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Spontaneous regression of a rectal cancer

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Dear Editor,

A 42-year-old female underwent a total colonoscopy due to hematochezia and weight loss. A rectal lateral spreading lesion of 25 mm in diameter was identified and biopsies revealed villous adenoma with high-grade dysplasia. After referral to our center, sigmoidoscopy confirmed the presence of a 25 mm lesion (NICE 3) with non-lifting sign and endoscopic ultrasound (EUS) showed a hypoechoic lesion with at least submucosal invasion and suspicious images of muscularis propria invasion (uT1/2N0). New biopsies identified adenocarcinoma (Fig. 1). The patient underwent surgical anterior resection of the rectum and intraoperative extemporaneous examination of the specimen did not identify the lesion. An intraoperative colonoscopy was performed and there was no lesion in the rectal stump. Pathological examination, after total inclusion of the specimen, showed a 7 mm scar with fibrosis of the submucosa, chronic inflammatory infiltrate, vascular ectasia and congestion and mucosal erosion, with no residual neoplasia (Figs. 2 and 3). To date, and after 20 months of follow-up, there is no

evidence of disease persistence or recurrence via a sigmoidoscopy performed three months after surgery.

Discussion

Nineteen cases of spontaneous regression of colorectal cancer have been described, and thus, its etiology is unclear (1). The most described explanatory mechanisms for this phenomenon are sepsis and immune response, through the formation of specific antibodies to tumor antigens and ischemia due to torsion of the pedicle or mass increase (1,2).

References

1. Nishiura B, Kumamoto K, Akamoto S, et al. Spontaneous regression of advanced transverse colon cancer with remaining lymph node metastasis. Surg Case Rep;6(1):100. DOI: 10.1186/s40792-020-00858-1

2. Karakuchi N, Shimomura M, Toyota K, et al. Spontaneous regression of transverse colon cancer with high-frequency microsatellite instability: a case report and literature review. World J Surg Oncol;17(1):19. DOI: 10.1186/s12957-018-1552-x

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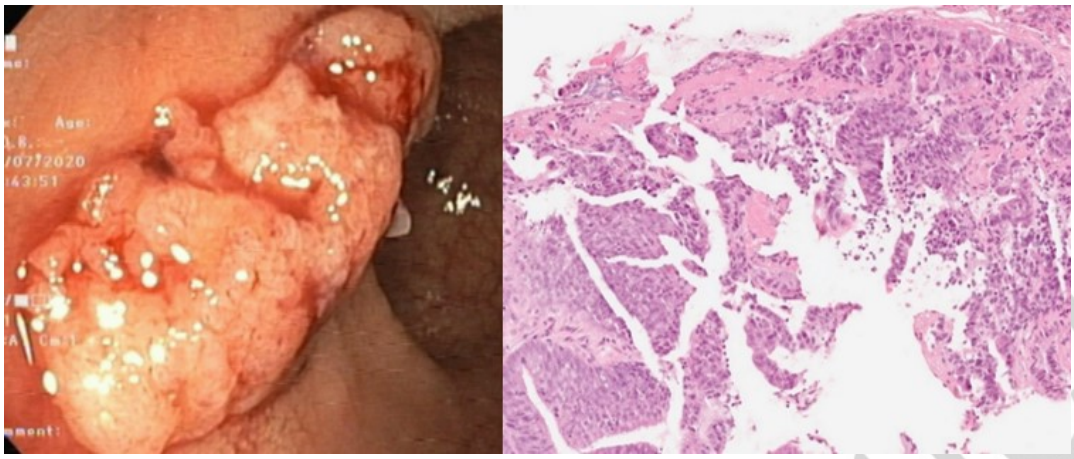

Fig. 1. Rectal lesion on endoscopy and biopsies of the lesion with adenocarcinoma.

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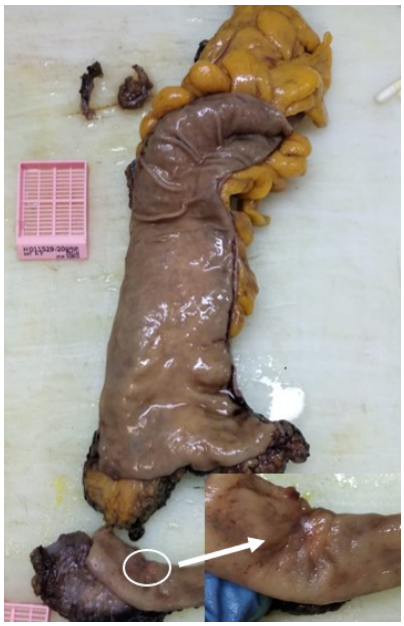

Fig. 2. Resected specimen with a scar at the tumor site and no cancerous tissue.

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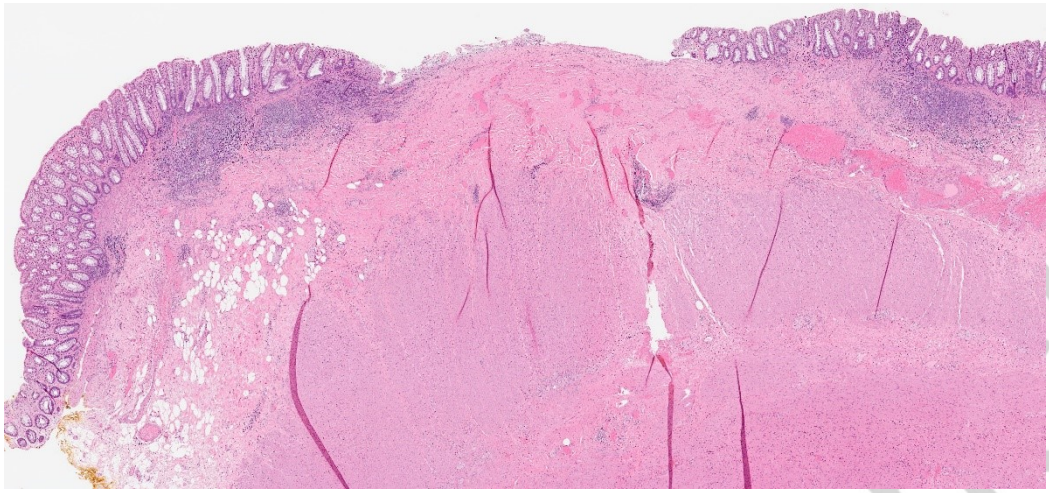

Fig. 3. Pathological examination with a 7 mm scar.