Abnormal growth

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QUESTION

A 20-year-old man with a one-year history of severe ulcerative pancolitis had been receiving azathioprine for 8 months with low-dose prednisone to maintain clinical remission. The last 2 months were marked with episodes of abdominal pain and vomiting, and he subsequently presented to the emergency department for exacerbation of abdominal pain with incoercible vomiting. Complete blood tests with CRP levels were within normal ranges. An abdominal and pelvic CT scan was then performed (Figure 1, 2).

What does-it show?

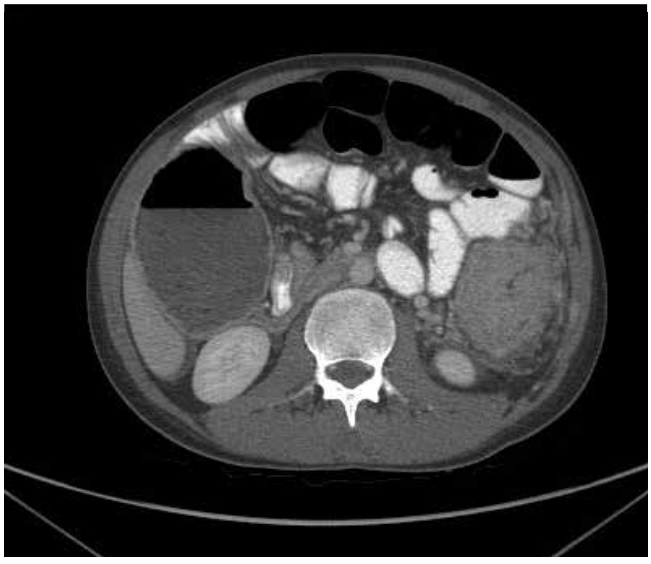

Figure 1. CT image of circumferential colonic thickening in axial plane

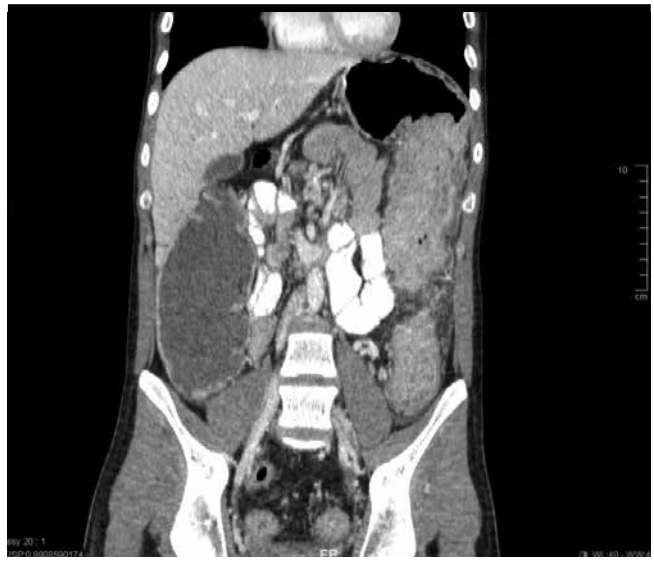

Figure 2. CT image of circumferential colonic thickening with irregular mucosal contours involving the splenic flexure and the descending colon in coronal plane

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ANSWER

The CT scan revealed bowel obstruction and a circumferential colonic thickening with irregular mucosal contours involving the splenic flexure and the descending colon. On endoscopy, the rectum appeared normal, but the endoscope could not be inserted beyond the sigmoid colon because of the presence of a polypoid lesion. A subtotal colectomy was then performed with preservation of the rectum. Macroscopic examination of the excised portion showed a 2-cm thickening of the wall of the excised colon (50 cm) (Figure 3), with a continuous cluster of pseudopolyps all over the mucosa (Figure 4), reducing the colic lumen. Microscopic examination confirmed the diagnosis of obstructing postinflammatory pseudopolyps, composed of a layer of hyperplastic glandular epithelium, also including the mucosa muscularis. No dysplastic lesions were noted. The rest of the colon showed stigmata of quiescent colitis.

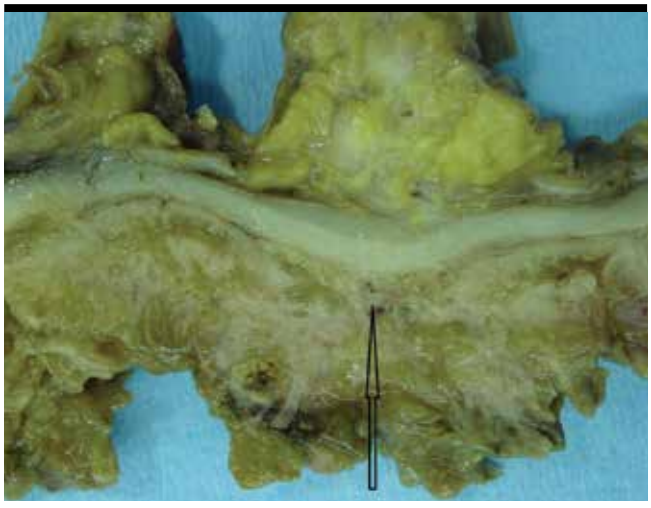

Figure 3. Thickened wall of the colon on macroscopic view

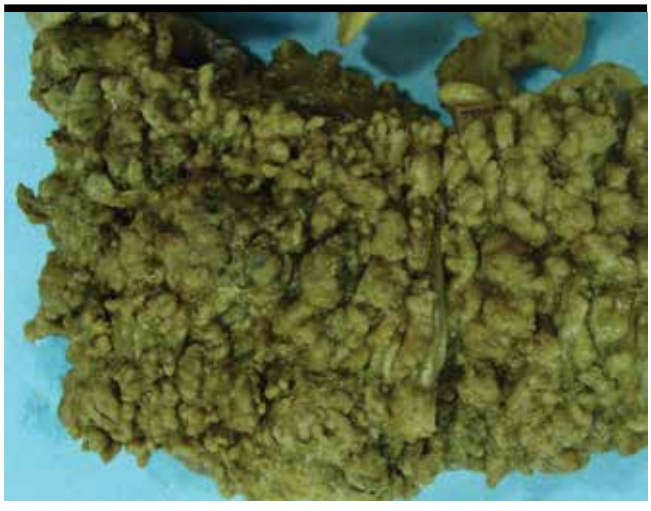

Figure 4. Cluster of pseudopolyps

Pseudopolyps are a frequent finding in inflammatory bowel disease (IBD) accounting for approximately 10% to 20% of all cases (1). It is believed that they are due to hyperplastic healing after intense inflammatory flare. They can appear as early as 1 month after the diagnosis of the IBD and as late as many years after. The presence of numerous, relatively large polyps coalescing in a localized segment of the intestine are described as a giant inflammatory polyposis. This inflammatory polyposis can be misdiagnosed as tumor-like proliferation and be revealed by the development of intestinal obstruction or sub-obstruction, as in our case (2).

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

Peer-review: Externally peer-reviewed.

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