

Cap polyposis: Unusual cause of bleeding mimicking malignancy in a young patient

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INTRODUCTION

- Cap polyposis is a rare entity involving inflammatory polyps covered by fibrinopurulent exudate.
- Etiologies are chronic mucosal irritation or infection.
- Symptoms consist of tenesmus, diarrhea or rectal bleeding.
- We report a young and healthy male who presented for rectal bleeding and was incidentally found to have this.

CASE PRESENTATION

A 28-year-old-male presented for intermittent rectal bleeding. Labs revealed hemoglobin of 6.8 g/dL and iron deficiency anemia. He received 1 unit of packed red blood cells and was referred to gastroenterology.



EGD was unremarkable. Colonoscopy showed 4-cm long, circumferential, polypoid, fungating and friable rectal mass (Figure 1). Biopsy revealed severe inflammation. He underwent surgical resection of mass and biopsy showed extensive granulation tissue with no features of malignancy.



Follow-up flexible sigmoidoscopy showed 7-mm rectal polyp. Histopathology showed inflammatory infiltrate covered by ulcerated mucosa and surface exudate ("cap") (Figure 2, 3). Hemoglobin trended up to 15.3 g/dL and he had no recurrence of bleeding.

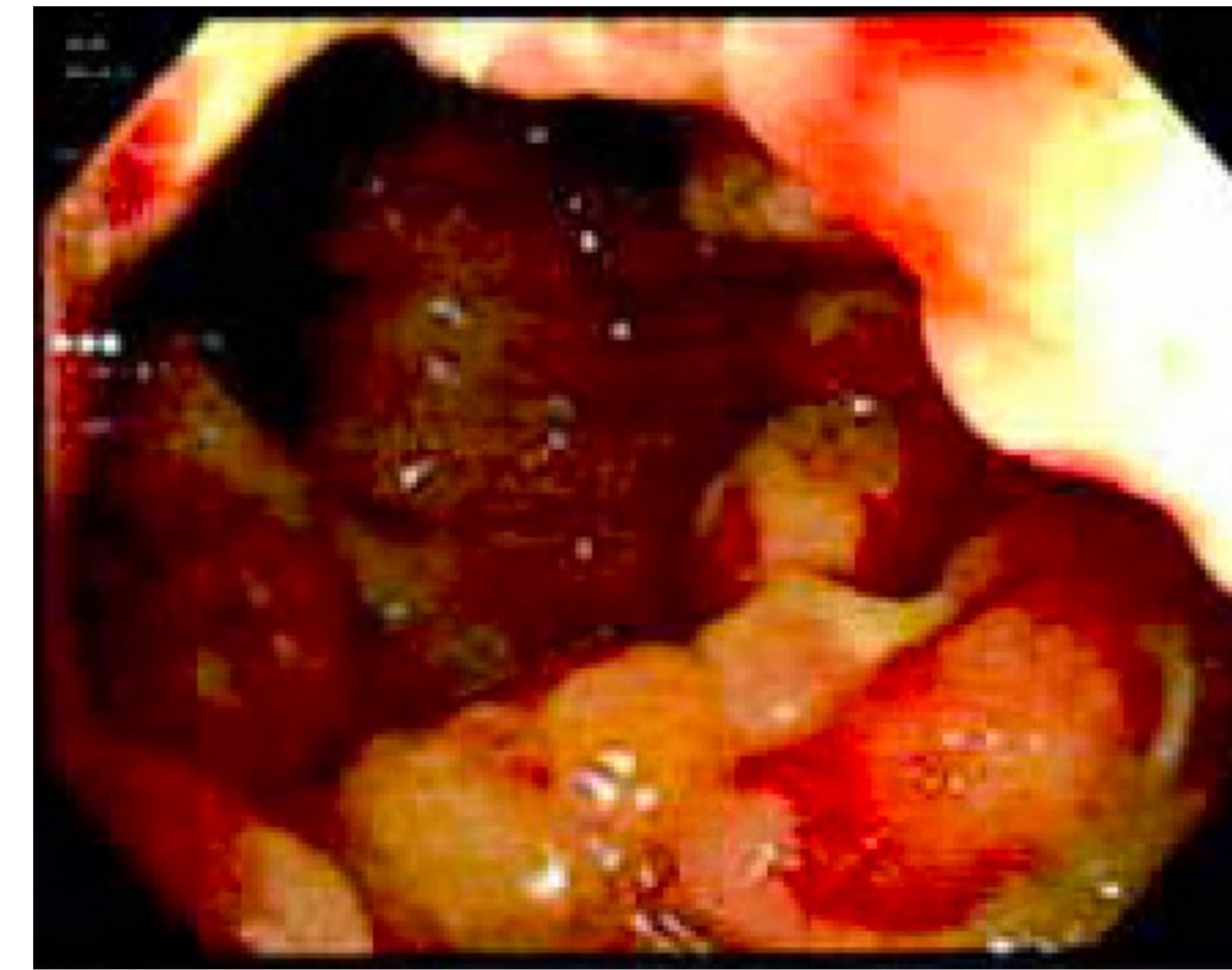


Figure 1. A 4-cm circumferential, polypoid, fungating rectal mass.

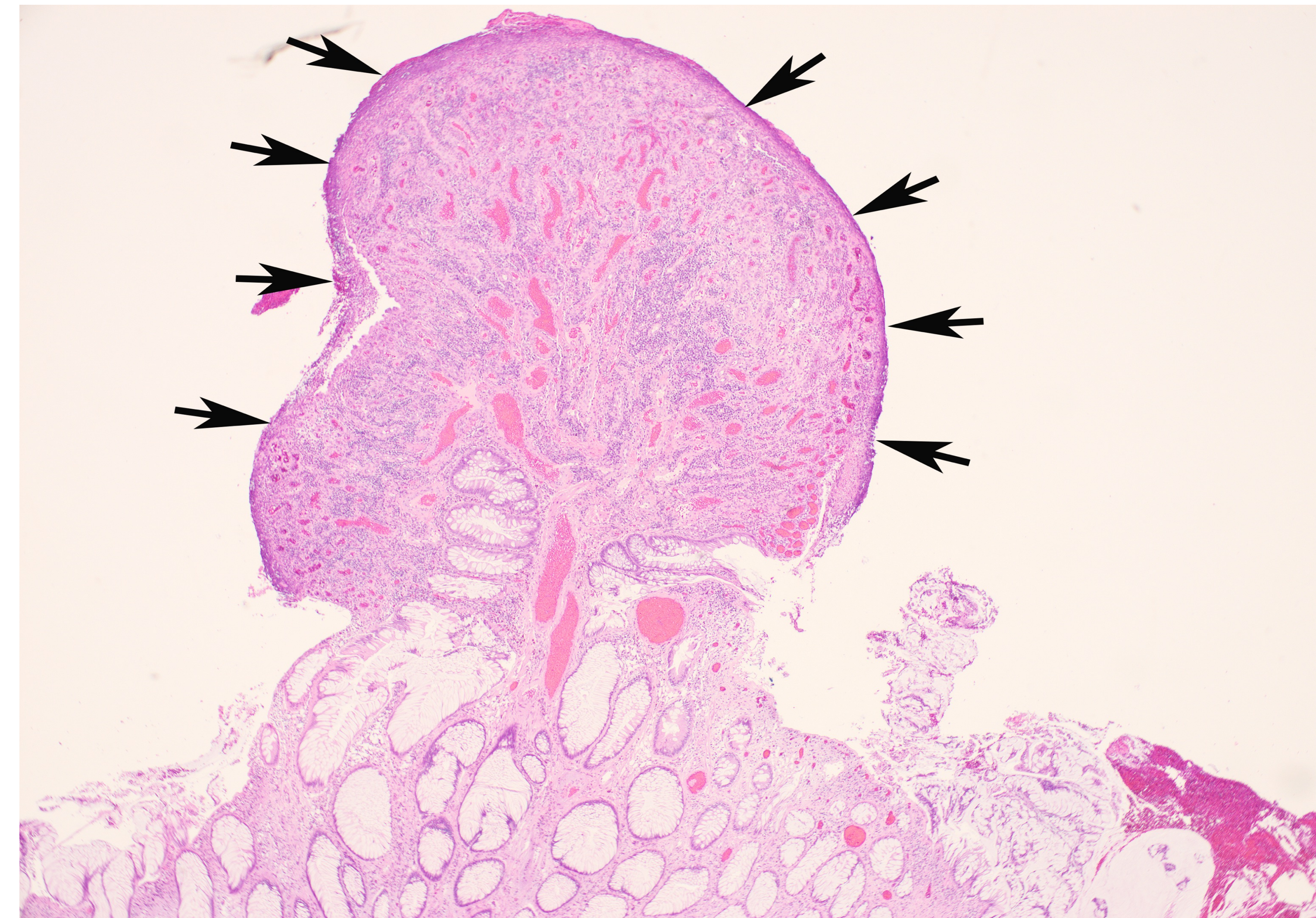


Figure 2. Low power view of one of numerous polyps showing complete ulceration of surface, inflammatory cap (arrows), presence of granulation tissue and mixed inflammation in stroma of the polyp.

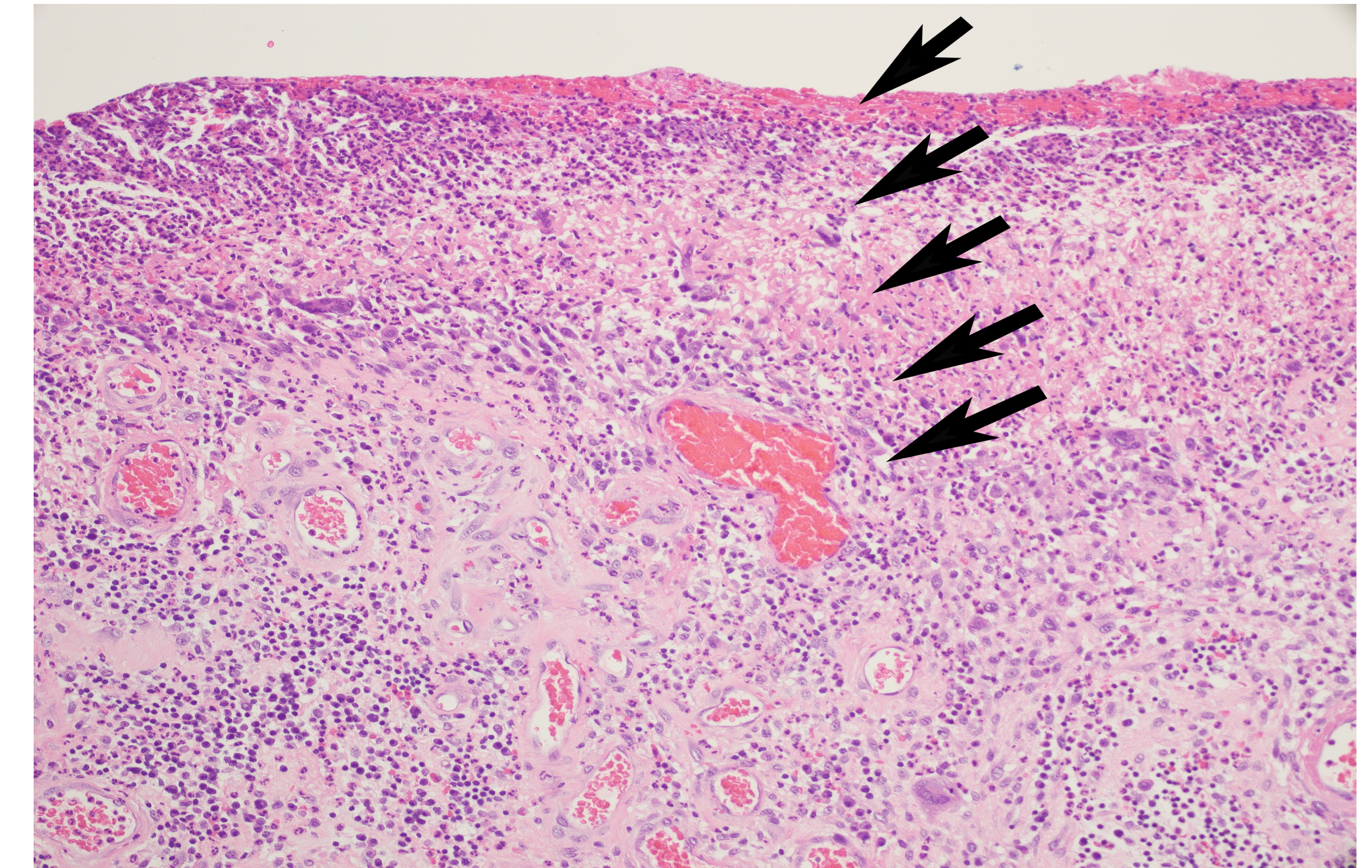


Figure 3. Medium power of surface of ulcerated polyps showing inflammatory cap (arrows) composed of surface neutrophilic exudate along with fibrin and lack of surface epithelial lining.

DISCUSSION

- Cap polyposis is rare etiology of rectal bleeding and iron deficiency anemia.
- It is important to consider cap polyposis in the differential diagnosis of malignant appearing recto-sigmoid masses.
- Treatment involves endoscopic polypectomy or rarely, surgical excision.

REFERENCES

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