Incompletely Removed Rectal Tumor

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Case-based discussion
GIS-I: Endoscopic Treatment for Early Neoplastic Lesion in GI Tract: Can It Be the Initial Choice of Treatment?

Age and Gender: 37/Male

Chief Complains: For management of rectal tumor removed incompletely at local clinic.

Present Illness:
A 37-year-old man was admitted to our hospital because of rectal tumor removed incompletely at local clinic. 6 weeks before admission, he took colonoscopy for screening at local clinic. There was a polyp in his rectum and polypectomy was done. The pathologic report revealed carcinoid tumor with involved resection margin. Physician recommended ESD for the lesion to him.

Past History: No

Family History: No

Physical Examination and Laboratory Findings:
On examination, the weight was 78kg, and the vital sign was stable.
The abdomen was soft without tenderness.
The remainder of the examination was normal.
Levels of leukocytes, hemoglobin, platelets, liver enzymes, alkaline phosphatase, and bilirubin were normal.

Endoscopic and Radiologic Findings:
 Colonoscopy showed the previous polypectomy site as an ulcer scar.
Additional ESD (Endoscopic submucosal dissection) was done using with hook and flex knife.
I-131 MIBG whole body scan showed no definite abnormality.

Hospital Progress:
The procedure was completed without any complication.
The biopsy result showed no residual tumor.