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Summary

# RECTAL NEUROENDOCRINE TUMOR

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Colorectal

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**Case report of a 5 mm rectal neuroendocrine tumor successfully treated with endoscopic resection, with no recurrence at 12-month follow-up.**

## KEY POINTS

- A 61-year-old male with skin flushing and abdominal pain for five years was found to have a 5 mm submucosal rectal neuroendocrine tumor at 10 cm above the anal verge during colonoscopy.
- Hot snare polypectomy was performed; histopathology confirmed a low-grade (G1) neuroendocrine tumor with 2 mitoses per 10 high-power fields and less than 2% Ki67 index.
- Staging with whole-abdomen and thoracic CT, octreotide scan, blood tests, and chromogranin A showed no distant metastasis or regional disease.
- At 12-month follow-up, the patient remained asymptomatic and colonoscopy with biopsy of the resection margin showed no residual tumor.
- Rectal neuroendocrine tumors smaller than 10 mm are reported to metastasize rarely (lymph node metastasis in only 2.5% of cases) and endoscopic resection is recommended when there is no submucosal invasion or regional disease.

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