An obstructing mass in a young ulcerative colitis patient

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CASE REPORT

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INTRODUCTION

Giant inflammatory polyps occur rarely in ulcerative colitis patients. The presentation is often insidious and the endoscopic appearance can be alarming. The following case illustrates these points.

DISCUSSION

Giant inflammatory polyps (GIPs), also known as filiform polyposis or pseudo-polyps, are defined as being more than 1.5 cm in diameter. First described in 1965, they can occur in both ulcerative colitis and Crohn’s disease.
although the former is more common. They occur most commonly in females with pancolitis at the age of 20-40 years, diagnosed 1-5 years prior to presentation with GIPs. There is a predilection for the transverse colon, although the condition has been described at all colonic sites. GIPs can present in a number of different ways, including crampy abdominal pain, anemia, obstruction, hypoproteinemia and palpable abdominal mass. Its presentation and endoscopic findings may mimic those of a colonic tumor. There are no pathognomonic signs to confidently differentiate colonic pseudopolyph from villous adenoma, dysplasia-associated lesion or mass or carcinoma. The pathogenesis is deemed to be abnormal healing in the form of enthusiastic post-inflammatory regeneration. GIPs have been found in both quiescent and active diseases which may represent detection at different stages in their development. Balazs has found further evidence for this from the histopathological analysis of GIPs which shows changes similar to those described in delayed type hypersensitivity. Treatment is currently surgical in all previously described case reports, as most of the patients present with obstruction, and because of the size of the polyp.

We believe that GIPs should be suspected more often in young patients with colitis presenting with obstruction. Hypoalbuminemia is an interesting aspect that has been previously reported and attributed to an etiology similar to that of Menetrier's disease. Although non-specific in the appropriate clinical context, its presence should add further suspicion for the presence of GIPs.

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