

生検標本からみた10mm以下の進行大腸癌とsm癌の進展度診断

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Histopathological study of invasion depth diagnosis and lymph node metastasis of small advanced and submucosal invasive colorectal carcinomas less than 10mm in size —With special reference to the histological findings of biopsy sections—

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Abstract

The aim of this study is to predict the invasion depth and lymph node metastasis of small (less than 10mm) advanced and submucosal invasive colorectal carcinomas through the histological findings of biopsy sections.

The objects of this study were 7 cases of advanced and 29 cases of submucosal invasive colorectal carcinomas. Direction and presence of mucosal muscle layer on biopsy section were microscopically analyzed. Histological findings including grade of cytologic atypia (low or high grade adenocarcinoma), differentiation of adenocarcinoma, presence of desmoplastic reaction, and vessel invasion were compared between the biopsy sections and resected specimens to estimate resected specimens' invasion depth.

Microscopic observation on the biopsy section revealed a vertical direction in 12 (33%) cases out of 36 and non-vertical direction in 24 (67%) cases. None of the mucosal muscle layer could be observed in 26 (72%) cases, but it was present in 10 (28%) cases. Both vertical direction and presence of mucosal muscle layer were observed in 8 (22%) cases.

With regard to difference of atypia between the biopsy and resected specimens, atypia of biopsy sections was lower than that of resected specimens in 9 (25%) cases, and showed the same grade of atypia in 27 (75%) cases.

In connection with a relation between grade of cytologic atypia and depth of invasion, frequency of high-grade cancer of the resected specimens increased from the sm1b & c -layer whereas that of the biopsy sections increased from the sm2&3 -layer.

Moderately differentiated carcinomas were apt to appear on resected specimens and biopsy sections as the cancer invaded deeper. This finding distinctively appeared on biopsy sections as the cancer invasion reached the sm2&3 layer or deeper.

Desmoplastic reaction was also observed both in resected specimens and in biopsy sections as the cancer invaded deeper. Severe desmoplastic reaction in biopsy sections indicated that the invasion was in the sm2&3 invasion or deeper.

An investigation of vessel invasion in relation to depth of invasion was performed. Although vessel invasion was found in resected specimens with deeply invasive carcinoma, it was difficult to detect vessel invasion in all biopsy sections.

A combination of histological findings of the biopsy section was evaluated in order to select sm1a lesions because they

