A rare and unique inflammatory anorectal lesion

I. Garrido[1,2], R. Coelho[1,2], E. Rios[3], G. Macedo[1,2]

(1) Gastroenterology and Hepatology Department, Centro Hospitalar Universitário de São João, Porto, Portugal; (2) World Gastroenterology Organization (WGO) Porto Training Center, Porto, Portugal; (3) Pathology Department, Centro Hospitalar Universitário de São João, Porto, Portugal.

A 50-year-old Caucasian woman, without relevant past medical history, was referred to the gastroenterology consultation due to chronic constipation. She had no previous endoscopic evaluation or past surgeries. The digital rectal examination revealed a soft mobile mass at the lower rectum. Pelvic floor dyssynergia was diagnosed on magnetic resonance defecography and, therefore, biofeedback therapy was started. Colonoscopy revealed a light yellowish sessile polyp with 20 mm at the anorectal junction (Figure 1).

What is the diagnosis?

Histopathology examination showed a polypoid lesion exhibiting superficial ulcerations with the presence of active chronic inflammation and granulation tissue as well as disorganized and dilated crypts with hyperplastic changes in the epithelium along with fibromuscular hyperplasia in the lamina propria (Figure 2). There were no dysplastic lesions or signs of malignancy. These findings were consistent with inflammatory cloacogenic polyp. Endoscopic resection was performed with a diathermic snare after submucosal injection with saline, epinephrine and methylene blue, without complications.

The authors report a case of a rare and unique inflammatory anorectal lesion. Indeed, inflammatory cloacogenic polyps have an estimated annual incidence of 1:100,000 and constitute a diagnostic challenge due to their clinical and macroscopic similarities to adenomas and anorectal neoplasms (1,2). Constipation and spastic contraction of the bowel wall (leading to congestion, prolapse and inflammation) are the underlying pathogenic mechanisms.

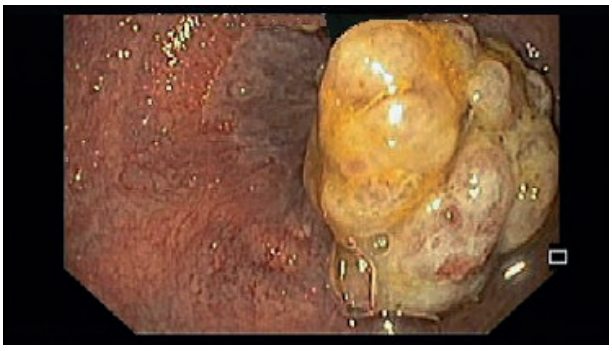

Figure 1. — Endoscopic appearance of cloacogenic polyps on rectal retroflexion.

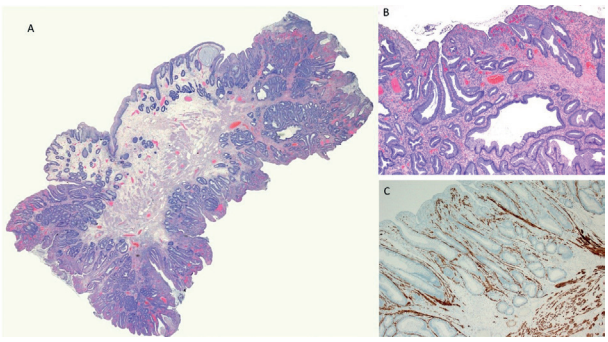

Figure 2. — Inflammatory cloacogenic polyp of anorectal junction (A, HE, x0.3), exhibiting superficial ulcerations, the presence of disorganized and dilated crypts with hyperplastic changes in the epithelium along with inflammation (B, HE, x4) and fibromuscular hyperplasia in the lamina propria (C, Desmin, x4).

These lesions occur in the transitional zone of the anorectal junction and, therefore, they may be overlooked at colonoscopy unless an endoscopic retroflexion maneuver is performed. Moreover, Gastroenterologists should be familiar with these unusual polyps since they have the risk of malignant transformation into cloacogenic carcinomas. Although the mechanism behind malignant degeneration is not fully understood and there are only a few cases reported in the literature, they must be removed and followed up routinely with endoscopic surveillance (3). It is also important to note that cloacogenic polyps may recur if the underlying mechanism, such as constipation, rectal prolapse, and/or pelvic floor dysfunction, is not corrected.

Acknowledgements

Conflict of interest statement: The authors have no disclosures to report.

Guarantor of the article: Isabel Garrido.

Author's contributions: Isabel Garrido drafted the manuscript. Isabel Garrido, Rosa Coelho, Elisabete Rios and Guilherme Macedo have critically revised and

Correspondence to: Isabel Garrido MD, Gastroenterology and Hepatology Department, Centro Hospitalar Universitário de São João, Alameda Prof. Hernâni Monteiro, 4200-319 Porto, Portugal. Phone: +351 22 551 2100.
Email: isabelmng@hotmail.com

Submission date: 17/10/2021
Acceptance date: 02/11/2021

finalized the manuscript. All authors have approved the final version of the manuscript.

References

1. MARCOS P, ELISEU L, CUNHA MF, *et al.* Cloacogenic Polyps. *ACG Case Rep J.,* 2019;**6**(5):e00083.
2. EL IMAD T, BARAKAT I, CHALHOUB JE, *et al.* Inflammatory Cloacogenic Polyp: A Distinctive Cause of Hematochezia. *American Journal of Gastroenterology*: October 2017;**112**:S817-S818.
3. PARFITT JR, SHEPHERD NA. Polypoid mucosal prolapse complicating low rectal adenomas: beware the inflammatory cloacogenic polyp! *Histopathology*. 2008;**53**(1):91-6.