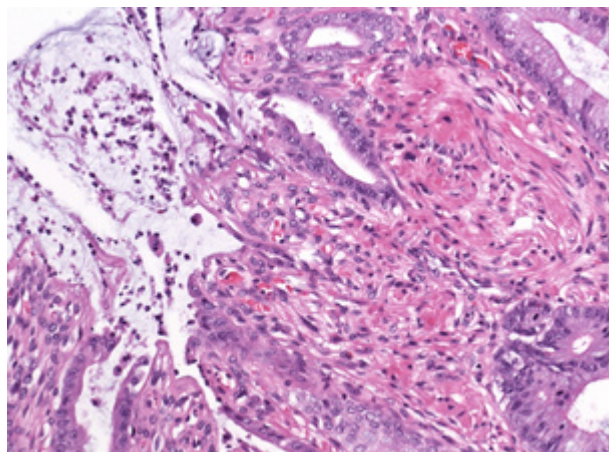
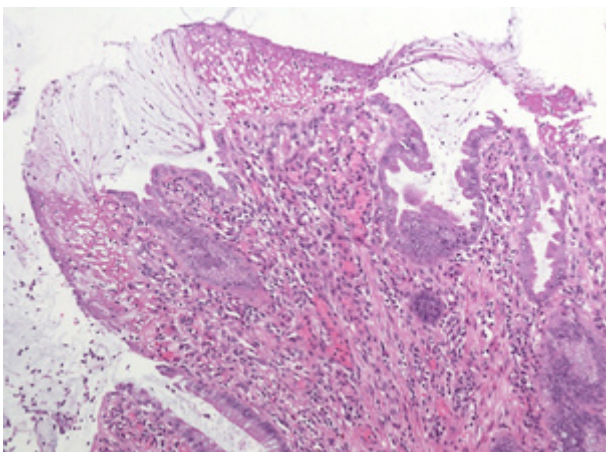
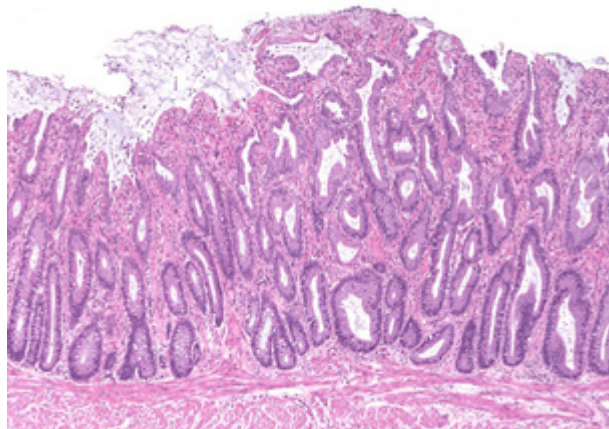
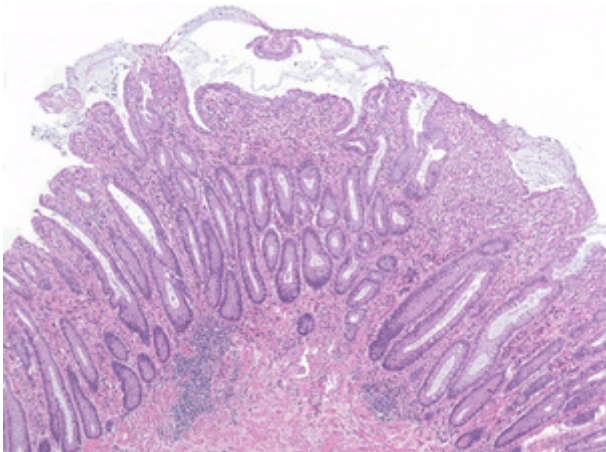
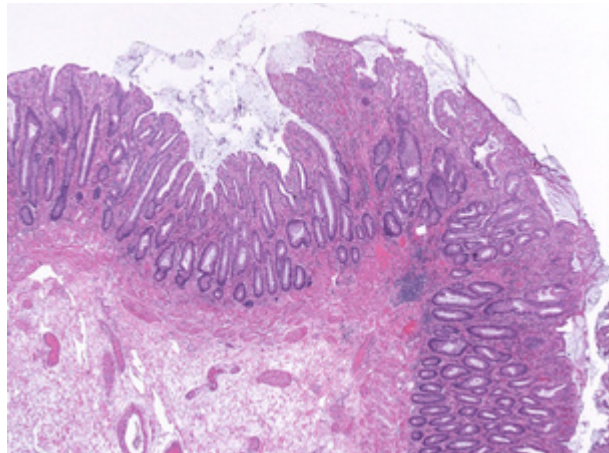
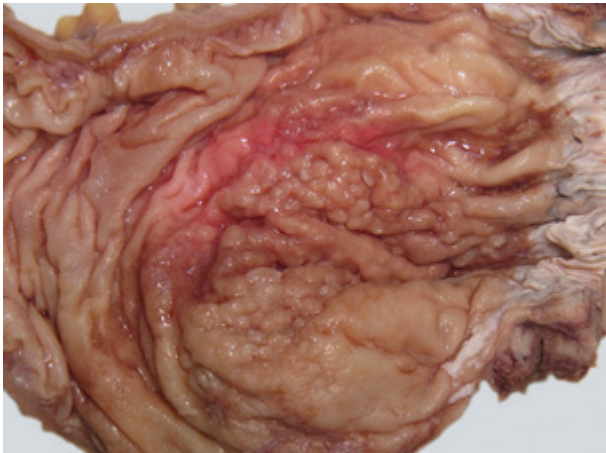


# February 2014

92-year-old woman with polyposis in the distal rectum.

What is your diagnosis?



## Diagnosis

Mucosal prolapse-associated polyyps.

## Comment

Macroscopy shows numerous polyps in the distal rectum (Panel A). Upon histology, the mucosal surface is largely irregular with multiple polyps of varying size and shape. The crypts are elongated, irregular, sometimes dilated, with marked distortion and branching. Erosions are seen at the top of the mucosa, sometimes with a

cap of granulation tissue and a marked fibrinous exsudate. The muscularis mucosae is thickened, there is solidification of the stroma due to fibromuscular proliferation and the glands are separated by intervening smooth muscle elements in an arborizing pattern (Panels B-F).

Inflammatory polyps occurring secondary to mucosal prolapse have been described under various terms. When surface erosion is prominent, they may be covered by a cap of granulation tissue, prompting the term “cap polyposis” for multiple and/or confluent lesions. The lesions most often occur in the rectum as part of the histological spectrum of the solitary rectal ulcer syndrome. In this location, i.e. next to the anorectal verge they have additionally been referred to as “cloacogenic polyps”. Of note, mucosal prolapse-associated polyps may also occur in the sigmoid colon, mostly in patients with diverticulosis.

Patients typically present with rectal bleeding and mucus diarrhea. Digital rectal examination may reveal a polypoid mass lesion that can be mistaken for neoplasia. Upon histology, however, nuclear atypia is usually absent, except for mild reactive or regenerative changes. Differential diagnosis includes all different types of neoplastic epithelial and mesenchymal colorectal polyps. Please note: Mucosal prolapse-associated polyps may show hyperplastic and serrated changes of the mucosa with hypermucinous appearance of the epithelium and horizontal extension of crypt bases, which may cause misinterpretation as genuine serrated lesions, i.e. hyperplastic polyps or sessile serrated adenomas. In addition, it should be kept in mind that secondary prolapse-associated changes may arise in any type of lesion, and may thus also be found in neoplastic conditions.

## For further reading

- › Ng KH, Mathur P, Kumarasinghe MP, Eu KW, Seow-Choen F. Cap polyposis: further experience and review. *Dis Colon Rectum*. 2004;47:1208-15.
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- › Abid S, Khawaja A, Bhimani SA, Ahmad Z, Hamid S, Jafri W. The clinical, endoscopic and histological spectrum of the solitary rectal ulcer syndrome: a single-center experience of 116 cases. *BMC Gastroenterol*. 2012 Jun 14;12:72.

## Presented by

Dr. Francesca Sarocchi, Genova, Italy, and Dr. Cord Langner, Graz