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Summary

RECTO-ANAL NEUROENDOCRINE CARCINOMA IN ULCERATIVE COLITIS: COINCIDENCE OR COMPLICATION?

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A 72-year-old man with 49 years of ulcerative colitis developed a poorly differentiated neuroendocrine carcinoma in the recto-anal region during routine surveillance colonoscopy.

KEY POINTS

- Histology revealed poorly differentiated neuroendocrine carcinoma with high proliferative index (Ki-67: 60%) and staging identified a metabolically active regional lymph node on FDG-PET.
- The patient had been in clinical and biochemical remission for two years on vedolizumab, with prior treatment including infliximab (2000–2012) and azathioprine (2012–2017).
- Multidisciplinary decision was made to start systemic chemotherapy without delay, with consideration of total proctocolectomy with permanent ileostomy if response is achieved.
- The case highlights the rarity of recto-anal neuroendocrine carcinomas in ulcerative colitis patients and the unclear association with long-term UC or immunosuppressive treatment.
- This case is relevant to gastroenterologists managing long-standing inflammatory bowel disease patients under surveillance and oncologists treating neuroendocrine malignancies.

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