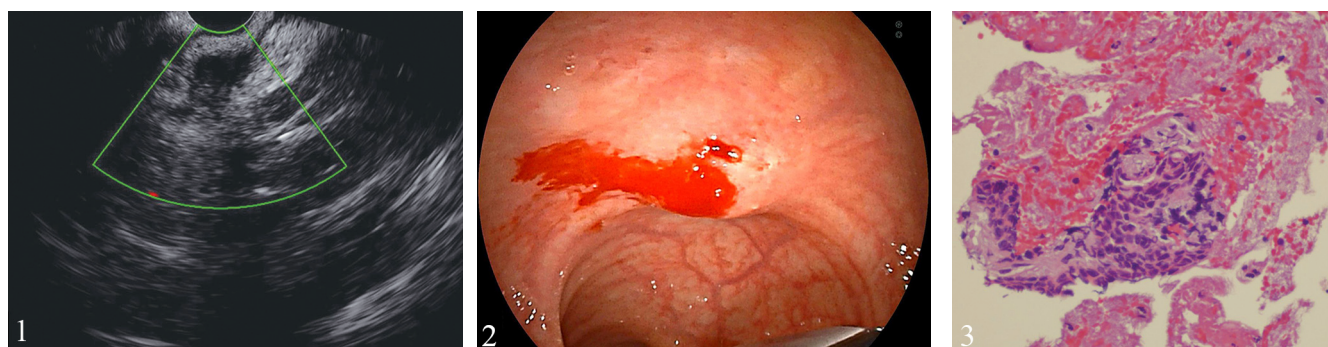


A Rectal Submucosal Squamous Cell Carcinoma Metastasis Case Mimicking a 4th Layer Lesion in EUS

Hasan Eruzun¹, Hatice Ölger Uzuner², Kasım Demir¹

1) Samsun Training and Research Hospital, Department of Gastroenterology, Samsun; 2) Samsun Training and Research Hospital, Department of Pathology, Samsun, Turkey



We would like to share our case in which a submucosal lesion smaller than 20 mm in the rectum received a surprising diagnosis with endoscopic ultrasound (EUS) fine needle aspiration (FNA).

A male patient in his early 70s, previously treated for lung adenocarcinoma 1.5 years ago, underwent surgery where mediastinal lymph node dissection unexpectedly revealed metastases of squamous cell carcinoma (SCC) alongside adenocarcinoma. During follow-up, an 8x9 cm mass in the lower right quadrant of the abdomen prompted surgical removal, confirming SCC metastasis. Subsequent investigation for SCC of unknown primary identified a submucosal rectal lesion, 1.5 cm in diameter and located 3 cm from the anal canal, with normal overlying mucosa observed during colonoscopy. Anal mucosa was entirely normal.

Endoscopic ultrasound (EUS) revealed a well-circumscribed, hypoechoic, doppler-negative lesion, 15x9 mm in size, originating from the muscularis propria (Fig. 1). Endoscopic ultrasound FNA using a 22G needle (Micro-Tech, FNA Needle) yielded samples. Endoscopic view of the submucosal lesion after EUS-FNA is depicted in Fig. 2. Histopathology examination, hematoxylin eosin staining, described atypical epithelial cells with cohesive clumping amidst fibrin fragments, increased nucleocytoplasmic ratio, hyperchromatic nuclei, and broad eosinophilic cytoplasm (Fig. 3). Immunohistochemistry showed diffuse strong positive staining for cytokeratin 5/6, confirming SCC. Consequently, oncological treatment was planned without resecting the lesion.

Rectal SCCs are exceedingly rare (0.1–0.25/1,000 cases of all colorectal cancers) and lack specific biological markers, typically presenting with nonspecific symptoms such as pelvic pain, constipation, difficulty in defecation, and bloody

stools [1]. They can manifest as polyps, ulcerated masses, or submucosal masses [2]. Submucosal rectal SCCs, particularly uncommon, often present as necrotic masses with poorer prognoses, more frequently affecting female patients [4]. Treatment necessitates a multidisciplinary approach, potentially involving chemoradiotherapy or surgery depending on tumor histology and location [3].

Although the EUS features of the lesion suggest fourth layer tumors such as GIST and leiomyoma, the finding of SCC metastasis made the case important. Therefore, in suspicious cases of subepithelial lesions, it would be useful to consider EUS and biopsy before resection even if they are smaller than 20 mm diameter, as emphasized in the literature [4].

Corresponding author: Hasan Eruzun, hasaneruzun@gmail.com

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