Dear Editor,

We have attentively read the article by Benito et al. (1). It is true that colorectal neuroendocrine carcinoma is relatively rare (1). In 2008, from the five reported surgical cases collected over a six year period (involving the rectum, sigmoid colon and cecum), two were disseminated lesions (2).

In 2010, (3) we reported 13 cases of carcinoids of the rectum and colon collected over a 16 year period; subsequently, this series was updated in 2017.

Over a 23 year period (1994-2016) we have collected 22 colorectal neuroendocrine tumor cases and most of them were carcinoids. Only one involved the rectum (25 mm) with liver metastases, and was labeled as a neuroendocrine carcinoma.

The incidence of gastric and rectal carcinoids is increasing. This is probably due to endoscopic screening (4). The prognosis is primarily dependent upon tumor size, aggressiveness (pathology, Ki-67), metastatic disease and stage. However, neuroendocrine carcinoma usually behaves as an adenocarcinoma (2).

Survival at five years with distant involvement is around 15-30% (4). Lesions larger than 2 cm are managed with surgery and/or chemotherapy, whereas those smaller than 1 cm are treated with local therapy, primarily endoscopic excision. The management and treatment for tumors of 1-2 cm in size is controversial, although most benefit from local therapy such as polypectomy in all its variants, mucosectomy and bands (5).

Modesto J. Varas-Lorenzo and Fernando Muñoz-Agel

Digestive Endoscopy Unit. CM Teknon Quirón Salud.
Barcelona, Spain

References