A 65-year-old man presented with hema-tochezia and fecal incontinence. For a long time he had been experiencing severe constipation and had needed to train to evacuate the bowels. Conven-
tional colonoscopy revealed a hyperemic broad-based polypoid lesion with central ulceration in the lower rectum (Fig. 1). Magnifying colonoscopy with narrow-band image system (NBI) revealed dilated brownish, oval-to-long pits and widening of the pericryptal space around the poly-
loid lesion (Fig. 2). There was no de-
struction of or irregularity in the pit pat-
tern and no abnormalities in the micro-
vessels. Autofluorescence imaging (AFI) revealed a magenta-colored elevation surrounding the yellowish-green ulcerated area (Fig. 3). Histological examination of biopsy specimens taken from the polypoid lesion revealed elongation and distortion of the crypts and fibro-
muscular obliteration in the mucosa (Fig. 4). On the basis of the clinicopha-
tological features, a diagnosis of muco-
sal prolapse syndrome was made. The pa-
tient was successfully treated with bowel retraining to avoid straining at defecation and dependence on laxatives.

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