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Summary

FROM VALVE REPLACEMENT TO RECTAL RESECTION: AN UNLIKELY JOURNEY

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Colorectal

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An 82-year-old male with Streptococcus gallolyticus endocarditis requiring aortic valve replacement underwent colorectal cancer screening that revealed a 4 cm rectal adenoma with high-grade dysplasia, successfully resected en-bloc by endoscopic submucosal dissection.

KEY POINTS

- CT screening identified a 4 cm rectal mass with no transmural invasion or metastasis in a patient treated for Streptococcus gallolyticus endocarditis and severe aortic valve insufficiency.
- Endoscopy revealed a 4 cm laterally spreading lesion of mixed morphology (Paris IIa+Is) with JNET 2A features on the left wall of the medial rectum.
- Endoscopic submucosal dissection achieved en-bloc R0 resection; histopathology confirmed a traditional serrated adenoma with high-grade dysplasia and no invasive cancer.
- The authors note that Streptococcus gallolyticus endocarditis has been classically associated with colorectal cancer in up to 60% of cases, though controversy over the real prevalence persists.
- The case illustrates the value of interdisciplinary management when advanced colorectal neoplasia is discovered in patients with infectious endocarditis complications.

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