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A rare ileal tumor causing anemia and intussusception: Inflammatory fibroid polyp

To the editor,

A 41-year-old female patient with symptoms of severe abdominal pain, vomiting, diarrhea, rectal bleeding, and weight loss was sent to our endoscopy unit for a colonoscopy. The full blood count revealed hemogram 8.6 g/dL and hematocrit 28%. Colonoscopic investigation revealed a fragile and bleeding tumoral mass at the level of the cecum that obstructed the lumen completely (Figure 1a). At surgery, an ulcerated mass that localized at the final section of the ileum and invaginated to the colon was found. When the specimen was opened, an ulcerative 5-cm mass located 12 cm from the ileocecal valve was seen (Figure 1b). The histopathology evaluation of the specimen led to a diagnosis of inflammatory fibroid polyp (IFP) (Figure 2). Microbiological evaluation showed *Actinomyces israelii* in the tissue. The anemia recovered during postoperative follow-up.

The etiology of IFP is unknown. Some authors feel it is an allergic reaction against an inflammatory stimulus (bacterial, chemical, or trauma). The presence of eosinophils is important in the diagnosis but may be absent in a small percentage of the cases. A myxoid stroma is seen in almost all cases. Stromal fibroblasts show positive staining with CD34 (1). Inflammatory myofibroblastic tumors and gastrointestinal stromal tumors take first place in the differential diagnosis. Clinical findings may vary according to the location and size of the polyp. Abdominal pain, nausea, and vomiting are the most common findings (2). Some cases may develop bleeding and, rarely, related anemia. The reason is the general lack of a capsule on the polyp and the development of an ulceration on the overlying mucosa (3). The reported case also had a bleeding ulcerated area on the polypoid mass. However, this may have been due to the *Actinomyces israelii* found on the specimen (Actinomycosis). Actinomycosis is a chronic infection caused by bacteria present in the colon flora that results in mucosal barrier damage. There has been only one report of a microorganism associated with a fibroid polyp (cytomegalovirus) in the literature, and this is the second case (4).

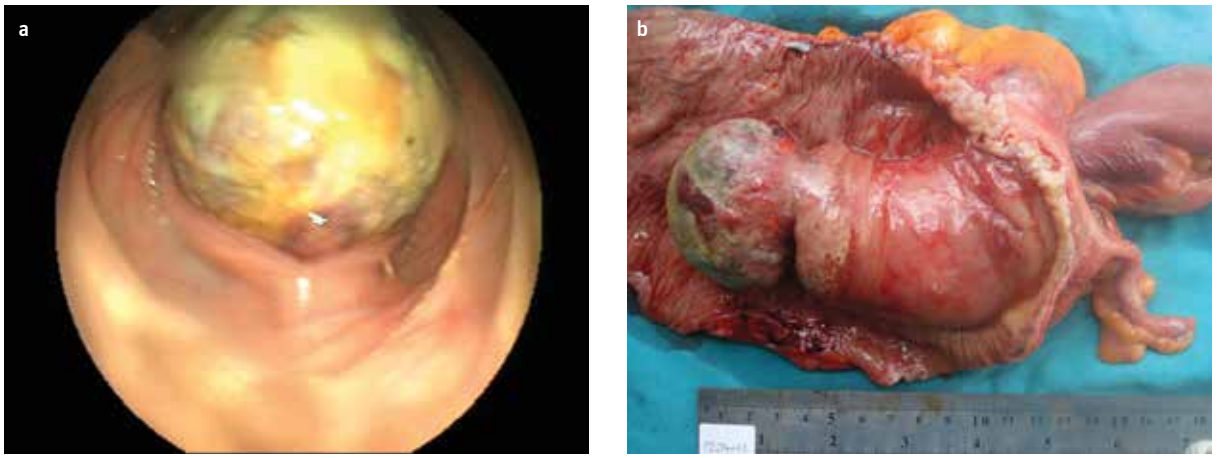

Figure 1. a, b. The colonoscopic appearance of a hemorrhagic mass that completely obstructed the colon at the cecum **(a)**. Twelve-centimeter ulcerated segment of terminal ileum showing invagination into the cecum and ascending colon **(b)**.

This case was presented at the 18th National Surgical Congress, in İzmir, May 23-27, 2012

Adress for Correspondence: Barlas Sulu, Departments of General Surgery and Pathology, Kafkas University Faculty of Medicine, Kars, Turkey
E-mail: barlas.sulu36@gmail.com

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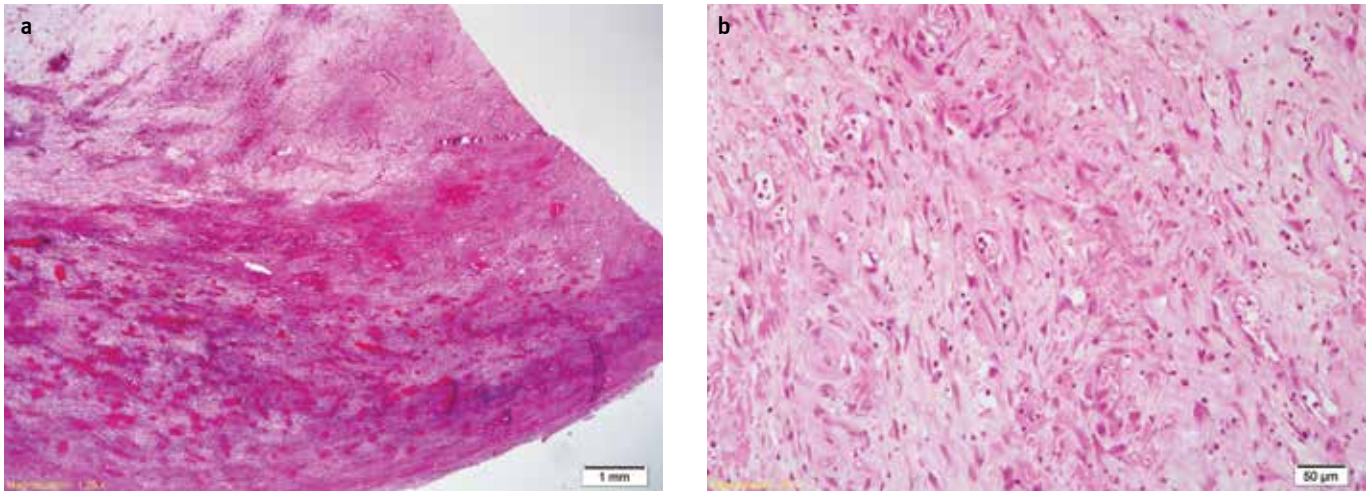

Figure 2. a, b. Low-power magnification revealed a paucicellular, myxoid, and vessel-rich neoplasm. The surface was eroded and congested **(a)**. On close-up view, the neoplasm was composed of activated fibroblasts and chronic inflammatory cells, including eosinophils and a prominent capillary network **(b)**.

Colonoscopy, abdominal ultrasonography, and computed tomography are the methods used to detect IFP lesions (2). However, most cases are only diagnosed during surgery. Endoscopic polypectomy is adequate for treatment of polyps with a small diameter (5). Polyps with large diameters usually require resection, as they cause conditions that require emergency surgery, such as intussusception.

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Barlas Sulu, Yusuf Günerhan, Kemal Kösemehmetoğlu
Departments of General Surgery and Pathology, Kafkas University Faculty of Medicine, Kars, Turkey

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