We report here a rare case of a pedunculated, inflammatory polyp of the transverse colon associated with schistosomiasis, which was diagnosed and treated by colonoscopy.

A 48-year-old woman presented to the emergency department after an episode of painless bloody stool. She had had a similar episode 2 months previously. Her history revealed no change in appetite and body weight, gastroduodenal ulcers, or hemorrhoids. She was afebrile on admission. The physical examination showed mild epigastric tenderness, but a digital examination showed no remarkable findings. Laboratory data showed white blood count $8.4 \times 10^9/L$, alkaline phosphatase 77 U/L, and normal levels of tumor markers such as carcinoembryonic antigen and carbohydrate antigen 19-9. A plain radiograph of the abdomen showed increased bowel gas pattern in the central abdomen.

Colonoscopy revealed a pedunculated polyp, about 20 mm in length and 6 mm in diameter, in the transverse colon (Fig. 1). As the polyp was thought to be an adenoma, it was removed by endoscopic mucosal resection. Histopathological examination of the specimen revealed calcified schistosomal ova surrounded by prominent eosinophilic infiltrates in the submucosal layer (Fig. 2). The patient was treated with praziquantel (20 mg/kg) with progressive clinical resolution of the bloody stool.

Colonoscopic polypectomy may be required along with medical therapy [5].

Competing interests: None

References

Bibliography
Endoscopy 2010; 42: E160
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
C. C. Wu
Division of Colon and Rectal Surgery
Department of Surgery
Tri-Service General Hospital
No. 325 Cheng-Kung Road
Sec 2 Neihu 114
Taipei
Taiwan
Fax: 886-2-87927372
aarendakimo@yahoo.com.tw