A 45-year-old man presented with hema-
tochezia during the 3 days prior to his ad-
mission. His past history included hemo-
philia without any major bleeding events. His vital signs were stable and his physical examination was unremarkable. Initial laboratory findings revealed a hemoglo-
bin of 8.6g/dL, hematocrit of 40.3%, platelet count of 336×10^9/L, prothrombin time of 11.9 seconds, and activated partial thromboplastin time (aPTT) of 49.4 sec-
onds. Esophagogastroduodenoscopy (EGD) showed no specific findings. Colonoscopy showed a pedunculated polyp of approxi-
mately 25 mm, which had a lobulated contour, hypervascular appearance, and was covered with an adherent white exu-
date, and the surrounding mosaic-pattern mucosa with white spots (Fig. 1). It was difficult to exclude malignancy and biopsies were taken. Histopathology showed inflammatory granulation tissue and elective endoscopic snare polypectomy was performed. After the polyp had been resected, minor bleed-
ing occurred (Fig. 1), which ceased after electrocoagulation (Fig. 1). Microscopic examination of the resected polyp showed a highly vascular proliferation that resembled granulation tissue and an inflammatory cell infiltrate with stromal edema, which was consistent with a pyogenic granuloma (Fig. 2). After treatment, the patient’s hemoglobin improved gradually and he has remained in a stable condition with no further epi-
sodes of bleeding in the 6 months since his discharge.

**Fig. 1** Colonoscopy views showing: a a pedunculated polyp (approximately 25 mm) with a lobulated contour, hypervascular appearance, and covered with an adherent white exudate, and the surrounding mosaic-pattern mucosa with white spots close to the ileocecal valve (white arrow); b the same polyp and the nearby appendiceal orifice (black arrow); c minor bleeding after resection of the tumor with a polypectomy snare; d the resection site after the bleeding had been controlled by the application of electrocoagulation.

**Fig. 2** Histology showing a highly vascular proliferation resembling granulation tissue and an inflammatory cell infiltrate with stromal edema (hematoxylin and eosin stain, magnification × 100).
A pyogenic granuloma is a specific type of capillary hemangioma that resembles granulation tissue and usually occurs in the skin. The macroscopic and microscopic features of a pyogenic granuloma in the gastrointestinal tract are similar to those seen in the skin [1]. Pyogenic granulomas are benign lesions of uncertain etiology and their pathogenesis has been related to an infectious origin or they may be a special type of hemangioma, while other authors believe that they develop as a result of repetitive trauma or injury, with a possible association with hemophilia, or through a hormonal mechanism for pyogenic granuloma during pregnancy [1,2].

A gastrointestinal pyogenic granuloma, although rare, can be a source of obscure or overt bleeding from the gastrointestinal tract. To the best of our knowledge, no cases of pyogenic granuloma of the cecum have previously been reported in the English literature. Treatments for gastrointestinal pyogenic granuloma include endoscopic polypectomy, surgical resection, argon plasma coagulation, and angiographic embolization [1,3]. In summary, we report the first case of a pyogenic granuloma in the cecum, which was successfully treated with endoscopic snare polypectomy, with no further bleeding after the patient was discharged.

Endoscopy_UCTN_Code_CCL_1AD_2AC

Competing interests: None

Chang Jun Shin, Seung Goun Hong, Mahn Lee
Department of Internal medicine, SAM Anyang Hospital, Gyeonggi, South Korea

References
1 Morita T, Tamura S, Okawauchi K et al. A case of pyogenic granuloma in the sigmoid colon treated with argon plasma coagulation. Dig Endosc 2005; 17: 253 – 256
3 Chen TC, Lien JM, Ng KF et al. Multiple pyogenic granulomas in sigmoid colon. Gastrointest Endosc 1999; 49: 257 – 259

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1365788
Endoscopy 2014; 46: E277–E278
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Seung Goun Hong, MD
Department of Internal medicine
SAM Anyang Hospital
613-9 Anyang S dong, Manan-gu
Gyeonggi 430-733
South Korea
Fax: +82-31-4490151
permil@naver.com