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A Bloody Polyp in the Sigmoid Colon

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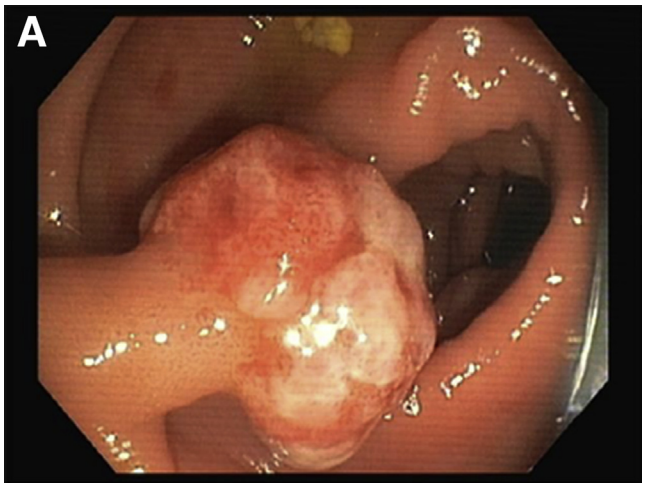

Question: A 64-year-old Caucasian man was referred to our hospital for iron deficiency anemia. His past medical history was significant for previous smoking, hypertension, diabetes mellitus, dyslipidemia, noncirrhotic JAK2 mutation-related portal vein thrombosis with portal hypertension, and prostate adenocarcinoma. Physical examination was unremarkable. Laboratory data included a hemoglobin of 12.5 g/dL (reference range, 13–17 g/dL), a mean corpuscular volume of 62 fL (reference range, 83–101 fL), and a mean corpuscular hemoglobin of 20.8 pg (reference range, 27–32 pg). Platelets and coagulation profile were normal.

During an anemia workup, a colonoscopy showed a pedunculated polyp in the sigmoid colon, with a short wide stalk and a lobulated and reddish head with an adherent whitish deposit, measuring 14 mm (Figure *A*). The polyp was resected with a hot snare after prophylactic placement of an Endoclip in the stalk.

What is the diagnosis of this lesion?

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Conflicts of interest
The authors disclose no conflicts.

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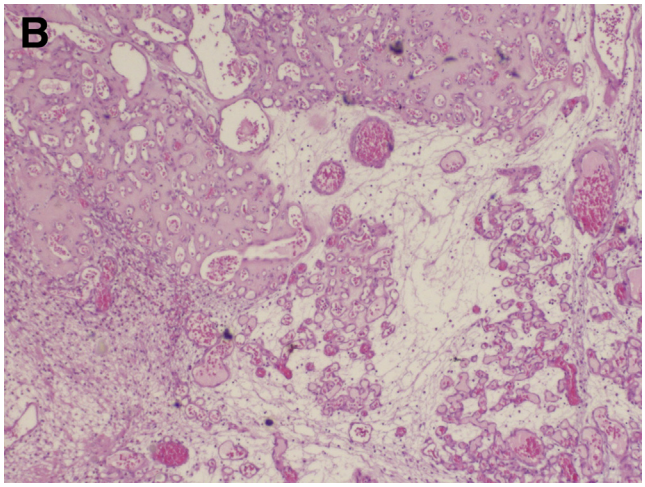
Answer to: Image 1: Lobular Capillary Hemangioma



Histologic examination revealed a lobular proliferation of variably sized capillaries surrounded by an edematous stroma with inflammatory cells (Figure *B*; stain: hematoxylin and eosin; original magnification ×40), consistent with the diagnosis of a lobular capillary hemangioma (LCH). One year later, the patient is asymptomatic, with normal hemoglobin and iron levels.

LCH, also known as pyogenic granuloma, is a benign vascular lesion that typically affects the skin and mucosal surfaces, but rarely the gastrointestinal tract.[1] Up to 70 case reports of gastrointestinal LCH have been described[2] and an additional 23 cases were reported from a single-center pathologic specimens review over a 10-year period (approximately 1/10,000 endoscopies),[1] which raises the possibility that the actual incidence is probably much higher but unrecognized.

LCH pathogenesis is unclear; besides trauma and hormonal influences, another proposed precipitating factor is portal hypertension, as observed in our patient, probably secondary to venous stasis and retrograde dilation of capillary blood vessels.[2]

The median age at diagnosis is 59–64 years, with an almost equal sex distribution.[1,2] The most reported anatomical locations are the esophagus[2] and the sigmoid colon.[1] Most lesions are incident findings during endoscopic studies for unrelated reasons.[1] When symptomatic, the most common manifestation is anemia,[2] some with overt bleeding.[3] Endoscopically, most lesions show a smooth surface, with a bluish to red color and a superficial white or opaque film covering,[2] which can mimic colon cancer, highlighting the importance of histology for definitive diagnosis. In some cases, they can grow quickly but usually are $<$20 mm and involve only the mucosa,[2] which makes these lesions amenable to endoscopic resection. Owing to its vascular nature, postpolypectomy hemostasis is usually necessary.[3] Recurrence is rare.[2]

Although LCH are rare and devoid of malignant potential, overdiagnosis and overtreatment as a malignant tumor, as well as postresection bleeding, may be prevented if LCH is readily recognized.

Keywords: Lobular capillary hemangioma; Pyogenic granuloma; Colon.

References

1. Chetan Mittal AM, Shahzaib N, Wadiha C, et al. Pyogenic granuloma of the gastrointestinal tract. J Dig Endosc 2014; 5:106–109.
2. Meeks MW, Kamal UM, Hammami MB, et al. Gastrointestinal pyogenic granuloma (lobular capillary hemangioma): an underrecognized entity causing iron deficiency anemia. Case Rep Gastrointest Med 2016;2016:4398401.
3. Lui KL, Ng KS, Li MK. A rare cause of haematochezia: pyogenic granuloma in colon. Hong Kong Med J 2014;20:168.e1–168.e2.