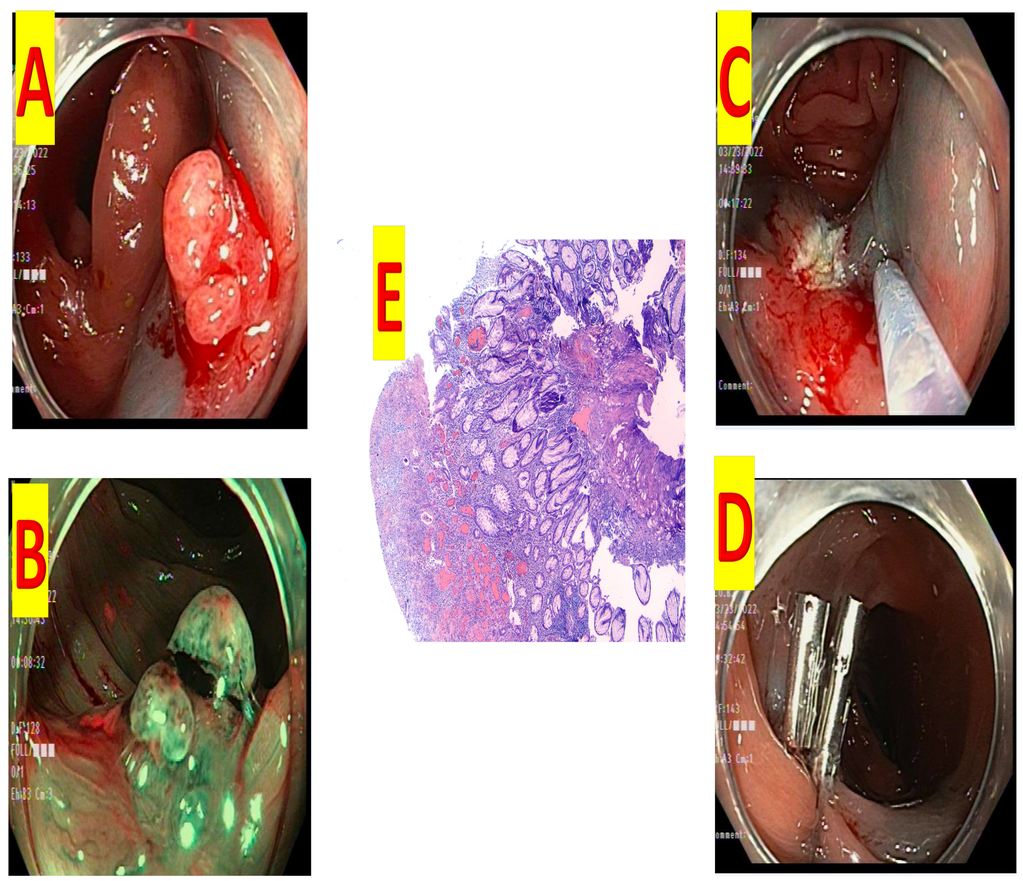
Sporadic inflammatory polyp causing persistent hematochezia

Raguraj Chandradevan, Pooja Mude, Kenneth J. Vega, Amanda Barrett, John Erikson Yap
Medical College of Georgia, Augusta, Georgia

Introduction:
Inflammatory polyps (IPs) are a rare, benign colonic entity. It can be caused by any condition that leads to prolonged inflammation or tissue injury.
We present a rare case of sporadic inflammatory polyp causing persistent hematochezia which required repeated endoscopic interventions to completely resolve symptoms.

Case:
A 43 y/o female without significant past medical history was seen due to persistent hematochezia. She denied NSAID use, family history of colon cancer/polyps, unintentional weight loss, abdominal pain or change in bowel habits.
Her physical exam was unremarkable; recent laboratory parameters revealed a hemoglobin of 12.8 g/dL, and ferritin is 18ng/dL, while on oral iron supplementation, consistent with iron deficiency.
Initial colonoscopy was performed by a local gastroenterologist with a 10mm sessile transverse colon polyp found and biopsied.
The polyp continued to ooze necessitating hemostasis control using a hemoclip.
Pathology revealed an inflammatory pseudopolyp and the patient was referred to our institution for endoscopic management.
In the interim, patient continued to have hematochezia with bowel movements.
Repeat colonoscopy showed an oozing sessile polyp which was completely removed via endoscopic mucosal resection (EMR) and coagulation of capillaries using the snare tip surrounding the polyp EMR site.
The site was then closed by approximating mucosa using 3 hemoclips.
The patient did not experience any further bleeding following intervention.



A: Magnified view of the inflammatory polyp with sessile appearance and oozing
B: Narrow band imaging view of the IP
C: Post EMR view with coagulation of the visible vessels surrounding the IP
D: Post EMR view with hemoclips deployed
E: 40x H&E: Colonic mucosa with hyperplastic changes, surfaced by a polypoid projection of granulation tissue (note prominent dilated vasculature with intervening inflammation).

Discussion:
IPs are a well-recognized entity in patients with IBD, however it can also be associated with ischemic colitis, infectious colitis, intestinal ulcers, and mucosal anastomosis.
One third of the time, IPs may develop sporadically and share morphological features of epithelial polyps, adenocarcinoma, and vascular tumors.
The majority are asymptomatic but can cause bleeding.
Endoscopically, polyps are lined with normal edematous or superficially ulcerated mucosa.
The stalk is often fibrous and vascular but may also contain muscle fascicles.
IPs are confirmed with pathologic finding of inflammatory cells, replaced granulation tissues and episodic presence of hyperplastic changes.
Sporadic IPs are typically treated endoscopically via polypectomy or EMR.
Some cases might need ablation for bleeding control or surgical resection.
Endoscopists should keep IPs in the differential diagnosis as an etiology for hematochezia.