Letter to the editor

Subserosal invading colon cancer with rare invasive form

Recent advances in colonoscopic diagnosis and accumulation of case data have established the usefulness of endoscopic resection of early colon cancer for most patients. Here we present a case involving a patient with colon cancer who had recently undergone endoscopic mucosal resection (EMR) at our hospital. The stump was negative for the presence of tumor, but histopathologic examination of an additional surgical biopsy specimen revealed tumor invasion to the subserosal layer.

The patient, a 49-year-old man, had been admitted to undergo further evaluation of a colonic lesion. He had tested positive for the presence of fecal occult blood during a health screening. Colonoscopy revealed a protruding lesion in the sigmoid colon. He was referred to our hospital for further evaluation and treatment. All his physical examination results were unremarkable. Hematologic profile, biochemical profile, and tumor marker studies were normal.

In June 1998, colonoscopy showed a subpedunculated protruding lesion in the sigmoid colon, measuring approximately 20 mm in diameter and with a rough and easily friable surface (Fig. 1a). Dye application revealed

![Fig. 1. a Ordinary colonoscopic view. b Colonoscopic view after indigo carmine spraying](image-url)
the presence of some surface erosion. The surface was partially flattened and bled easily (Fig. 1b). Magnifying endoscopy revealed a type IV pit pattern at the margins of the lesion and flattening of the villi. A type V pit pattern was also observed. The above findings suggested the lesion to be a submucosal invading carcinoma. However, a negative nonlifting sign was observed with local saline injection. Endoscopic resection of the tumor was judged to be safe, and EMR was performed.

Slides of seven stepwise serial sections were prepared, and histopathologic findings (Fig. 2a) showed...