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Clinical Image

Giant Pseudopolyps Mimicking Colon Cancer!!!

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Case Description

34-year-old gentleman, a known case of Ulcerative colitis for 2 years, was initially managed with steroids and later on maintained on Mesalamine (4.8 gm/day). Thereafter, he was lost to follow-up and remained off-treatment for approximately one year and recently presented with blood in stools (frequency of 4-6 per day) and bilateral pitting pedal edema of 1 month duration. He lost around 10 kg weight in the last 6 months which was associated with loss of appetite. On examination, he had pallor and tachycardia along with bilateral pitting pedal edema. Per abdominal examination revealed a vague lump in the epigastric area. On evalu-

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ation, his hemoglobin was 7 gm/dl with thrombocytosis (Platelet count- 504 x10³ per mm³) and hypoalbuminemia (serum albumin - 2.5 gm/dl). He underwent colonoscopy which showed giant pseudopolyps (Figure 1) and computed tomography enterography that showed soft tissue density lesions arranged in a contiguous fashion throughout the transverse colon (Figure 2). Subsequently, he underwent procto-colectomy and ileal pouch-anal anastomosis. The colon specimen was suggestive of chronic active colitis with inflammatory polyps with no evidence of dysplasia or malignancy. During follow-up, the patient is doing well and is no longer on IBD therapy.



Figure 1: Colonoscopy images showing multiple grape-like gaint pseudopolyps in transverse colon (marked by arrows).



Figure 2: CT enterography suggestive of soft tissue density in a contiguous fashion occupying entire transverse colon.

Ulcerative colitis (UC) is a chronic, idiopathic inflammatory condition that affects the colon [1]. It typically presents with bloody stools, colonic ulcerations, and the formation of pseudopolyps (PP). Pseudopolyps are observed in approximately 10%–20% of UC patients, with a similar incidence in both males and females. These lesions can be solitary or multiple and vary in size, with some exceeding 15 mm in diameter referred to as giant pseudopolyps, often resembling villous adenomas or colorectal carcinoma [2]. Traditionally, the presence of pseudopolyps was believed to increase the risk of colitis-associated cancer (CAC). However, recent findings from a multicenter retrospective cohort study have shown no significant association between pseudopolyps and the development of CAC [3].

Bibliography

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