IMAGE OF THE MONTH

Striking neovascularization surrounding surgical anastomosis following colon cancer surgery: Recurrence or remission?[☆]

Neoformación vascular perianastomótica tras cirugía oncológica de colon: ¿recidiva o remisión?

Rubén Sánchez Aldehuelo[*], Rosa María Martín Mateos

Servicio de Gastronterología y Hepatología, Hospital Universitario Ramón y Cajal, Madrid, Spain

A 58-year-old woman was referred for a follow-up colonoscopy, having been diagnosed with colon cancer eight years earlier which was treated with surgery (sigmoidectomy with end-to-end anastomosis[1]) and adjuvant chemotherapy (stage pT3N0M0[2]). Two years later, she presented a recurrence of the disease with two lung metastases. The first was treated surgically, and the second was treated with stereotactic body radiation therapy. Two subsequent follow-up endoscopies showed no evidence of disease.

The current colonoscopy found the patient's colonic mucosa to be normal along its entire length (Fig. 1). However, the region of the anastomosis featured a very prominent area of neovascularisation with an arboriform pattern (Figs. 2 and 3), with no other signs of recurrence, ischaemia or recent bleeding. These striking findings were consistent with formation of perianastomotic vessels following surgery. Notably, despite this endoscopic imaging, the
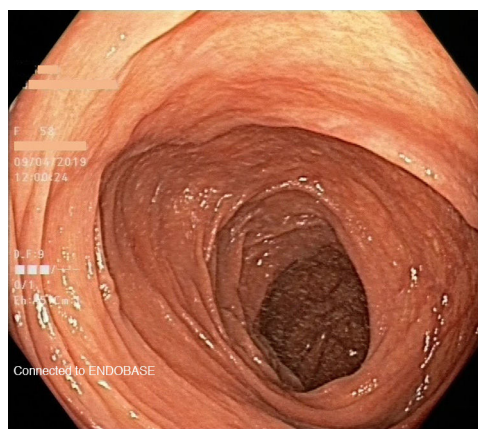

Figure 1   Colonoscopy. Colonic mucosa with a normal appearance.

patient was asymptomatic, with no gastrointestinal bleeding, abdominal pain or altered bowel movements and no evidence of recurrence on a computed tomography (CT) scan (Fig. 4). One year later, the patient remained asymptomatic and cancer-free.
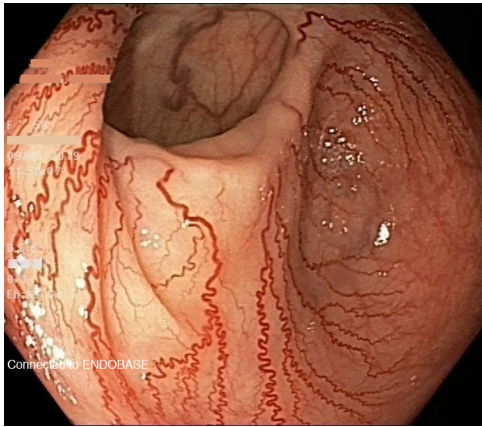
Figure 2 Colonoscopy. Perianastomotic region showing prominent neovascularisation with an arboriform pattern.
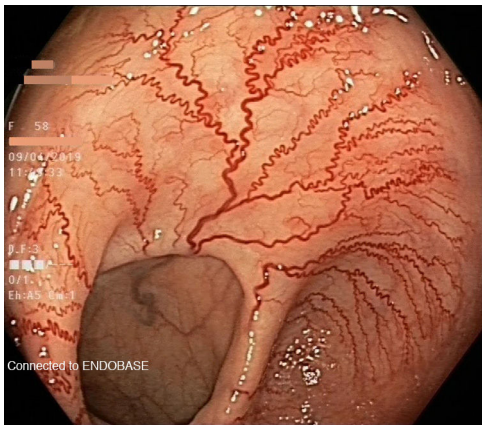

Figure 3 Colonoscopy. Area adjacent to the surgical anastomosis with abundant neovascularisation.

Figure 4 Abdominal computed tomography (CT) scan. Surgical anastomosis (metallic surgical material), with no evidence of local recurrence.

The presence of vessels in the perianastomotic mucosa is a common finding on endoscopy following colon resection with subsequent anastomosis.[3] However, such a prominent neovascularisation with this distribution is exceptional. Despite its striking appearance, this condition is not associated with pathological significance and does not require any subsequent follow-up or treatment.

Ethical considerations

The patient granted her informed consent to the colonoscopy and to the acquisition of images during the test, as well as to the publication of those images deemed of interest by the physicians responsible.

The patient's identity was kept confidential at all times.

No experiments were conducted in either animals or humans.

Funding

No funding was received for this study.

Conflicts of interest

The authors declare that they have no conflicts of interest.

References

1. Vogel JD, Eskicioglu C, Weiser MR, Feingold DL, Steele SR. The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the treatment of colon cancer. Dis Colon Rectum. 2017;60:999.
2. Jessup JM, Goldberg RM, Aware EA. Colon and Rectum. In: Amin MB, Edge S, Green F, editors. AJCC cancer staging manual. 8th Chicago: Springer International Publishing; 2017.
3. Hassan C, Wysocki PT, Fuccio L, Seufferlein T, Dinis-Ribeiro M, Brandão C, et al. Endoscopic surveillance after surgical or endoscopic resection for colorectal cancer: European Society of Gastrointestinal Endoscopy (ESGE) and European Society of Digestive Oncology (ESDO) Guideline. Endoscopy. 2019;51:266–77, http://dx.doi.org/10.1055/a-0831-2522.