

Signet ring cell neuroendocrine tumor

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Case report

A 63 years old man with history of diabetes and hypertension, presented for bone pain. Pelvic X Ray showed multiple osteoconsent lesions of the iliac wings, the sacrum and the femurs (Figure 1). CT scan objectified multiple hepatic metastases with a laterorectal mass (Figure 2). Colonoscopy showed aspect of extrinsic compression. Endoscopic ultrasound objectified a rectal mucosal lesion of 5x3,5 centimeters appearing in contact with the prostate (Figure 3) [1-5]. Histologically, hepatic biopsy confirmed a tumor proliferation that was made of two architectural aspects independent cells, and trabeculolobular classical endocrine architecture with expression of synaptophysin on immunochemistry [1-5] (Figure 4).



Figure 1. Pelvic X Ray showed multiple osteoconsent lesions of the iliac wings, the sacrum and the femurs

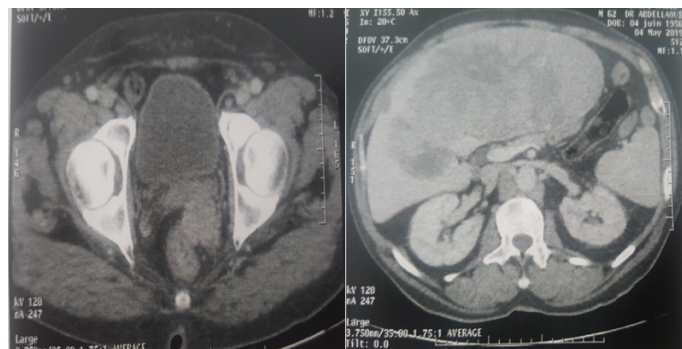


Figure 2. CT scan objectified multiple hepatic metastases with a laterorectal mass

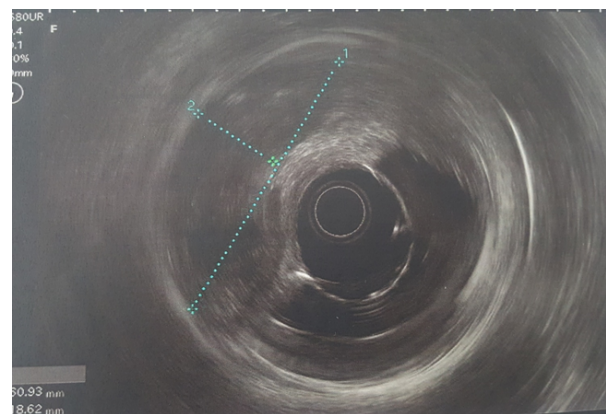


Figure 3. Endoscopic ultrasound objectified a rectal mucosal lesion of 5x3,5 centimeters appearing in contact with the prostate

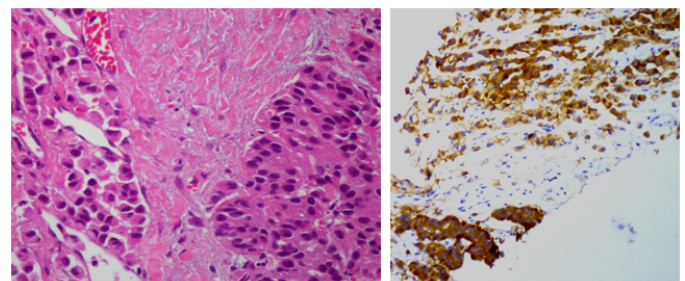


Figure 4. hepatic biopsy showing a tumor proliferation that was made of two architectural aspects independent cells, and trabeculolobular classical endocrine architecture with expression of synaptophysin on immunochemistry

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