LETTER TO THE EDITOR

Synchronous colorectal carcinoma in segmental colitis associated with diverticulosis

Dear Sir,

Segmental colitis associated with diverticulosis (SCAD) is a chronic disease affecting colonic regions harboring diverticula, with sparing of the rectum and right colon. Although rare, its prevalence is now increasing in clinical practice. The course of the disease is generally benign, but in some cases it may be complicated and require surgery.1

A 70-year-old male underwent to colonoscopy due to a 6-month history of diarrhea (about 4 bowel movements/day), and iron-deficiency anemia (hemoglobin 11.5 g/dl; serum iron: 35 μg/ml). No weight loss was reported. Inflammatory indexes were normal, but searching for fecal occult blood test was positive.

Colonoscopy showed a stenosing neoplastic lesion, of 5 cm in length, at 10 cm from the anus (Fig. 1A). About 8 cm above, in the distal sigmoid colon, we found a synchronous stenosing neoplastic lesion, of 6 cm in length (Fig. 1B). Diverticulosis was found in the sigmoid and in the distal descending colon, with hyperemic areas not involving the diverticula orifices (Fig. 1C). No other lesion was found in the remaining colon.

Endoscopic diagnosis of synchronous colonic carcinoma in SCAD type A was made.2 Histological assessment confirmed the endoscopic diagnosis, and the patient underwent to surgery.

New available data currently support the concept that SCAD share aspects peculiar with Inflammatory Bowel Diseases (IBD), and it may be considered a form of IBD developing on the diverticular colonic segment rather than a real complication of diverticular disease.3

We do not know what is the relation between SCAD and colon cancer. In IBD, adenomas and carcinomas may arise in a long-standing disease due to the chronic stimulus represented by inflammation. As in IBD, adenomas and carcinomas may appear in SCAD, but never involving the sigmoid colon.4 This is therefore the first case in which colon cancer is diagnosed in the sigmoid colon affected by SCAD. It is hypothesized that the old age of the patients may be a risk factor for developing colonic carcinoma by itself. But a more interesting hypothesis is that, as in long-standing ulcerative colitis,5 and as well as hypothesized also in long-standing diverticular disease, micro- and macroscopic inflammation in SCAD may be a chronic

Figure 1  First neoplastic lesion, detected at the recto-sigmoid region (panel A). The second neoplastic lesion, detected in the sigmoid region (panel B). Endoscopic aspect of the sigmoid region, above the second neoplastic lesion (panel C). We can see diffuse hyperemic areas, with diverticular sparing, according to a type A SCAD.
stimulus for cell proliferation, with increased risk for dysplasia and synchronous colon cancer. However, large epidemiological studies are needed to confirm this last hypothesis.

References


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