A 54-year-old man who had been suffering from abdominal pain for several months was admitted for minor rectal bleeding. Physical examination found mild abdominal tenderness in the left upper quadrant, and was otherwise unremarkable. The following laboratory indices were found: hemoglobin rate, 13.9 g/dL; white blood cell count, 14 000/mm³; C-reactive protein, 12 mg/dL. Colonoscopy revealed a pedunculated polyp of the descending colon with a short, wide stalk and a 20-mm large white-coated head with superficial ulceration (Fig. 1). The surrounding mucosa displayed a pseudopolypoid pattern, for which biopsies demonstrated non-specific inflammation. A clip was placed as a landmark during endoscopy before a 64-section computed tomography (CT) scan was undertaken. CT scan showed segmental colitis and hyperenhancement of the polyp (Fig. 2). Snare polypectomy was performed. Pathological examination showed a proliferation of capillaries in a lobular arrangement that extended to the depth of the stalk (Fig. 3 and Fig. 4). A diagnosis of pyogenic granuloma was upheld.

Pyogenic granuloma is a benign subtype of hemangioma, very common on the skin and on nasal and oral mucosal surfaces, but extremely rare in the gastrointestinal tract and especially in the colon [1–3]. When symptomatic, bleeding is the most common presentation. Pyogenic granuloma can be safely removed endoscopically. Its pathogenesis is still under discussion. Some authors postulate that pyogenic granuloma develops as a result of trauma or injury, while other authors believe that the associated stroma undergoes secondary inflammation and granulation tissue reaction [1].

Competing interests: None
A. Thibault¹, A. Lavergne-Slove², P. Soyer³, V. Ozenne¹, P. Marteau¹, X. Dray¹

¹Department of Digestive Diseases, APHP, Lariboisière Hospital and Paris Diderot Paris 7 University, Paris, France
²Department of Cytology and Pathology, APHP, Lariboisière Hospital and Paris Diderot Paris 7 University, Paris, France
³Department of Abdominal Imaging, APHP, Lariboisière Hospital and Paris Diderot Paris 7 University, Paris, France

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Corresponding author
X. Dray, MD, PhD
Department of Digestive Diseases
Lariboisière Hospital APHP and Paris Diderot Paris 7 University
2 rue Ambroise Paré
75010 Paris
France
Fax: +33-1-49952577
xavier.dray@lrb.aphp.fr

Fig. 4 Histological view of the polyp (hematein–eosin–saffron stain). Magnification: a original magnification × 25; b original magnification × 250.