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Giant Villous Adenoma: A Rare Case of Colorectal Adenoma that Mimic Colorectal Cancer

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Colorectal cancer being the 4th most common cause of cancer death in which most arise from a preexisting adenomatous polyp. Among the various adenomas Giant villous adenoma (GVA) is less common. We came across a 65 years female with intermittent per rectal mucus discharge for last 10 years and intermittent fresh, painless, scanty per rectal bleeding along with weakness and fatigue for last 5 years. No members of her family had been suffering from colorectal malignancy. DRE revealed irregular gritty feelings of rectal mucosa starting 2cm from anal verge and the examining fingertip was blood tinged mixed with mucus. On proctoscopic examination the accessible rectum was studded with thousands of polyps with granular appearance, with variable sizes and there was mucus mixed blood within the rectum. Colonoscopy reveals- polypoid lesion starting 2cm from anal verge and extends up to 2cm with granular and velvety appearance. Biopsy was done 2 times for suspicious lesion and histopathology reveals tubulovillous adenoma with dysplasia. However as clinical suspicion of an adenocarcinoma was strong but histopathological report of colonoscopic biopsy was contradictory, intersphincteric ultra-low anterior resection with coloanal anastomosis with covering ileostomy was done. Resected specimen was sent for histopathological study and it reveals- villous adenoma with low grade dysplasia. Two months later reversal of ileostomy was done and now the patient is under regular follow up and now she is asymptomatic.

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Key words: Colorectal cancer, Villous adenoma, Giant villous adenoma, Ultra low anterior resection

Introduction

Colorectal cancer is an important cause of death. In most cases it starts from adenomatous polyp. The prevalence of adenomatous polyps of the colon and rectum was reported in approximately 25% of the population aged over 50 years⁷. From a recent study it was found that the prevalence in average risk populations of colonic adenomas, malignancy, non-advanced adenomas, & advanced adenomas are at 30.2%, 0.3%, 17.7%, and 5.7%, respectively⁸. The giant villous adenomas with severe dysplasia are mostly concentrated in the distal colon (left colon and rectum), in particular in the descending-sigmoid part⁹. Often it is very much difficult to differentiate from an infiltrating adenocarcinoma based on clinical presentation and radiological investigations. These lesions however can be suspected in an elderly patient if a colorectal surgeon is aware of it & if they cannot be removed without an increased risk of perforation, surgical procedures are required. Here we will present a case of a giant villous adenoma of the rectum & lower sigmoid which was managed successfully by (ULAR) ultra-low anterior resection & literature review was done in terms of its malignant potential & its optimum surgical management.

Case Report

Mrs. Hamida Khatun, 65 years Muslim house wife got herself admitted into SU-1, Mymensingh Medical College Hospital (MMCH), Mymensingh, Bangladesh, with the complaints of intermittent per rectal mucus discharge for the last 10 years which gradually increases & now it persists almost all the day and even at night. She used to defecate 1 to 2 times in a day; the stool was semisolid, mixed with mucus. She also complained of frequent weakness and fatigue for the last 5 years.

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