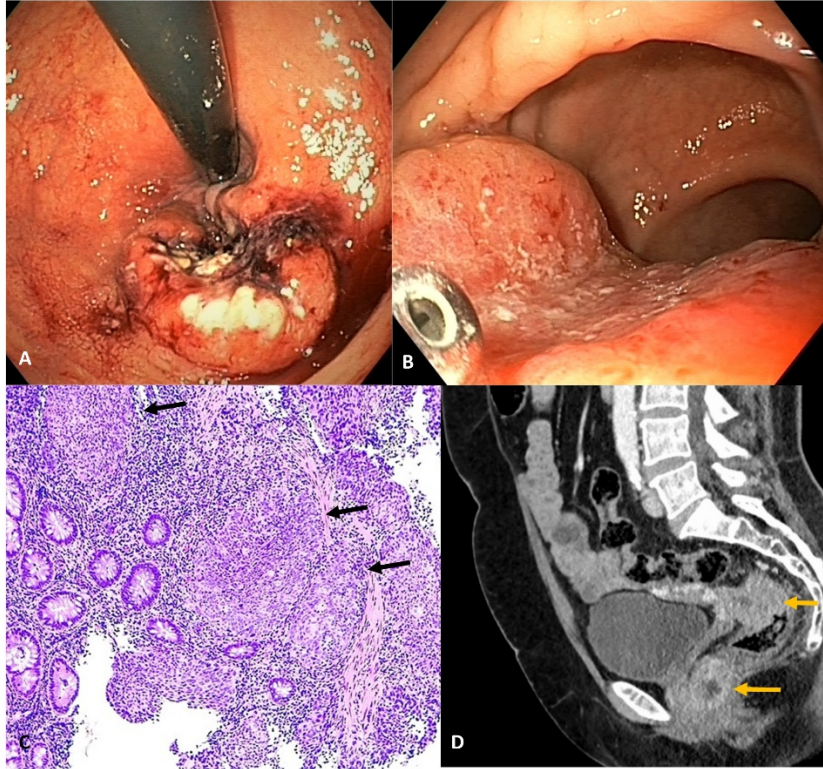


Figure 2.

