

# Gastrointestinal and Liver Pathology at Rush

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## Case of the Month Answer – March 2011

*Contributed by Drs. Ihab Lamzabi and Shriram Jakate*

### **Diagnosis: Inflammatory pseudopolyps in the background of ulcerative colitis**

Inflammatory pseudopolyps are areas of inflamed and regenerating mucosa that project above the surrounding mucosa. They generally develop as a response to either localized or diffuse inflammatory disease such as Crohn's disease or ulcerative colitis, neonatal necrotizing enterocolitis, and infectious colitis, and they commonly form at the edges of intestinal ulcers and mucosal anastomosis. The pathogenesis is related to full thickness ulceration of the mucosa, followed by inflammation and regenerative hyperplasia of the intervening nonulcerated epithelium.<sup>1</sup> The nomenclature of these lesions is debatable. Some people believe that these lesions should be called inflammatory polyps rather than inflammatory pseudopolyps.<sup>2,3</sup>

Macroscopic appearance of the inflammatory pseudopolyps may be sessile (Fig.1) or pedunculated. They are almost always smaller than 2 cm, but giant inflammatory polyps may reach obstructive size. Filiform polyposis refers to the presence of numerous dense, filamentous polyps that can project several centimeters above the surrounding mucosa.<sup>1</sup>

Histologically they can be formed entirely by inflamed granulation tissue (Fig.2). However most inflammatory pseudopolyps are composed of a mixture of inflamed lamina propria and distorted colonic epithelium with or without erosions (Fig.3). In the later stages of development, inflammatory polyps may consist of many fingerlike projections of normal, or near normal mucosa surrounding a core of submucosal tissue, which is referred to as postinflammatory (filiform) polyposis (PIP).<sup>1,2,3</sup>

The differential diagnosis of inflammatory pseudopolyps includes juvenile polyps, dysplasia-associated lesion or mass (DALM), sporadic adenomas (adenoma-like mass ALM), and carcinomas. The distinction between juvenile polyps and inflammatory pseudopolyps is based on the clinical information. Inflammatory pseudopolyps are easily distinguished from DALM and ALM. However, in some cases, regenerating epithelium can simulate a neoplastic process. Careful attention to surface maturation, which is usually noted in regenerating epithelium and almost never in dysplasia, can help in making this distinction.<sup>1</sup>

Inflammatory pseudopolyps in IBD are not a precancerous lesion. However, their presence increases the risk of developing a colorectal cancer.<sup>4</sup> This increase in risk can be explained by the association between the presence of inflammatory pseudopolyps and the severity and the extent of IBD, which are both known risk factors of colorectal cancer in IBD patients.<sup>5</sup>

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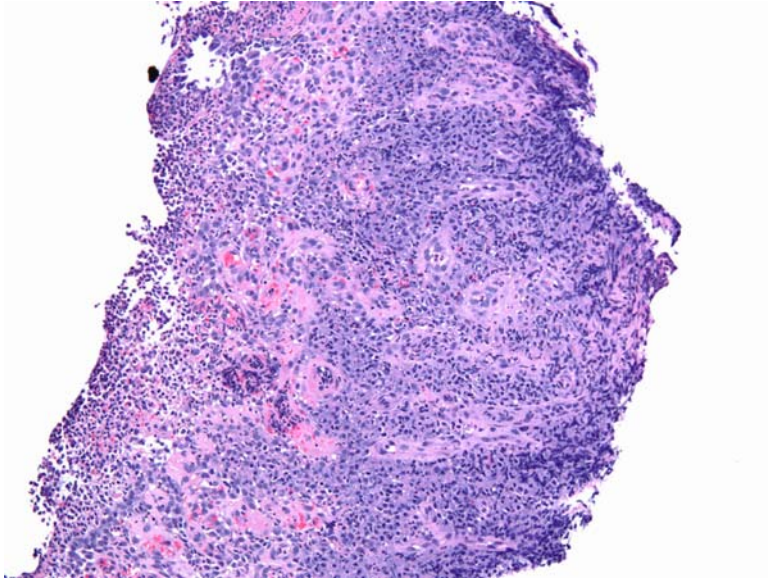


Fig. 2



Fig.1

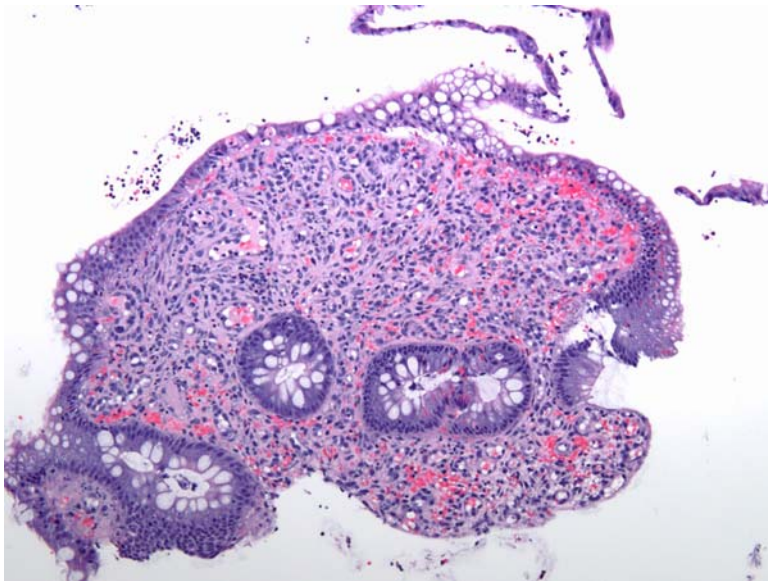


Fig.3

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## **REFERENCES:**

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