

IMAGE OF THE MONTH

Polypoid angiodysplasia mimicking diverticular disease

Angiodisplasia polipoide que imita la enfermedad diverticular



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A 69-year-old male patient came to the emergency room after 22 h with severe, oppressive lower abdominal pain, nausea, fever and dysuria, no vomits and hematochezia. Patient referred no important illness or risk factor. At

physical examination the patient was alert, oriented in time, space and person. At the abdominal exam, the patient referred pain at the deep palpation of the right iliac region, no signs of lower gastrointestinal bleeding. Rest of the exam

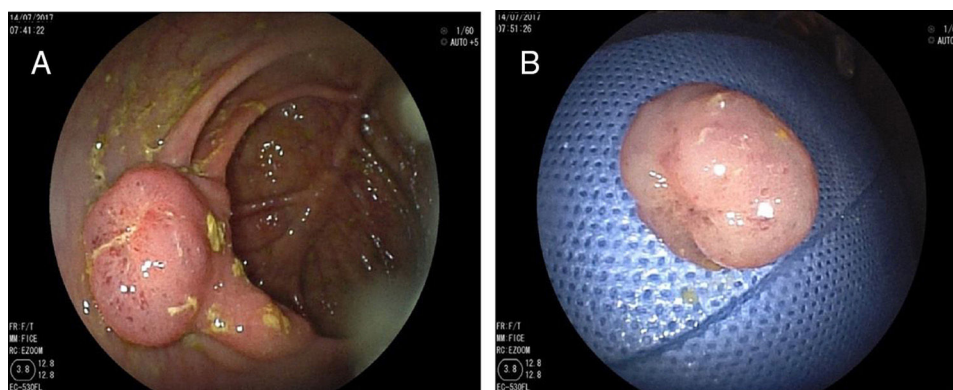


Figure 1 (A) Colonoscopic view of the lesion before the resection. Polypoid mass located on the ileocecal valve. (B) 20-mm subpediculated polyp extracted.

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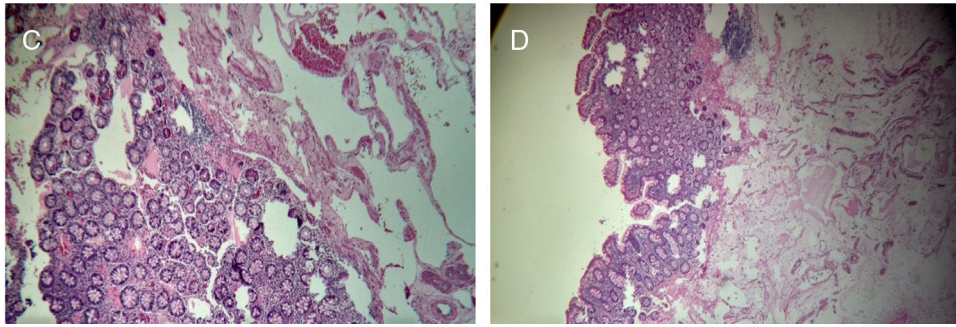


Figure 2 Histological finding of the polypoid-shape angiodysplasia: vascular ectasia with thin walls in the submucosal layer. Mucosal layer without atypia.

with no contributions. A diagnosis of abdominal pain syndrome was stated, suggesting urolithiasis or benign prostatic hyperplasia (BPH) as the possible causes. Patient received nonsteroidal anti-inflammatory drugs (NSAIDs) by intramuscular injections (IM) and NSAIDs capsules. The patient got better and left the hospital. However, one week later the patient returned to the internal medicine unit with a tomography that suggested right diverticulitis, and for that

reason he was referred to the gastroenterology department for colonoscopy. The test showed a subpediculated polyp of 20 mm on the ileocecal valve. (A, B) The polyp was extracted and sent to pathology which revealed a polypoid shape lesion with thin-walled vessels in the submucosa layer. Mucosa layer without atypia. The pathology conclusions were angiodysplastic lesion with polypoid shape (C, D) (Figs. 1 and 2).