

Case Report

www.wjahr.com

ASSOCIATION OF CROHN'S DISEASE AND CLOACOGENIC POLYP: ABOUT A NEW CASE REPORT

M. A. Lkousse*, A. El Farouki, K. Gharbi, Y. Ismail, J. Atmani, A. Aiterrami, S. Oubaha, Z. Semlani K. Krati

Hepato-Gastro-Enterology Department, University Hospital Mohammed VI, Marrakech, 4000, Morocco.

Received date: 22 December 2019

Revised date: 12 January 2020

Accepted date: 02 February 2020

*Corresponding author: M. A. Lkousse

Hepato-Gastro-Enterology Department, University Hospital Mohammed VI, Marrakech, 4000, Morocco.

INTRODUCTION

Cloacogenic inflammatory polyps are a rare and benign form of ano-rectal polyps, first described in 1981 by Lobert and Appelman.^[1] They are formed from the epithelial transitional zone at the anorectal junction. They affect the lower rectum and anus, and are characterized by distinct clinical and histopathological features.^[2] They can be associated with variety of diseases: haemorrhoidal disease, Crohn's disease, colonic diverticulosis or colorectal adenocarcinoma.^[3]

We report a new observation of a cloacogenic polyp in a patient with crohn's disease.

CASE REPORT

A 64-year-old patient followed for stricturing ileocaecal crohn's disease for five years, treated with infliximab with good evolution. She consulted for rectal bleeding for 10 days. Clinical examination was normal. The biological assessment showed a hemoglobin level of 11 g/dl. Anoscopy revealed a sessile polyp measuring 1 cm in diameter on the anterior rectal wall at the pectineal line. Ileocolonoscopy was normal. A polypectomy was

performed. The anatomopathological study revealed an anorectal epithelial lining continuing through elongated, sometimes branched and dilated crypts with ascension of smooth muscle fibres between the crypts. The adjacent chorion with regular, hyperplastic lymphoid nodules and polymorphic granulation tissue rich in regular lymphoplasmocytes. Anatomopathological appearance was compatible with an inflammatory cloacogenic polyp (Figures A and B).

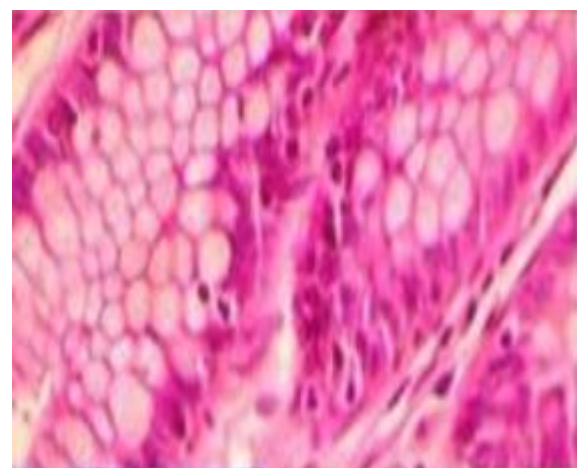


Figure A and B: histological appearance compatible with a cloacogenic polyp.

DISCUSSION

Inflammatory cloacogenic polyps (ICPs) are relatively rare lesions of the anal transition zone. They are thought to be caused by mucosal prolapse resulting in local

trauma and ischemic lesions followed by inflammation, repair, and regenerative changes.^[4] Most cases of ICP are mild, although cases of degeneration have been reported in the literature.

Women are more affected than men, generally in the fourth to sixth decade, although cases have been reported in children.^[5,6] They are revealed primarily by rectal bleeding, constipation and tenesmus.^[7]

On rectal examination, these polyps are often soft and brittle and therefore easily to pass by. They are easily visible on anoscopy, but they may be missed on colonoscopy because of their frequent location at the ano-rectal junction, unless rectal retroflexion is performed.^[5]

Macroscopically, they appear as polypoid forms of the irregular rectal mucosa, sometimes exulcerated or covered by the transitional zone epithelium or squamous epithelium.^[8]

Microscopically, the crypts are dilated, tortuous, sometimes cystic, surrounded by a stromal component containing verticalized muscle fibers, developed in kits, associated with congestive and dilated vessels, inflammatory cells and granulation tissue.^[1]

The association of cloacogenic polyp and Crohn's disease is rarely reported in the literature. Over a period of 5 years (between 1978 and 1983), Saul,^[9] presented two cases of cloacogenic polyps associated with Crohn's disease, among nine ICPs.

To our knowledge, this is the third case of PCI associated with crohn's disease reported in the literature.

Therapeutically, the treatment of choice is endoscopic or surgical resection of these polyps, with correction of the associated rectal prolapse.^[10,11] A high-fibre diet, regular use of laxatives, and avoidance of intense and prolonged exertion are also recommended to reduce the risk of mucosal prolapse.^[12]

CONCLUSION

Inflammatory cloacogenic polyps are rare lesions of the anal transition zone. Mucosal prolapse plays an important pathogenic role. The diagnosis is mainly endoscopic confirmed by histology.

BIBLIOGRAPHIE

1. Lobert PF, Appelman liD: Inflammatory cloacogenic polyp: a unique inflammatory lesion of the anal transition zone. *Am J Surg Pathol*, 1981; 5: 761.
2. Muñoz NA, Takehara H, Komi N. A pediatric case of inflammatory cloacogenic polyp. *Pediatr Surg Int.*, 1992; 7: 314-6.
3. 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.

4. Iacobuzio-Donahue, C.A, Montgomery, E.A. Epithelial neoplasms of the colorectum. 2nd ed. Philadelphia.In:John R. Goldblum, editor. *Gastrointestinal and liver pathology*, Elsevier Saunders, 2005; 410-40.
5. 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.
6. Sifakakos C, Vottler T, Andersen J. Rectal prolapse in pediatrics. *Clin Pediatr*, 1999; 38: 63-72.
7. 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.
8. Cuvelier C, Ferdinande L, Demetter P. Tumours and tumour-like conditions of the anal canal and anus. *Acta Endoscopica*, 2003; 33(3): 357-365.
9. Saul SH. Inflammatory Cloacogenic Polyp: Relationship to Solitary Rectal Ulcer Syndrome/Mucosal Prolapse and Other Bowel Disorders. *Hum Pathol*, 1987 Nov; 18(11): 1120-5.
10. Hanson IM, Armstrong GR. Anal intraepithelial neoplasia in an inflammatory cloacogenic polyp. *J Clin Pathol*, 1999; 52: 393-4.
11. Parfitt JR, Shepherd NA. Polypoid mucosal prolapse complicating low rectal adenomas: beware the inflammatory cloacogenic polyp! *Histopathology*, 2008; 53: 91-6.
12. Zaman. S, Mistry P, Hendrickse.C, Bowley.D.M. Cloacogenic polyps in an adolescent: A rare cause of rectal bleeding. *Journal of Pediatric Surgery*, 2013; 8: E5-E7.