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直腸混合型神經內分泌腺癌 ： 一病歷報告

Rectal composite large cell neuroendocrine-adenocarcinoma: a case report

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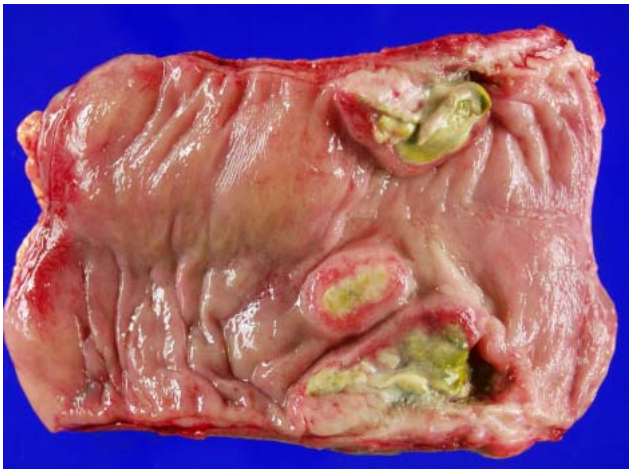
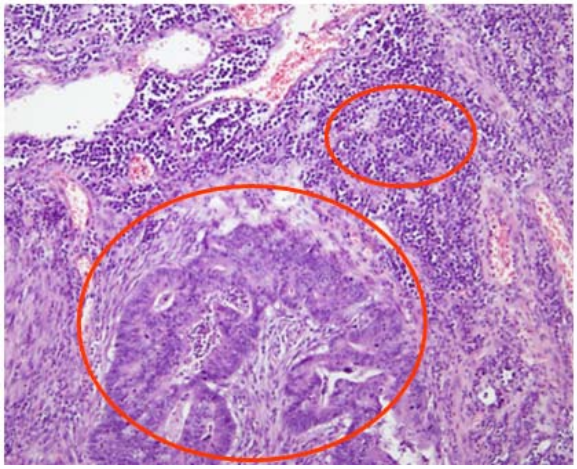
一位 69 歲的女性病患因飽受一個多月的解血便而到我們醫院來求診，大腸鏡發現距離肛門口 15 公分處有一個 3-4 公分的腫瘤，而切片病理報告顯示是腺癌，所以安排住院開刀。在手術中發現腫瘤位於直腸上段，並侵犯到子宮，故進行了根除性全直腸切除以及子宮和雙側卵巢切除。最後病理報告顯示了非常罕見的混合型神經內分泌腺癌，病人的腫瘤標誌 CEA 在正常範圍內，而細胞免疫組織染色則顯示 CK (+)、CD56(+) 、synaptophysin (+) 。病人在手術後兩個月開始接受化學治療，於手術後第八個月發現復發性腹腔內大腸癌而再次開刀行腫瘤切除，最後於第一次手術後第十二個月死亡。

討論

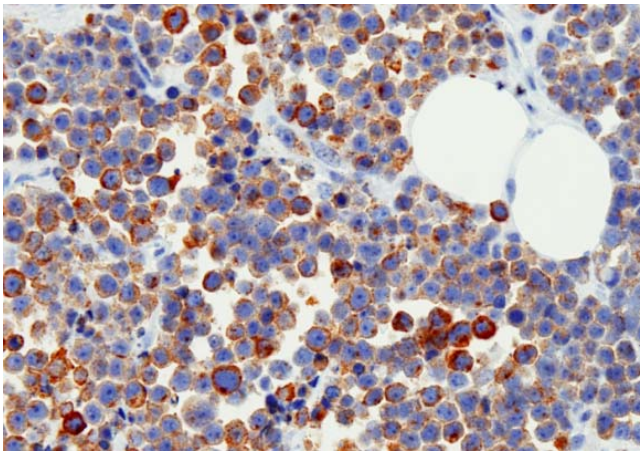
Neuroendocrine carcinomas of the colon and rectum are uncommon and even more was called amphicrine tumor, lesions in which dual epithelial and endocrine differentiation occurs in the same cell. .Neuroendocrine carcinomas were less than 1 percent of colon and rectal cancers. Pathologically, these tumors are poorly differentiated carcinomas with distinctive cytoarchitectural features and are often immunoreactive for markers of neuroendocrine differentiation. These tumors had a poor prognosis, with a median survival of 10.4 months. One year, two year and three year survival 46 percent, 26 percent, and 13 percent. Treatment for neuroendocrine cell carcinoma of the rectum was controversial. Surgical resection and adjuvant chemotherapy might be one of the methods for gastrointestinal neuroendocrine cell carcinoma.



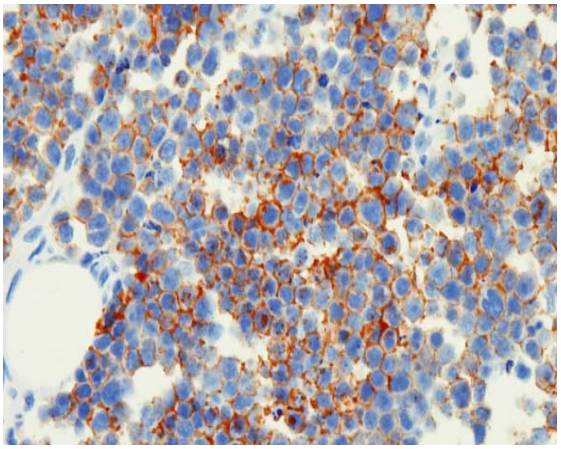
The gross picture



The upper circle was a area of neuroendocrine and the lower circle was adenocarcinoma



synaptophysin(+)



CD56 (+)

Reference

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