SALVAGE ENDOSCOPIC RESECTION OF EARLY RECTAL CANCER IN A PATIENT WITH COMPLEX FISTULIZING CROHN'S DISEASE ON ANTI-TNF TREATMENT

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Case report describes endoscopic resection combining ESD and piecemeal-EMR techniques for an 80 mm rectal adenoma with high-grade dysplasia and focal intramucosal adenocarcinoma in a patient with complex perianal Crohn's disease and prior bowel resections.

KEY POINTS

- A 55-year-old man with 30-year Crohn's disease history, prior hemicolectomy and sigmoidectomy, and complex perianal fistulas underwent endoscopic resection of an 80 mm rectal polypoid lesion to avoid short bowel syndrome risk from surgery.
- The procedure combined single-tunneling ESD technique with piecemeal-EMR after fistula resection and fibrosis made continued ESD unsafe for preserving muscularis propria integrity.
- Histology showed tubular adenoma with high-grade dysplasia and small foci of intramucosal adenocarcinoma, removed with clear margins.
- Scrotal emphysema occurred and resolved spontaneously; the patient had an uneventful course and started subcutaneous infliximab.
- The authors conclude that complete endoscopic resection of large lesions in complex perianal Crohn's disease requires advanced techniques and may be feasible despite challenges posed by fistulas.

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