

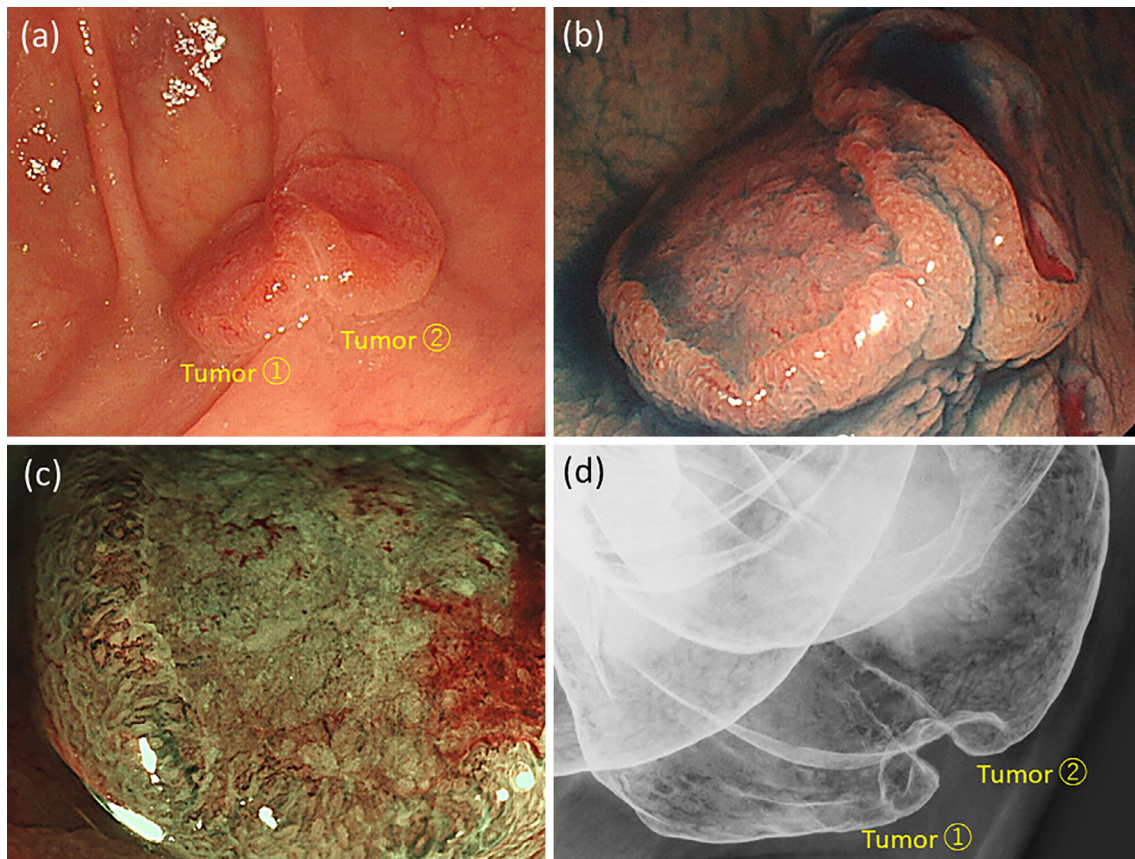
[PICTURES IN CLINICAL MEDICINE]

Early Colonic Collision Cancer from Sessile Serrated Lesions

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Picture 1.

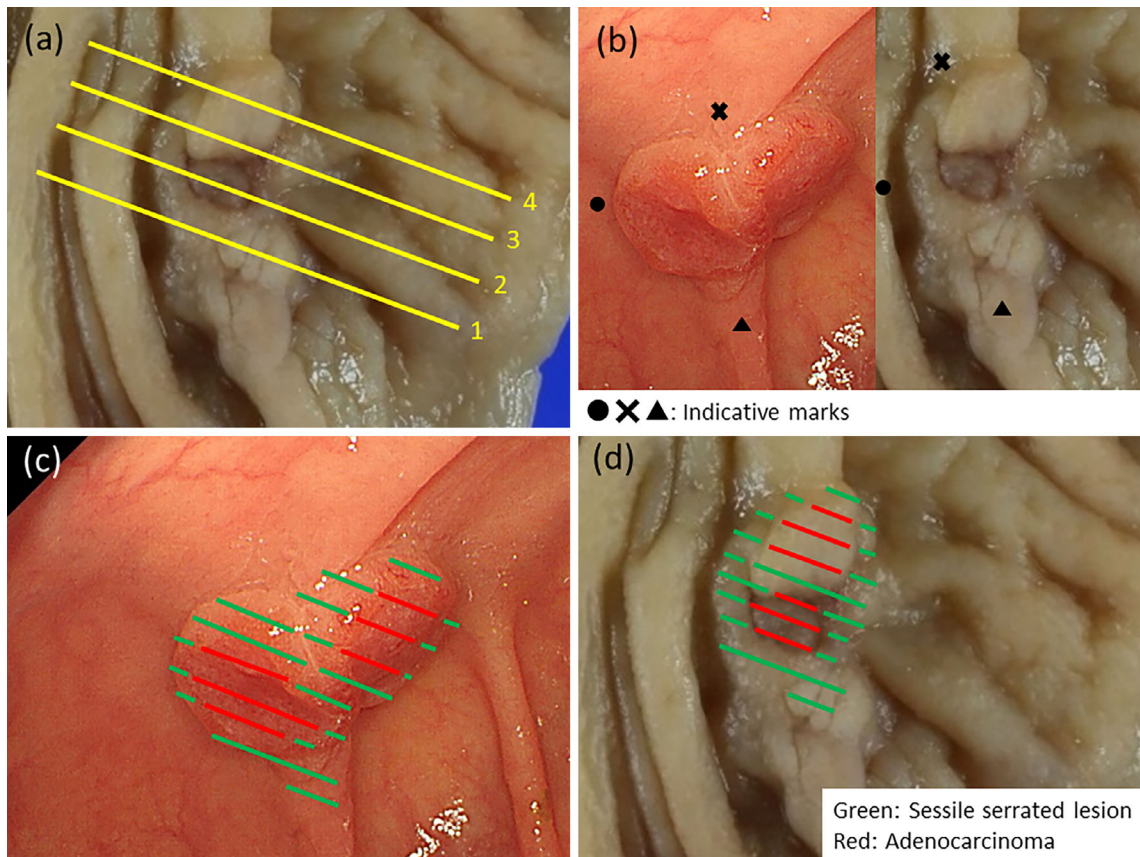
A 79-year-old woman visited our hospital to undergo screening colonoscopy, which revealed a collision tumor at the cecum consisting of two tumors, which were both 10 mm in size and flat depressed (Picture 1a, b). Narrow band imaging (NBI) showed that the tumors had disrupted vessels and an amorphous surface pattern corresponding to Japan NBI expert team (JNET) classification type 3 (Picture 1c). A

barium enema examination showed that the tumors were arch-shaped (Picture 1d). Endoscopic ultrasonography (EUS) revealed that the homogenous isoechoic lesions mainly originated from the second layer, but the third layer was not smooth. These findings supported that the tumors had invaded the submucosal layer. These tumors were therefore removed by laparoscopic-assisted ileocecal resection.

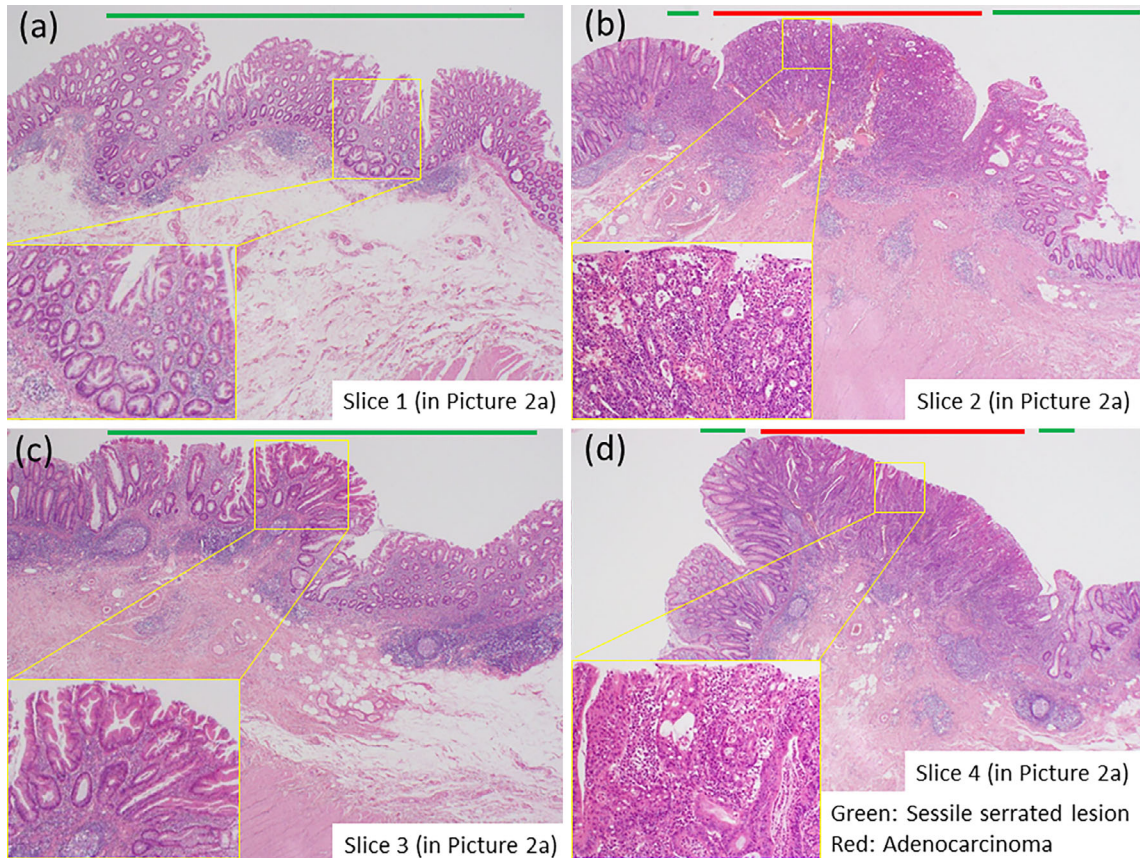
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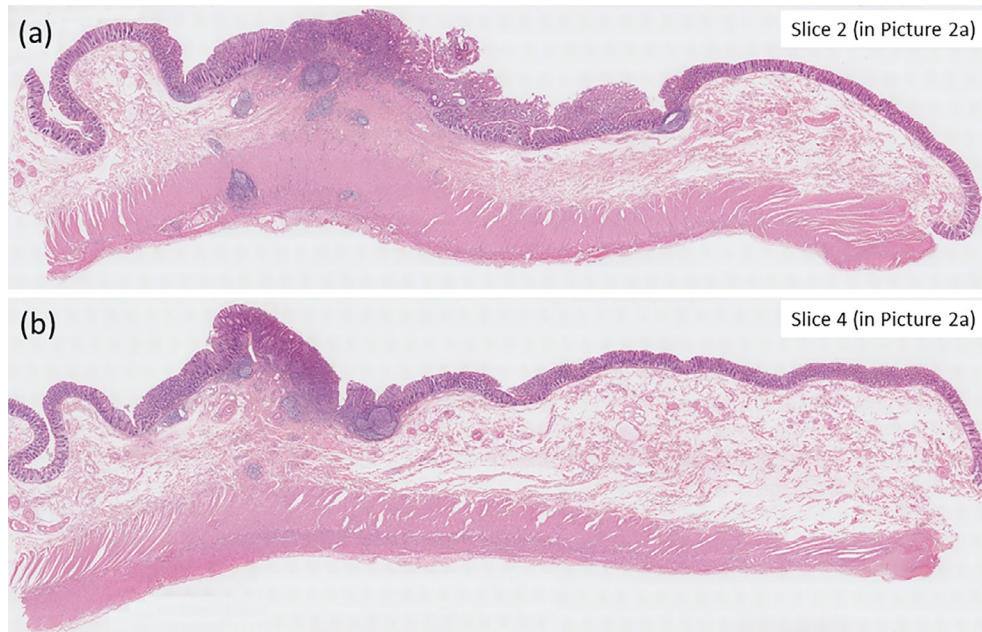
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Picture 2.



Picture 3.



Picture 4.

A histological examination revealed that these tumors were submucosal invasion (tumor 1: 1,350 μm ; tumor 2: 1,130 μm) of early-stage colon cancer without lymphovascular invasion based on sessile serrated lesions (SSLs) (Picture 2-4) (1). There was no lymph node metastasis. This is the first report of a collision tumor arising from SSLs.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Crockett SD, Nagtegaal ID. Terminology, molecular features, epidemiology, and management of serrated colorectal neoplasia. *Gastroenterology* **157**: 949-966, 2019.

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