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CLINICAL CASE

Mucosal Prolapse Polyp Mimicking Rectal Malignancy: A Case Report

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Abstract Mucosal prolapse polyps (MPPs) are rare inflammatory lesions that are part of the mucosal prolapse syndrome. We present the case of a 40-year-old male with history of constipation referred to our institution with suspected rectal malignancy due to hematochezia and a palpable rectal mass. Colonoscopy revealed a 25 mm wide lesion suggestive of subepithelial origin but with marked erythema and erosion in the mucosa. Crypt dilatation and distortion, mixed inflammatory infiltrate and fibrosis were apparent on histological evaluation after bite-on-bite biopsies. Due to the initial suspicion of malignancy, resection was decided after discussion with the patient. However, due to non-elevation partial resection was performed allowing the diagnosis of MPP. Hematochezia ceased after obstipation treatment and endoscopic follow-up showed maintenance of the lesion with the same characteristics except for reduced dimension. MPP may mimic neoplastic lesions and should be considered in the differential diagnosis of rectal masses. History, endoscopy and histological characteristics are all necessary and important in the diagnosis of MPP.

PALAVRAS-CHAVE
Mucosa Intestinal;
Pólipos Intestinais;
Neoplasias do Recto

Pólipo de Prolapso Mucoso Mimetizando Neoplasia Retal: Relato de Caso

Resumo Os pólipos de prolapso mucoso (MPPs) são lesões inflamatórias raras enquadradas na síndrome de prolapso mucoso. Apresentamos o caso de um homem, 40 anos, com antecedentes de obstipação, referenciado à nossa instituição por suspeita de neoplasia do reto devido a hematoquésias e lesão palpável ao toque retal. A colonoscopia mostrou uma lesão com 25 mm, de

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aspeto subepitelial, com mucosa marcadamente eritematosa e erosionada. As biopsias *bite-on-bite* revelaram dilatação e distorção das criptas, infiltrado inflamatório misto e fibrose. Devido à suspeita inicial de neoplasia foi decidida resseção após discussão com o doente, que não foi possível devido à elevação inadequada da lesão. Efetuada resseção parcial, permitindo o diagnóstico seguro de MPP. As hematoquésias cessaram após tratamento da obstipação. Os MPPs podem mimetizar lesões neoplásicas anorrectais devendo ser incluídos no diagnóstico diferencial. A conjugação da história clínica com os aspetos endoscópicos e histológicos é fundamental para o diagnóstico correto e orientação adequada.

1. Introduction

Prolapsing mucosal polyps were first described by Franzin et al. in 1985 and are benign colonic lesions macroscopically resembling inflammatory polyps and histologically characterized by elongated and distorted glands with hyperplastic features, surrounded by proliferation of smooth muscle fibers from the muscularis mucosae.[1,2] These benign colonic lesions were associated with diverticular disease,[2] solitary rectal ulcer syndrome,[1] rectal prolapse[3] and they were also found in patients without associated conditions. Here we present the case of a patient with a mucosal prolapse polyp (MPP) without associated rectal prolapse that was initially mistaken with a malignant lesion.

2. Clinical case

A 44 years old male with history of constipation was referred to our institution due to hematochezia and a palpable mass on rectal examination, without other symptoms namely weight loss. Constipation was present for years; the patient had bowel movements every other day, with hard stools and straining but without rectal digitation. There was no familial history of colorectal cancer. The abdominal palpation was normal, without masses or tenderness and on rectal examination a mobile tender mass was palpated on the anterior rectal wall. Hemoglobin level was normal (13.6 g/dL). The patient had a colonoscopy in another institution suggesting a rectal malignancy although biopsies were inconclusive.

A second colonoscopy at our institution revealed a 25 mm soft lesion suggestive of subepithelial origin although the mucosa was erythematous, with areas of irregularity and erosion (Fig. 1). Endoscopic ultrasonography showed a well demarcated, hypoechogenic lesion with origin in muscularis mucosae and there were no regional adenopathies (Fig. 2). Crypt dilation and disorganization, granulation tissue, fibrosis and a polymorphic inflammatory infiltrate in *lamina propria* were found on histological evaluation after bite-on-bite biopsies.

Due to the initial suspected malignancy and the absence of a definite diagnosis, endoscopic resection was decided after discussion with the patient. However, after submucosal injection with saline and epinephrine the lesion did not

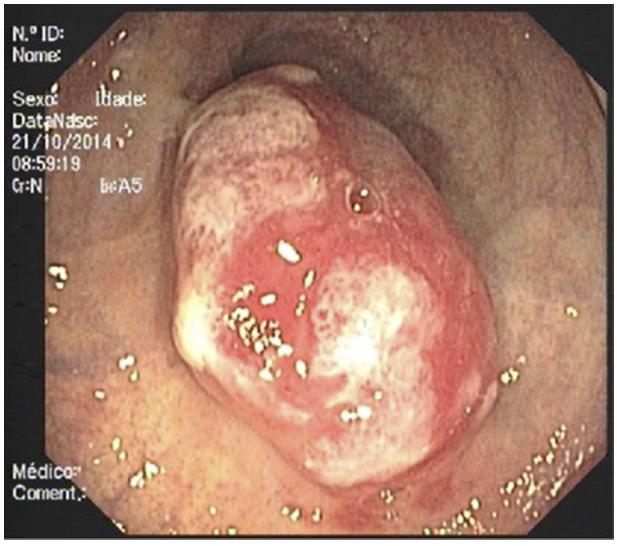

Figure 1 Mucosal prolapse polyp seen on colonoscopy – a 25 mm erythematous lesion with erosion was found in the distal rectum.

achieve adequate elevation. We then decided to perform a partial resection with diathermic snare to allow a more accurate histological diagnosis. After partial resection of the superficial part of the lesion extensive fibrosis was seen on the base of the lesion (Fig. 3). Histopathological evaluation of the resected specimen showed hyperplastic glands with polypoid configuration, epithelial denudation, dense fibrosis in *lamina propria* with polymorphic inflammatory infiltrate, dissociation of *muscularis mucosae* and vascular congestion (Fig. 4). The abovementioned findings – history of constipation, endoscopic findings of an inflammatory polypoid lesion with erosion and the presence of epithelial denudation, hyperplastic proliferation, dense *lamina propria* fibrosis and *muscularis mucosae* dissociation – allowed the definite diagnosis of mucosal prolapse polyp and the patient was advised to increase water and fiber intake and avoid straining. Constipation improved without the need of laxatives and there were no more episodes of hematochezia. Follow-up colonoscopy performed six months after resection