Small cell carcinoma of the rectum metastasizing to axillary lymph nodes: A case report

Aksiller lenf bezlerine metastaz yapmış rektal küçük hücreli karsinom

To the Editor,

Small cell carcinoma (SCC) malignancies are thought to be derived from neuroendocrine stem cells that can be found in the gastrointestinal tract, pancreas, lung, thyroid, adrenal gland, and many other organs (1). The gastrointestinal tract has the largest population of neuroendocrine cells (2). Nevertheless, colorectal SCC is a rare tumor, and its incidence is less than 0.2% among all types of colorectal cancer (3).

A 66-year-old woman was admitted to our clinic with a six-month history of rectal bleeding. Physical examination revealed a palpable mass localized at the mid-rectum and lymphadenomegaly (LAM) at the left axilla. Endoscopic biopsy of the rectal mass was reported as adenocarcinoma. The patient underwent a low anterior resection with total mesorectal excision for the diagnosis of adenocarcinoma of the rectum. Additionally, the axillary LAM was excised. The patient was discharged on postoperative day 10 without any morbidity.

Immunohistochemical staining demonstrated positive immunoreactivity with synaptophysin, CD57 and CD56 and negative immunoreactivity with PGP9.5 and chromogranin, which eventually indicated SCC of the rectum (Figure 1). The axillary LAM was also diagnosed as SCC. Adjuvant chemotherapy was planned for the patient.

To the best of our knowledge, approximately 100 cases have been reported in the English literature (1). Of those, the tumor was found in the rectum in approximately 40% of cases followed by the cecum and sigmoid colon (1, 4). The differential diagnosis includes metastatic lung SCC, which can only be excluded clinically, and other small cell malignancies that may occur in this region (such as the more common basaloid or cloacogenic carcinoma, lymphoma, embryonic rhabdomyosarcoma, and amelanotic melanoma), and other neuroendocrine tumors such as carcinoid (1).

Six-month survival rate for these tumors is 58%, while five-year survival is about 6% (3). In our patient, metastasis of the rectal SCC to axillary lymph nodes was diagnosed, which is a typical instance of aggressive behavior. Indeed, preoperative biopsy of the rectal tumor was adenocarcinoma.

Small cell carcinoma (SCC) of the rectum is as responsive to chemotherapy as is SCC of the lung. Prognosis is favorable for some patients after radical surgery for these tumors. It has poor prognosis, even when the primary resection is radical. When preoperative diagnosis can be established, early tumors should undergo surgical resection; however, various non-surgical treatments might be a better option for patients with advanced disease (3).

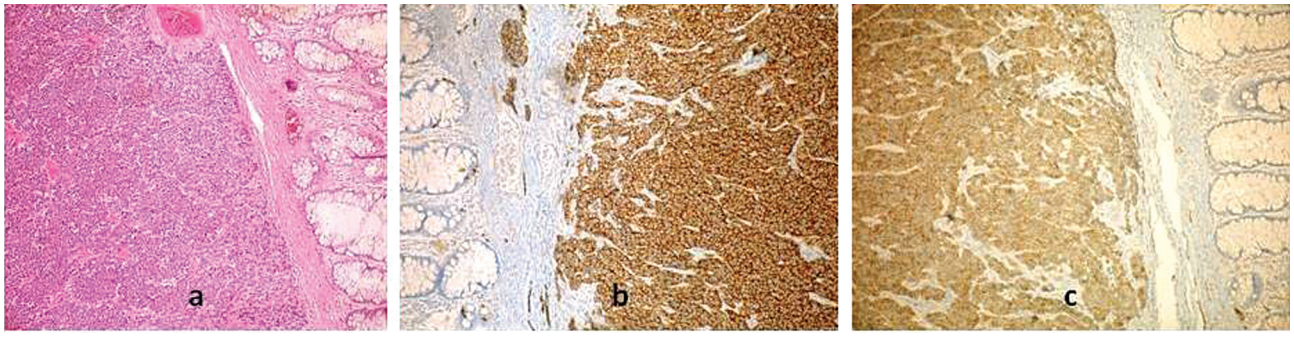

Figure 1. The immunohistochemical staining of the rectal small cell carcinoma with **a)** hematoxylin eosin, **b)** chromogranin and **c)** synaptophysin.

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Acute myocardial infarction complicated by sudden cardiac arrest in a patient with ulcerative colitis

Ülseratif kolitli hastada ani kardiak arrest ile komplike olmuş akut myokard infarktüsü

To the Editor,

Arterial and venous thromboembolism is a common complication of inflammatory bowel disease (IBD) (1). This complication most commonly occurs in the lower extremities (1, 2); however, coronary embolization is very rare (1, 3, 4). We report a 50-year-old man with ulcerative colitis who had inferoposterior myocardial infarction.

A 50-year-old man was admitted to our clinic with bloody diarrhea and abdominal pain. He had a history of bloody defecation with mucus for about one month, 15-20 times per day on a limited scale. The patient had no risk factor for coronary artery disease except male gender and age. On physical examination, his blood pressure was 110/80 mmHg and pulse rate was 76 beats/min, and the bowel sounds were slightly increased. ECG and chest X-ray were normal. Laboratory parameters were as follows: Fasting blood glucose 105 mg/dl, total cholesterol 88 mg/dl, high density lipoprotein (HDL)-cholesterol 24 mg/dl, low density lipoprotein (LDL)-cholesterol 49 mg/dl, hematocrit (Hct): 37%, platelet (Plt): 639,000 /uL, and C-reactive protein (CRP) 16 mg/dl. Other biochemical parameters were normal. Microscopic analysis of the feces showed abundant leukocytes and erythrocytes, but there was no bacterial growth. Colonoscopy revealed that the mucosal appearance of the left colon was hyperemic, edematous, granular,

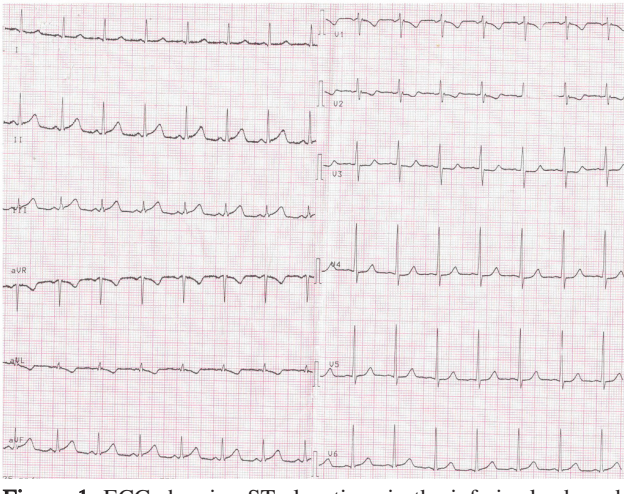

Figure 1. ECG showing ST elevations in the inferior leads and increased R wave amplitude in V2.

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