Large serrated polyp with **KRAS** mutation in inflammatory bowel disease: a “nondysplastic dysplasia-associated lesion or mass (DALM)”?

Patients with longstanding inflammatory bowel disease (IBD) have an increased risk of colorectal cancer. A causal link between chronic inflammation and cancer is well recognized. Precursor lesions include flat dysplasia (intraepithelial neoplasia) and elevated dysplasia, also known as dysplasia-associated lesion or mass (DALM) [1].

A 52-year-old woman with 20-year history of ulcerative colitis underwent surveillance colonoscopy, which disclosed a large irregular polyp in the sigmoid colon (Fig. 1). Biopsies showed a nondysplastic polyp with marked crypt dilatation within the sigmoid colon (hematoxylin and eosin, original ×100). This polyp was completely removed and a second lesion clearly showing dysplastic glands was discovered at the rectosigmoid junction, and was diagnosed as high grade DALM (Fig. 2c, d). Molecular analysis of the serrated polyp revealed **KRAS** mutation in exon 13 (Fig. 3); tests for **BRAF** mutation and microsatellite instability were negative.

In 2008, Srivastava et al. [2] reported a series of three patients with longstanding IBD who developed numerous “hyperplastic/serrated” colonic polyps similar to those described in the “hyperplastic/serrated” polyposis syndrome. Two patients had synchronous colorectal cancer. **KRAS** mutation was detected in five of the 11 polyps. These findings suggested the possibility of a serrated pathway of carcinogenesis in IBD. In the sporadic setting, sessile serrated adenomas/polyps (SSA/P) are known precursors of mainly right-sided microsatellite instable cancers. They may also be regarded as indicator lesions, as these polyps have been associated with increased risk of synchronous and/or metachronous advanced neoplasia and may be the equivalent of conventional DALMs with respect to cancer prediction (“nondysplastic DALM”).

**Competing interests:** None

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**References**

1. Institute of Pathology, Medical University, Graz, Austria
2. Department of Internal Medicine, Division of Gastroenterology and Hepatology, Medical University, Graz, Austria
3. Department of Surgery, Krankenhaus der Barmherzigen Brüder, Academic Teaching Hospital, Graz, Austria

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**Fig. 1** a Large irregular polyp in the sigmoid colon in a 52-year-old woman with 20-year history of ulcerative colitis. b Note the discrete surface irregularities analyzed by narrow band imaging.

**Fig. 2** a, b Nondysplastic serrated polyp with marked crypt dilatation within the sigmoid colon (hematoxylin and eosin, original ×100). c, d Conventional high grade dysplasia-associated lesion or mass (DALM) at the rectosigmoid junction (hematoxylin and eosin, original ×200).

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References


Bibliography

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Fig. 3 Molecular analysis (pyrosequencing of the KRAS gene) of the serrated polyp showing a somatic missense mutation in codon 13: wildtype control (upper panel) and serrated polyp (lower panel).

Corresponding author
C. Langner
Institute of Pathology
Medical University Graz
Auenbruggerplatz 25
A-8036 Graz
Austria
Fax: +43-316-38513432
cord.langner@medunigraz.at