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Phlebosclerotic colitis mimicking colon cancer

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Dear Editor,

A 59-year-old Korean man presented to the gastroenterology clinic at Kosin University Gospel Hospital for the management of abnormal findings on colonoscopic examination. The patient was healthy when he visited our clinic. Two months before presenting to our hospital, the patient previously underwent colonoscopic examination for a health checkup at another hospital. The examination revealed asymmetric edematous dark-bluish colonic mucosa and sclerotic changes of the colonic walls with engorged vessels from the cecum to the proximal ascending colon. The patient was referred to our clinic on May 25, 2016.

At presentation, he was active and did not experience any symptoms. He drank alcohol, had a history of smoking (15 pack-years), and used herbal medicines, including red ginseng, for over 4 months. His history and family history of cancer were unremarkable. Vital sign and physical examination results were normal. The results of complete blood count, plasma electrolyte levels, kidney and liver function tests, coagulation tests, and urinalysis were normal. Abdominal computed tomography revealed diffuse bowel wall thickening, with calcification from the cecum to the ascending colon, thrombus with ileocolic vein enlargement, and two calcifications along the mesenteric vessels (Figure 1a, b). The lesion was considered highly likely to be mucinous adenocarcinoma by an experienced radiologist. The findings of the colonoscopic examination were similar to those found in the previous hospital, and biopsy during colonoscopy revealed fibrosis in the lamina propria and blood vessel walls (Figure 2, 3). However, fibrosis in the submucosal layer was not evident because of insufficient number of samples. CT with positron-emission tomography revealed no primary lesions or distant metastasis. After 1 month, the patient underwent a laparoscopic right-hemicolectomy because the possibility of malignancy could not be completely ruled out. The resected specimen revealed cecal wall thickening and venous wall dilatation, with focal calcification and fibrosis (Figure 4a, b). Circumferential black discoloration in the cecum and appendix, without mucin deposit, was observed in the cut sections (Figure 4c).

Figure 1. a, b. Abdominal computed tomography shows diffuse bowel wall thickening with calcification from the cecum to the ascending colon (a), hypoattenuating venous filling defect (white arrow) with ileocolic vein enlargement, and two calcifications (black arrowhead) along the mesenteric vessels (b)

Based on these findings, we made a diagnosis of phlebosclerotic colitis (PC). The patient has been in good health after 6 months of follow-up.

Phlebosclerotic colitis is a rare disease with a chronic course in most cases and is characterized by sclerosis and calcified mesenteric venous walls (1,2). PC might be associated with toxins, lupus, rheumatoid arthritis, amyloidosis, hepatic disease, vasculitis, and diabetes. Recent studies have reported that herbal medication might also contribute PC (3,4). The bowel wall thickening with mural calcifications of PC is regular and symmetric with long segment involvement, whereas that of mucinous adenocarcinoma is irregular and asymmetric with short segment involvement (5). However, the present case demonstrates that PC can also be irregular with asymmetric bowel wall thickening and short segment involvement. Therefore, if a patient with dark-bluish colonic mucosal change has a wall thickening with calcifications in the colon and mesenteric vessels and a history of herbal medication, PC should be considered.

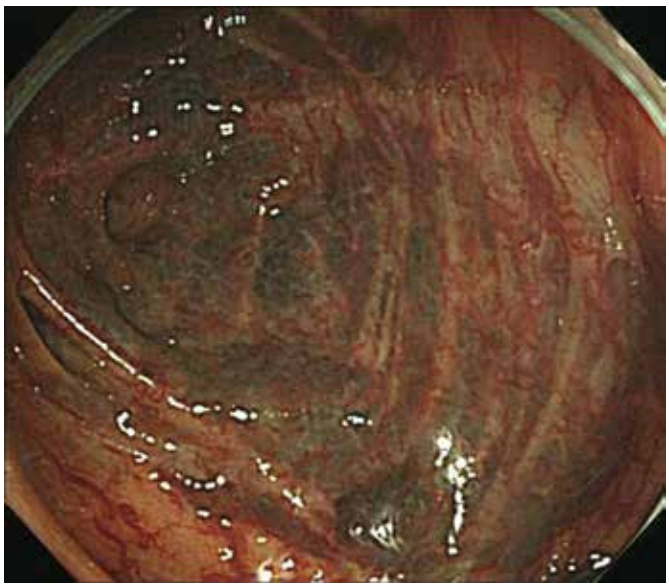

Figure 2. Follow-up colonoscopic examination shows asymmetric edematous dark-bluish colonic mucosa and sclerotic changes of the colonic walls with engorged vessels from the cecum to the proximal ascending colon

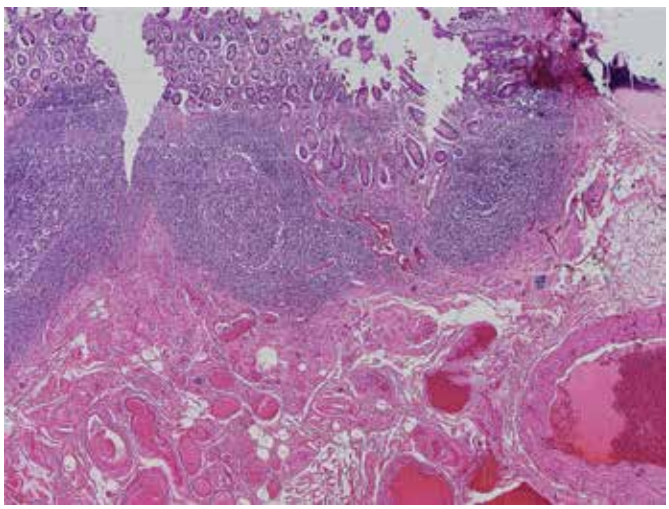

Figure 3. Biopsy conducted during colonoscopy shows fibrosis in the lamina propria and blood vessel walls (×100, Hematoxylin and Eosin stain)

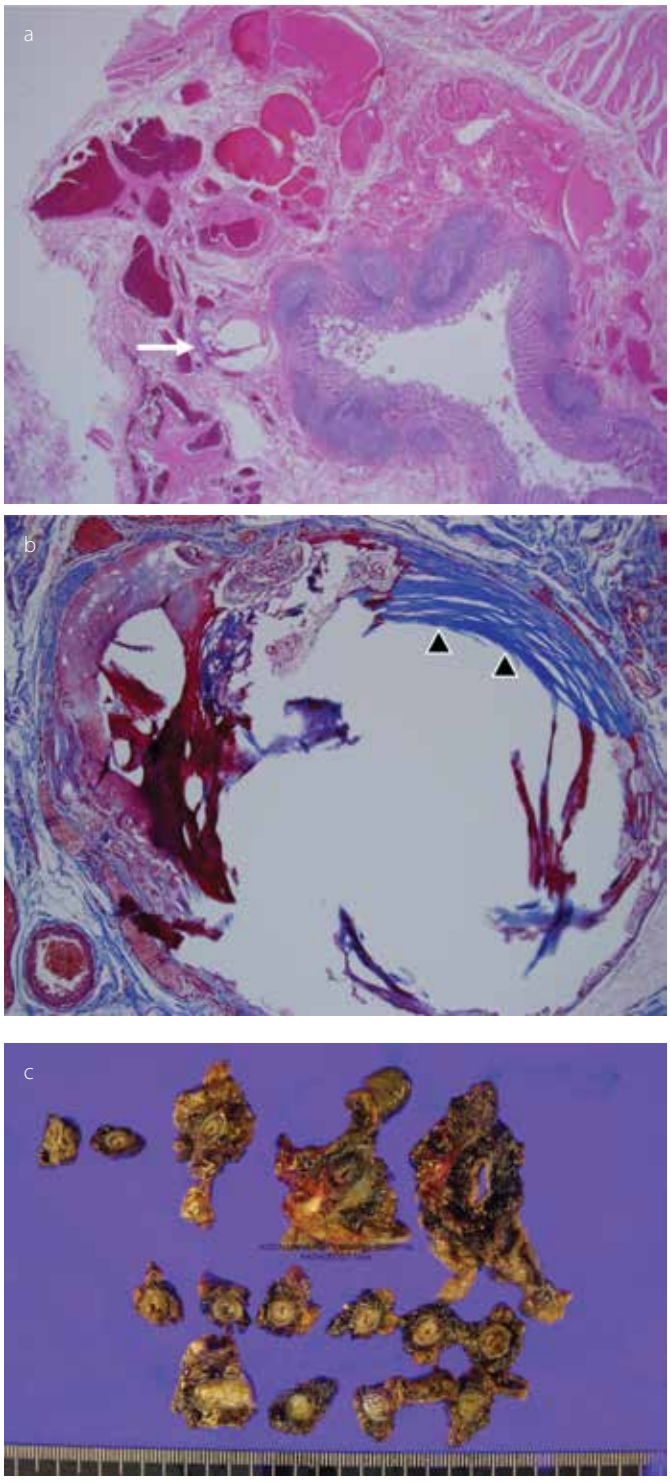

Figure 4. a-c. The resected specimen revealed cecal wall thickening and venous wall dilatation, with focal calcification (white arrow) and fibrosis (black arrowhead) (a), (×2, HE stain) (b) (×100, Masson's trichrome stain), circumferential black discoloration in the cecum and appendix without mucin deposit are observed in the cut sections (c)

Informed Consent: Written informed consent was obtained from the patient who participated in this study.

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