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ABSTRACT

An Overview of the Management of Rectal Neuroendocrine Tumours: A Case Report

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Introduction: The incidence of patients with rectal neuroendocrine tumours (RNET) is on an exponential rise. This is due to the increasing awareness and improving knowledge of the disease resulting in earlier detection via colorectal cancer screening programmes. The latest guidelines suggest transanal, endoscopic or surgical treatment depending on the size, nature and stage of the tumour, with non-specific post-treatment surveillance. **Case Presentation:** We report a case of a 63-year-old woman who presented with per rectal bleeding for six months and altered bowel habit for three months. Colonoscopy revealed a 30 mm fungating rectosigmoid mass, with the histopathological report confirming it to be a grade 3 neuroendocrine tumour. A staging computed tomography scan done showed rectosigmoid focal wall thickening with no local infiltration or distant metastasis and the patient subsequently underwent a laparoscopic-assisted low anterior resection and covering ileostomy surgery to remove the tumour. DOTATE scan showed avid uptake at frontal and parietal, followed by a multidisciplinary team discussion suggesting a positron emission tomography scan, which was normal. **Discussion:** The general consensus for the management of RNET is for endoscopic resection for small tumours (<1 cm) and confined to mucosa or submucosa, and radical surgery for large tumours (>2 cm), extending into the muscularis propria, with undefined management for intermediate-

sized tumours. Chemoradiation as a treatment option is only scarcely discussed in the literature. **Conclusion:** There is no fixed course of management for RNET. The role of chemoradiation in treating RNET should be further investigated.