

102年度中區小兒科消化系 病例討論會

Case Presentation

中國醫藥大學附設醫院 兒童醫學中心
R2 林佐臨 / VS 陳安琪
2013/ 3/ 9

General Data

- ID no.: 21967416
- Name: 卜〇騰
- Gender: male
- Age: 15 yrs
- Admission date: 2012/ 11/ 5

Chief Complaint

- Bloody stool for 2 months

Present Illness

- Bloody and mucus stool for 2 months.
- Sigmoidfibroscopy revealed ulcers with hemorrhagic spots.
- No abdominal pain, vomiting, or diarrhea.
- No weight loss.

Physical Examination

- Figure: Height: 178cm(>95th percentile) weight: 62kg(75th~90th percentile)
- General appearance: fair
- Vital signs: BT: 36.8°C; HR: 88/ min; RR:20/ min BP: 114/ 76 mmHg
- HEENT: grossly normal, conjunctiva: **pale**
- Neck: supple, no lymphadenopathy
- Chest: symmetric bilateral breathing sound clear
- Heart: regular heart beat, no murmur
- Abdomen: soft, bowel sound normoactive, no palpable mass, no hepatosplenomegaly, no rebounding pain or muscle guarding
- Extremities: warm, freely movable

Lab Data (initial)

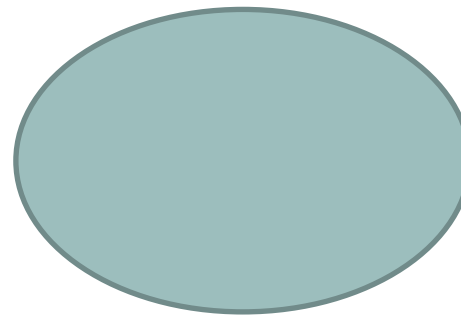
- WBC= 5120, DC: N/L/M= 47.1% /40.0%/ 7.8%
- RBC= 5.50×10^6 /ul, Hb=14.4, Hct: 40.6%,
MCV=73.8 fL
- Platelet= 290K
- LDH= 148 IU/L, CRP= 0.06 mg/dL, ESR= 1 mm/1hr

Hospital Course

- Colonofibroscope was arranged on 3rd day after colon preparation

Colonofiberscope Findings

- The colon fiberscope was inserted in till 100 cm from anal verge.
- A big Yamada type C colonic polyp from anal verge 55cm area, size about 4 x 6cm in diameter.
- Several small (0.3~0.5cm) Yamada type A polyps over the **terminal ileum**



Interventions

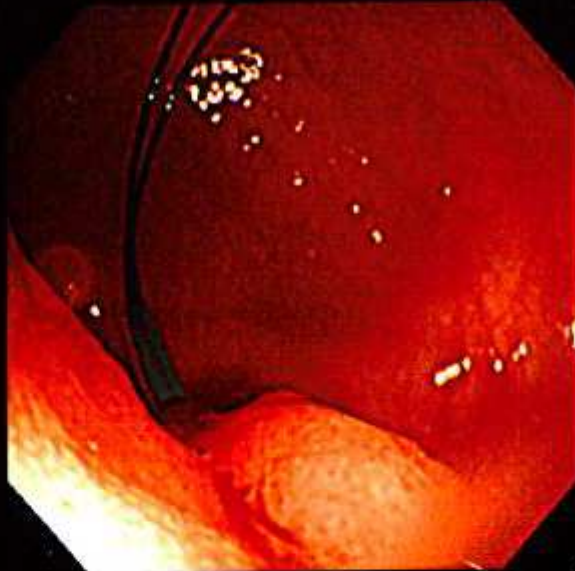
- Endoloop was performed around the base of the polyp
- Removed the polyp by electrical ligation
- Do 4 hemoclips for the big stump
- Biopsy over the polyps

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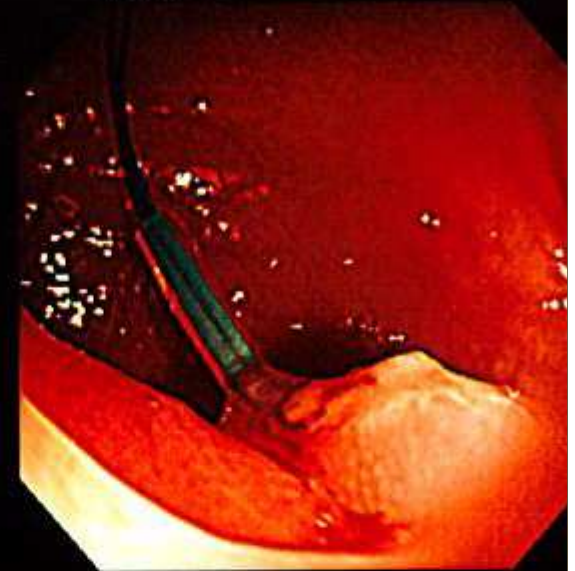
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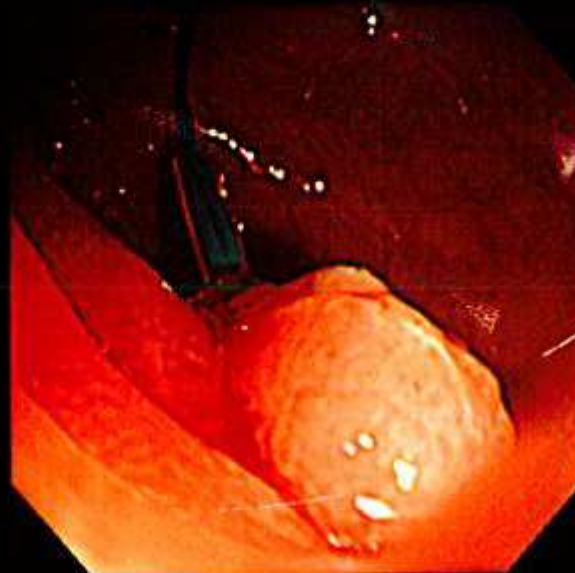
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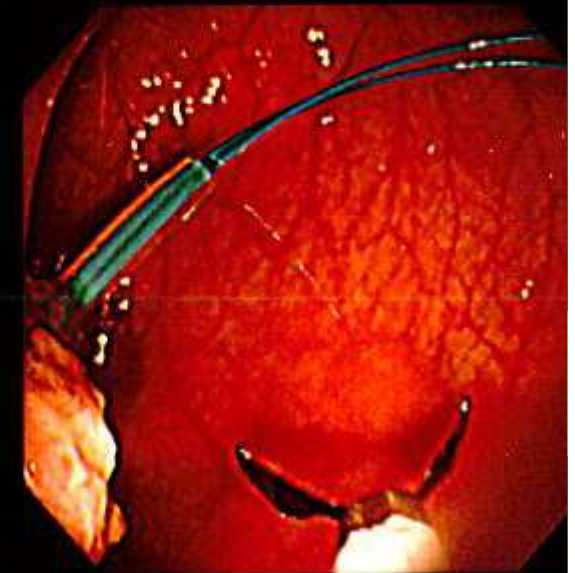


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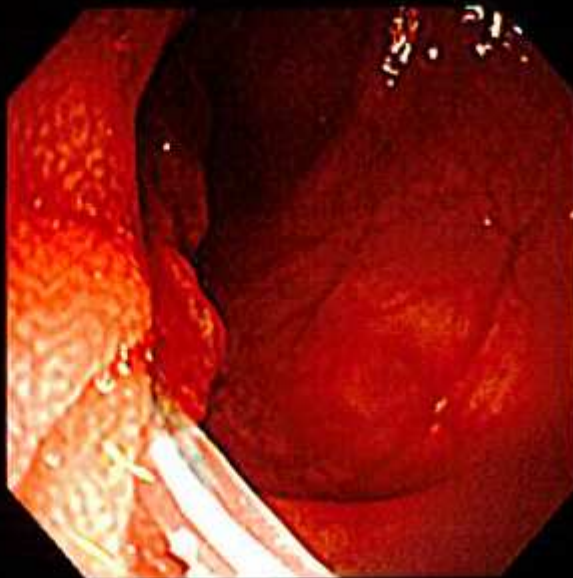
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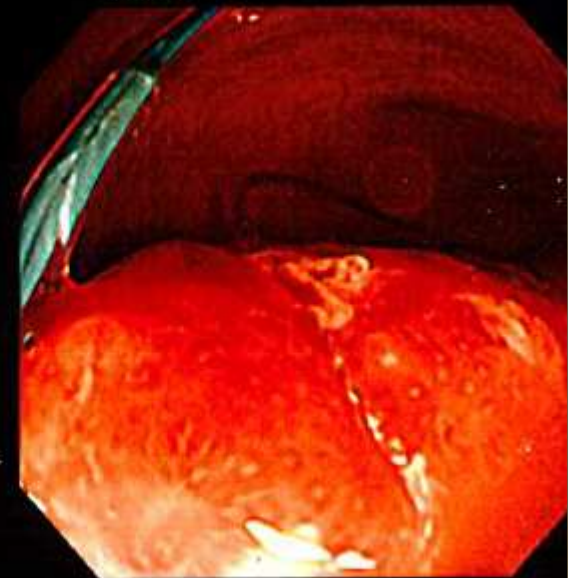
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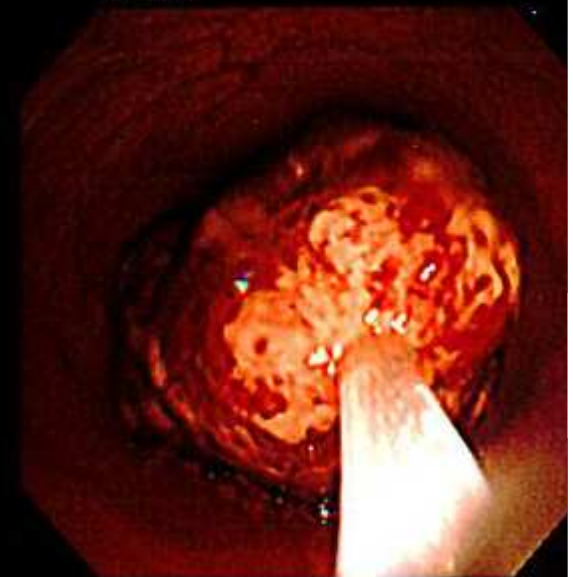


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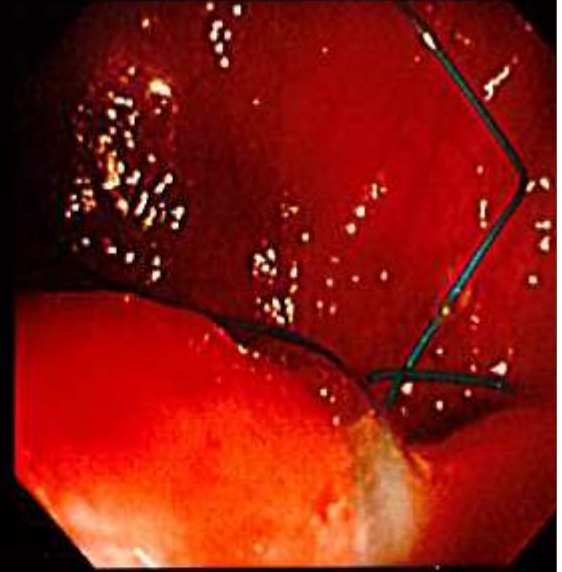
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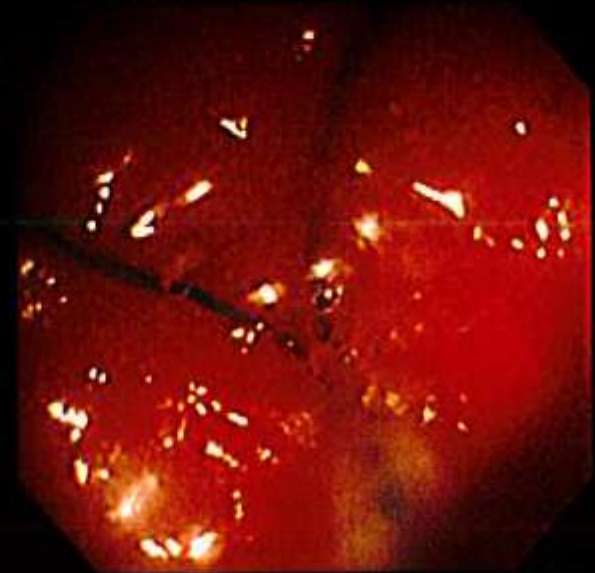
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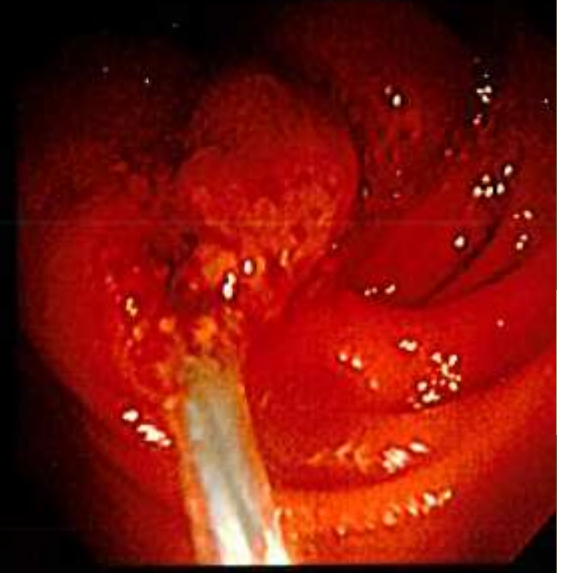


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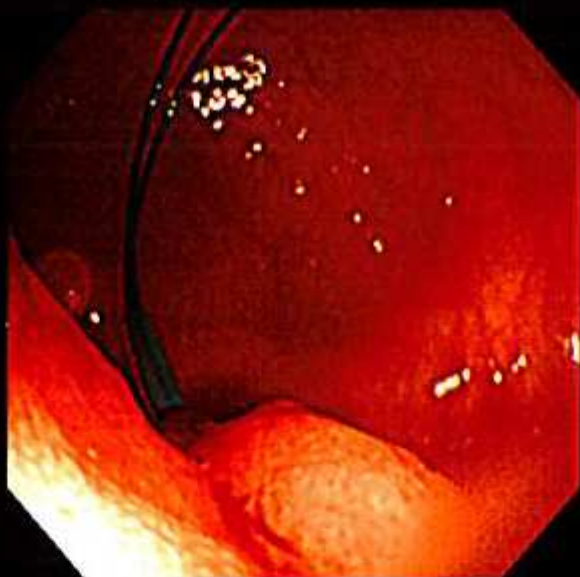


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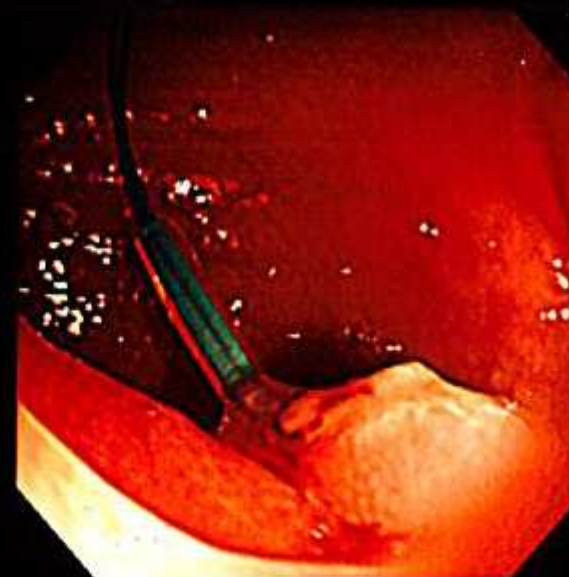
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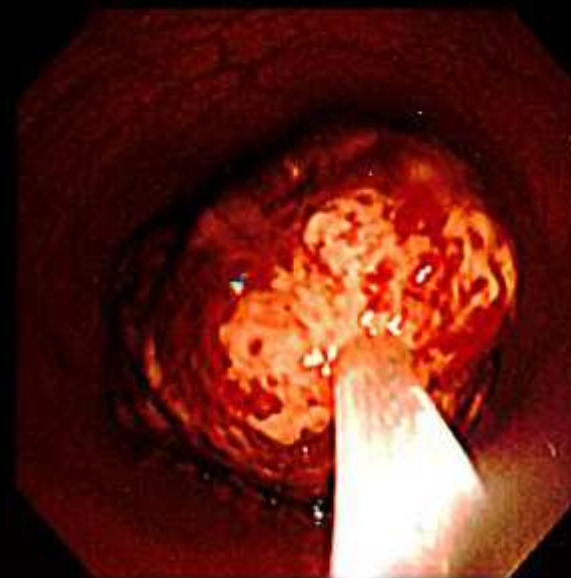


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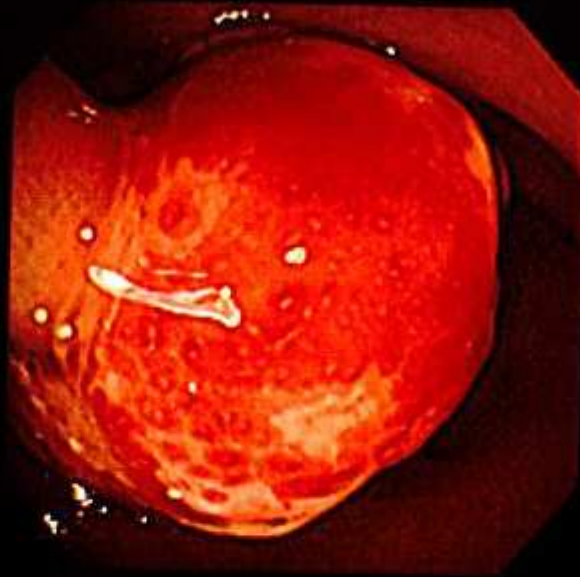


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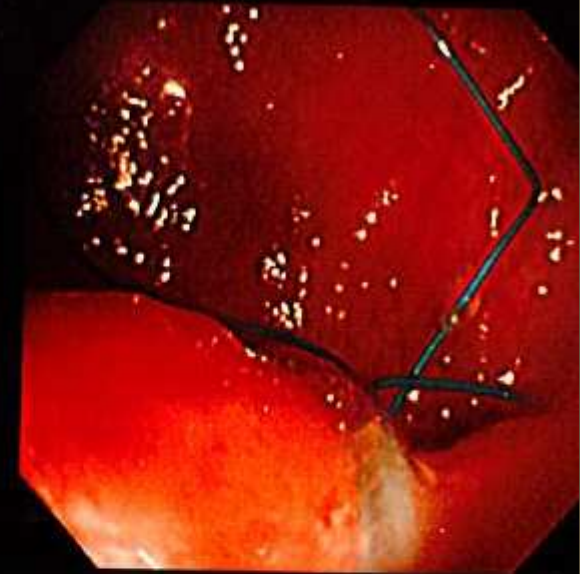
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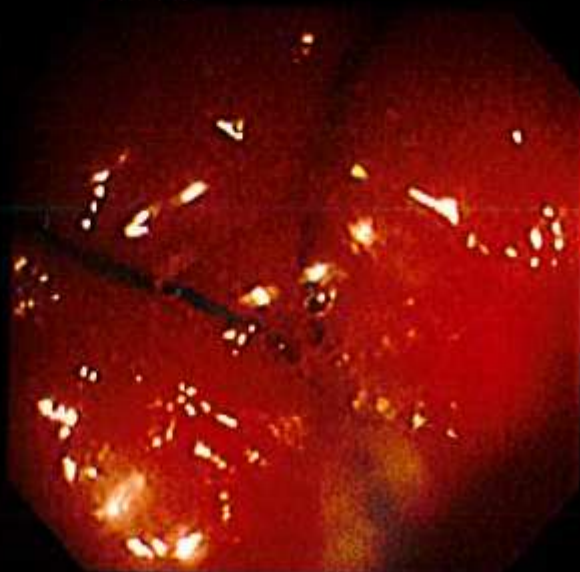
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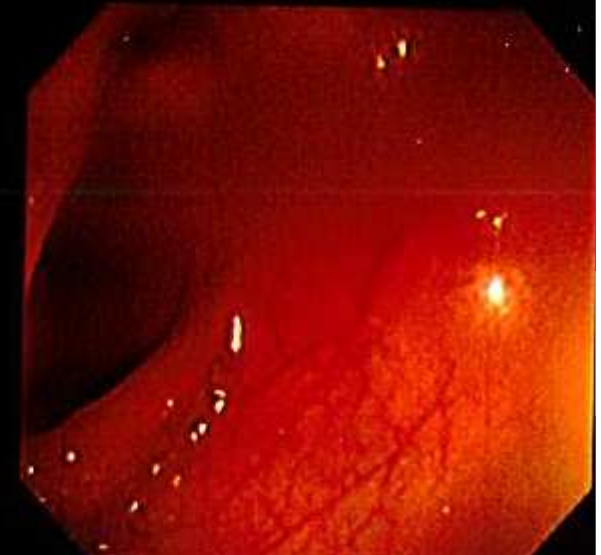


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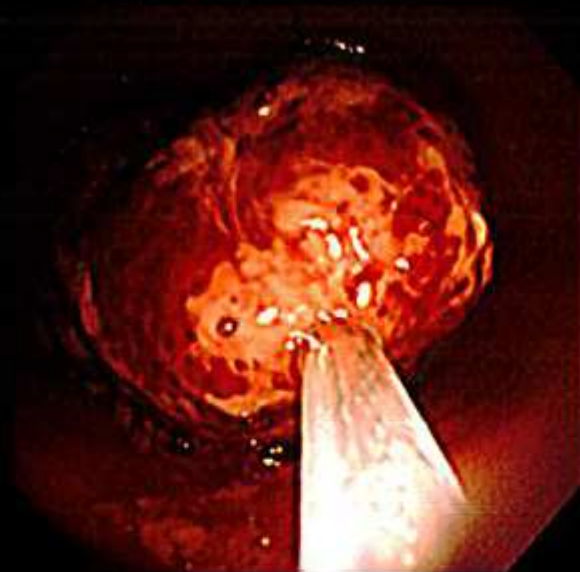
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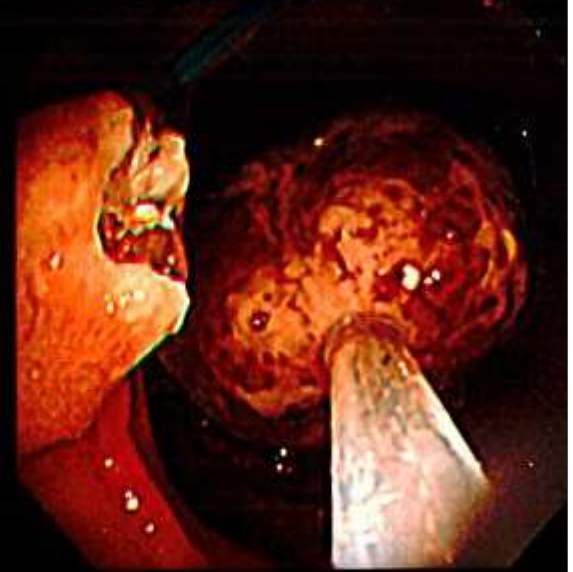


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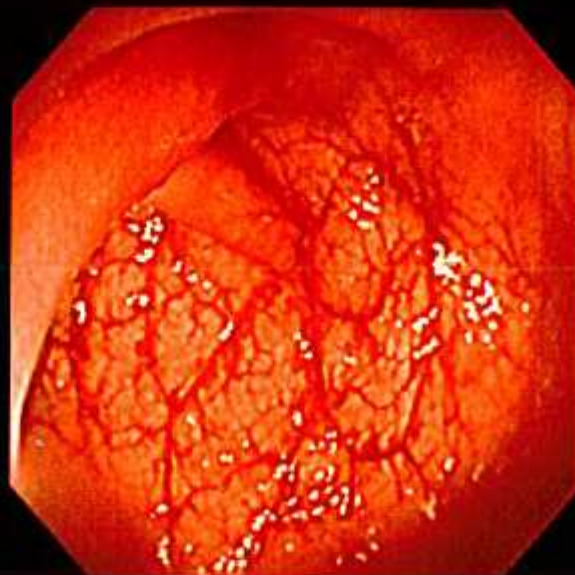
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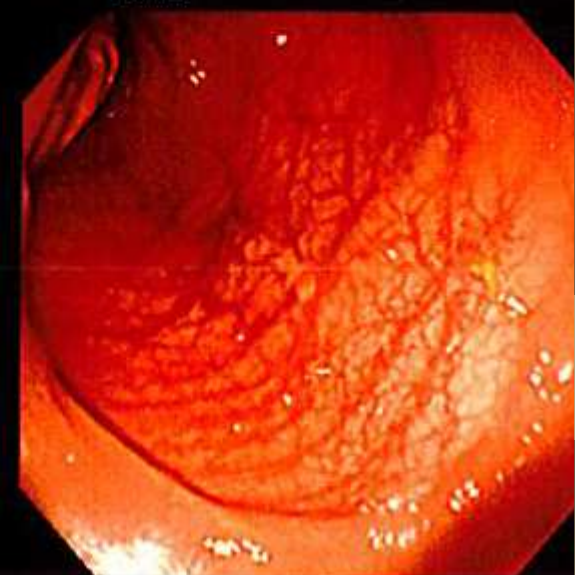


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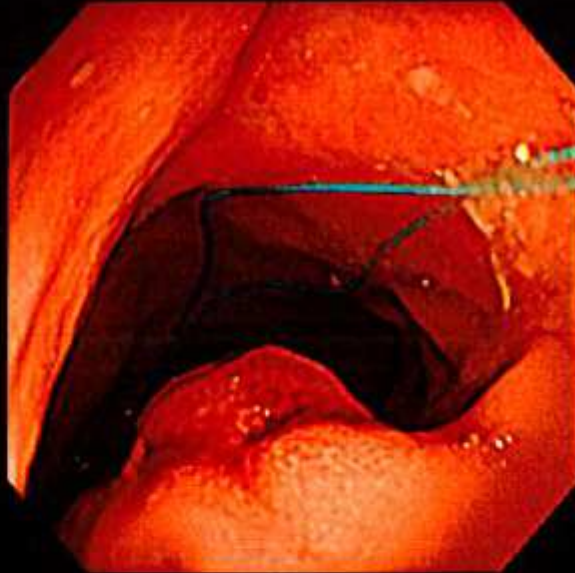


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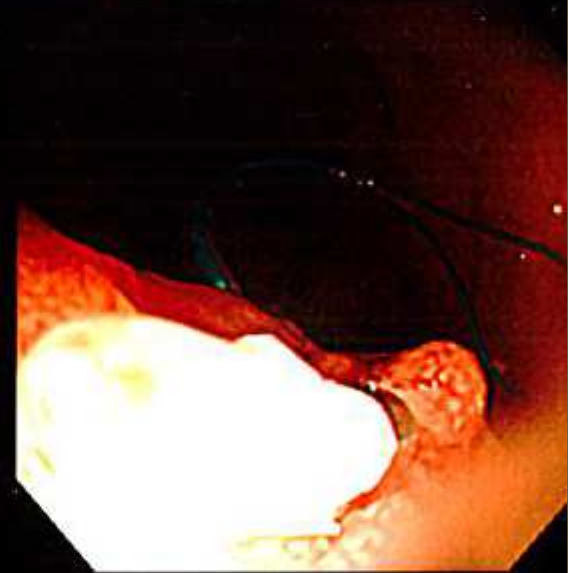
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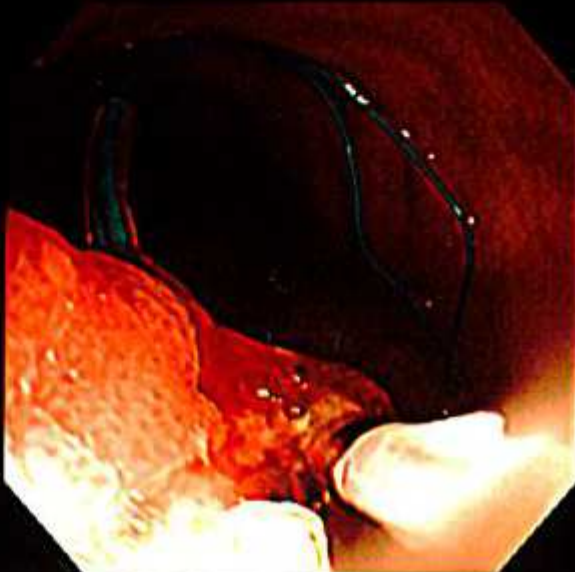
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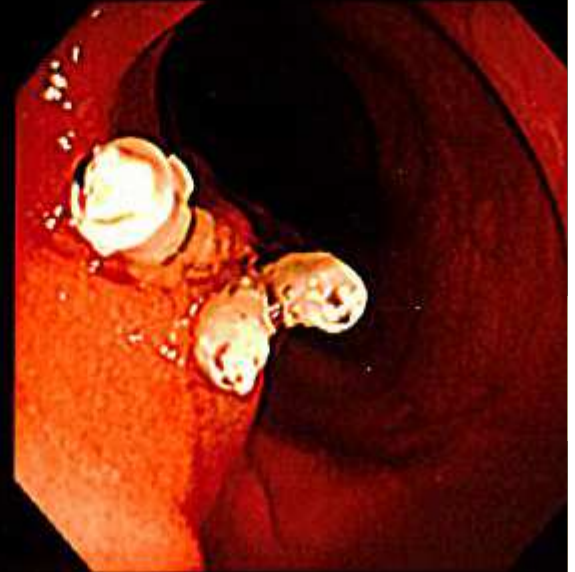


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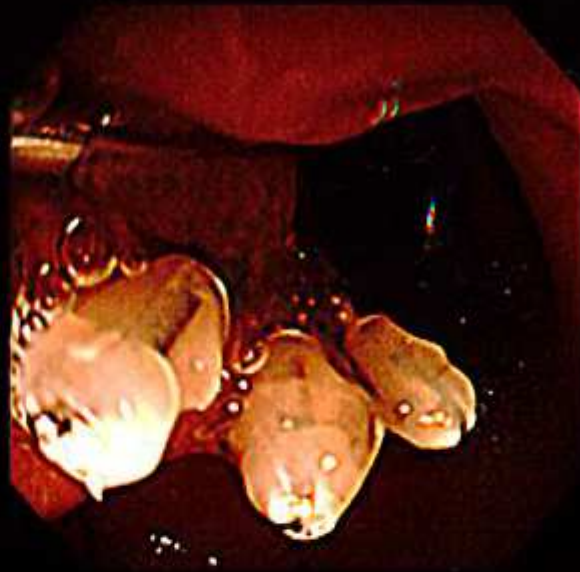
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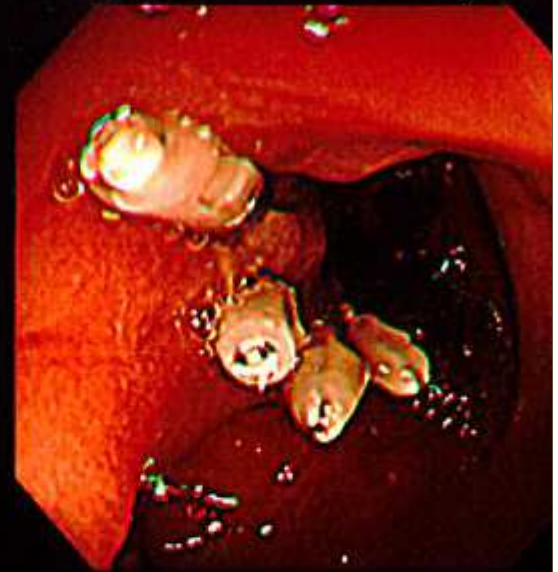


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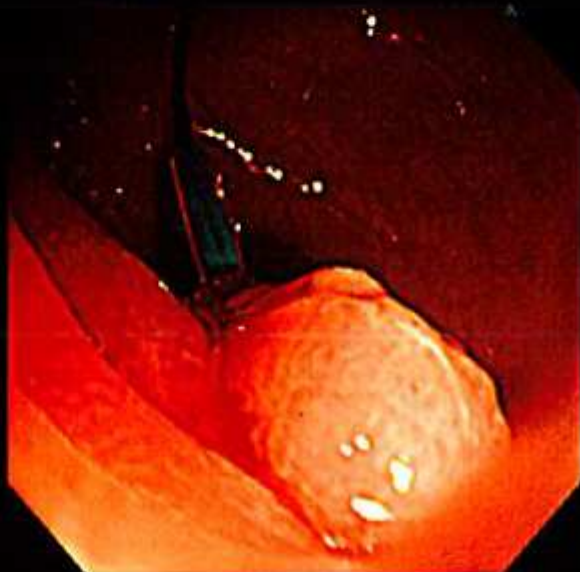


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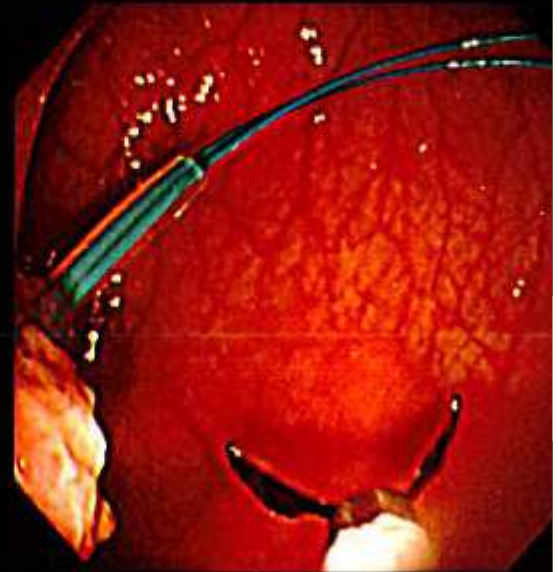
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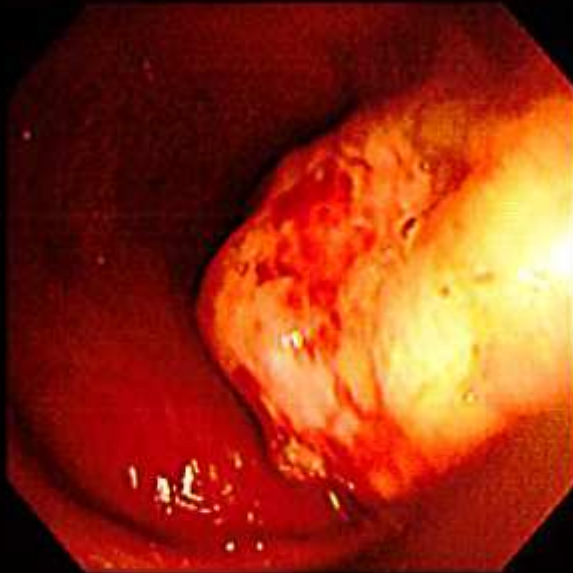


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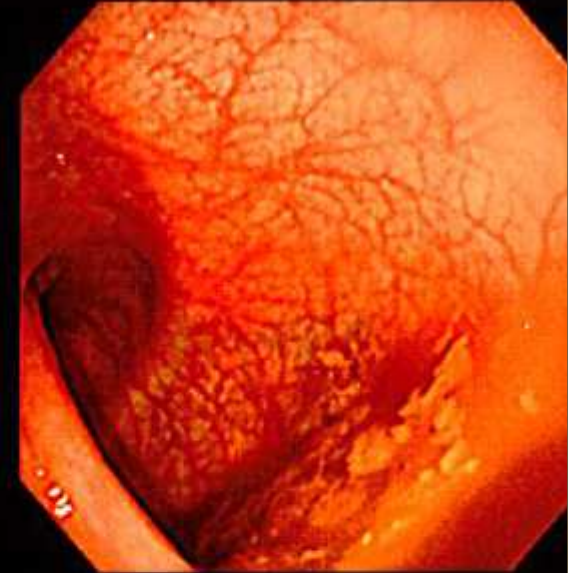
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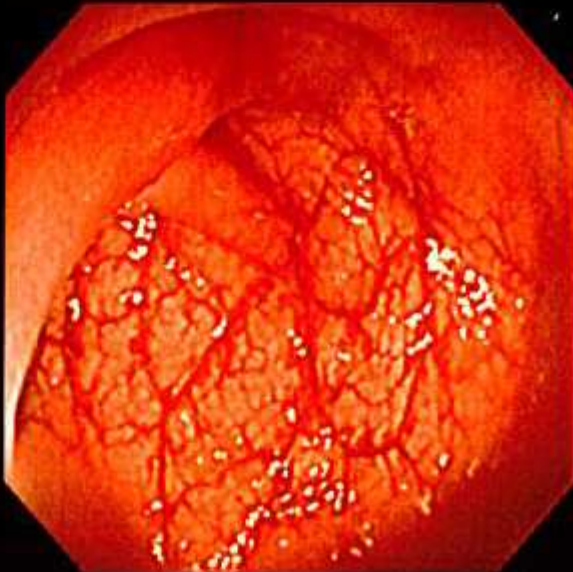
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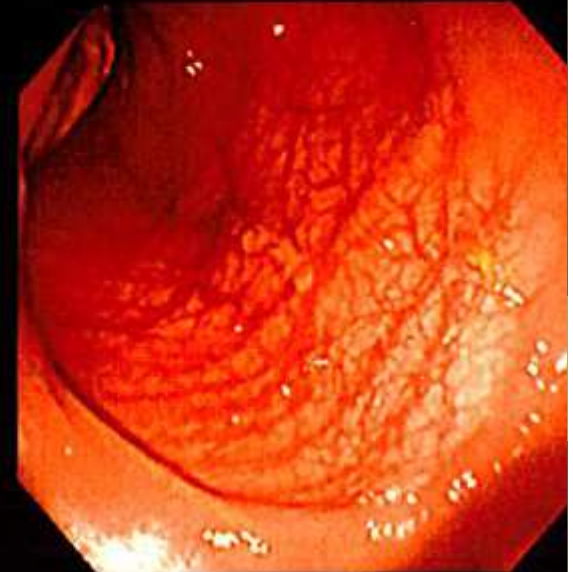


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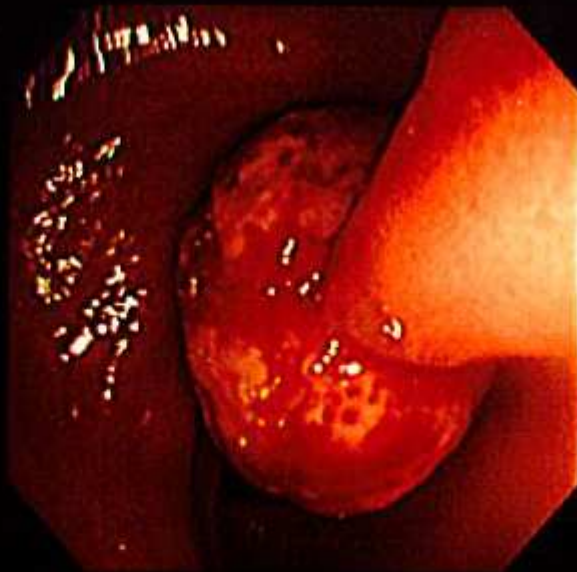


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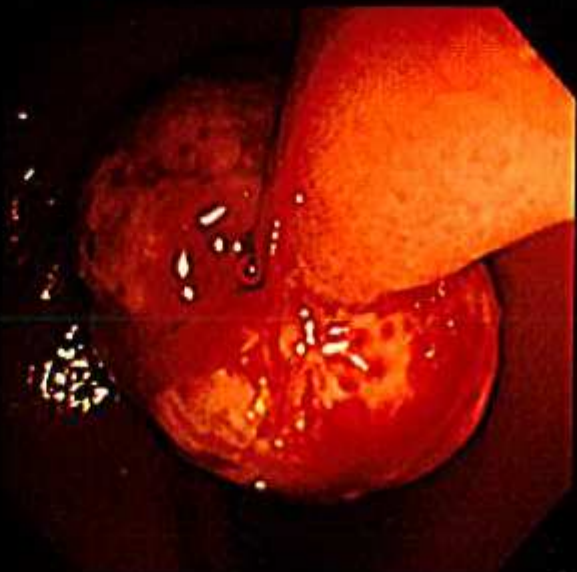
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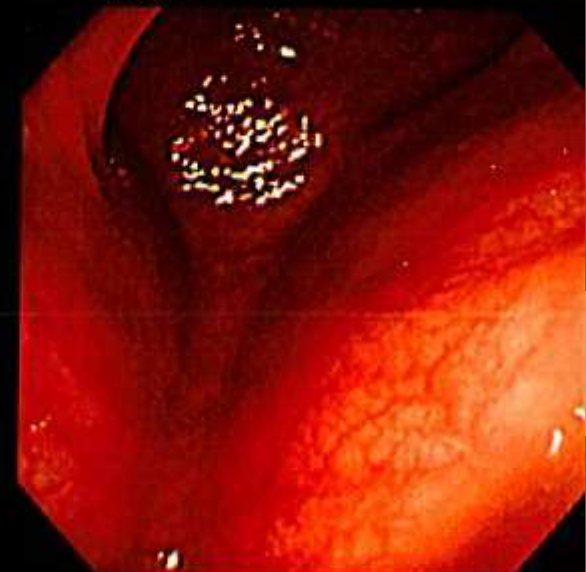


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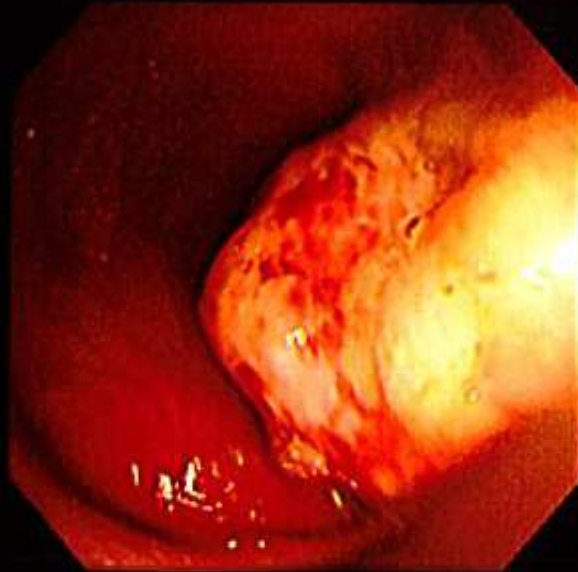
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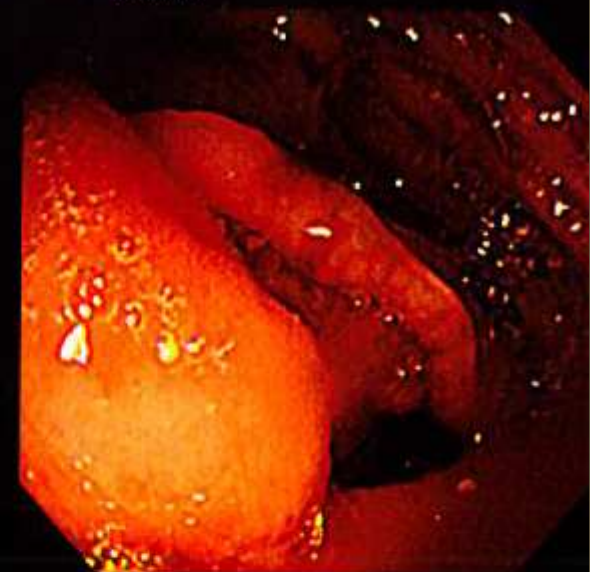
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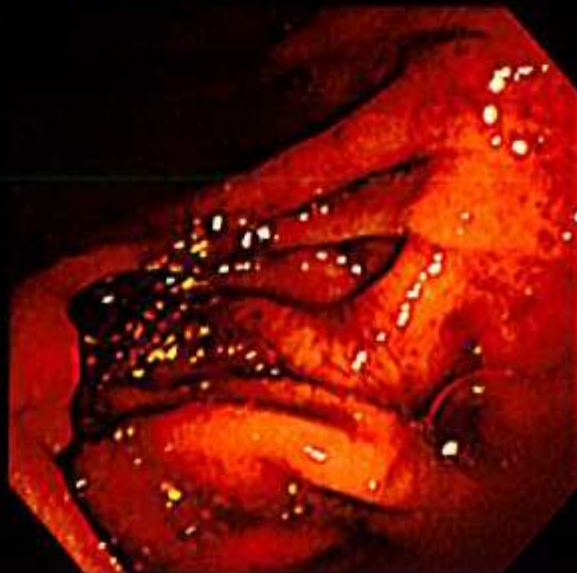
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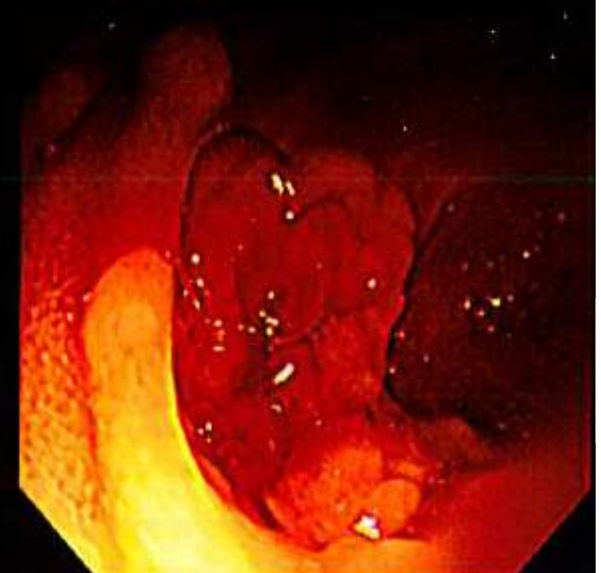


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Hospital Course

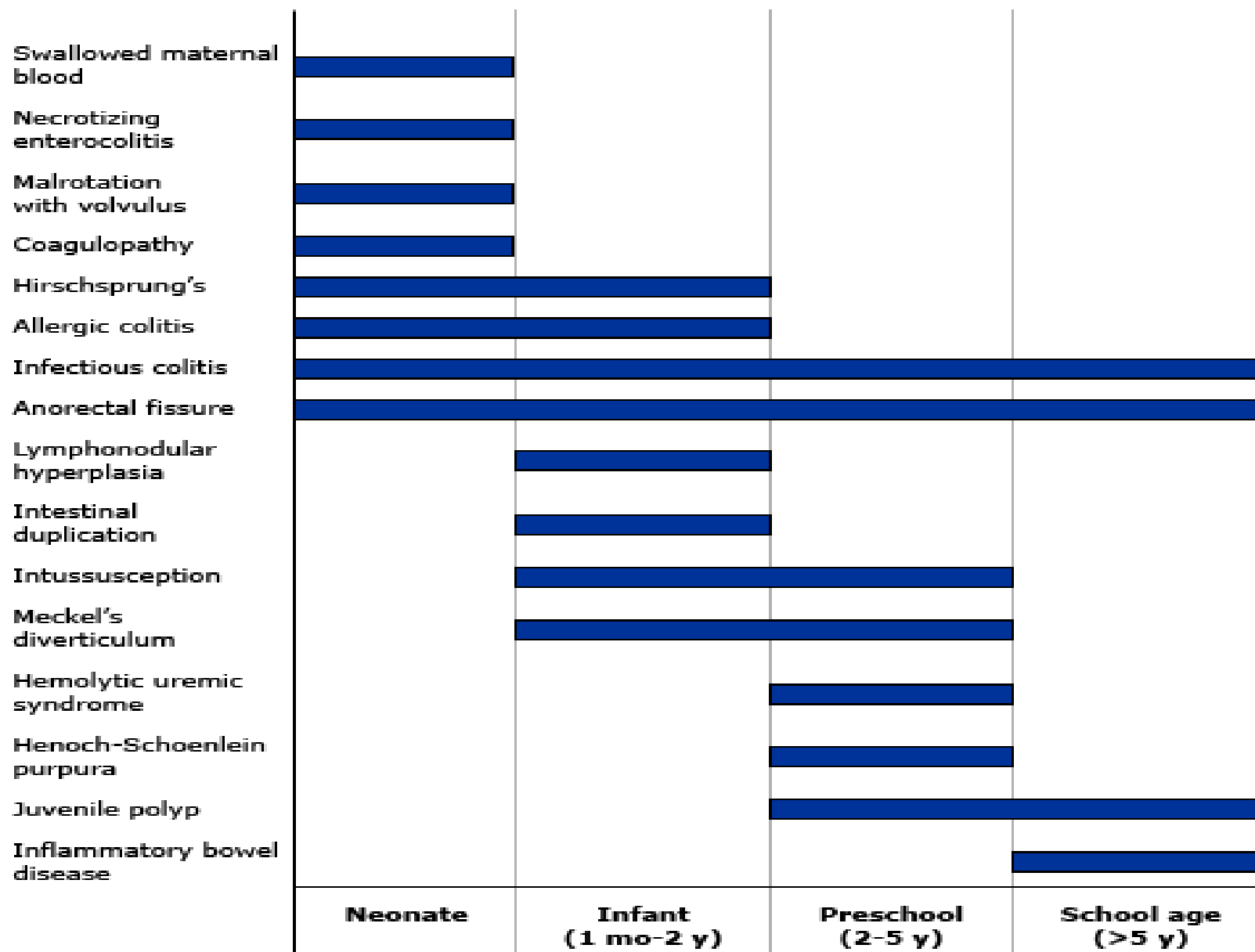
- The patient was discharged 3 days after the procedure.

Pathology

- Small Ileal polyp:
 - lymphoid polyp with minimal villous abnormality
 - Patchy reactive surface epithelial hyperplasia
 - Indistinct glandular dysplasia
- Big colonic polyp
 - Sporadic juvenile polyp with evident surface erosions
 - Significant lamina propria edema and stromal fibroplasia
 - Scattered retention microcysts formation
 - indistinct glandular dysplasia.
- No malignancy was seen in all sections.

Juvenile Colonic Polyps

Major causes of lower gastrointestinal bleeding in children by age group



Introduction

- Also known as retention/ inflammatory polyps
- The most common childhood bowel tumors
- 1–3% of people <21 year. Rarely appear before 1 yr. Most present between 2 ~10 yr. Uncommon beyond 15 yr of age.
- The polyps are evenly distributed through the colon.
- Erythematous, friable and pedunculated
- Size: a few mm ~ 3cm

Histology

- Hamartomatous proliferation of mucus-filled glandular and stromal elements
- Marked vascularity
- Infiltration with lymphocytes, eosinophils, PMN and plasma cells.
- Mucus-filled cystic glands
- Covered by a fragile, single layer of epithelium
- The typical juvenile polyp with no adenomatous changes has no potential for malignancy.

Clinical Manifestations

- **Bright red, painless** rectal bleeding during or immediately after defecation.
- Bleeding often stops spontaneously.
- Iron-deficiency anemia
- Prolapsed polyps:
 - Dark, beefy red, pedunculated masses
 - Perianal pruritus and mucous discharge
- Spontaneous polyp infarction and self-amputation
- Lower abdominal pain and cramps (uncommon)
- Diarrhea/obstruction(uncommon)

Differential Diagnosis

- Other forms of intestinal polyposis
- Meckel diverticulum
- Anal fissure
- Inflammatory bowel disease
- Intestinal infections
- Henoch-Schönlein purpura (HSP)
- Coagulation disorders

Diagnosis and treatment

- Usually made by colonoscopy
- Smooth, pedunculated lesions
- Treatment: removal of the polyp at colonoscopy by snare cautery/ transabdominal polypectomy(rare)
- Histologic confirmation of the diagnosis

Thank you for your
attention.