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【 PICTURES IN CLINICAL MEDICINE 】

Solitary Colorectal Metastasis from a Mucin-rich Ovarian Tumor

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Key words: submucosal tumor, ovarian tumor, colorectal metastasis

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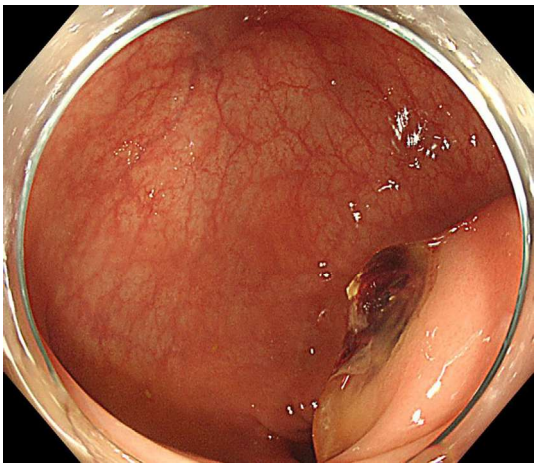
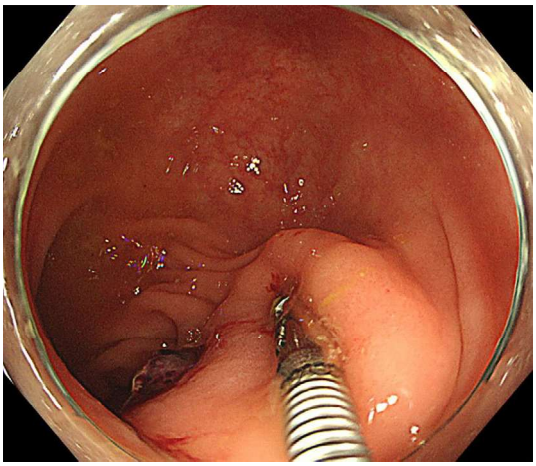
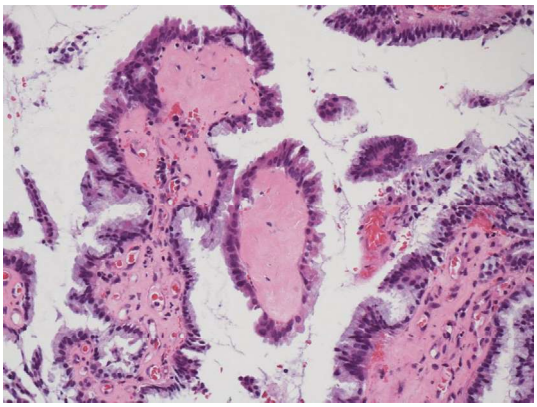


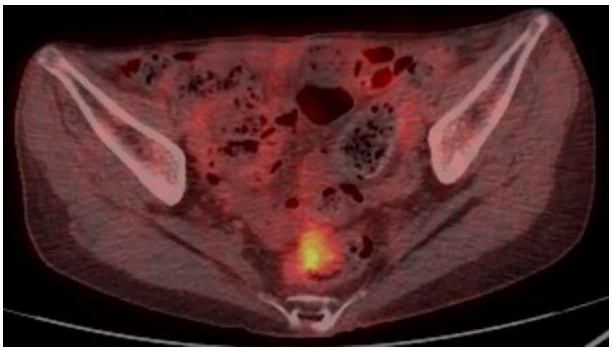
Picture 1.



Picture 2.



Picture 3.



Picture 4.

An asymptomatic 66-year-old woman underwent colonoscopy because of a positive fecal immunochemical test. Thirteen years earlier she underwent bilateral salpingo-oophorectomy for a left ovarian seromucinous borderline tumor. There was no recurrence during the postoperative follow-up. Colonoscopy showed a 25-mm submucosal tumor with ulceration in the rectosigmoid colon (Picture 1). The lesion was unexpectedly soft (Picture 2). Biopsy specimens

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revealed atypical mucinous papillary glands that resembled the primary ovarian tumor (Picture 3). On fluorodeoxyglucose-positron emission tomography, the significant accumulation of glucose analogues was only observed in the rectosigmoid colon (Picture 4). The patient was diagnosed with solitary rectosigmoid metastasis of her ovarian tumor.

Interestingly, our lesion was soft, probably due to the rich mucinous component. This seems to be the second reported case of solitary colorectal metastasis from ovarian tumors more than ten years after surgery in the English literature (1). Secondary surgery would be the most recommended treatment for resectable recurrent ovarian tumors (2).

The authors state that they have no Conflict of Interest (COI).

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