

Incidental Finding of Inflammatory Fibroid Polyp (IFP) in Transverse Colon during Colon Cancer Screening via Colonoscopy - A Rare Case Report

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Abstract: *The Objective is to report a rare case of 51-yrs old female who presents with us for a routine colon cancer screening with the standard method i-e colonoscopy. She is completely asymptomatic and the physical examination also turned to be non-significant. Of interest, her colonoscopy showed a pedunculated mass attached with the walls of proximal Transverse colon. The mass was removed and sent for the histopathology which manifests benign inflammatory changes with fibroblastic elements so the term used for mass was Inflammatory Fibroid Polyp (IFP). IFPs are common mainly in patients over 50 yrs of age and found mainly in ascending or descending parts of large bowel. Our patient is of utmost interest since only 32 cases of IFPs located in transverse colon have been reported to date.*

Keywords: Inflammatory Fibroid Polyp (IFP), Transverse Colon, Colon cancer screening, Colonoscopy, Incidental finding of IFPs

1. Introduction

Inflammatory Fibroid Polyps (IFPs) are rare, reactive non-neoplastic lesions that can occur in stomach, small intestine, and colon. They have no documented malignant potential. We are aware of only 32 cases reported in literature (1, 2). IFP'S are generally asymptomatic, but they might cause symptoms like gastrointestinal bleeding, bowel obstruction, abdominal pain and intussusception depending upon their size and location. In our case the patient was completely asymptomatic. The diagnosis is usually made by imaging studies or endoscopy. Treatment options include surgical excision in most cases, and endoscopic resection of these polyps (3, 4).

In this case, we report the presence of inflammatory fibroid polyps in the transverse colon with colonoscopy of a completely asymptomatic patient and their successful endoscopic removal with hot forceps biopsy.

2. Case History

A 51-year old woman presented to the office for routine colon cancer screening. The physical exam was unremarkable, no tenderness or palpable masses felt on the abdominal exam.

Colonoscopy was performed and a gray sessile polypoidal mass measuring 2 cm × 3 cm in the proximal transverse colon was found (Fig.1). It was removed piecemeal with hot biopsy forceps. The microscopic picture of the polyp showed thickened blood vessels wall, capillaries, fibroblasts and many inflammatory cells particularly eosinophils. Immunostains were performed and they appeared to be negative for tumor markers like S 100 and Desmin. These features strongly suggest inflammatory fibroid polyps (IFPs).

| Case No. | Age, y | Sex | Location | Gross Description | Treatment | Ref | Year |
|----------|--------|----------|-------------------------|---------------------------------------|--|-----|------|
| 1 | 79 | M | Cecum | Less than 1 cm | None | 4 | 1952 |
| 2 | 37 | M | Cecum | 6.5 cm, pedunculated | Surgery | 16 | 1955 |
| 3 | 67 | M | Cecum | 3.5 cm, pedunculated | Surgery | 17 | 1960 |
| 4 | 4 | M | Transverse | 3.5 cm, pedunculated | Surgery | 18 | 1966 |
| 5 | 56 | M | Cecum | 7 cm | Surgery | 19 | 1977 |
| 6 | 69 | M | Transverse | 5 cm, pedunculated | Surgery | 20 | 1979 |
| 7 | 51 | M | Sigmoid | 3 cm, pedunculated, ulcer | Surgery | 9 | 1979 |
| 8 | 24 | M | Transverse | 5 cm | Surgery | 21 | 1983 |
| 9 | 8 | M | Rectum | 3 cm sessile | Surgery | 22 | 1984 |
| 10-14 | NS | NS | 4 Cecum 1 Ascending | 1.5-4 cm | 1 Cecum endoscopic; 1 Ascending and 3 cecum surgery | 23 | 1984 |
| 15 | 71 | M | Cecum | 4 cm, pedunculated | Endoscopic | 24 | 1985 |
| 16 | 42 | M | Cecum | 3.5 cm | Surgery | 25 | 1992 |
| 17-20 | 24-72 | 3 M, 1 F | 3 Transverse 1 Cecum | 3.6-5 cm 2 pedunculated, 2 sessile | NS | 26 | 1992 |
| 21 | 33 | F | Descending | 4 cm, pedunculated | Surgery | 27 | 1995 |
| 22 | 63 | M | Ascending | 3.5 cm, sessile, ulcer | Surgery | 28 | 1999 |
| 23 | 45 | F | Cecum | 0.5 cm, sessile, erosive | Endoscopic | 29 | 2000 |
| 24 | 66 | M | Cecum | 3.5 cm, sessile | Surgery | 30 | 2004 |
| 25 | 40 | M | Ascending | 3 cm, pedunculated | Endoscopic | 2 | 2005 |
| 26 | 45 | M | Transverse | 1.8 cm, depressed | Surgery | 31 | 2006 |
| 27 | 82 | M | Transverse | 0.6 cm, pedunculated | None | 32 | 2007 |
| 28 | 28 | M | Sigmoid | 4 cm, pedunculated | Endoscopic | 33 | 2007 |
| 29 | 23 | F | Descending | 4.5 cm, pedunculated, erosive | Endoscopic | 10 | 2008 |
| 30 | 66 | F | Cecum | 3 cm, sessile, ulcer | Endoscopic | 34 | 2008 |
| 31 | 63 | F | Cecum | 4 cm, pedunculated | Surgery | 35 | 2008 |
| 32 | 83 | M | Descending | 7 cm, pedunculated | Endoscopy | * | 2011 |

*The case described in this article; NS-not specified.

Figure 1: Colonoscopy Showed A 2CM. X 3CM Polyp in the Transverse Colon



Figure 2: POLYP IN LP

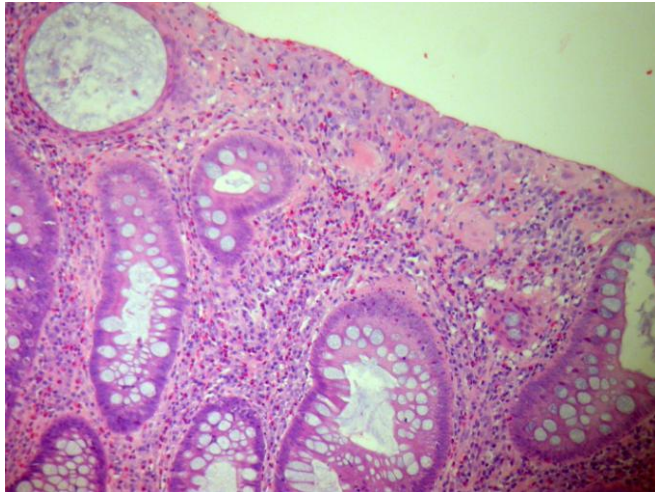
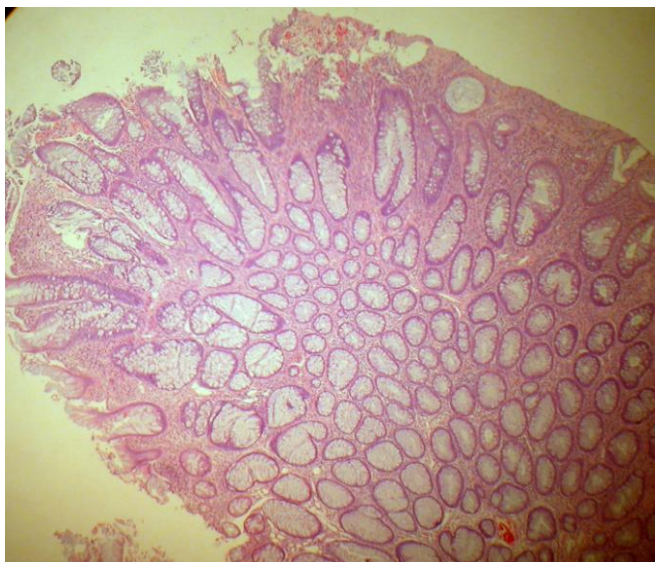


Figure 3: On Histopathology The Microscopic Picture Of The Polyp Shows Thickened Blood Vessels Wall, Capillaries, Fibroblasts And Many Inflammatory Cells Particularly Eosinophils. Immunostains Were Performed And They Were Negative For S- 100 And Desmin.



3. Discussion

Inflammatory fibroid polyps are rare sub-mucosal lesions of the gastrointestinal tract that usually appear as sessile or pedunculated polyps and usually show benign course (2, 3). They can occur anywhere in the GI tract, but most common site is stomach, followed by the small intestine and the colon. IFP'S are usually asymptomatic but they may cause abdominal pain (54%), bloody stools (33%), weight loss (21%), diarrhea, anemia (17%) and rarely intussusception (5). These symptoms depend on their location in the gastrointestinal tract. Their cause remains unknown. An allergic reaction to a stimulus has been proposed, or a reactive lesion of fibroblastic or myofibroblastic nature.

Histologically, IFP's are composed of benign appearing spindle cells in the lamina propria leading to a wide separation and disorganization of the colonic crypts and usually contains blood vessels, fibroblasts, and an edematous stroma rich in eosinophils. These polyps are usually negative for tumor markers like Desmin, Vimentin, muscle specific actin, CD34, CD117, CD68, P53, c-kit, Bcl-2 and S-100

protein which helps to differentiate IFP from gastrointestinal stromal tumor (GIST) (6). Familial relationship has been described. Definite diagnosis is by endoscopy and biopsy. Treatment is by endoscopic resection or surgery. Recent studies have shown that treatment for asymptomatic inflammatory fibroid polyps is not mandatory (7).

In conclusion, we have reported a case of inflammatory fibroid polyp in the transverse colon, diagnosed on regular colonoscopic screening in a completely asymptomatic patient. Fibroid polyp was removed endoscopically, and its histological examination shows no malignant potential. Endoscopic polypectomy is the most important tool for the diagnosis and treatment of inflammatory fibroid polyps.

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