Turk J Gastroenterol 2004; 15 (2): 117-119

Inflammatory myoglandular polyp: A rare cause of hematochezia

İnflamatuar myoglandüler polip: Nadir bir hematokezya nedeni

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Inflammatory myoglandular polyp is characterized by inflammatory granulation tissue in the lamina propria, proliferation of smooth muscle, and hyperplastic glands with variable cystic change. The etiology is obscure. Mucous diarrhea, tenesmus, and hematochezia are main symptoms. We hereby report an 80-year-old man with diagnosis of inflammatory myoglandular polyp.

Keywords: Inflammatory myoglandular polyp, hematochezia

inflamatuar myoglandüler polip lamina proprianın inflamatuar granülasyon dokusu, düz kas hücrelerinin proliferasyonu, glandların hiperplazisi ve nadiren kistik dilatasyonu ile karakterizedir. Etyolojisi bilinmemektedir. Mukuslu ishal, tenesmus ve hematokezya en sık görülen semptomlardır. Burada 80 yaşında inflamatuar myoglandüler polip tanısı alan bir olgu sunuldu.

Anahtar kelimeler: İnflamatuar myoglandüler polip, hematokezya

INTRODUCTION

Nakamura first described a new benign colorectal epithelial polyp in 1992, which was termed inflammatory myoglandular polyp (IMGP) (1). Its characteristic histopathologic features are inflammatory granulation tissue in the lamina propria mucosa, proliferation of smooth muscle, and hyperplastic glands with occasional cystic dilatation (1).

In this report, we describe another case of inflammatory myoglandular polyp in the sigmoid colon.

CASE REPORT

A 82-year-old man was admitted to the emergency service with hematochezia. History revealed right hemiplegia for five years. Colonoscopy showed a pedunculated large polyp (>6 cm) with a reddish smooth surface (Figure 1), and multiple diverticula in the sigmoid colon. Histopathologic examina-

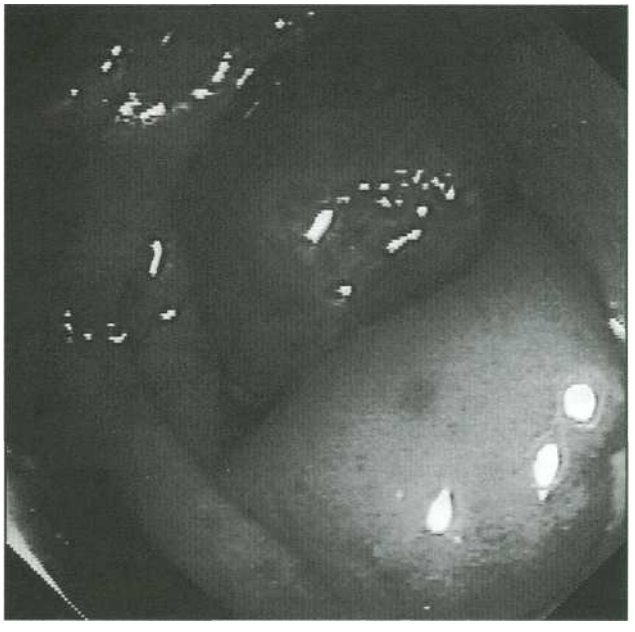

Figure 1. Colonoscopic appearance of the polyp

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Manuscript received: 20.01.2004 **Accepted:** 23.03.2004

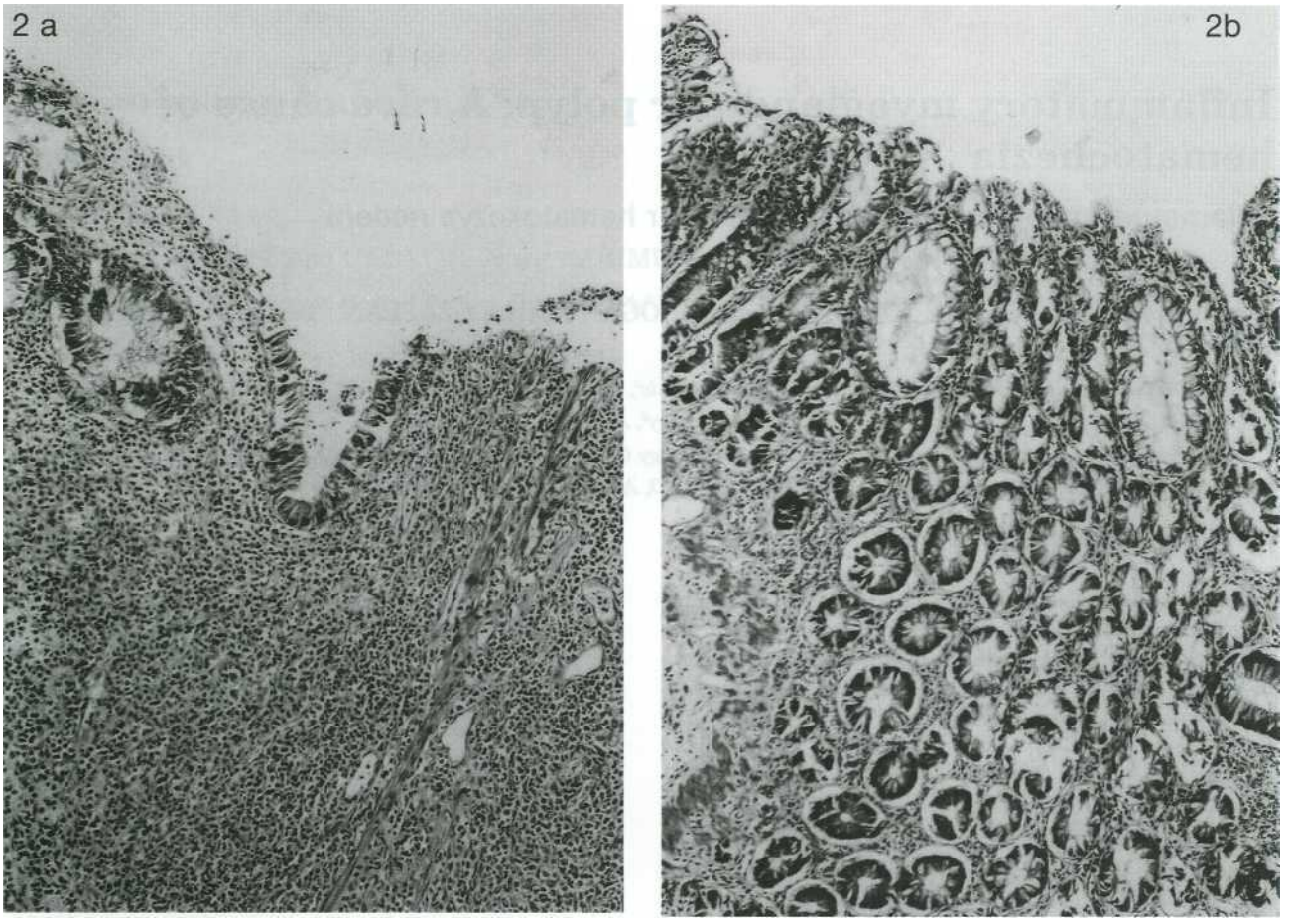

Figure 2a (H. E. x 40) - 2b (H. E. x 200). Both of the figures reveal the pathological specialities of inflammatory myoglandular polyp.Histopathologic examination of the specimen showed inflammatory granulation in the lamina propria mucosa, proliferation of smooth muscle and hyperplastic glands with cystic dilatation

tion of the specimen showed inflammatory granulation in the lamina propria mucosa, proliferation of smooth muscle and hyperplastic glands with cystic dilatation (Figures 2a, 2b). The polyp was diagnosed as inflammatory myoglandular polyp based on the characteristic histological features.

The patient underwent a left hemicolectomy after which all symptoms disappeared.

DISCUSSION

Inflammatory myoglandular polyp has been characterized as a solitary, non-neoplastic polyp consisting of inflammatory granulation tissue in the lamina propria, proliferation of muscularis mucosae, and hyperplastic glands with variable cystic change (1-6). IMGP is solitary, pedunculated and, rarely, covered by a fibrin cap. Also, IMGP has no association with inflammatory bowel diseases and is located not only in the rectosigmoid, but also in the descending and transverse colon (7). In our case, the localization was in the sigmoid colon.

Although the etiology of IMGP remains uncertain, Nakamura (1) proposed that chronic trauma from intestinal persitalsis may contribute to the pathogenesis of IMGP. Since IMGP has never been reported to accompany neoplasia to date (1-6) endoscopic polypectomy alone seems to be sufficient treatment. However, our patient had a polyp that was too large for endoscopic removal, and we preferred surgery for this case. On the other hand, there has been controversy about whether IMGP is clinicopathologically distinct from mucosal prolapse syndrome, inflammatory cloacogenic polyp, inflammatory cap polyp, and polypoid prolapsing mucosal folds of diverticular disease (6). Many polypoid conditions throughout the gastrointestinal tract have been thought to be due to mucosal prolapse (8). Also, mucosal prolapse may be the etiological cause of myoglandular polyp. This en-

tity bears similarity to polypoid prolapsing mucosal folds in diverticular disease as reported by Kelly (9). Nakamura pointed to the fact that patients who had myoglandular polyps usually had diverticuli in the sigmoid colon (1). In accordance with this report, our case had multiple diverticula in close proximity to the main pathology. IMGP was composed of inflammatory granulation tissue, hyperplastic glands, and proliferation of smooth muscle in a radial fashion but never showed the villous architecture usually found in the mucosal prolapse syndrome (10). Inflammatory cloacogenic polyp is a solitary, pedunculated polyp with tubulovillous architecture only at the anorectal transition zone (11). Also, it is known that inflammatory myoglandular polyp has to be distinguished from other polyps because of its different clinical features. Mucous diarrhea and tenesmus are the most common symptoms of patients with inflammatory cap polyp (12), while the main symptom of IMGP is hematochezia (1-4). However, the causes of inflammatory myoglandular polyp are still obscure, and further accumulation of cases may disclose their pathogenesis.

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