Case 5: Polypoid mass in ulcerative colitis

TC Smyrk

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Dr. Smyrk declares he has no conflict(s) of interest to disclose.

Case 5

- 22 M with ulcerative colitis resistant to therapy
- Endoscopy revealed pseudopolyps throughout the colon
- 6 cm area of “matted pseudopolyps” at hepatic flexure
- Biopsies showed no dysplasia

Symptoms continued unabated
- Subtotal colectomy with end ileostomy 3 weeks after scope
- “6.5 x 4 x 3 cm polypoid mass covered in pseudopolyps”
- Multiple sections submitted, diagnosis deferred
- The next day, an expert GI pathologist was consulted
Intestinal low-grade tubuloglandular adenocarcinoma in inflammatory bowel disease

- 17/149 IBD patients with resected carcinoma
- Mucosal dysplasia in all but one
- Well-differentiated tubular, circular or ameboid glands
- Single layer of cuboidal/low columnar epithelium
- Goblet cells sometimes interspersed
- Desmoplasia absent or inconspicuous
- Signed out as well-differentiated adenocarcinoma, T3N0
- Case added to CRC tumor board
- Expert GI pathologist takes photos, begins to worry.....
Diagnosis

- Pseudoinvasion/epithelial misplacement (colitis cystica profunda) in an inflammatory pseudopolyp, in the setting of inflammatory bowel disease

Pseudoinvasion in IBD: Literature?

- Case reports, using the term colitis cystica profunda
Pseudoinvasion in IBD: Literature?

- Case reports, using the term colitis cystica profunda
- Goodall HB, Sinclair ISR. Colitis cystica profunda. J Pathology and Bacteriology 1957;73:33-42
- Wayte DM, Helwig EB. Colitis cystica profunda. AJCP 1967;48:159-169

“Since the first description in 1766 of submucosal cysts of the colon, they have been described in association with dysentery.”

Ddx: Colitis cystica profunda vs ADCA

<table>
<thead>
<tr>
<th>Year</th>
<th>Age/sex</th>
<th>Years</th>
<th>Histologic clues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1967</td>
<td>M, M</td>
<td>3,4</td>
<td>No cytologic atypia</td>
</tr>
<tr>
<td>1981</td>
<td>20M</td>
<td>2</td>
<td>No cytologic atypia, no desmoplasia</td>
</tr>
<tr>
<td>2002</td>
<td>37M</td>
<td>0</td>
<td>None (acellular mucin pools)</td>
</tr>
<tr>
<td>2009</td>
<td>16M</td>
<td>na</td>
<td>Not discussed</td>
</tr>
<tr>
<td>2014</td>
<td>39M</td>
<td>10</td>
<td>No cytologic atypia; IHC for p53 negative</td>
</tr>
<tr>
<td>2015</td>
<td>46F</td>
<td>20</td>
<td>No mucosal dysplasia; lobulated architecture</td>
</tr>
</tbody>
</table>

Pseudoinvasion in IBD: Literature?

- Case reports, using the term colitis cystica profunda
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- Wayte DM, Helwig EB. Colitis cystica profunda. AJCP 1967;48:159-169
- Magidson JG, Lewin KJ. Diffuse colitis cystica profunda. AJSP 1981;5:393-399

- 20 M with UC for 2 years. Found five similar cases in the literature.

Pseudoinvasion/epithelial misplacement

- Adenoma
- Sessile serrated adenoma/polyp
- Rectal prolapse
- Peutz-Jeghers syndrome
Pseudoinvasion/epithelial misplacement

- Adenoma
- Sessile serrated adenoma/polyp
- Rectal prolapse
- Peutz-Jeghers syndrome

Epithelial Misplacement in Peutz-Jeghers Polyps: A Diagnostic Pitfall

<table>
<thead>
<tr>
<th>Site</th>
<th># polyps</th>
<th>#PEM</th>
<th>SM</th>
<th>MP</th>
<th>Serosa</th>
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</thead>
<tbody>
<tr>
<td>Stomach</td>
<td>88</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Duodenum</td>
<td>38</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>Jejunum/Ileum</td>
<td>202</td>
<td>29</td>
<td>11</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Colon</td>
<td>163</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shepherd NA, Bussey HJR, Jass JR. AJSP 1987;11:743

Epithelial misplacement in Peutz-Jeghers Polyps

- Villous architecture often preserved
- No cytologic atypia
- Specialized cells present (goblet, absorptive cells, endocrine)
- Brush border present
- Lamina propria usually present
- No desmoplasia; some fibrosis in subserosa, especially around ruptured mucus cysts
Wayte DM, Helwig EB: Colitis cystica profunda

...the pathologist must remain aware of the lesion in order not to mistake the finding of glandular elements within the submucosa for evidence of malignant invasion.

...glandular elements within the submucosa should not be regarded as being a malignant invasion without confirmatory cytologic evidence.

Fact or Fiction

A. Dr. Smyrk called his wife to ask what she thought was interesting about him, and she hasn't called him back yet
B. Dr. Smyrk flunked out of college
C. Dr. Smyrk skipped out of the meeting here in San Antonio to play chicken s**t bingo

For the disbelievers among you....
Answers

• Although a group of folks did sneak off for bingo, Dr. Smyrk was not among them
• Dr. Panarelli, not Dr. Smyrk, waited 3 days for her mother to remind her of the Sinatra story; her sister has yet to respond
• In the summer of his 20th year, Dr. Smyrk flunked out of college, was drafted into the Army, and got married
  – The military stint lasted two years
  – The marriage lasted 44 years (and still counting)

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