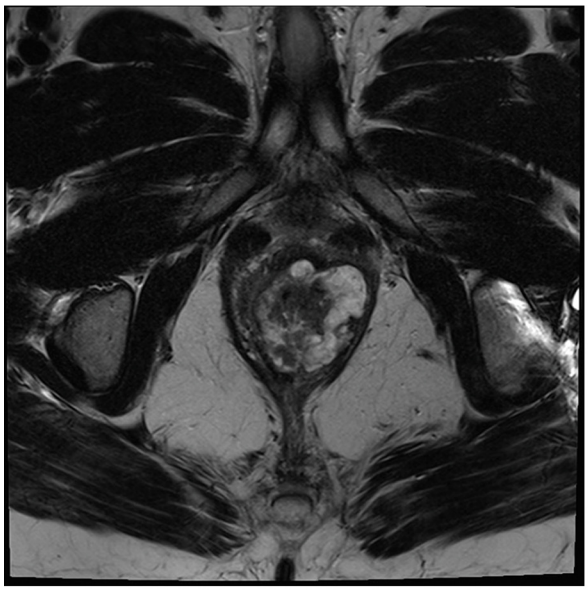
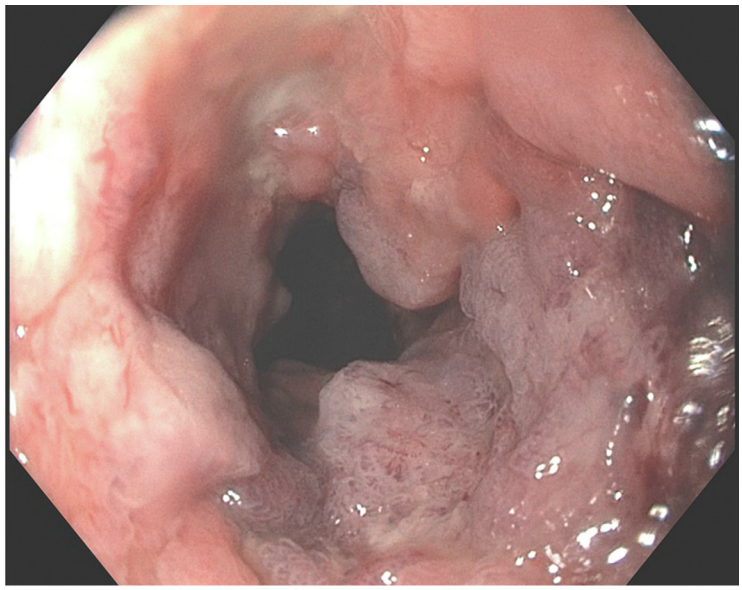
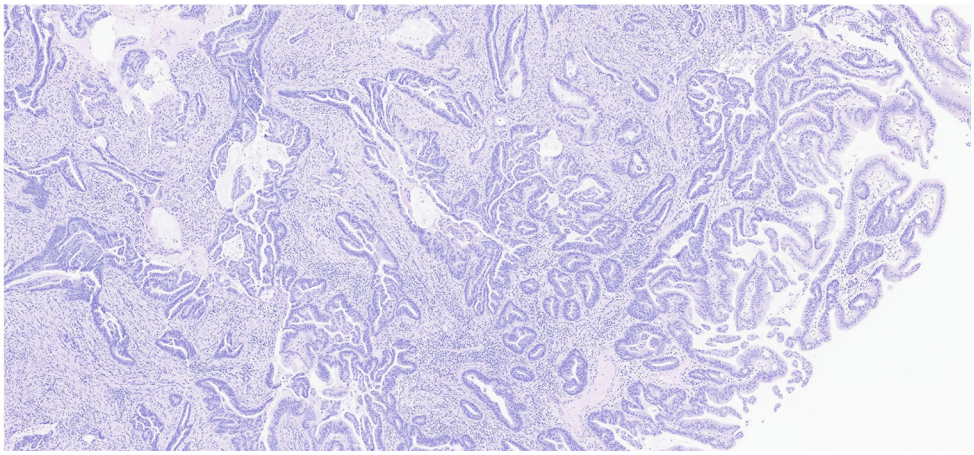
Rectal Cuff Adenocarcinoma: Rare Complication in Patients with Ileal Pouch-Anal Anastomosis

Daniela Fluxa,[1] Luca Stocchi,[2] and Jana G. Hashash[1,3]

[1]Division of Gastroenterology and Hepatology, Mayo Clinic, Jacksonville, Florida; [2]Division of Colon and Rectal Surgery, Mayo Clinic, Jacksonville, Florida; and [3]Division of Gastroenterology and Hepatology, American University of Beirut, Beirut, Lebanon







A 35-year-old man, previous smoker, with ulcerative colitis and ileal pouch-anal anastomosis since 2010 presented with rectal bleeding and perianal pain and drainage. He was initially thought to have a rectal fissure, which was treated topically. Because of ongoing symptoms, he was referred to our institution. On digital rectal examination, a fleshy, fungating, and circumferential mass was palpated at the level of ileal pouch-anal anastomosis. Magnetic resonance imaging showed a 3.6 × 3.5 × 4.7 cm mass with mucinous and

hypoenhancing solid components extending from the ileal pouch-anal anastomosis to the superior anal canal (Figure *A*). Pouchoscopy revealed a narrowed rectal cuff lumen with a circumferential polypoid mass (Figure *B*). Biopsies showed an invasive infiltrating rectal adenocarcinoma with mucinous features arising in a background of high-grade dysplasia from the rectal cuff (Figure *C*). The adenocarcinoma was staged as stage III T4bN1Mx. After multidisciplinary discussion at tumor board, it was decided to initiate neoadjuvant therapy with pembrolizumab every 3 weeks and possible surgery later. At 6-month follow-up, the patient has demonstrated partial response to pembrolizumab. Although high-grade dysplasia and cancer in the ileal pouch and anal transitional zone in patients with ulcerative colitis is rare, surveillance pouchoscopy and biopsies should be performed to avoid this complication.

Conflicts of interest
The authors disclose no conflicts.

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