

## Inflammatory Fibroid Polyp Causing Intestinal Obstruction following Restorative Proctocolectomy for Ulcerative Colitis

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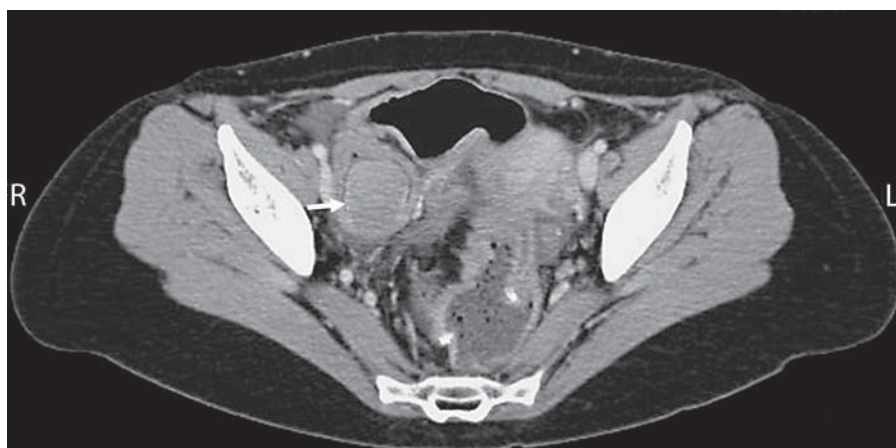
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A 44-year-old woman was admitted to our department for intestinal obstruction. Two years earlier the patient had undergone laparoscopic restorative proctocolectomy for steroid-resistant ulcerative colitis with a normal follow-up. At admission she presented with a 3-day history of vomiting, cramping abdominal pain and rectal bleeding. The plain supine and erect radiograph of

the abdomen (fig. 1) demonstrated some fluid levels with evidence of a mass (arrow) in the pelvic region. A CT scan of the abdomen (fig. 2) showed a 4-cm roundish mass occupying three-quarters of the intestinal loop proximal to the ileal pouch (arrow). An enteroscopy confirmed the presence of a polypoid sessile lesion with mucosal edema and hyperemia.



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**Fig. 1.** Plain radiograph of the abdomen showing a pelvic mass (arrow).

**Fig. 2.** CT scan confirming the intestinal lesion (arrow) in the pelvic region.

Explorative laparoscopy confirmed the intestinal lesion, causing small bowel intussusception, and resection of the bowel loop was performed. At enterotomy a 3.7 × 3.7 cm sessile polyp (fig. 3) was noticed. Histology revealed inflammatory fibroid polyp. Even though inflammatory fibroid polyps occurring in the pelvic ileal reservoir after restorative proctocolectomy in ulcerative colitis are rarely described in the literature, these lesions should be taken into account in the differential diagnosis of intestinal obstruction following this type of operation.

**Fig. 3.** Specimen of bowel loop after enterotomy demonstrating the sessile polyp.

