Journal of Crohn's and Colitis (2014) 8, 1735–1739

Available online at www.sciencedirect.com

ScienceDirect

SHORT REPORT

A rare case series of concomitant inflammatory bowel disease, sporadic adenomas, and serrated polyposis syndrome☆

J.D. Feuerstein[a,b,*], S.N. Flier[b], E.U. Yee[c], D. Pleskow[b], A.S. Cheifetz[b]

[a] 330 Brookline Ave. E/Dana 501, Boston, MA 02215, United States
[b] Department of Medicine and Division of Gastroenterology, Beth Israel Deaconess Medical Center, Harvard Medical School, United States
[c] Department of Pathology, Beth Israel Deaconess Medical Center, Harvard Medical School, United States

Received 23 May 2014; received in revised form 27 June 2014; accepted 2 July 2014

KEYWORDS
IBD;
Ulcerative colitis;
Crohn's;
Serrated polyposis syndrome;
Hyperplastic polyposis syndrome;
Adenoma

Abstract

Background and aims: Inflammatory bowel disease (IBD) involving the colon is associated with an increased risk of colon cancer. Patients may develop sporadic adenomas further increasing their risk of colorectal cancer. Current knowledge of IBD with concomitant serrated polyposis syndrome (SPS) is limited. We describe four patients with both IBD and SPS.
Methods: Four patients with inflammatory bowel disease and hyperplastic polyps referred to Beth Israel Deaconess Medical Center meeting the World Health Organization (WHO) criteria for SPS were identified.
Results: Four patients with long standing IBD involving the colon were identified. All of these patients' IBD were in clinical remission. Additionally, 2 of the 4 patients were also noted to have sporadic adenomas. Each patient was also found to have multiple sessile serrated adenomas and hyperplastic polyps meeting the WHO criteria for SPS. Two of the patients had colonoscopy with chromoendoscopy which improved polyp detection. Discussions were held with each patient regarding the potentially increased risk of colorectal cancer with the combination of IBD and SPS. Patients were advised that colectomy would be the safest method to reduce the risk of cancer. None of the patients opted for colectomy and instead planned on a repeat colonoscopy with chromoendoscopy at 3–12 month intervals.
Conclusion: Serrated polyposis syndrome develops in patients with IBD. It is unclear how high the risk of colon cancer is in patients who have both IBD and SPS and what the recommendations

☆ No funding was provided for this manuscript.
* Corresponding author.
E-mail addresses: Jfeuerst@bidmc.harvard.edu (J.D. Feuerstein), Sflier1@bidmc.harvard.edu (S.N. Flier), Eyee@bidmc.harvard.edu (E.U. Yee), dpleskow@bidmc.harvard.edu (D. Pleskow), acheifet@bidmc.harvard.edu (A.S. Cheifetz).

http://dx.doi.org/10.1016/j.crohns.2014.07.001
1873-9946/© 2014 European Crohn's and Colitis Organisation. Published by Elsevier B.V. All rights reserved.

should be regarding the frequency of surveillance or surgery. Further studies are necessary to identify the optimal management of these patients.
© 2014 European Crohn's and Colitis Organisation. Published by Elsevier B.V. All rights reserved.

1. Introduction

Inflammatory bowel disease (IBD) associated colitis is associated with an increased risk of colon cancer when the disease involves more than the rectum and sigmoid colon. Classically, in ulcerative colitis, the risk of cancer has been reported as 2% after 10 years, 8% after 20 years, and 18% after 30 years of disease. However, more recent studies have indicated that this risk may in fact be much lower.[1,2] Current American Gastroenterological Association Guidelines recommend initiating colorectal cancer surveillance colonoscopies every 1–3 years starting 8 years after diagnosis in patients with left sided or extensive disease.[3] The European Crohn's and Colitis Organisation guidelines have similar recommendations regarding colorectal cancer screening for patients with left sided or extensive disease beginning 8 years after the diagnosis, but the surveillance intervals range from 1 to 5 years depending on patient specific risk factors.[4]

The risk of colon cancer is increased further in patients with adenomas. Current recommendations suggest that close colonoscopic surveillance can be performed in patients with adenomas that are completely removed as long as there is no dysplasia elsewhere in the colon.[3–5]

Patients with IBD can also have a genetic colon cancer syndrome. Serrated polyposis syndrome (formerly referred to as hyperplastic polyposis syndrome) is a more recently described polyposis syndrome associated with an increased risk of colon cancer. Serrated polyposis syndrome is diagnosed based on criteria from the World Health Organization (WHO).[6] A diagnosis can be made if a patient meets any of the three criteria: 1) at least five serrated polyps proximal to the sigmoid colon of which at least 2 are $\geq$10 mm, 2) any number of serrated polyps proximal to the sigmoid colon in an individual with a first degree relative with serrated polyposis syndrome, and 3) greater than 20 serrated polyps of any size throughout the colon.[6] Patients with serrated polyposis syndrome are at increased risk of developing colon cancer. The exact increase in risk is unclear with studies reporting incidence of colon cancer in patients with serrated polyposis syndrome ranging from 25 to 70%.[7–10] In contrast, one study of 15 patients with serrated polypsosis syndrome did not identify any cancers during a three year interval of surveillance colonoscopy.[11] Importantly, prospective studies assessing the true cancer risk are lacking. Current guidelines advise for removal of all polyps and a US multi-task force guideline recommends yearly screening colonoscopy though it is based on expert opinion only.[12,13] The European Society of Gastrointestinal Endoscopy (ESGE) endorses the use of high definition colonoscopy systems as well as chromoendoscopy or narrow band imaging (NBI) (strong recommendation, low quality evidence).[14]

In this case series, we report on 4 patients who have long standing IBD and serrated polyposis syndrome who may be at a significantly higher risk of developing colon cancer in the setting of both conditions.

2. Case series

2.1. Patient 1

33 year old male with a history of extensive ulcerative colitis was diagnosed 15 years ago. He had multiple flares despite mesalamine and was transitioned to azathioprine while continuing mesalamine three years ago. Since that time he has remained in clinical remission. On a recent colonoscopy by a specialist in IBD, he had no evidence of active colitis but had a 3 mm sporadic adenoma at 50 cm. He presented for a repeat colonoscopy six months later by the same endoscopist with chromoendoscopy and was noted to have 15 hyperplastic polyps and 2 sessile serrated adenomas proximal to the rectosigmoid and an additional 10 hyperplastic polyps and 1 sessile serrated adenomas in the rectosigmoid area all ranging in size from 2 mm to 10 mm that were removed. The pathology was reviewed and confirmed by an expert gastrointestinal pathologist. This patient's findings met both the first and third WHO serrated polyposis syndrome criteria.

2.2. Patient 2

52 year old female with a history of Crohn's ileocolitis was diagnosed 27 years ago. Over the years, she was maintained in remission with sulfasalazine and eventually mesalamine. Two years prior to presenting to our medical center, she had a colonoscopy showing low grade dysplasia in a random biopsy from the left colon as well as two sporadic adenomas which were confirmed by an expert gastrointestinal pathologist. A repeat colonoscopy the following year did not demonstrate any dysplasia. After establishing care at our medical center she was scheduled for a colonoscopy with chromoendoscopy by a specialist in IBD. Thirty flat polyps, 10 of which were proximal to the rectosigmoid junction were found during chromoendoscopy ranging in size from 2 mm to 8 mm. All 30 specimens were consistent with hyperplastic polyps. The pathology was reviewed and confirmed by an expert gastroenterology pathologist. This patient met the 3rd WHO criteria for serrated polyposis syndrome.

2.3. Patient 3

51 year old male with a history of extensive ulcerative colitis was diagnosed 30 years ago. He was initially treated with sulfasalazine but discontinued therapy after 10 years and remained in remission off medications since that time. His two most recent colonoscopies showed multiple subtle flat polyps which were noted on pathology to be sessile serrated adenomas or hyperplastic polyps. The polyps ranged in size from 2 mm to 30 mm. At least 7 sessile serrated polyps over 10 mm in size were biopsied or removed, and 14 hyperplastic polyps were biopsied or removed. In total, 14 of the hyperplastic polyps and all 7 sessile serrated polyps were proximal to the rectosigmoid junction. He presented to our

Download English Version:

https://daneshyari.com/en/article/6099153

Download Persian Version:

https://daneshyari.com/article/6099153

Daneshyari.com