



# Giant Inflammatory Polyp: An unusual cause of a positive Fecal Immunochemical Test

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## Introduction

Fecal Immunochemical Test (FIT) is a common screening method for colorectal cancer. When positive, a follow-up colonoscopy is needed to rule out an underlying colorectal malignancy or polyps. We present a case of an asymptomatic patient with a positive FIT who was found to have a nearly obstructing, giant inflammatory polyp on diagnostic colonoscopy, which ultimately led to the diagnosis of Crohn's disease.

## Case Description

Patient: 61-year-old male with a history of diabetes mellitus, hypertension, and obstructive sleep apnea

CC: Diagnostic colonoscopy after positive FIT

Other relevant history:

- Negative FIT 5 years ago, normal colonoscopy in the past
- No gastrointestinal (GI) symptoms or family history of inflammatory bowel disease (IBD) or GI cancer

Timeline of events:

- Diagnostic colonoscopy: Friable right colon mass that obstructed 85% of the lumen, biopsy with inflammation without adenomatous or malignant changes.
- Further workup: CT scan with a 7.5 cm segment of diffuse bowel wall thickening in the hepatic flexure. Normal CEA.
- Right hemicolectomy for definitive diagnosis and treatment.
- Final pathology: Giant inflammatory polyp
- Colonoscopy one year later with recurrent inflammation and ulceration at the anastomotic site, biopsies suggestive of Crohn's disease (chronic active inflammation, cryptitis, and granulomas).

## Images



Figure 1. Initial Colonoscopy showing obstructing right colon mass



Figure 2. Obstructing colon mass on initial CT after colonoscopy

## Discussion

This case was an unusual presentation of a giant inflammatory polyp, which ultimately led to the diagnosis of Crohn's disease. Though giant inflammatory polyps can be seen in patients with IBD, the initial presentation was unusual as it was found incidentally and was concerning for malignancy. Ultimately a right hemicolectomy was needed given the obstructing features of the mass and the need for definitive diagnosis. Although malignancy remains the highest concern for this type of clinical presentation, it is important to consider other potential diagnoses.

## Key Points

- Colon cancer is highest on the differential for most obstructing colon lesions; however, one must consider other causes such as giant inflammatory polyps, mucosal prolapsed induced polyps, large adenomas, or inflammatory pseudo polyps [1]
- A nearly obstructing giant inflammatory polyp diagnosed in an asymptomatic FIT positive patient is an unusual presentation

## REFERENCES

1. Katerji R, Huber AR. Giant Inflammatory Polyps in Diverticular Disease Mimicking a Colonic Mass: A Potential Malignant Masquerader. *Am J Case Rep.* 2020;21:e923242. Published 2020 Jun 29. doi:10.12659/AJCR.923242