

# The intussusception of neuroendocrine carcinoma of hindgut : case report

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Abstract  
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### Case presentation

This is a 44-year-old male patient was presented to our emergent department due to lower abdominal pain for 3 days. He denied any systemic disease or past medical history, nor surgical history. There were also have water and bloody stool in recent days. Physical examination showed local tenderness and palpable mass lesion over lower abdomen. CT of abdomen was arranged for him, it showed recto-sigmoid colon intussusception with mass-like lesion measuring about 7.6 cm. Colon cancer can not be ruled out. We performed diagnostic sigmoidoscope , it showed occupied lesion over rectum with total obstruction of tract. Under the impression of colon tumor with intussusception and bowel obstruction, he was sent to operation as emergent surgery.

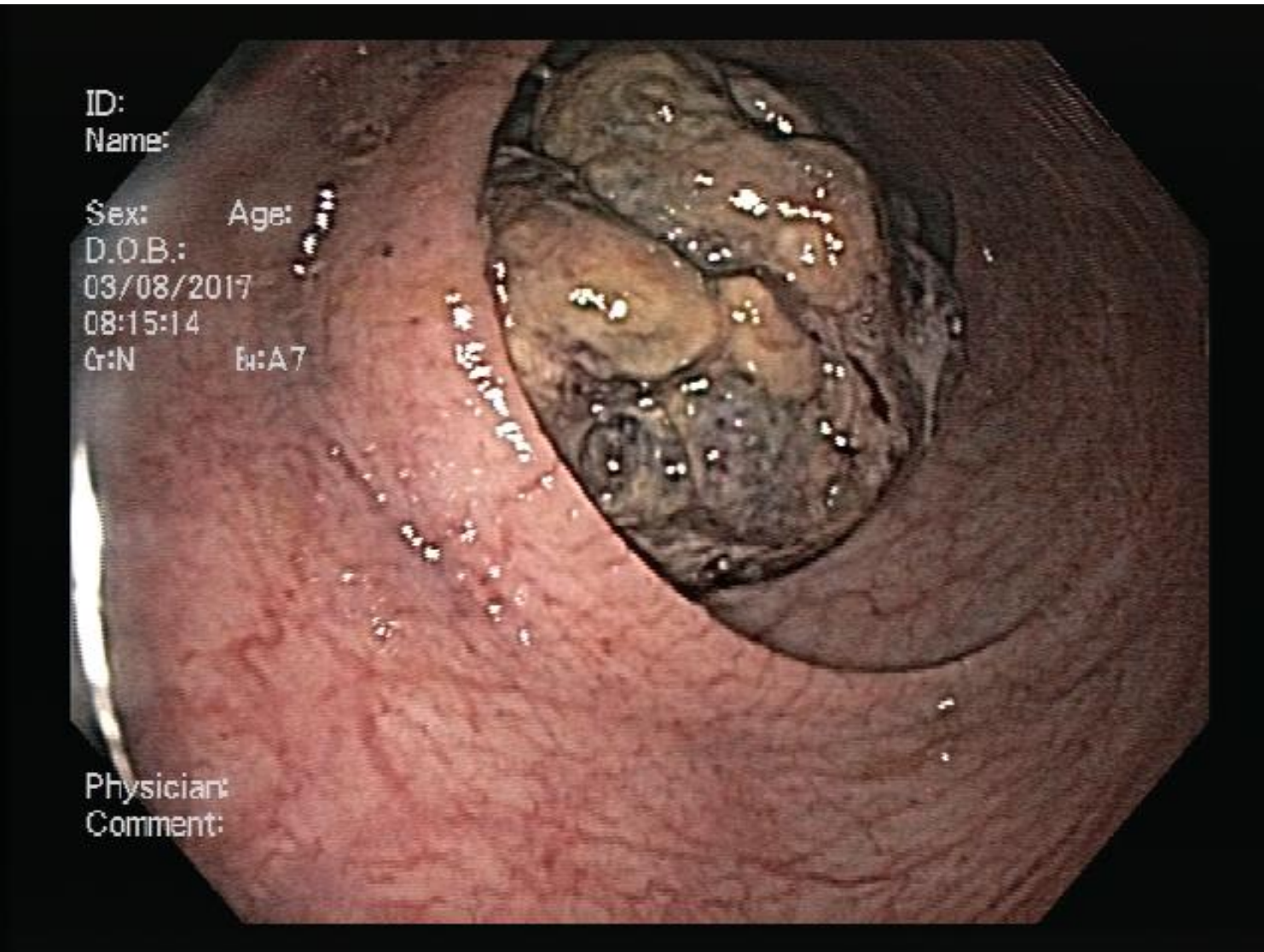
### Image findings

According to the abdominal CT, it showed presence of rectum- sigmoid colon intussusception with mass-like lesion measuring about 7.6 cm, colon cancer can not be ruled out. Several smaller than 0.7cm lymph nodes at peri-colic and meso-rectum, regional lymphadenopathy can not be ruled out completely. There was no liver, lung or peritoneal metastasis noted in the image.



### Colonoscopy findings

We performed diagnostic sigmoidoscope , it showed occupied lesion over rectum with total obstruction of tract, which compatible with image findings.



### Operative findings

The exploratory laparotomy was conduct on the next day of he is coming to ER, it revealed middle sigmoid colon tumor with intussusception to rectum with obstruction and gangrene change. One 8x8cm Borrmann type III tumor, which invaded muscle layer but not penetrated through the serosa, involved in intussusception to rectum with ischemic change of bowel wall. Several enlarged lymph nodes along inferior mesenteric artery, clinical staging was cT3N1M0. Hartmann procedure was complete then.



### Pathological results

The pathological report showed Neuroendocrine carcinoma,poorly-differentiated, small cell type (WHO grade 3), with tumor invades muscularis propria. The bilateral cut ends and mesocolic lymph nodes (0/18) are free of tumor, pT2N0.

### Post operative treatment and follow up

The patient received adjuvant chemotherapy with Cisplatin + Etoposide (EP) regimen monthly, and received sandostatin LAR monthly. He received closure of Hartmann procedure half of year after first operation. Regular abdominal CT scan and colonoscopy were arranged for him, there was no evidence of local recurrence or distant metastasis.

### Discussion

Neuroendocrine carcinoma (NEC) of colon and rectum is a rare neuroendocrine tumor (NET) type that accounts for < 1% of all colorectal malignancies[1]. Its aggressive nature and high recurrence rate of the NEC, adjuvant chemotherapy has a critical part of the treatment and significantly improves survival[2]. Platinum-based regimens are used widely as first-line chemotherapy for the patients, but there is no standard guideline or regimens for following[3]. Although such a aggressive tumor, surgical resection is still first treatment and it showed relative better prognosis in early stage[4]. Backing to our patient, he received regular outpatient clinic without evidence of recurrence or distant metastasis. We hope that the further studies can enhance our information to understand more about NEC, and increase better outcome for the patients who suffer from this disease.

### Reference

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