

Pyogenic Granuloma of the Descending Colon: A Rare Cause of Lower Gastrointestinal Bleeding

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Case Report

A 54-year-old man with adenocarcinoma of the stomach in remission after partial gastric resection, lymphadenectomy, Roux-en-Y, and radiochemotherapy presented with 2 days of hematochezia. Colonoscopy showed a 10-mm patelliform, wide-based polyp with central scarring and partial ulcerated surface in the descending colon just below the splenic flexure (Figure 1). Because of the lesion's special appearance with possible malignancy, it was biopsied with moderate bleeding, treated successfully with epinephrine injection. Histology showed a polypoid ulcerated lesion with lobular proliferation of variably sized capillaries in edematous stroma without signs of malignancy (Figure 2). Repeat colonoscopy 10 weeks later revealed a similar-appearing polyp at the site of previous biopsy with rapid increase in size to 20 mm (Figure 3). Histology after submucosal injection polypectomy showed findings consistent with pyogenic granuloma of the descending colon. Repeat colonoscopy 3 months later revealed polyp recurrence; repeat submucosal injection polypectomy and complete macroscopic resection showed presence of a pyogenic granuloma and possible signs of incomplete resection. A fourth colonoscopy 8 weeks later showed only a scar at the former polyp location without signs of recurrence.

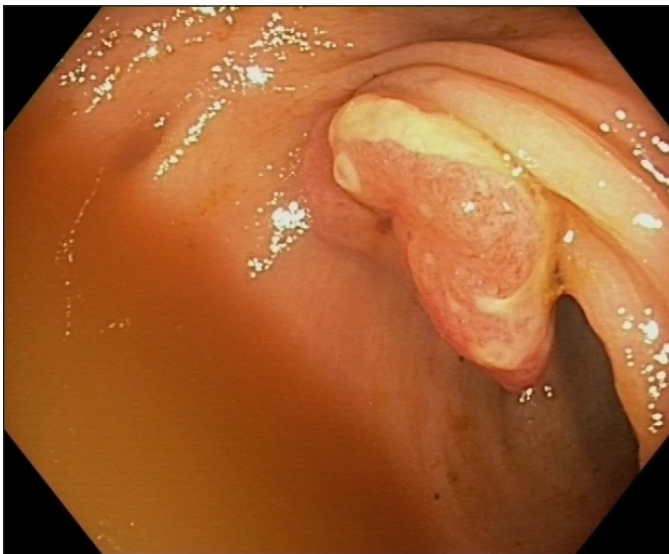


Figure 1. Endoscopic appearance of the partially ulcerated, broad-based, stalked polypoid lesion in the descending colon.

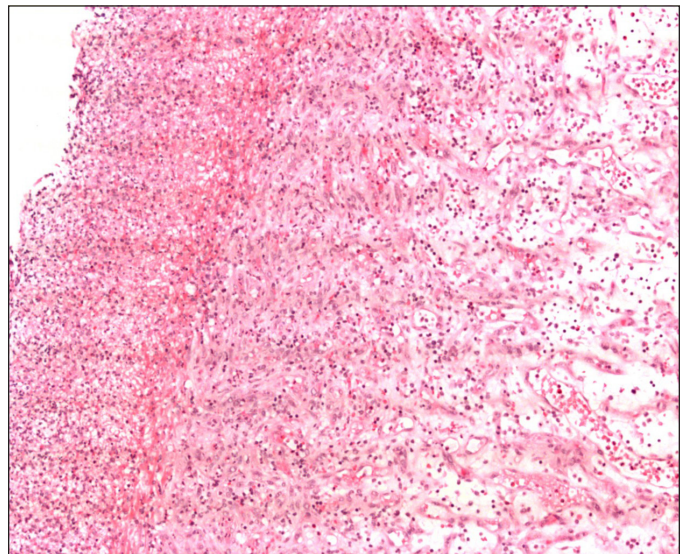


Figure 2. Histology slide of polypoid ulcerated lesion arising from the mucosal surface and lobular proliferation of variably sized capillaries in edematous stroma on H&E stain (100x magnification).

ACG Case Rep J 2015;2(2):74-75. doi:10.14309/crj.2015.7. Published online: January 16, 2015.

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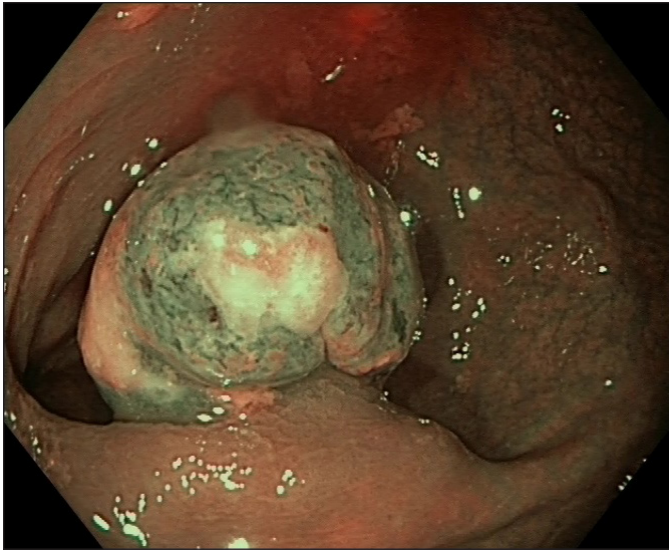


Figure 3. Second endoscopy with narrow band imaging 10 weeks later showing a rapidly progressive size of the former polyp.

Pyogenic granuloma is a benign subtype of lobular capillary hemangioma, which is an inflammatory vascular lesion rarely seen in the esophagus or intestine.¹ Its size can range from millimeters to a few centimeters.¹⁻⁴ Both sexes are equally affected, with manifestation distributed evenly over all ages.^{1,3} The typical presentation is gastrointestinal bleeding with or without anemia or abdominal pain. The histological pattern is described as a proliferation of capillaries in a lobular arrangement lined by a single layer of bland endothelial cells and delicate stroma filled with inflammatory cells.^{2,3} The most frequently discussed differential diagnoses are Kaposi sarcoma and angiosarcoma.^{1,3} Our case is one of few reports of pyogenic granuloma in the large intestine, and shows typical patterns of a macroscopically possible malignant tumor presented in a relapsing manner that was successfully treated with snare polypectomy after submucosal injection.

Disclosures

Author contributions: P. Meyer-Herbon performed the literature review and wrote the manuscript. C. Brugnolaro provided the pathology slides. R. Frei and MC Sulz edited the manuscript. MC Sulz revised and reviewed the manuscript, and is the article guarantor.

Financial disclosure: None to report.

Informed consent was obtained for this case report.

Received: September 2, 2014; Accepted: December 29, 2014

References

1. Val-Bernal JF, Mayorga M, García-Somacarrera E. Pyogenic granuloma of the large intestine: Case report and review of reported cases in the adult. *Pathol Res Pract.* 2012;208(11):687–90.
2. Thibault A, Lavergne-Slove A, Soyer P, et al. Pyogenic granuloma of the colon. *Endoscopy.* 2012;44(suppl 2):155–156.
3. Moffat D, Warwryko P, Singh H. Pyogenic granuloma: An unusual cause of massive gastrointestinal bleeding from the small bowel. *Can J Gastroenterol.* 2009;23(4):261–264.
4. Kusakabe A, Kato H, Hayashi K, et al. Pyogenic granuloma of the stomach successfully treated by endoscopic resection after transarterial embolization of the feeding artery. *J Gastroenterol.* 2005;40(5):530–5.

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