New endoscopic images of mucosal prolapse syndrome



Fig. 1 Colonoscopy showing a polypoid lesion with central ulceration in the lower rectum of a patient with bleeding per rectum and fecal incontinence.



Fig. 2 Dilated, brownish pits and widened pericryptal space in the region of the lesion visualized on magnifying colonoscopy.

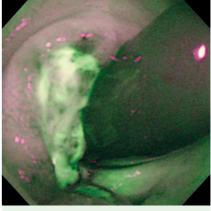


Fig. 3 Autofluorescence imaging (AFI) findings: a magenta-colored elevation surrounds the yellowish-green ulcerated area.

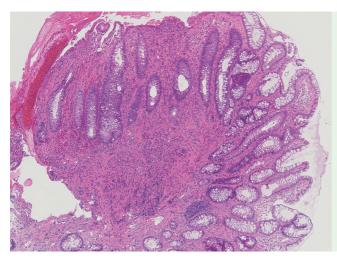


Fig. 4 Microscopic examination shows elongation and distortion of the crypts and fibromuscular obliteration in the mucosa.

Bibliography

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A 65-year-old man presented with hematochezia and fecal incontinence. For a long time he had been experiencing severe constipation and had needed to train to evacuate the bowels. Conventional colonoscopy revealed a hyperemic broad-based polypoid lesion with central ulceration in the lower rectum (Fig. 1). Magnifying colonoscopy with narrowband image system (NBI) revealed dilated brownish, oval-to-long pits and widening of the pericryptal space around the polypoid lesion (Fig. 2). There was no destruction of or irregularity in the pit pattern and no abnormalities in the microvessels. Autofluorescence imaging (AFI) revealed a magenta-colored elevation surrounding the yellowish-green ulcerated area (Fig. 3). Histological examination of biopsy specimens taken from

the polypoid lesion revealed elongation and distortion of the crypts and fibromuscular obliteration in the mucosa (• Fig. 4). On the basis of the clinicopathological features, a diagnosis of mucosal prolapse syndrome was made. The patient was successfully treated with bowel retraining to avoid straining at defecation and dependence on laxatives.

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