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RECTAL POLYP IN A YOUNG FEMALE AS A CAUSE OF SEVERE ANEMIA: A CASE REPORT

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ABSTRACT

Colorectal polyp is one of the common cause of rectal bleeding in children and young adults. They can be pedunculated or sessile, neoplastic and non neoplastic, may be sporadic or familial. Polyps in children and young adults are usually non neoplastic and are solitary in occurrence. We report a case of young girl, 10 years of age who presented with fresh rectal bleed with severe anemia. The patient was properly worked up with all investigations and underwent colonoscopy according to standard protocols to rule out any synchronous lesions before undergoing polypectomy. The aim of this report was to emphasize the importance of detailed workup and role of colonoscopy in every case of rectal polyp with severe anemia for early diagnosis of polyposis syndrome in order to reduce subsequent catastrophic complications.

KEYWORDS: Rectal polyp, juvenile polyp, colonoscopy, anemia.

INTRODUCTION

Colorectal polyp is a tumor mass protruding in to the lumen of the bowel and they are the common causes of rectal bleeding in children. Histologically the polyps can be divided into epithelised or non epithelised and neoplastic or non neoplastic.[1]

Polyps in children and young adults are usually non neoplastic and are solitary in occurrence. Juvenile polyp accounts for 84 to 97% of the pediatric polyps, hyperplastic and inflammatory polyps constitutes the rest. During the first decade of life, sporadic juvenile polyps are present

in as many as 2% of children with symptoms, with a mean age of presentation between 5 and 6year.[2]

The condition is slightly more frequent in males than in females.[2,3] even these non neoplastic tumors are known for their recurrence but progression to malignancy is not known.[4,5] Sometimes rectal polyps are associated with familial polyposis syndromes and predisposes the patient to malignancy.[4,5]

Diagnosis of a patient with rectal polyposis is based on colonoscopy and biopsy of the polyp. Therefore any child presenting with haematochezia and rectal polyp, whether single or multiple, sporadic or familial should be worked up with colonoscopy and biopsy to rule out polyposis syndrome.[6]

CASE PRESENTATION

A 10-year old girl presented to surgical OPD with bleeding per anum for the last 1 year.

She also complained of a mass protruding out of her anus while defecation which she used to reposit it back and occasional pain abdomen. The bleeding episode occurs 2 to 3 times a month and persists for 3 days. Patient doesn't give history of constipation. Patient doesn't have any family history of polyposis syndrome or any cancer related death in the family. On examination she was thinly built, pale, her vitals were normal. On per rectal examination perianal area was normal, anal tone normal, on digital rectal examination a pedunculated irregular polypomatous growth of size 5x4x2 cm with a pedicle of nearly 8 cm is delivered out of anus. On proctoscopy polyp appears to be arising above dentate line. Rest of the local and systemic examination was normal. Biochemical analysis reveals Haemoglobin of 4.2 gm/dL, Total leucocyte count was 6600 cells/mm.^{3} Peripheral smear shows microcytic hypochromic anemia. Patient underwent colonoscopy to rule out any other synchronous lesion.

Figure 1

Patient underwent local transanal polypectomy in out patient settings only. The polyp was delivered out and its pedicle was doubly transfixed. She was kept under observation for 12 hours for monitoring of any bleeding and other complications. Post operative period was uneventful and patient was discharged in satisfactory condition. Patient was started on haematinics and followed up in OPD for 10 months. Her Haemoglobin levels on last visit were 11.8 gm/dL. Histopathological analysis of the specimen showed juvenile histopathology with signs of chronic inflammation.

DISCUSSION

Colorectal polyp is a common occurrence in children with painless bleeding per anum being the main symptom.[1,3] Other symptoms include crampy abdominal pain, loose stools and vomiting. Patient usually have severe anemia.

Many studies have emphasized the importance of colonoscopy in cases of haematochezia in children.[6] It has been observed that many chidren with polyps have been untreated because of insufficient attention to rectal bleed, leading to increased morbidity and even mortality due to delayed diagnosis. Starting symptoms of both neoplastic and nonneoplastic polyps are similar and colonoscopy with biopsy being the only modality to deffrentiate the two.[2]

In cases with sporadic juvenile polyps no long term follow up and subsequent surveillance is required. Colonoscopy is mainly done to rule out syndromic polyposis through a process of exclusion.[6]

True dysplasia in what appear to be sporadic juvenile polyps should raise the question of juvenile polyposis syndrome[7] however; there are no absolute histological characteristics that can differentiate sporadic from syndromic juvenile polyps.[7]

Jass, Williams, Bussey, and Morson (1988) referred to Juvenile Polyposis as either the presence of five or more colorectal polyps, or in the proximal GI tract, any number of juvenile polyps in an individual with a family history of Juvenile Polyposis. Juvenile polyposis syndrome is characterized by multiple hamartomatous polyps and involves the proximal colon in children who present at an older age.[8]

Based on the importance of these factors, we report a case of a young girl who presented with rectal polyp and severe anemia. Patient had history of passage of fresh blood from the rectum for last 1year with abdominal pain and anemia. She doesn't have any history of any polyposis syndrome or cancer related death in the family. Colonoscopy and proctoscopy revealed a single pedunculated rectal polyp arising above dentate line. Patient underwent transanal polypectomy and histopathological examination shows juvenile histopathology with signs of chronic inflammation.

CONCLUSION

The aim of this report was to emphasize the importance of detailed workup and role of colonoscopy in every case of rectal polyp with severe anemia for early diagnosis of polyposis syndrome in order to reduce subsequent catastrophic complications.

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