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Colonic muco-submucosal elongated polyp misdiagnosed as an inverted colonic diverticulum

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Dear Editor,

A 55-year-old female was admitted to the hospital due to abdominal discomfort. She had undergone a colonoscopy one year previously that revealed a mucosal lesion in the rectum, which was considered to be an inverted colonic diverticulum (ICD) (Fig. 1). The re-colonoscopy on admission revealed that the lesion of the rectum was soft, and showed type I Pit-Pattern under the narrow band imaging (NBI) (Fig. 2). The patient and her family requested resection of the lesion, so submucosal injection at the lesion was performed, which found that the lift sign was good. Subsequently, endoscopic submucosal dissection (ESD) was performed on the patient to completely



resect the lesion (Fig. 3). Postoperative pathology revealed hyperplastic changes on the mucosal surface, edematous loose connective tissues in the submucosa, scattered with chronic inflammatory cell infiltration and a small number of dilated veins (Fig. 4).

Discussion

Colonic muco-submucosal elongated polyp (CMSEP) is a large intestine polyp with a long and broad stalk and a "worm-like" appearance, which is covered by normal mucosa. The submucosal layer consists of edematous and fibrotic interstitium, adipose tissue, dilated blood vessels and lymphatic follicles (1). Endoscopic magnification of the mucosal surface showed a uniform honeycomb pattern of regular blood vessels, with soft and deformable "folds" and "gyrus" at the top. The exact pathogenesis of CMSEP is still unclear. Some suggest that the long pedicle formed by the mucosa and submucosa may be caused by mechanical stretching of the intestine during peristalsis (2). CMSEP should be distinguished from ICD and mucosal prolapse syndrome (MPS), and endoscopic resection or follow-up is optional.

References

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Fig. 1. A. The colonoscopy revealed a mucosal lesion in the rectum, which was considered to be an inverted colonic diverticulum (ICD) one year previously. B. The re-colonoscopy revealed that the lesion of the rectum was soft, and showed type I Pit-Pattern under the narrow band imaging (NBI). C. Endoscopic submucosal dissection (ESD) was performed on the patient to completely resect the lesion. C. The surface structure of the specimen was type I Pit-Pattern under violet stain. D. Postoperative pathology revealed hyperplastic changes on the mucosal surface, and edematous loose connective tissues in the submucosa, which scattered with chronic inflammatory cells infiltration and a small number of dilated veins.