

# Dome-Type Carcinoma of the Ascending Colon: A Case Report

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# Dome-Type Carcinoma of the Ascending Colon: A Case Report

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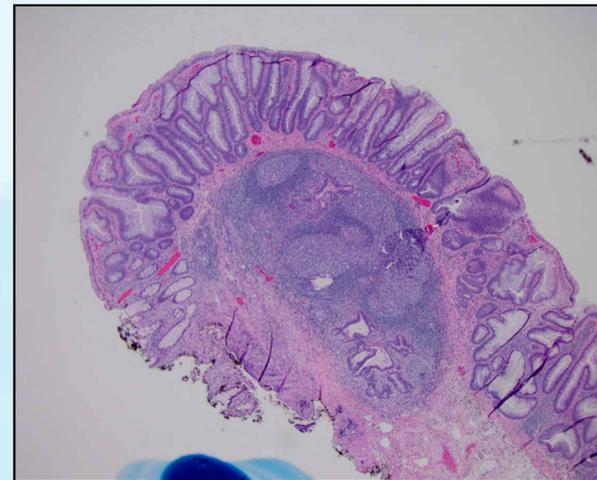
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## CASE PRESENTATION

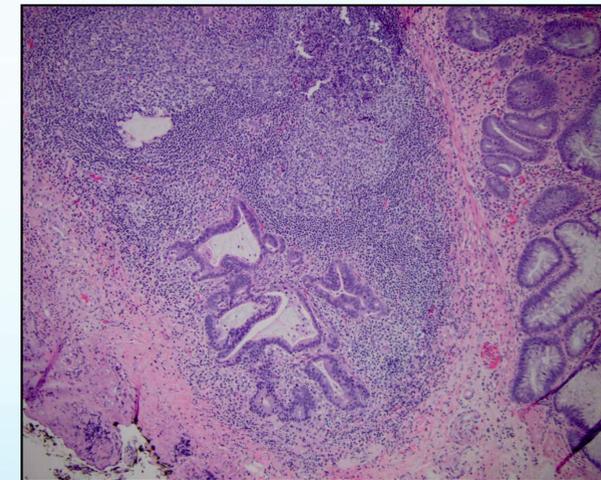
- An asymptomatic 78 year old male with a prior personal history of four tubular adenomas was found to have three broad-based polyps on routine surveillance colonoscopy.
- Pathology showed prominent lymphoid aggregates with nests of invasive adenocarcinoma that were well to moderately differentiated and contained no goblet cells.
- The findings were confined to the superficial submucosa.
- The final pathologic features were consistent with the typical appearance of dome-type carcinoma.
- The patient subsequently underwent an uncomplicated right hemicolectomy with an uneventful post-operative recovery.



**Figure 1:** Finding on routine surveillance colonoscopy.



**Figure 2:** Lower power view of metastatic focus of adenocarcinoma present within a lymphoid aggregate of the submucosa ("dome carcinoma").



**Figure 3:** High power view of metastatic focus of adenocarcinoma.

## BACKGROUND

- Dome-type carcinoma (DC) is a rare clinical entity first described by De Petris et al in 1999 followed by Jass et al in 2000.
- The tumor is described as a focus of adenocarcinoma contained within dense lymphoid stroma associated with dome type epithelium.
- Herein we report the endoscopic and pathologic findings in a case of Dome-type carcinoma in order to add to the limited number of documented cases.

## CONCLUSION

- Dome-type carcinoma is a distinct variant of colorectal carcinoma with dense lymphoid component but devoid of microsatellite instability or EBV infection.
- The tumor is felt to arise from M cells associated with the follicle-associated epithelium of gut-associated lymphoid tissue within the colon.
- This assumption comes from the lack of goblet cells and the association with lymphoid tissue.
- Nearly all cases are low grade with excellent prognosis without recurrence.
- To our knowledge our reported case appears to be the only case found in a patient without abdominal complaints or a family history of colorectal carcinoma, as most patients have one or both findings.
- Through this case report we hope to bring further attention to this distinct clinical entity while adding another case to the current body of literature.

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