

ABSTRACT

Catching NETs in the Dark

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Introduction: Neuroendocrine tumours (NET) are rare, accounting for 0.5% of all newly diagnosed cancers. Anal canal and rectal NETs represent less than 1% of all anal canal and rectal cancers. **Case presentation:** A 69-year-old lady presented complaining of dyschezia with per rectal fresh bleed, constipation and significant weight loss. Perineal examination revealed hardened thickened skin over the anal opening at 9 o'clock and was biopsied. It was reported as NET. A 30-year-old gentleman presented with altered bowel habit symptoms of bloating and constipation for half a year. He underwent colonoscopy and a small sub centimetre sessile polyp in the rectum was biopsied. Histopathology results showed a NET with indeterminate completion of excision margins. MRI pelvis revealed a residual polyp of 2.5 cm. A repeated biopsy was taken from the previous biopsy site as there was no obvious polyp seen during the colonoscopy and the results showed residual NET. **Discussion:** NETs are usually detected incidentally during colonoscopy and often are asymptomatic. They may present as small polyps, sessile masses, or even as thickened areas. Tumour size, depth on invasion and lymph node involvement are the main prognostic factors that influence the metastatic spread of the disease. Many aspects of the treatment of NETs remain unclear and controversial. A dilemma occurs especially in young adults where the decision for chemoradiation without radical surgery may be enough but still controversial. **Conclusion:**

Conventional polypectomies are ineffective as NET typically extend into submucosa thus recent advances in endoscopic mucosal

resection are the preferred option however it may not be readily available.