A 63-year-old woman with a sense of perineal discomfort was referred to our hospital. Digital examination revealed an irregular rectal tumor, and the distance from the anal verge was 0.5 cm. The lower endoscopic examination demonstrated an ulcerated tumor with a sharply demarcated margin, 6 cm in size, occupying a half circumference of the rectum. There was another tumor, 2 cm in size, protruding from the vaginal orifice. Magnetic resonance imaging demonstrated a marked wall thickening of the lower rectum (arrow) and a vaginal tumor (arrowhead) (Fig. 1). There was no finding of direct invasion of rectal tumor to the vagina, and the biopsy of the rectal and vaginal tumors both revealed adenocarcinoma. Therefore, the vaginal tumor was assumed to be a distant metastasis from the rectal cancer. The patient underwent abdominoperineal resection, including partial resection of the vagina. The other genital and urinary organs were preserved by the will of the patient, thus postoperative radiation of 60 Gy was administered to the pelvic cavity. Pathologically, both of the resected tumors consisted of well- to moderately differentiated adenocarcinoma, and there was no continuity between them (Fig. 2A and B; available as supplementary data at http://www.jjco.oxfordjournals.org). Thus, the vaginal tumor was confirmed as metastasis from rectal cancer. One year after the operation, there is no sign of local recurrence nor distant metastasis.

Tomoya Funada and Shin Fujita
Colorectal Surgery Division
National Cancer Center Hospital
Tokyo, Japan
doi:10.1093/jjco/hyq065

© The Author (2010). Published by Oxford University Press. All rights reserved