

## Signet Ring Cell Neuroendocrine Tumor

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## CLINICAL IMAGE

A 63 years old woman 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). 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 (Figure 4).

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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.

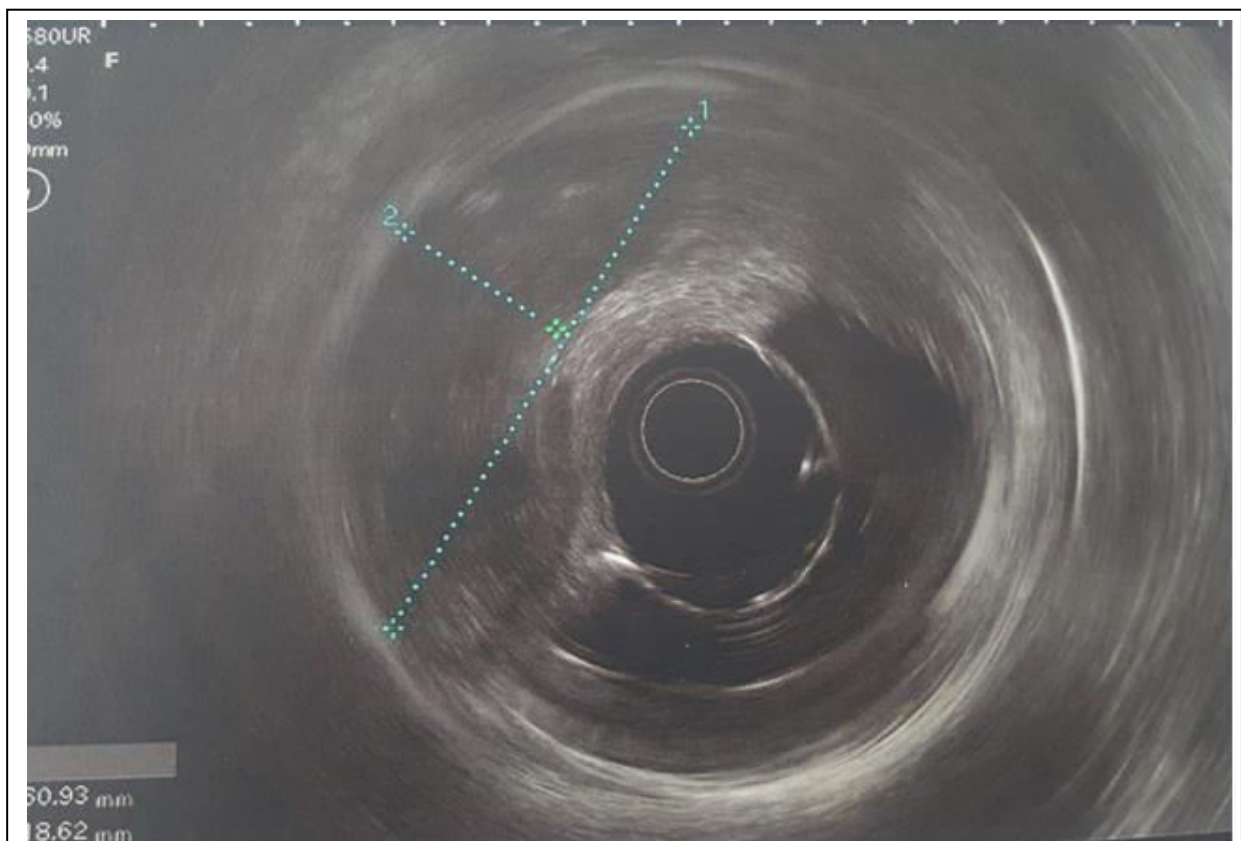


Figure 3: Endoscopic ultrasound objectified a rectal mucosal lesion of 5x3, 5 centimeters appearing in contact with the prostate.

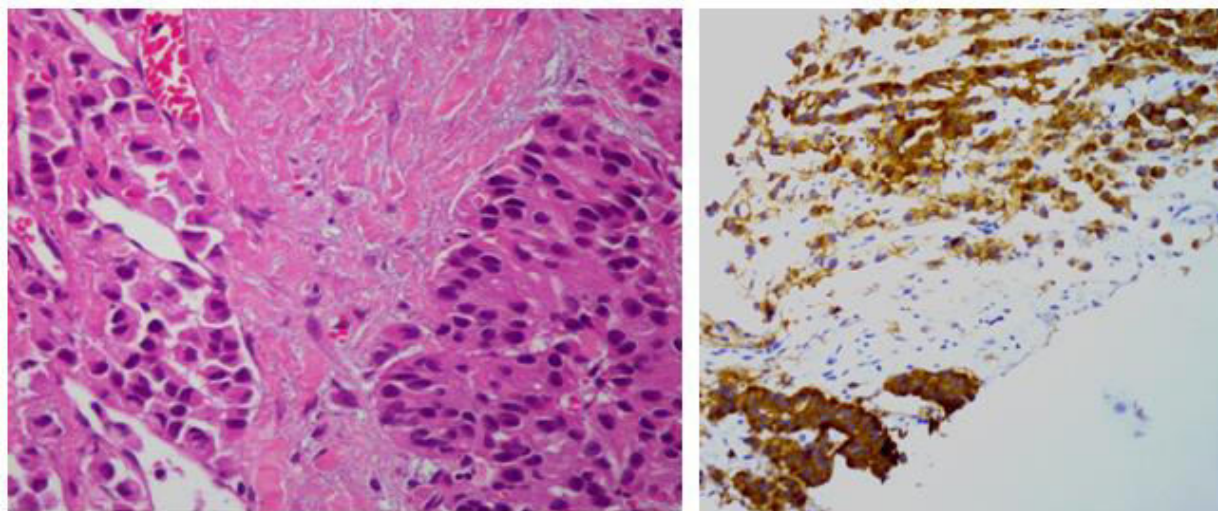


Figure 4: Hepatic biopsy showing a tumor proliferation that was made of two architectural aspects independent cells, and trabeculolobular classical endocrine architecture with expression of synaptophysin on immunochemistry.