

## Polypoid lesions following surgical correction of bladder exstrophy

A 28-year-old man with chronic diarrhea was referred for colonoscopy. He had been diagnosed as having urinary bladder exstrophy at birth, which was surgically repaired with bilateral ureterosigmoidostomy to divert the flow of urine. He had no fecal or urinary incontinence. Both abdominal and testicular ultrasound scans were normal.

Colonoscopy revealed two sessile polyps in the sigmoid area (● Fig. 1). The polyps were 3–4 mm in diameter and at a distance of 5 cm from each other. These two “polyplike” structures corresponded to the sigmoid orifices of the two ureters.

Ureterosigmoidostomy exposes the colon to a carcinogenic mixture of urine and feces, which necessitates annual follow-up examinations to monitor malignant transformation in the sigmoid colon and the rectal area [1]. The polypoid or polypoid-like lesions should not be removed inadvertently by endoscopic polypectomy in patients who have had ureterosigmoidostomy to avoid damaging the anastomosis, which could result in urinary leakage [2].

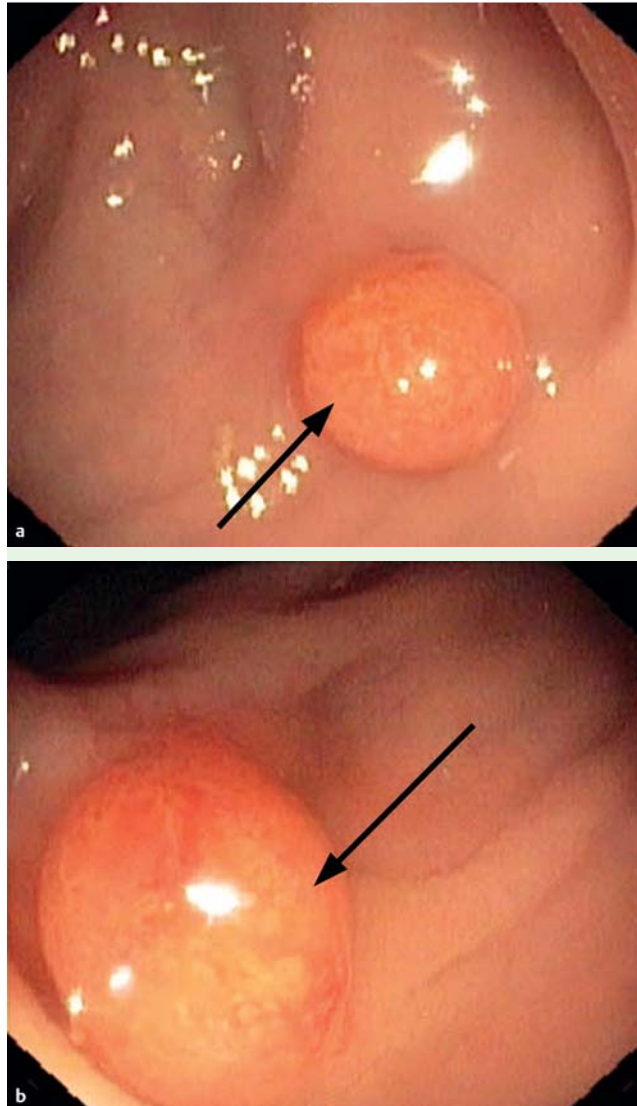
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- 2 Woodhouse CRJ. Guidelines for monitoring of patients with ureterosigmoidostomy. *Gut* 2002; 51 (Suppl V): 15–16



**Fig. 1** a, b Polypoid lesions (arrows) at the sigmoid orifices of the diverted ureters in a patient with a history of bladder exstrophy.

### Bibliography

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