Spontaneous decapitation of a small colorectal cancer: follow-up of the spontaneous course

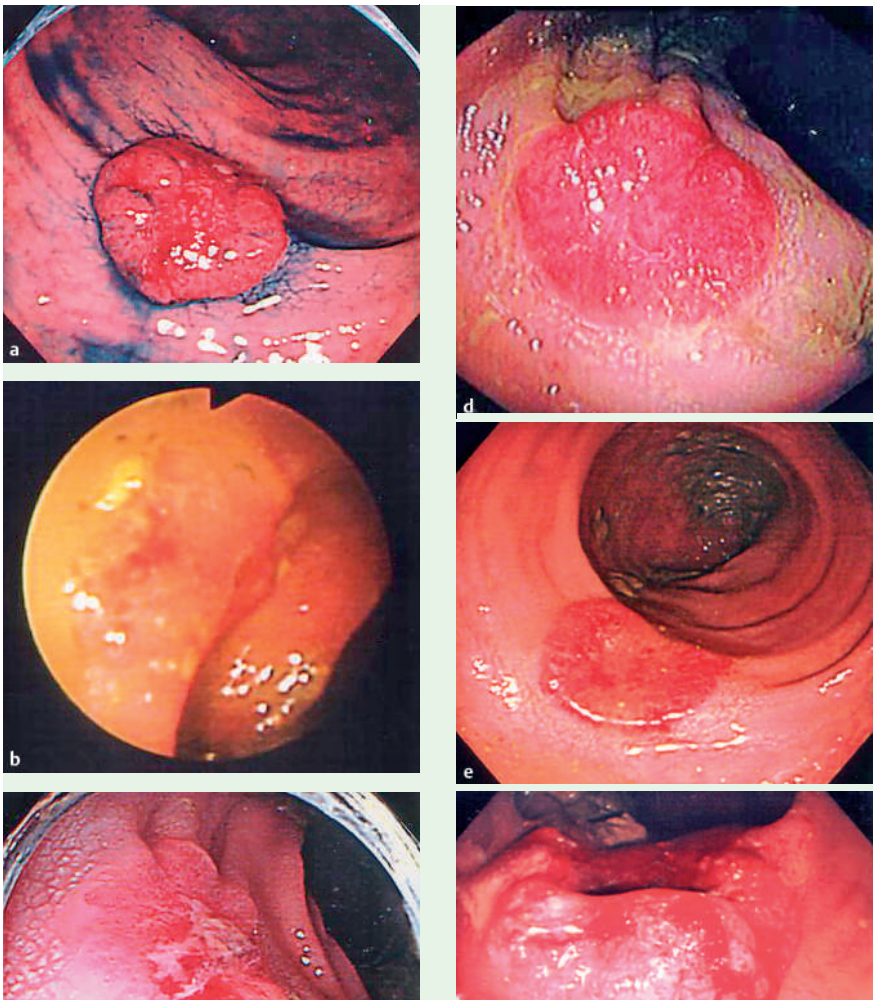

Fig. 1 Endoscopic observation of the regrowth of colorectal carcinoma. **a** On 15 September 2000, an elevated tumor measuring 20 mm was found in the rectum. **b** On 5 December 2000, most of the tumor had dropped off. **c** On 11 March 2003, the partially dislodged tumor remained as a flat lesion. **d** On 11 November 2003, the tumor had increased in volume and redness. **e** On 22 June 2004, the tumor had developed to a state approaching that observed at the first examination. **f** On 2 May 2005, the tumor had developed to an invasive ulcerated cancer.

An 80-year-old woman with a history of diabetes and arrhythmia underwent colonoscopy on 28 August 2000, because of a positive fecal occult blood test. An elevated tumor measuring 20 mm was found in the rectum (**Fig. 1 a**). Biopsy of three different sites revealed well differentiated adenocarcinoma.

Subsequently, on 15 September she suffered a cerebral infarction, which resulted in paralysis of the left side and aphasia. Informed consent to cancel surgery and transfer the patient to a local rehabilitation hospital was obtained from the family.

Colonoscopy was repeated on 5 December 2000 at the bedside, to re-evaluate the state of the tumor before hospital transfer. Endoscopy showed that most of the tumor had dropped off (**Fig. 1 b**).

On 11 March 2003, a request was received from the hospital to which she had been transferred to investigate a suspected intestinal obstruction. Colonoscopic examination revealed that the partially dislodged tumor remained as a flat lesion (**Fig. 1 c**). Impaired gastrointestinal transit was due to constipation. Repeat examination was scheduled for 6 months later.

On 11 November 2003, the tumor had increased in volume and redness, and biopsy showed well differentiated adenocarcinoma (**Fig. 1 d**). The family declined active treatment and the clinical course was observed.

On 22 June 2004, the tumor had developed to a state approaching that observed during the first examination (**Fig. 1 e**), but the family continued to decline surgery.

On 2 May 2005, the tumor had developed to an invasive ulcerated cancer (**Fig. 1 f**), and multiple liver metastases were observed on abdominal computed tomography scan.

On 20 November 2005, the patient passed away, 1908 days after initial detection of the tumor.

This was a rare case in which the process of regrowth of colorectal carcinoma was followed by endoscopic observation, after the tumor had dropped off due to the mechanical stimulation of biopsy [1].

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Bibliography

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