

ADENOSQUAMOUS CARCINOMA OF COLON AND RECTUM

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In colon and rectum, adenosquamous carcinoma is extremely rare. 6 patients with adenosquamous carcinoma of colon and rectum were identified by Tianjin Medical University Cancer Hospital from Jan. 1967 to Dec. 1997. 2 male and 4 female had a median age of 48 (range, 40–60) years. All patients were treated surgically. The pathology confirmed the diagnosis of adenosquamous carcinoma, that was 0.19% (6/3098) with colorectal adenocarcinoma during the same period. The clinical symptom was nearly the same as colorectal adenocarcinoma. There were three in the rectum, one in the rectosigmoid, one in the sigmoid and other one in the cecum. Hypercalcemia was present in 2 patients without evidence of bone metastasis or hyperparathyroidism and with normal PTH. Three cases were stage III and three stage IV by TNM classification. In macroscopy the tumor diameter were 3.5–6.5 cm. Two cases were predominantly type. Four cases were ulcerate type. Under microscopy: as a tumor in which both the glandular component and the squamous component are malignant. Five of the cases were received tumor resection and one was exploration only. All cases were followed-up. The overall survival was 17.4 months with a range of 3 to 26 months. Adenosquamous carcinoma was originally reported by Herxheimer in 1907. Up to now the literature reported nearly 60 cases, most of them were single case from different institutions. The research has been proposed to explain squamous differentiation that occurs in areas of columnar epithelium, also called collision tumor. Another theory is the presence of

indeterminate basal cells that after repeated insult can replace normal epithelium with subsequent differentiation into adenocarcinoma, squamous, or both. Development of squamous metaplasia of normal mucosa in response to repeated trauma and the presence of squamous changes in adenomatous polyps of the colon as a premalignant precursor has also been entertained based on studies by Steele and Netteshelm. The possibility is that a single stem cell can differentiate into glandular or squamous cell. This concept could explain growth of both neoplasia at any site in the colon and rectum. Ulcerative colitis has been documented in adenosquamous carcinoma in previous reports. The incidence ulcerative colitis was two times higher than that of control group. All the six cases were examined by fibrocoloscopy, no ulcerative colitis was found. Two of six patients had symptomatic hypercalcemia. There was no evidence of bone metastasis or primary hyperparathyroidism, hypercalcemia. Attributable to presence of a parathyroid hormone-like substance has been documented in adenosquamous carcinoma in previous reports.

Adenosquamous carcinoma of colon and rectum behaves in an aggressive manner and remains a therapeutic challenge. The prognosis is significant poor comparing with adenocarcinoma. Surgery is primary method of therapy. These six cases median survival was 17.4 months.

Hence surgical treated with adjuvant therapy should be emphasis.

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