

Giant inflammatory polyp in a crohn's disease patient

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ABSTRACT A spider-shaped polyp, for which the histopathological diagnosis was giant inflammatory polyp, was detected on normal rectal mucosa in a Crohn's disease patient. There was no ulceration or diverticula on the rectal mucosa, but an enterovesical fistula was located in the vicinity of the polyp. Regarding the cause of this strange shaped polyp, it may be the result of fusion of mucosal bridges and/or giant inflammatory polyps which have been caused by fecal matter and urinary flow.

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Key words : Crohn's disease , Giant inflammatory polyp , Mucosal bridge

CASE REPORT

A 36-year-old man had undergone a total colectomy with reconstruction of an ileorectal anastomosis for Crohn's disease of the colonic-type 15 years earlier. He presented with repeated urinary infection. A radiograph from a small bowel series showed staining of the urinary bladder with contrast medium consistent with an enterovesical fistula. A laparotomy was performed, and a resection of the ileorectal anastomosis and partial resection of the urinary bladder were performed. A typical longitudinal ulcer on the small intestinal mucosa consistent with Crohn's disease and a fistula from the ileorectal anastomosis to the urinary bladder were observed on the resected specimen (Fig. 1). However, on the rectal mucosa, instead of the longitudinal ulcer, a spider-shaped polyp

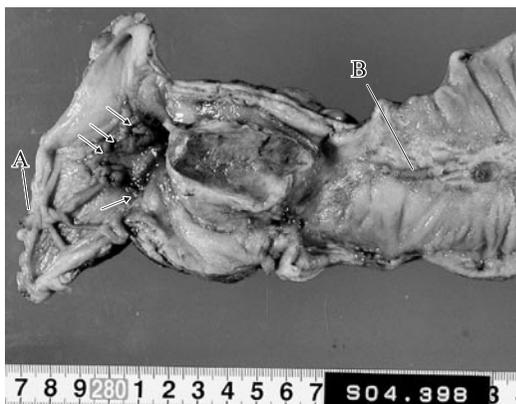


Fig. 1. Mucosa surface of the specimen

A typical longitudinal ulcer consistent with Crohn's disease was detected on the mucosa of the small intestinal. A spider-shaped polyp had flattened itself on the normal rectal mucosa with its feet touching the anastomotic line. A: spider-shaped polyp, B: longitudinal ulcer, Arrows: anastomotic line.

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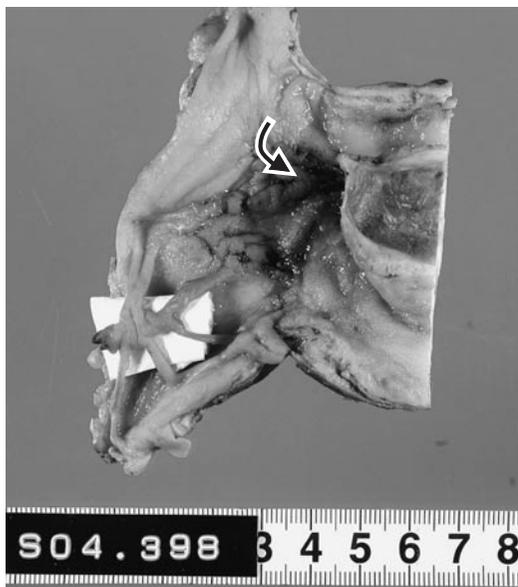


Fig. 2 Spider-shaped polyp

A spider-shaped polyp situated in the vicinity of the orifice of an enterovesical fistula. Curved arrow: the orifice of the enterovesical fistula

was detected in the vicinity of the fistula (Fig. 2). Histopathological diagnosis of the polyp showed it to be a giant inflammatory polyp, and the head of the spider was an epithelioid granuloma.

DISCUSSION

This spider-shaped polyp might have been the result of fusion of mucosal bridges and/or giant inflammatory polyps. On the one hand, mucosal bridges are tubular structures extending from one wall of the bowel to the adjacent wall, and can occasionally occur in ulcerative colitis but rarely

occur in Crohn's disease¹⁾. The processes of mucosal bridging have often been reported to be related to ulceration or diverticula in inflammatory bowel disease^{1, 2)}. On the other hand, inflammatory polyp in Crohn's disease is either extensively diffuse or involves many polyps which form a tumor by conglomeration. If the polyp reported here must be classified into one of these two types, it seems to be the latter. This type of polyp usually becomes "filiform" or "finger-like" in shape. The evolution of this type of the polyps has also been reported to be related to ulceration³⁾.

On the rectal mucosa in this case, there was no ulceration or diverticula. However, the polyp reported here, which was immediately distal to the anastomosis, appeared to be stenotic to reactivate the enterovesical fistula, which may have originated at the anastomotic line. Regarding the origin of this strange shaped polyp, the fusion of mucosal bridges and/or giant inflammatory polyps may have been caused by fecal matter and urinary flow.

REFERENCES

- 1) Poller DN, Armitage NC : Mural bridging lesions in colonic Crohn's disease. *Arch Pathol Lab Med* 117 : 550-552, 1993
- 2) Samach M, Train J: Demonstration of mucosal bridging in Crohn's colitis. *Am J Gastroenterol* 74: 50-54, 1980
- 3) Nakano H, Miyachi I, Kitagawa Y, Saito H, Yamauchi M, Horiguchi Y, Nakajima S, Itoh M, Miyagawa S, Iwase K, *et al.* : Crohn's disease associated with giant inflammatory polyposis. *Endoscopy* 19 : 246-248, 1987