

A rare cause of lower gastrointestinal bleeding

Taha Hasanain, Erwa Elmakki

CASE REPORT

A 31-year-old male presented to our gastrointestinal (GI) clinic with the history of recurrent lower abdominal pain and occasional mild rectal bleeding from two years. There was no change in bowel habits, abdominal bloating, weight loss, anal protrusion or fever. No co-morbidities. He had no family history of inflammatory bowel disease or GI malignancy. He denied cigarette smoking or alcohol consumption.

General physical examination revealed a well-built male, with no pallor or jaundice. Abdominal examination showed no distension, tenderness, masses, or organomegaly. Also the rest of his physical examination was unremarkable.

Laboratory studies included complete blood count, coagulation profile, stool analysis, Liver and renal function tests were all normal. Abdominal ultrasonography reported no abnormalities.

Colonoscopy was done and showed some abnormalities, confined to the descending colon, as shown in Figures 1 and 2 and the final diagnosis was adenomatous polyps.

DISCUSSION

Colonic polyps are slow-growing, benign tumors of the colonic mucosa with the potential risk of malignant changes [1]. The types of colonic polyps that commonly encountered in clinical practice are hyperplastic,

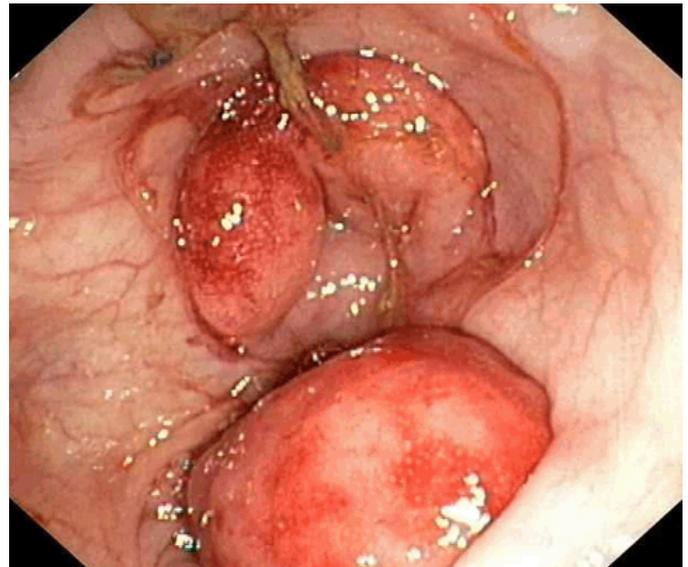


Figure 1: Colonoscopic view showing multiple masses at the descending colon.



Figure 2: Another view of the colonic masses.

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inflammatory and adenomatous. In contrast to hyperplastic polyps, the adenomatous polyp carries the highest risk of malignant transformation [2].

Whereas, inflammatory polyps are usually seen in setting of inflammatory bowel disease especially ulcerative colitis [3]. The majority of colonic adenomas are smaller than 10 mm. The risk of malignancy is high when adenoma are multiple and larger in size [4].

In this case the polyps are multiple and large in size (the largest one measuring about 2cm), increasing the probability of metachronous colonic cancer. Colonic polyps are usually asymptomatic. However, some individuals with polyps (like the patient described in this case) develop symptoms in a form of abdominal pain, constipation and rectal bleeding [1] Ano-rectal conditions such as piles and anal fissures are common causes of lower gastrointestinal bleeding. The history, physical examination and the colonoscopic findings in this case are not consisting with this diagnosis. Furthermore, the age and the long duration of symptoms in this case, beside lack of weight loss, anemia and having no apparent risk factors make the diagnosis of colonic cancer unlikely. The polyps in this case were successfully removed by the colonoscope and a sample was histologically studied. The patient was planned for surveillance colonoscopy, but unfortunately he lost to come for follow-up visits.

CONCLUSION

Colonic polyps should be considered in the differential diagnosis of lower gastrointestinal bleeding.

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Taha Hasanain – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Erwa Elmakki – Substantial contribution to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor of Submission

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Written informed consent was obtained from the patient for publication of this clinical image.

Conflict of Interest

Authors declare no conflict of interest.

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