

Letters to the Editor

Inflammatory cloacogenic polyp: A rare cause of lower gastrointestinal bleeding

Key words: Inflammatory cloacogenic polyp. Lower gastrointestinal bleeding. Rectal bleeding. Mucosal prolapse.

Dear Editor,

Inflammatory cloacogenic polyp is a rare type of inflammatory anorectal lesion in which mucosal prolapse plays a pathogenetic role. It has been suggested that the aetiology may be the same as that of solitary rectal ulcer syndrome, inflammatory cap and myoglandular polyps (1,2). Inflammatory cloacogenic polyp can be associated with conditions such as Crohn's disease, malabsorption syndromes, diverticulosis, haemorrhoids and adenocarcinoma (3).

We present a case of cloacogenic polyp, an infrequently diagnosed type of polyp, which manifested itself clinically in the form of lower gastrointestinal bleeding.

Case report

A 32-year-old patient with a history of bronchiectasis presented after having experienced one or two bowel movements with passage of blood and mucus per day for 1 year. A colonoscopy had been performed at another centre 6 months previously and reported as normal. Physical examination and laboratory tests showed no relevant abnormalities. Rectal sigmoidoscopy was performed up to 25 cm and a solitary pedunculated, erythematous, and friable polyp was observed 5 cm from the anal margin. The polyp was removed (Fig. 1), and subsequent pathology findings were consistent with inflammatory cloacogenic polyp. The patient remains asymptomatic after excision of the polyp.

Discussion

Inflammatory cloacogenic polyps are more common in women and usually occur from the fourth to the sixth decade of life, although cases have been reported in children (4,5). The main clinical manifestations are rectal bleeding, constipation and rectal tenesmus (6).

Diagnosis is usually reached by endoscopy and biopsy, as inflammatory cloacogenic polyps are difficult to distinguish from other benign or malignant lesions during endoscopy (7). These polyps occur in the anorectal area, usually measure 1-5 cm, and are generally sessile and occasionally pedunculated. They can be solitary or multiple and may coexist with hyperplastic or adenomatous polyps. Anatomopathological features include an eroded surface, granulation tissue with reactive atypia, and hyperplastic changes with irregular branching of the glands (8). Inflammatory cloacogenic polyps have the potential for malignant transformation into squamous cell carcinoma (9,10).

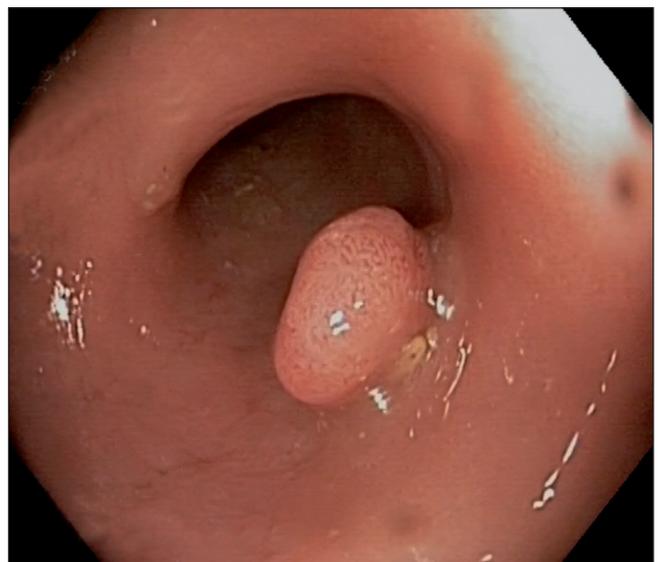


Fig. 1. Rectal polyp.

Differential diagnosis should include inflammatory, ischaemic or other types of polyps, inflammatory bowel disease, Cowden syndrome and neoplasms (6).

Treatment is endoscopic removal or open surgery, and a high-fibre diet is recommended (1,2).

Although most cases are benign, clinicians and pathologists should be aware of this entity to ensure timely diagnosis.

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References

1. Ciriza C, Tomás E, García F, Álvarez J, Bermejo F, Valer P, et al. Pólipos inflamatorios cloacogénicos: una causa inusual de sangrado rectal. *Gastroenterol Hepatol* 2007;30:461-4.
2. Tendler DA, Aboudola S, Zacks JF, O'Brien MJ, Kelly CP. Prolapsing mucosal polyps: an underrecognized form of colonic polyp - a clinicopathological study of 15 cases. *Am J Gastroenterol* 2002;97:370-6.
3. Abib 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 Gastroenterology* 2012;12:72.
4. Poon K, Mills S, Booth I, Murphy S. Inflammatory cloacogenic polyp: An unrecognized cause of hematochezia and tenesmus in childhood. *J Pediatr* 1997;130:327-9.
5. Siafakas C, Vottler T, Andersen J. Rectal prolapse in pediatrics. *Clin Pediatr* 1999;38:63-72.
6. Calva R, González MA, Rivera ME, García JM, Calva D. Pólipo cloacogénico inflamatorio (Presentación de un caso clínico). *Rev Gastroenterol Mex* 2007;72:371-5.
7. Sanduleanu S, Driessen A, Hameeteman W, Van Gemert W, De Bruine A, Masclee A. Inflammatory cloacogenic polyp: Diagnostic features by confocal endomicroscopy. *Gastrointestinal endoscopy* 2009;69:595-8.
8. Mathialagan R, Turner MJ, Gorard DA. Inflammatory cloacogenic polyp mimicking anorectal malignancy. *Eur J Gastroenterol Hepatol* 2000;12:247-50.
9. Parfitt JR, Shepherd NA. Polypoid mucosal prolapse complicating low rectal adenomas: beware the inflammatory cloacogenic polyp! *Histopathology* 2008;53:91-6.
10. Hanson IM, Armstrong GR. Anal intraepithelial neoplasia in an inflammatory cloacogenic polyp. *J Clin Pathol* 1999;52:393-4.