



High-grade serous carcinoma of Müllerian origin masquerading as colorectal cancer

Yuen-Joyce Liu, MD¹, Jonathan Chang, MD^{1,2}, Rachel B Scott, DO^{1,2,3}

**UConn
HEALTH**

Trinity Health
Of New England

¹UConn School of Medicine, General Surgery Residency Program, Farmington CT

²Saint Francis Hospital and Medical Center, Department of Colorectal Surgery, Hartford CT

³Colon and Rectal Surgeons of Greater Hartford, Bloomfield CT

BACKGROUND

- HGSC originates from the serous epithelium of the abdominopelvic cavity, most often from the ovary.

- We consider a patient with no history of gynecologic malignancy who presented with clinical signs of a primary colorectal cancer, found to be High-Grade Serous Ovarian Cancer (HGSC) of Müllerian origin.

CASE PRESENTATION

- A 43-year-old female with no history of colorectal cancer presented to the clinic with new onset anal stenosis and painful bowel movements.

- Biopsy showed a high-grade, poorly differentiated carcinoma involving the colonic submucosa with a p53 mutation and CK7+, CK20-, CDX2-, PAX8+, and WT1+ on immunostain consistent with Müllerian origin.

- CT scan revealed extensive rectal wall thickening with adjacent adenopathy and omental opacities and nodules suspicious for carcinomatosis.

- The patient was diagnosed with stage IVB HGSC of Müllerian origin and underwent neoadjuvant chemotherapy with carboplatin/Abraxane followed by exploratory laparotomy, debulking, total abdominal hysterectomy (TAH), bilateral a salpingo-oophorectomy (BSO), and abdominoperineal resection (APR) with ostomy creation.

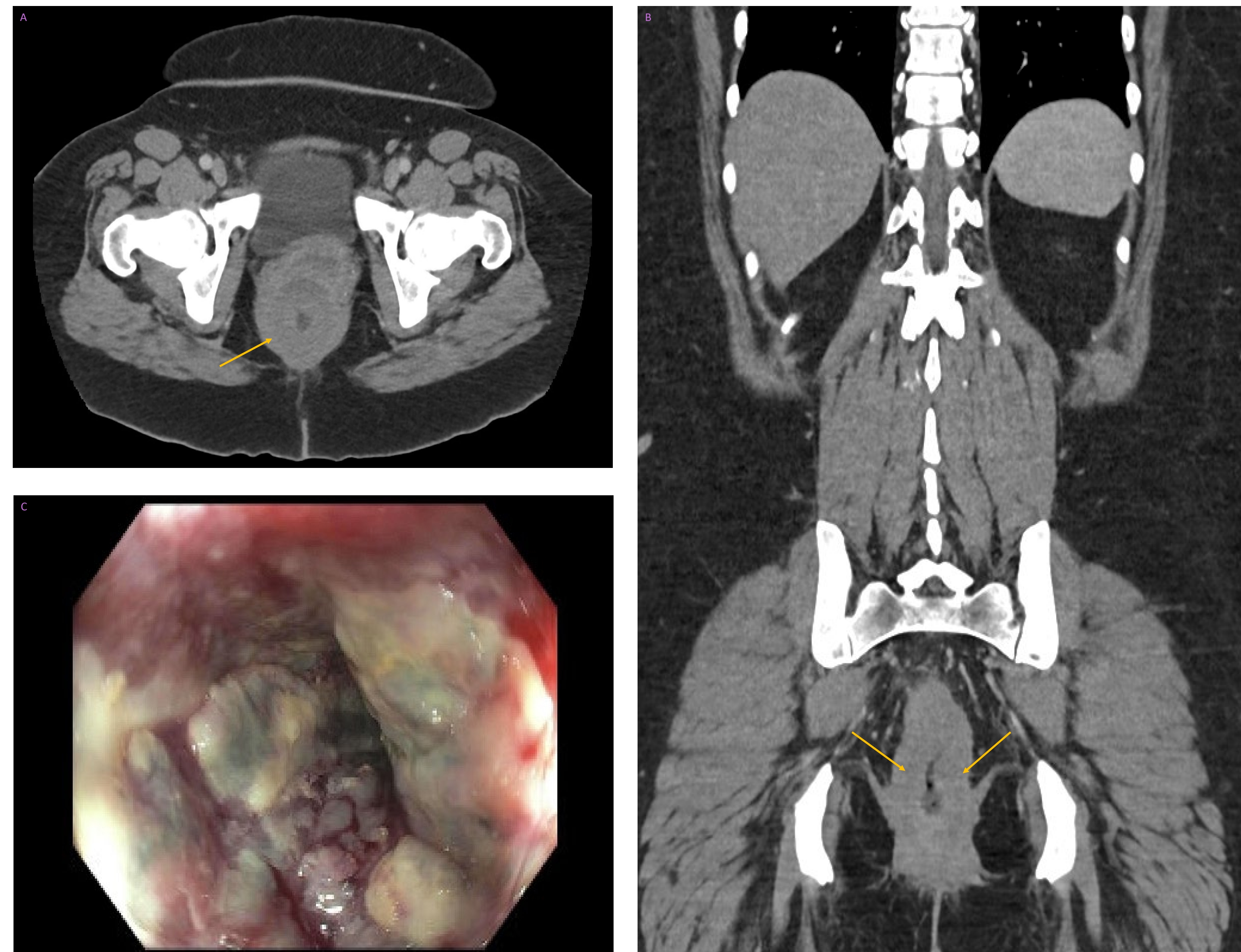


Figure 1. Cross-sectional and endoscopic imaging of our patient with HGSC of Müllerian origin presenting with an anal and rectal mass. CT (A) axial and (B) coronal views, the mass indicated by the yellow arrows. (C) Flexible sigmoidoscopy revealing a malignant-appearing tumor in the mid rectum, biopsied.

DISCUSSION

- While primary colorectal cancer is the most common GI neoplasm, metastasis to the colon occurs in only 1% of total colorectal cancers.
- HGSC with a p53 mutation tends to metastasize to the colon and rectum.
- Colorectal tumors are typically CK7-/CK20+ and CDX2+ whereas ovarian tumors are typically CK7+/CK20-, PAX8+, and WT1+.
- Platinum/taxane is the first-line chemotherapy for stage III and stage IV HGSC. Per NCCN guidelines, serous carcinoma in the peritoneal cavity warrants a TAH with BSO.

CONCLUSION

- HGSC is an aggressive tumor and is often diagnosed in advanced stages.
- It is important to obtain accurate biopsies, morphologic evaluation, and appropriate immunohistochemical stains for correct diagnosis and subsequent management.

**ASCRS ANNUAL
SCIENTIFIC MEETING**
San Diego, CA • May 10-13, 2025
INNOVATE AND ELEVATE: SHAPING THE
FUTURE OF COLORECTAL SURGERY.

ASCRS25