Ulcerative colitis complicated with hypermucinous dysplasia

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Conflict of interest
None.

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Dear Editor,

Patients with ulcerative colitis are at increased risk for colorectal neoplasia compared to the general population\(^1\). The risk factors include family history of colorectal cancer, wide extent of colitis, disease duration, cumulative inflammatory burden, and primary sclerosing cholangitis\(^2, \, 3\). Here, we report a case of colorectal neoplasia developed in a patient with ulcerative colitis.

A 73-year-old male visited for recurrent hematochezia for 23 years. He has been diagnosed with ulcerative colitis (UC, Montreal E3), and has received oral mesalazine and anal plugs. During the past years, his follow-up compliance was not good, and sometimes the colonoscopy was partial remission. This time, it still showed partial remission, the Mayo endoscopic score was 2. The patient’s history was very long, we took the screening with caution, and a lesion was detected in the sigmoid colon (Paris type IIa, 0.5 cm in size, Figure 1A). Magnified blue laser imaging further highlighted the lesion, with JNET type 2B, and Pit Pattern type IV (Figure 1B). Biopsy showed untraditional low-grade dysplasia. As the lesion was limited in the sigmoid with small size, ESD was performed (Figure 1C). The pathology of the ESD specimen showed tubulovillous architecture with tall, prominent mucinous cells, and the nuclei were mildly elongated, hyperchromatic, indicating hypermucinous dysplasia (Figure 1D). Both the vertical and horizontal margin was negative. After the ESD, biologic agent was suggested to the patients. This case indicated the importance of standardized screening for UC with long history and wide extent of colitis, and we should try to reduce the cumulative inflammatory burden.

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Fig 1.