New endoscopic images of mucosal prolapse syndrome

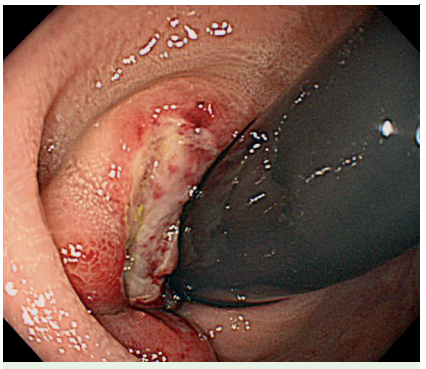

Fig. 1 Colonoscopy showing a polypoid lesion with central ulceration in the lower rectum of a patient with bleeding per rectum and fecal incontinence.

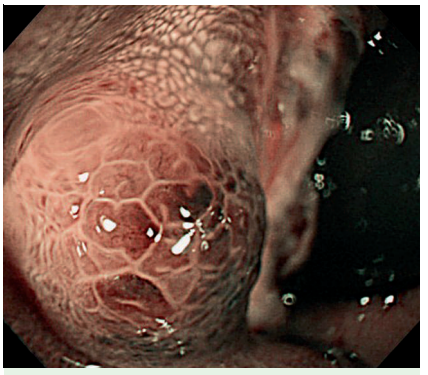

Fig. 2 Dilated, brownish pits and widened pericryptal space in the region of the lesion visualized on magnifying colonoscopy.

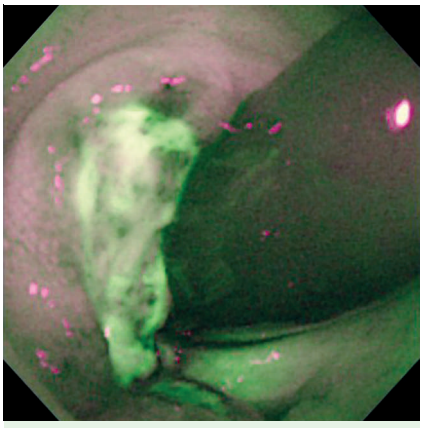

Fig. 3 Autofluorescence imaging (AFI) findings: a magenta-colored elevation surrounds the yellowish-green ulcerated area.

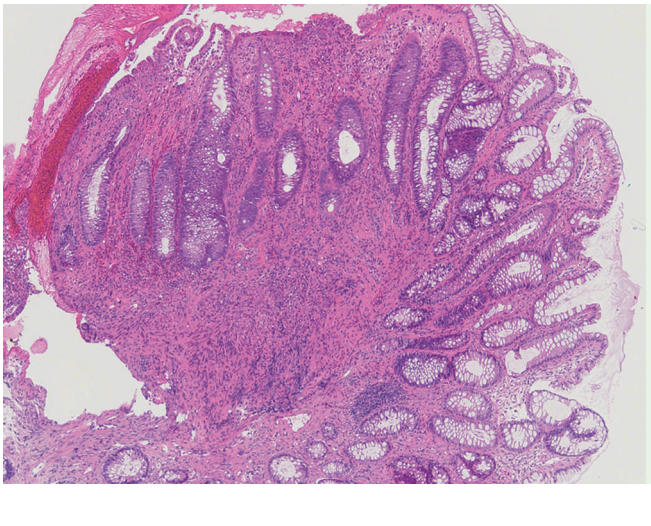

Fig. 4 Microscopic examination shows elongation and distortion of the crypts and fibromuscular obliteration in the mucosa.

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 narrow-band 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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Bibliography

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