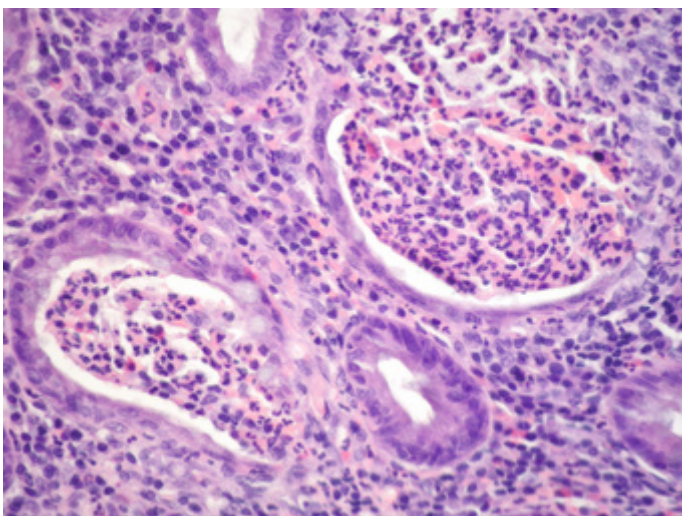
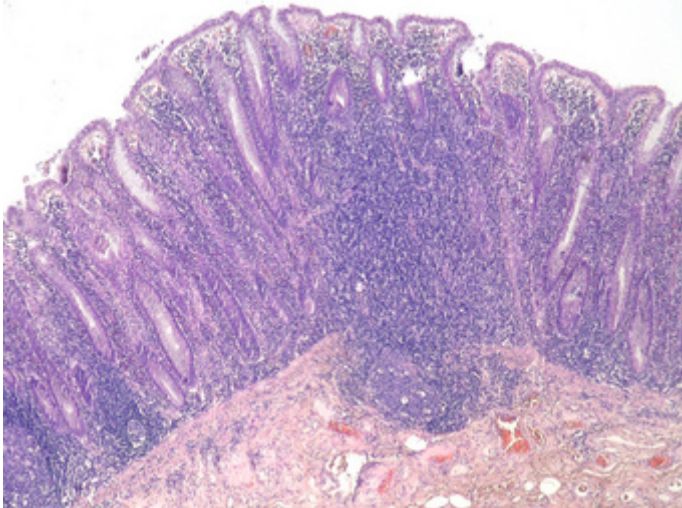
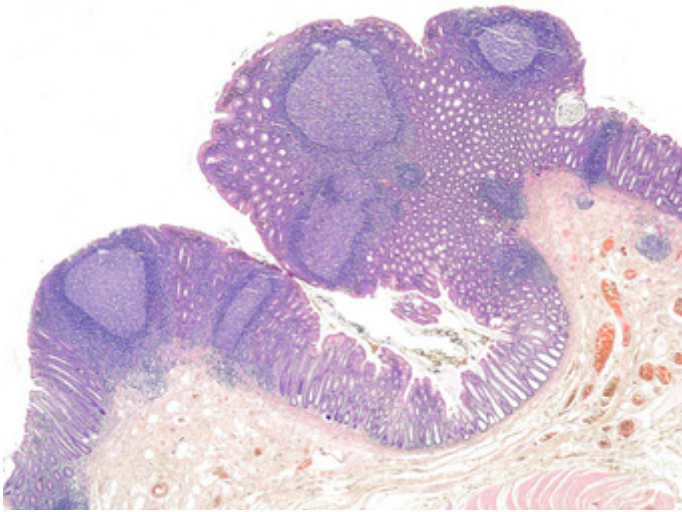
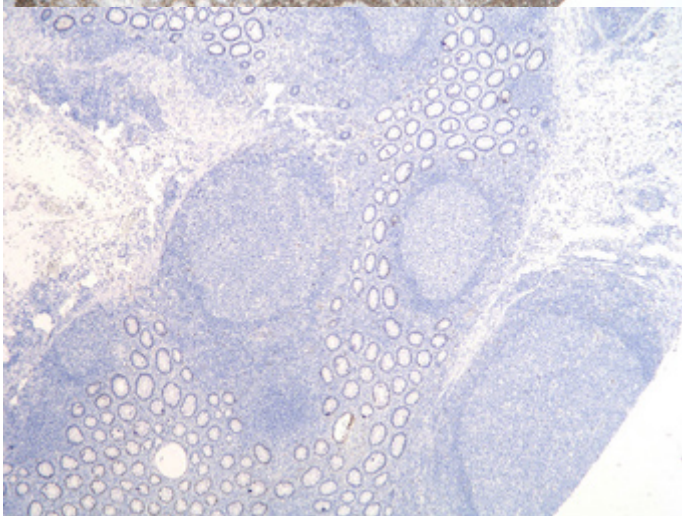
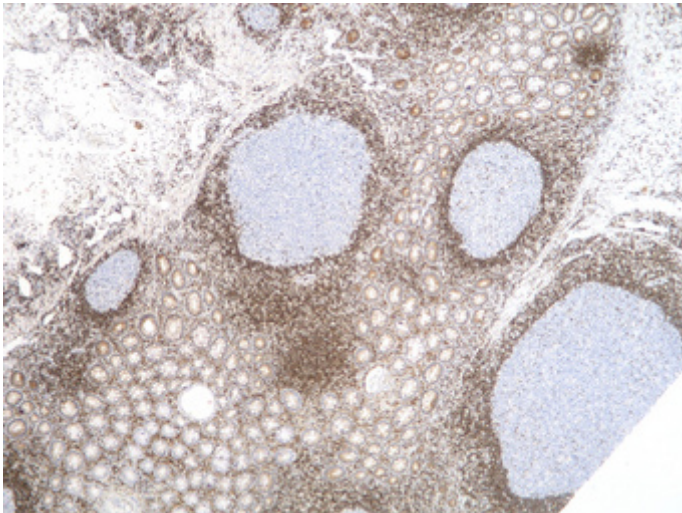
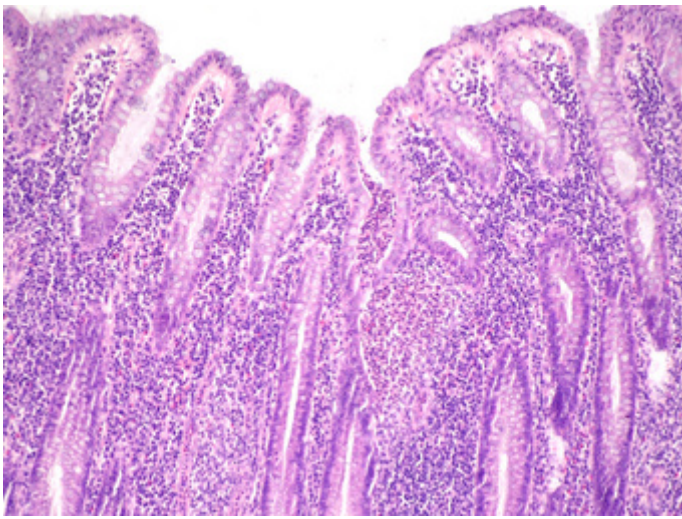


May 2017

Rectum resection specimen from a 67-year-old woman with colostoma.

What is your diagnosis?





Diagnosis:

Diversion colitis.

Comment:

A 67-year-old female patient with colostoma underwent a surgery for the reconstruction of bowel lumen. A colostoma was formed 10 months prior due to diverticular disease of the sigmoid colon. A 5 cm long segment of rectum was submitted for the histopathological analysis. Mucosa appeared granular and bowel wall seemed thickened.

Microscopic analysis revealed extremely abundant lymphoid tissue in the lamina propria and submucosa of the rectum, with follicle formation (Panels A and B). Lamina propria was also rich in inflammatory infiltrate consisting of lymphocytes, plasma cells, neutrophils and eosinophils with cryptitis and crypt-abscess formation (Panels C and D). Crypt architecture was mainly preserved. Immunohistochemical analysis was negative for Bcl2 (Panel E) and cyclin D1 (Panel F).

Diversion colitis is a disease of rectal stump after surgery for ulcerative colitis, colorectal carcinoma or diverticular disease. It is an inflammation of the bowel mucosa caused by surgical diversion of the faecal stream. The term was introduced by Glotzer and colleagues in 1981. In most cases it is asymptomatic but patients may complain of mucoid or bloody discharge, cramping or abdominal pain. It regresses few months after faecal stream is reestablished. Microscopic changes include chronic active inflammation, lymphoid follicular hyperplasia, sometimes even granulomas can be present. Histological appearance can mimic IBD. The important feature of diversion colitis is the relative lack of crypt architectural distortion allowing its distinction from IBD.

For further reading:

- › Edwards CM, George B, Warren B. Diversion colitis - new light through old windows. *Histopathology*. 1999; 34: 1-5.
- › Glotzer DJ, Glick ME, Goldman H. Proctitis and colitis following diversion of the fecal stream. *Gastroenterology*. 1981; 80: 438-41.
- › Warren B, Shepherd NA, Bartolo DC, Bradfield JW. Pathology of the defunctioned rectum in ulcerative colitis. *Gut*. 1993; 34: 514-6.
- › Warren BF, Shepherd NA. Diversion proctocolitis. *Histopathology*. 1992; 21: 91.
- › Geraghty JM, Talbot IC. Diversion colitis: histological features in the colon and rectum after defunctioning colostomy. *Gut* 1991; 32: 1020.

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