

Extensive squamous metaplasia in the rectum stained with a Lugol's solution in patient with ulcerative colitis and primary sclerosing cholangitis



Fig. 1 A whitish epithelium in the distal rectum adjacent to the inflamed rectal mucosa.

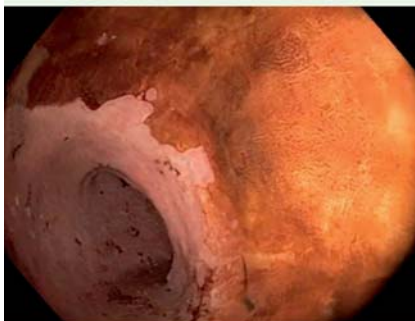
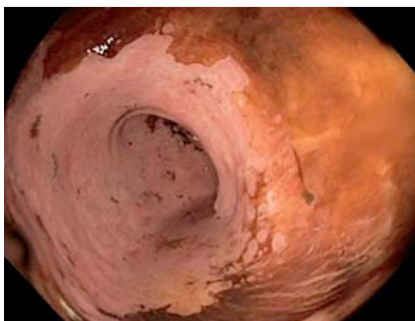


Fig. 2 The rectal mucosa and the squamous metaplasia stained with Lugol's solution.

A case of extensive squamous metaplasia in a patient with longstanding ulcerative colitis and primary sclerosing cholangitis is presented. The patient was a 52-year-old man with a 20-year history of pancolitis who was referred for surveillance colonoscopy. No suspicious lesions had been found on previous examinations. Inspection of the rectum revealed a whitish epithelium lining the distal portion of the bowel, which was almost complete in circumferential extent and approximately 2 cm long at its maximum extent (► **Fig. 1**). Lugol's solution, known for its interaction with glycogen in a squamous epithelium, was used as a stain. An irregular border between the rectal mucosa and the metaplastic epithelium was clearly demarcated, and details of the surface of the latter could be easily observed (► **Fig. 2**). As expected, histopathology confirmed the presence of squamous epithelium in the rectum. Although extremely rare, squamous metaplasia and squamous carcinoma of the rectum have been observed in longstanding ulcerative colitis [1–3]. In addition to chronic inflammation, human papilloma virus infection may play a role in the metaplasia–dysplasia–carcinoma sequence [1]. To the best of our knowledge, the combination of ulcerative colitis, squamous metaplasia, and primary sclerosing cholangitis has not been previously described.

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