

Extensive Giant Inflammatory Pseudopolyposis in Ulcerative Colitis

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Received date: September 25, 2017; Accepted date: October 05, 2017; Published date: October 10, 2017

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Citation: Bansal N and Farooq A (2017) Extensive Giant Inflammatory Pseudopolyposis in Ulcerative Colitis. J Hepatol Gastroint Dis 3: 154. doi: 10.4172/2475-3181.1000154

Abstract

Giant Inflammatory pseudo polyposis are rare complications seen usually in inflammatory bowel disease. We report a case of extensive giant inflammatory pseudo-polyposis in a 48 year old male with long standing history of ulcerative colitis (UC). His colonoscopy revealed large polypoidal mass in colon. He underwent procto-colectomy with ileal pouch anastomosis. Colectomy specimen revealed extensive circumferential polyposis (>500) filling the entire colon which on histology showed inflammatory polyps. This case highlights extensive polyposis disease in a long standing case of UC masquerading as a neoplasm.

Keywords: Giant inflammatory pseudopolypoidosis; Ulcerative colitis

Case Report

A 48 year old male from Afghanistan diagnosed as ulcerative colitis in 2000. He did not receive any specific treatment till 2015. Patient presented in April 2015 with diarrhoea and blood in the stools. He underwent colonoscopy which revealed pancolitis. He was put on ASA, Azathioprine and steroids. Patient came for a follow-up in May 2016. He was having non bloody stools 3-4 episodes/day which were semisolid. He was not able to taper his steroids dose below 20 mg/day. There was no history of abdominal pain. He underwent colonoscopy which revealed a large polypoidal lesion with smooth surface occupying the entire lumen of the colon. Numerous small polyps were seen in rectum. Colonoscope could not be negotiated through the growth. Biopsy taken for histopathology revealed inflammatory polyp. Patient underwent procto-colectomy with ileal pouch anal anastomosis. Gross examination of specimen revealed more than five hundred polyps filling the entire colon and rectum. Histology from these polyps show benign inflammatory pseudopolyposis.

Discussion

Inflammatory pseudopolyps are common complication seen in long standing inflammatory bowel disease such as Crohn's disease or ulcerative colitis. They are also rarely seen in cases of ischemic colitis, neonatal enterocolitis or infectious colitis. They represent areas of inflamed and regenerating mucosa that project above the level of the

surrounding mucosa, which is frequently ulcerated. They could be localized or diffuse. Rarely, they could form large sized polyps mimicking malignancy and are known as giant inflammatory polyposis [1-3]. Presence of mainly numerous filamentous polyps projecting above the surrounding mucosa is called filiform polyposis. These polyps are associated with crohn's disease in approximately two-thirds of cases and with UC in one-third of cases [4].

They are commonly seen in transverse colon, followed by the sigmoid and descending colon, the caecum and the splenic and hepatic flexures [5]. In our case, two masses of giant inflammatory polyposis were located in the transverse and descending colon. Rarely the entire colon including ascending, transverse, descending and sigmoid colon and rectum become involved as was seen in our case. Ileum was free of polyps. Long duration of disease >20 years may have led to this complication. Histology of these polyps show inflamed lamina propria with or without surface ulceration. There is crypt architecture distortion with crypt branching and foci of cryptitis and crypt abscess.

Conclusion

To conclude, we report a case of an Afghani male known case of ulcerative colitis for past 15 years on irregular medication who was diagnosed with extensive giant inflammatory polyposis involving entire colon with >500 polyps mimicking malignancy.

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