## ■ Sun-013 ■

# A Case of Ascending Colon Cancer with Pathologically Confirmed Tumor Thrombosis in SMV.

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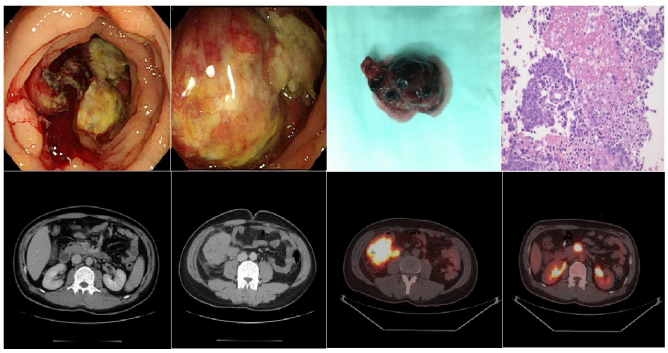
BACKGROUND Colon cancer has been increasing as the society has become more industrialized. In Korea, according to the National Cancer Information Center (NCIC) statistics for 2015, the rate of colon cancer is the second highest incidence of cancer among all cancer cases. In the case of venous tumor thrombosis, it is very rare that a colorectal cancer without hepatic metastasis is accompanied by venous tumor thrombosis in locations such as the portal vein, superior mesenteric vein, and inferior mesenteric vein. We report a case of a venous tumor thrombosis in ascending colon cancer with a review of the literature. CASE REPORT A 46-year-old man transferred to our hospital with a complaint of bloody stool and hemoglobin of 5.2. In colonoscopy findings, A protruding mass in the ascending colon (from AV 72cm), and the lumen was almost obstructed by the mass. The endoscope was unable to pass. No particular findings were observed in simple abdominal radiography. On the abdominal computed tomography, a tumor measuring 7.5cm was observed in the proximal part of the ascending colon, including the terminal ileum. Intensely hypermetabolic mass (SUV 24.7) involving cecum and terminal ileum was noted on positron emission tomography. In addition, hypermetabolic lesion of the SMV thrombus (SUV15.8) was also noted. He underwent an right hemicolectomy with SMV thrombectomy. The multiple thrombus was removed. The size was variable up to 6.5cm in greatest dimension. The thrombus was black colored mass with granular surface. The thrombus was revealed that fibrinous materials with metastatic adenocarcinoma cell in the background. The main colon mass was 9.5* 6* 3cm adenocarcinoma, poorly differentiated in ascending colon, cecum and terminal ileum. Lymphovascular and perineural invasion was noted. Pelvic wall invasion was confirmed. Sixteen of 49 regional lymph nodes were involved by tumor cell. Therefore pathological stage was T4bN2b. After surgery, the patients underwent 12 cycles of adjuvant chemotherapy AVASTIN/FOLFIRI and there has been no recurrence for 12 months.



## ■ Sun-014 ■

# Immunoglobulin G4-related disease of the distal ileum masquerading as small bowel lymphoma

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Immunoglobulin G4-related disease (IgG4-RD) is a chronic relapsing fibroinflammatory syndrome characterized by a dense IgG4 rich-lymphoplasmacytic infiltrate, storiform fibrosis, obliterative phlebitis, and elevated serum IgG4 concentrations. IgG4-RD could be presented in almost any organ, including the pancreas, bile duct, salivary glands, lymph nodes, and retroperitoneum. However, there are very few cases in gastrointestinal tract. Therefore, we report herein a case of IgG4-RD involving the distal ileum. A 81-year-old female was admitted to our hospital with a one-month history of intermittent abdominal discomfort, dyspepsia and hematochezia. Laboratory tests showed no remarkable results including tumor markers and colonoscopy did not reveal any pathologic condition. Abdominal computed tomography (CT) revealed segmental aneurysmal dilatation and wall thickening at distal ileum, suggesting small bowel lymphoma. The patient underwent exploratory laparoscopy and ileocecectomy was conducted for the differentiation of malignant conditions. Pathological findings confirmed the dense lymphoplasmacytic infiltrates, storifom fibrosis and IgG4-positive plasma cells (>50 per HPF), which make the patient finally diagnosed with IgG4-RD. Key Words. IgG4-related disease, Ileum, Small bowel

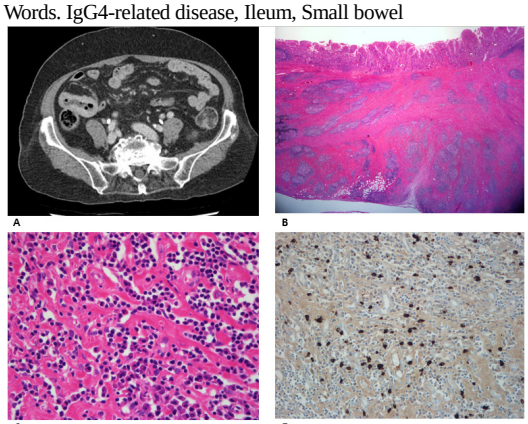


**Figure.1. CT and Pathohistological findings in 81-year-old femal with IgG4-RD**
(A) Contrast-enhanced axial CT images reveal segmental aneurysmal dilatation and wall thickening at distal ileum(arrows). (B) Transmural inflammation with many lymphoid follicles and sclerotic fibrosis(H&E, x10). (C) Inflammatory infiltrates are composed of predominantly plasma cells, lymphocytes, and some eosinophils (H&E, x200). (D) Immunostaining for IgG4 demonstrates many IgG4-positive plasma cells (more than 50 cells per high pow field) (x200).