Recurrent borderline ovarian tumor presenting as a pedunculated polyp at colonoscopy

Fig. 1 Colonoscopic view of the polypoid mass.

A 69-year-old woman with a positive fecal occult blood test was referred for further investigations. She had been diagnosed as having a borderline serous ovarian tumor 8 years earlier, for which she had undergone complete debulking surgery. The tumor had originated in the left ovary and a pathological examination had revealed that it was confined to the left ovary, without capsule invasion. The patient was followed up for 7 years after the surgery without any evidence of recurrence. Colonoscopy showed a hyperemic, polypoid lesion, 10 cm from the anal verge (● **Fig. 1**) but the biopsy findings were nonspecific.

A computed tomography scan confirmed the presence of an intraluminal lesion in the rectum, and submucosal invasion was suspected. To rule out the possibility of recurrence of the borderline tumor or a primary rectal tumor, the patient underwent an exploratory laparotomy. There was no evidence of either carcinomatosis in the abdomen or involvement of adjacent organs. A low anterior resection was carried out with an end-to-end colectostomy. The resected specimen included the pedunculated rectal polyp, which had invaded the entire rectal wall but was limited to the rectal serosa (● **Fig. 2**).

On pathological review, the tumor was determined to be a borderline serous malignant tumor (● **Fig. 3a**) and the findings were identical to those of tissue specimens taken from the original borderline ovarian tumor (● **Fig. 3b**).

Since surgery, the patient has been doing well with no evidence of recurrence for 18 months.

Fig. 2 Gross findings of the resected specimen. The polypoid mass is penetrating the anterior rectal wall.

Fig. 3 Microscopic findings: (a) the rectal tumor and (b) the primary ovarian tumor (hematoxylin and eosin; magnification $\times 100$). Both tumors show marked epithelial proliferation with a micro-papillary and cribriform pattern.

Although epithelial proliferation in borderline ovarian tumors exceeds that found in benign tumors, they lack stromal invasion and generally behave in a benign fashion, different from invasive ovarian carcinoma. In patients undergoing primary pelvic clearance, the rate of recurrence is 2%–13%; the major site of recurrence is the ab-

dominal cavity owing to the exfoliation of tumor cells [1–3]. Recurrence with colorectal involvement is exceedingly rare, with only one case report of metastasis to the sigmoid colon 7 years after primary debulking surgery similar to the present case [4]. However, borderline ovarian tumors are slow growing, and 85% of recurrences

occur after the 5-year follow-up period [5]. A favorable prognosis can be expected with surgical resection in the case of both recurrence and distant metastasis.

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References

- 1 Wong HF, Low JJ, Chua Y *et al.* Ovarian tumors of borderline malignancy: a review of 247 patients from 1991 to 2004. *Int J Gynecol Cancer* 2007; 17: 342–349
- 2 Longacre TA, McKenney JK, Tazelaar HD *et al.* Ovarian serous tumors of low malignant potential (borderline tumors): outcome-based study of 276 patients with long-term (> or = 5-year) follow-up. *Am J Surg Pathol* 2005; 29: 707–723
- 3 Ayhan A, Guvendag Guven ES, Guven S *et al.* Recurrence and prognostic factors in borderline ovarian tumors. *Gynecol Oncol* 2005; 98: 439–445
- 4 Lee EJ, Deavers MT, Hughes JJ *et al.* Metastasis to sigmoid colon mucosa and submucosa from serous borderline ovarian tumor: response to hormone therapy. *Int J Gynecol Cancer* 2006; 16 (Suppl. 1): 295–299
- 5 Silva EG, Gershenson DM, Malpica A *et al.* The recurrence and the overall survival rates of ovarian serous borderline neoplasms with noninvasive implants is time dependent. *Am J Surg Pathol* 2006; 30: 1367–1371

Bibliography

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