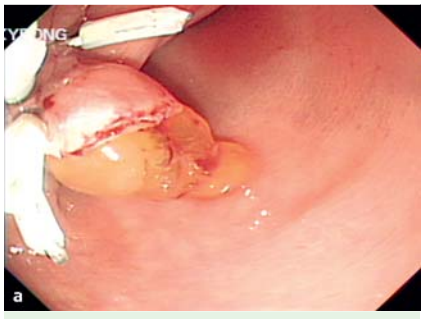
Colitis cystica profunda presenting with a mucus pool within the stalk of a pedunculated colon polyp

Fig. 1 Colonoscopy showing a 1.5-cm, pedunculated polyp in the sigmoid colon, with a bulging stalk and a mucosal bridge on the attachment of the colonic wall, implying the presence of a submucosal mass in the stalk.



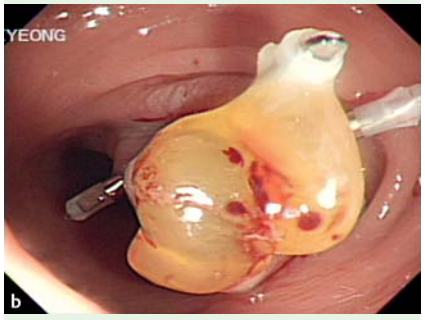
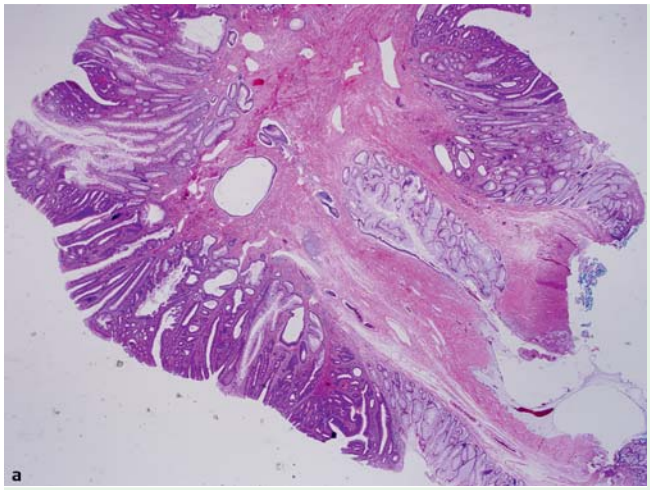
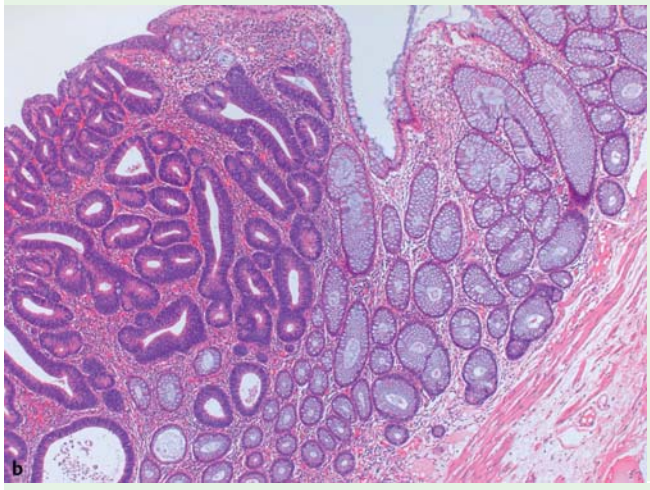


Fig. 2 **a, b** After endoscopic polypectomy, part of the stalk remained attached to the intestinal wall and was seen to contain a large amount of yellowish mucus.





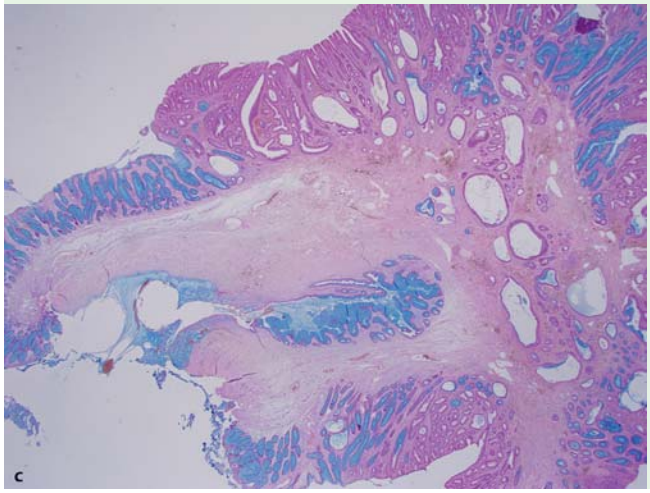


Fig. 3 **a** Histologically, the polyp was a mixed adenomatous and hyperplastic type. There was abundant fibrous tissue and several dilated cystic glands in the submucosa, suggesting colitis cystica profunda (hematoxylin and eosin, magnification × 10). **b** Typical tubular adenoma on the left and hyperplastic polyp on the right, with a distinctive transition between the two elements (hematoxylin and eosin, magnification × 40). **c** The dilated cystic gland deep within the stalk remnant was filled with mucin (Alcian blue stain, magnification × 12.5).

A 38-year-old man was admitted for a colon polypectomy. A colonoscopic examination had been carried out in another hospital several days earlier due to hematochezia and a polyp had been found in the sigmoid colon. The 1.5-cm, pedunculated polyp (▶ **Fig. 1**) had a slight bulge in the stalk, and there was a mucosal bridge at the attachment to the intestinal wall, mimicking a submucosal tumor.

The polyp was resected at the midportion of the stalk using an electrosurgical unit (ERBE VIO 300D, Elektromedizin GmbH, Tubingen, Germany) and snare (SD-9U-1, Olympus, Tokyo, Japan). Grossly, the resected specimen was composed of a head portion and stalk containing yellowish mucus. The remaining part of the stalk in the intestinal wall also contained the yellowish mucus (▶ **Fig. 2**).

Histologic examination revealed that the polyp was a typical mixed hyperplastic and adenomatous type, composed of tu-

bular adenoma with low grade dysplasia, adjacent to which was a hyperplastic polyp (**Fig. 3a, b**).

Also, there were multiple mucus-filled cysts under the muscularis mucosa. The cysts were covered with columnar epithelium and were surrounded by fibrous tissue. A large mucus pool in the epithelial lining was seen near the stalk remnant (**Fig. 3c**). We speculated that the pool of mucus within the stalk stump had resulted from submucosal invasion of the epithelial gland, as seen in colitis cystica profunda.

Colitis cystica profunda is a rare disorder in which benign, epithelial-lined, mucus-filled cysts, of unknown etiology, develop in the mucosa and submucosa of the colon and form polypoid lesions [1]. The disease is rarely accompanied by adenoma. A case report of a single polypoid colitis cystica profunda lesion accompanied by adenocarcinoma on the surface was recently published [2]. However, there has not been any report of a mucus pool within the stalk of a mixed hyperplastic and adenomatous colonic polyp, mimicking submucosal tumor, in colitis cystic profunda.

Competing interests: None

Endoscopy_UCTN_Code_CCL_1AD_2AB

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DOI 10.1055/s-0029-1243981
Endoscopy 2010; 42: E114 – E115

ISSN 0013-726X

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