Intestinal obstruction caused by giant filiform polyposis in a patient with normal colon

A 31-year-old patient with no previous history of inflammatory bowel disease (IBD) underwent further evaluation for recurrent episodes of intestinal obstruction. Abdominal computed tomography revealed thickening of the wall of the ascending colon and dilated small-bowel loops (Fig. 1). Colonoscopy disclosed a large polypoid mass with fingerlike projections in the right colon (Fig. 2). Progression of the endoscope beyond this point was not possible. Biopsies were negative for malignancy. Prompted by the suspicious endoscopic appearance of the lesion and the signs of intestinal obstruction, a right-sided hemicolectomy was carried out. The resected specimen included a mass with multiple clustered polyps with several branches that almost completely obliterated the lumen of the colon (Fig. 3). Microscopic examination was consistent with giant filiform polyposis (Fig. 4). The nonpolypoid mucosa of...
the terminal ileum and right colon was normal.

Filiform polyposis of the colon is a rare entity, usually encountered in the colon of patients with IBD [1]. However, sporadic cases of filiform polyposis have been reported in patients with histiocytosis X [2], intestinal tuberculosis [3], and ischemic colitis [4]. Filiform polyposis is morphologically characterized by multiple, slender, wormlike projections consisting of submucosal cores lined with normal mucosa. The polyps can range in size from 1.5 cm to 3 cm in length and up to 0.5 cm in diameter [5]. When these polyps adhere to each other, they form large tumorlike masses [1, 6–8]. A Pubmed search revealed fewer than 20 reported cases of filiform polyposis without history of IBD [6–9]. In only three of these cases was the lesion circumferential, measuring 4–15 cm across the largest diameter [6–8]. Filiform polyposis alone is not an indication for resection, but complications such as acute massive hemorrhage, intussusception, and intestinal obstruction may necessitate surgical intervention [1, 6, 9, 10].

Endoscopy_UCTN_Code_CCL_1AD_2AC

Competing interests: None

G. Mavrogenis1, P. Ngendahayo1, P. Kisoka1, M. L. Nicholas1, E. Kovács3, Y. Hoebeke2, P. Warzée1
1 Department of Gastroenterology, Grand Hôpital de Charleroi, Site Notre Dame, Charleroi, Belgium
2 Department of Pathology, Institut de Pathologie et Génétique, Gosselies, Charleroi, Belgium
3 Department of Digestive Surgery, Grand Hôpital de Charleroi, Site Notre Dame, Charleroi, Belgium

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0032-1326264
Endoscopy 2013; 45: E80–E81
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
G. Mavrogenis
Grand Hôpital de Charleroi
Site Notre Dame
3 Grand Rue
Charleroi 6000
Belgium
Fax: +32-711-02779
mavrogenis@gmail.com

Mavrogenis G et al. Giant filiform polyposis ... Endoscopy 2013; 45: E80–E81