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CASE STUDY: DYSPLASTIC VILLOUS ADENOMA

General Surgery

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ABSTRACT

Adenoma is a benign tumour of epithelial tissue with glandular origin or glandular characteristics, or both such as the mucosa of stomach, small intestine, and colon, in which tumour cells form glands or gland like structures. Although adenomas are benign, over time they may transform to become malignant, at which point they are called adenocarcinomas.
A 67-year-old female presented with intermittent, colicky type of pain in the right iliac fossa for a duration of 2 weeks.
Adenomas have been demonstrated to contain malignant portions in about one third of affected persons, and invasive malignancy in another one third of removed specimens. Colonic resection may be required for large lesions.
Early detection and treatment reduce morbidity and mortality to a great extent and increases the overall survival rate.

KEYWORDS

Adenoma, Villous Adenoma, Dysplasia of colon

INTRODUCTION

Adenoma is a benign tumour of epithelial tissue with glandular origin or glandular characteristics, or both such as the mucosa of stomach, small intestine, and colon.

The vast majority of Colorectal Carcinomas (CRCs) arise from a histologically-specific type of colon polyp, the adenoma, which forms as a result of sporadic mutation in the adenomatous polyposis coli pathway or DNA mismatch repair and by definition contains low-grade dysplasia. Over many years, a minority of adenomas may grow in size and progress from low-grade dysplasia to high-grade dysplasia, to carcinoma-in-situ to invasive carcinoma (1).

They have malignant potential.

CASE REPORT

A 67-year-old woman presented to the OPD with complaints of pain in the right iliac fossa for a duration of 2 weeks. Pain was insidious in onset, intermittent, colicky type of pain in the RIF, with no specific aggravating or relieving factors, and not radiating to umbilicus. No other significant history.

Patient is a known case of hypertension for 10 years on treatment. No other comorbidities.

O/E- Patient was moderately built and nourished.

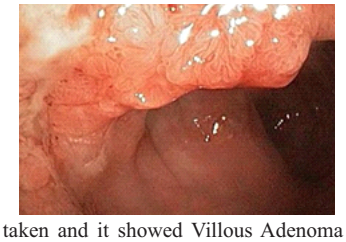
P/A- Soft, BS were present; A vague mass of size 5x6cm was palpable in the right iliac region with irregular surfaces; edges were well defined, and the mass did not move with respiration; No other mass was palpable; Tenderness was present in right iliac region; No guarding, rigidity or warmth.

On percussion, there was dullness present in RIF

Patient was admitted and all routine investigations were done.

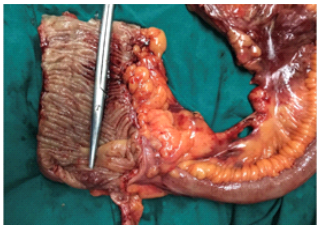
Laboratory investigations were within normal limits.

Patient was planned for colonoscopy. Colonoscopy done revealed a circumferential, proliferative lesion with unhealthy mucosa noted in the Caecum.



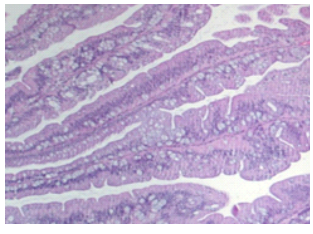
Biopsy was taken and it showed Villous Adenoma with Moderate Dysplasia.

Patient was planned for Right Hemicolectomy under general anaesthesia. Intraoperatively, a mass of size 2x1 cm seen in the caecum. Specimen was sent for histopathological examination.



Postoperative period was uneventful.

HPE reports showed Tubulovillous adenoma with moderate dysplasia. 9 lymph nodes- chronic non-specific lymphadenitis.



Patient was discharged on POD 12. During the follow up period, wound was healthy and healing well, and the patient had no further complaints of abdominal pain.

DISCUSSION

Colorectal cancer is the sixth most common cancer in the country and is caused due to poor lifestyle habits such as drinking and smoking.

In the GI tract, the adenoma grows into the lumen - adenomatous polyp or polypoid adenoma. Adenoma may be pedunculated or sessile.

The architecture may be tubular, villous, or tubulo-villous. Basement membrane and muscularis mucosae are intact.

Villous adenoma is a type of polyp that grows in the colon and other parts of the gastrointestinal tract. These adenomas may become malignant.

Colorectal tumours progress through a well-recognized series of clinical and histopathological stages ranging from small benign lesions to carcinomas. Early, premalignant colorectal lesions can be readily classified by their morphology and size. Visible tumours (i.e., polyps) are either dysplastic (adenomatous polyps) or nondysplastic (hyperplastic polyps) (2).

Potentiality increase with:

-Size, is an important factor in causing carcinoma. If size of adenoma is >2 cm, 30–50% chances of developing carcinoma.
-Sessile nature.
-Villous architecture.
-Dysplasia.

Colonoscopy is the most widely used modality for CRC screening (3,4). Biopsy should be taken and sent for HPE.

In cases of dysplastic villous adenoma of caecum, right hemicole ctomy is the preferred treatment of choice.

Villous adenomas generally carry an excellent prognosis after local excision and recurrences are extremely rare. Villous adenomas with carcinoma in situ carry a good prognosis after complete surgical resection and require surveillance. Villous adenomas with coexistent adenocarcinoma usually have a worse prognosis as local recurrence and distant metastasis are possible, requiring an aggressive management and follow-up (5).

CONCLUSION

Any patient presenting with right iliac fossa pain, generally leads suspicion in terms of acute appendicitis. However, it should prompt evaluation for malignant lesions as well.

Adenoma is a benign tumour of epithelial tissue with glandular characteristics. But these have a tendency to turn malignant. Hence, early detection and treatment reduces morbidity and mortality to a great extent and increases the overall survival rate.

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