A case of extensive squamous metaplasia in a patient with longstanding ulcerative colitis and primary sclerosing cholangitis is presented. The patient was a 52-year-old man with a 20-year history of pan-colitis who was referred for surveillance colonoscopy. No suspicious lesions had been found on previous examinations. Inspection of the rectum revealed a whitish epithelium lining the distal portion of the bowel, which was almost complete in circumferential extent and approximately 2 cm long at its maximum extent (Fig. 1). Lugol’s solution, known for its interaction with glycogen in a squamous epithelium, was used as a stain. An irregular border between the rectal mucosa and the metaplastic epithelium was clearly demarcated, and details of the surface of the latter could be easily observed (Fig. 2). As expected, histopathology confirmed the presence of squamous epithelium in the rectum. Although extremely rare, squamous metaplasia and squamous carcinoma of the rectum have been observed in longstanding ulcerative colitis [1–3]. In addition to chronic inflammation, human papilloma virus infection may play a role in the metaplasia–dysplasia–carcinoma sequence [1]. To the best of our knowledge, the combination of ulcerative colitis, squamous metaplasia, and primary sclerosing cholangitis has not been previously described.

References

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Fig. 1 A whitish epithelium in the distal rectum adjacent to the inflamed rectal mucosa.

Fig. 2 The rectal mucosa and the squamous metaplasia stained with Lugol’s solution.