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ORIGINAL ARTICLE

Inflammatory fibroid polyp of the gastrointestinal tract: 10 years of experience at the *Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán*☆

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KEYWORDS
Inflammatory fibroid polyp;
Intussusception;
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Polypectomy;
Stomach

Abstract
Background: Inflammatory fibroid polyp (IFP) is a rare, benign, and solitary neoplasm predominantly located in the gastric antrum and small bowel. Its clinical symptoms are heterogeneous and essentially depend on the location and size of the tumor. Definitive diagnosis is made through histopathology and this pathology has excellent long-term prognosis.
Aim: To identify the cases of IFP seen at the *Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán* over a 10-year period.
Methods: A retrospective, cross-sectional, descriptive, and observational study was conducted that included patients with histopathologic diagnosis of IFP within the time frame of January 2001 and December 2011.
Results: Six cases were found and 5/6 (83.3%) of them were women. The median age was 41 years (minimum-maximum range of 19-56 years). The most frequent symptoms were weight loss (n = 3), fever (n = 2), nausea (n = 2), and vomiting (n = 2). Three patients presented with iron deficiency anemia and 2 cases with intussusception. The IFPs were located at the following sites: esophagus (n = 1), stomach (n = 2), small bowel (n = 2), and colon (n = 1). Treatment was surgical in 5/6 (83.3%) of the patients.

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Conclusions: IFPs are extremely rare in our population. They usually present with weight loss and iron deficiency anemia and are more frequently located in the stomach and small bowel. This is the largest reported IFP case series in a Mexican population.

PALABRAS CLAVE
Pólipo fibroideo inflamatorio;
Intususcepción;
Anemia ferropénica;
Polipectomía;
Estómago

Pólipo fibroideo inflamatorio del tracto gastrointestinal: 10 años de experiencia del Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán

Resumen
Antecedentes: El pólipo fibroideo inflamatorio (PFI) es una neoplasia rara, benigna y solitaria, predomina en el antro gástrico y el intestino delgado. Los síntomas clínicos son heterogéneos, dependen fundamentalmente de la localización y el tamaño del tumor. El diagnóstico definitivo se establece mediante histopatología y su pronóstico es excelente a largo plazo.
Objetivo: Identificar los casos de PFI en el Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán en un período de 10 años.
Métodos: Estudio observacional, descriptivo, transversal y retrospectivo, se incluyó a los pacientes con diagnóstico histopatológico de PFI desde enero del 2001 hasta diciembre del 2011.
Resultados: Se encontraron 6 casos, 5/6 (83.3%) fueron mujeres. La mediana de edad fue de 41 años (rango mínimo-máximo de 19 a 56 años). Los síntomas más frecuentes fueron pérdida de peso (n = 3), fiebre (n = 2), náuseas (n = 2) y vómito (n = 2). Tres pacientes cursaron con anemia ferropénica. Dos casos se presentaron con intususcepción. La localización de los PFI fue la siguiente: esófago (n = 1), estómago (n = 2), intestino delgado (n = 2) y colon (n = 1). El tratamiento fue quirúrgico en 5/6 (83.3%) pacientes.
Conclusiones: Los PFI son extremadamente raros en nuestra población, suelen presentarse con pérdida de peso y anemia ferropénica, se localizan con mayor frecuencia en el estómago y el intestino delgado. Esta es la serie de casos más grande de PFI que se ha reportado en población mexicana.

Introduction

Inflammatory fibroid polyp (IFP) is a rare, benign, and solitary neoplasm initially described by Vanek in 1949 as a submucosal gastric granuloma with eosinophilia.[1] Helwig and Ranier proposed the term IFP in 1953.[2] Its incidence is extremely low (0.1%) and usually presents in the sixth and seventh decades of life. It is slightly more frequent in the male sex.[2,3] IFPs predominate in the gastric antrum and small bowel.[2,4,5] Its etiology is unknown, but some authors suggest that it is an allergic reaction due to the presence of eosinophils. However, other factors have been implicated, such as neural hyperplasia, irritants, trauma, genetic alterations, and bacterial, physical, or chemical stimulants.[2] Activating mutations in the platelet-derived growth factor receptor alpha (PDGFRA) gene have been associated with the development of IFPs and of gastrointestinal stromal tumor (GIST), showing a similar physiopathogenesis between these 2 neoplasms and lending support to the theory of a neoplastic IFP origin.[6,7] Mutations have been documented in 21.7 to 69.6% of the cases.[8] The clinical symptoms are heterogeneous and essentially depend on the location and size of the tumor.[9,10]

The definitive diagnosis is made through histopathology.[11–13] Currently, the majority of cases can be treated with polypectomy, with the rest requiring surgical treatment, and the long-term prognosis is excellent.[14]

The aim of this study was to identify the cases of IFP seen at the *Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán* (*INCMNSZ*) over a period of 10 years.

Methods

A retrospective, cross-sectional, descriptive, and observational study was conducted at the *INCMNSZ* and included patients with a histopathologic diagnosis of IFP within the time frame of January 2001 and December 2011. The demographic variables, clinical manifestations, laboratory and imaging studies, and clinical progression of the patients were obtained from the clinical case records.