A case of atypical rectal tumor in a 55-years-old man?

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A 55-year-old patient consulted a gastroenterologist in January 2023 because of recent-onset urgent diarrhea, without rectal bleeding or hematochezia. The patient has a history of diffuse large cell lymphoma with lymph node, bone and suspected small bowel involvement on ^{18}F-FDG-PET/CT imaging, for which a differential diagnosis with a neuroendocrine tumor could not be formally made. He had no other medical or surgical history, and was a former smoker. Physical, digital rectal examinations and laboratory studies were unremarkable.

A colonoscopy was performed and revealed a polypoid soft formation of non-adenomatous appearance, measuring 30 mm x 30 mm (figure 1).

What is the diagnosis ?

Histopathology examination showed the presence of a gastric heterotopia, marked by a polypoid mucosa lined by an abraded foveolar epithelium with deep antral glands (figure 2). No dysplasia or signs of malignancy were found.

Gastric heterotopia is a diagnostic challenge because of its rarity. About one hundred cases have been found in the literature.

The lower gastrointestinal tract is a rare location for gastric heterotopia. However, when they are found at this level, the rectum is the most common location (1). The clinical presentation varies according the subject, but is dominated by abdominal pain and hematochezia (2). The endoscopic presentation is dominated by a slightly elevated non-polypoid lesion, and is generally located in the right posterior wall of the rectum (1,3). The final diagnosis of HGM in the rectum must be established by histopathological examination, in which fragments of rectal mucosa coexist with gastric mucosa. The risk of neoplasia is suspected, but only two cases of neoplastic lesions have been reported in the literature (1).

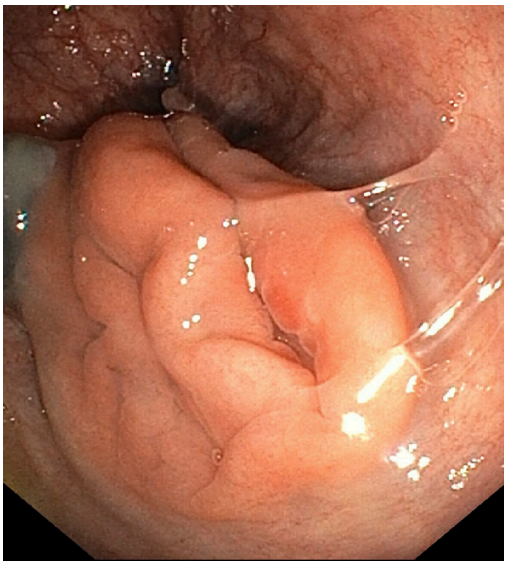

Fig. 1. — Endoscopic evaluation of a polypoid soft formation of non-adenomatous appearance, measuring 30 mm x 30 mm.

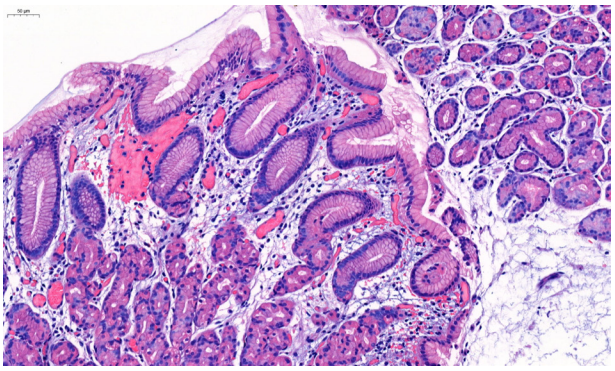

Fig. 2. — Histopathological evaluation: polypoid mucosa lined by and abraded foveolar epithelium, with deep antral glands corresponding to gastric mucosa.

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