A-29-year-old man with steroid-dependent ulcerative colitis had been treated with tacrolimus therapy. He underwent colonoscopy to evaluate the therapeutic effect of the tacrolimus therapy. Endoscopic examination revealed complete mucosal healing throughout the entire colon. However, a pedunculated polyp, 10 mm in size, which exhibited superficial areas of ulceration on its surface, was detected at the sigmoid colon (Fig. 1). This endoscopic finding was suggestive of inflammatory fibroid polyp (IFP). We considered this polyp to be the source of hematochezia and performed snare polypectomy. Histologic examination revealed a polyp with erosion and granulation at the surface and, in the submucosal area, proliferation of dilated blood vessels and infiltration of mononuclear cells (Fig. 2). Spindle cells positive for CD34 were not observed. This polyp was diagnosed as a pedunculated cavernous hemangioma. Colonic hemangioma occurring in association with ulcerative colitis is unknown, but our case may support the hypothesis that mucosal inflammation and intralesional microhemorrhage enhanced by the conjunction of an underlying ulcerative colitis contributes to the development of coincidental cavernous hemangioma [2]. Surgical treatment is the first choice for large or diffuse lesions of colonic hemangioma. In cases of the pedunculated colonic hemangioma, as in our case, the less invasive endoscopic resection may be preferable to surgery if possible [3].

**Competing interests:** None

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