



## LETTER TO THE EDITOR

### Late-onset ulcerative colitis presenting as filiform polyposis

Dear Sir,

We read with interest the case of filiform polyposis (FP) associated with diverticulosis in the absence of inflammatory bowel disease.<sup>1</sup> We would like to report herein an unusual presentation of ulcerative colitis as isolated filiform polyposis. A 72-year-old male patient was referred to us on March 2010 due to diarrhea of 12 months' duration and progressive 10-kg weight loss. The otherwise healthy patient denied abdominal pain, bloody stool, and a family history of inflammatory bowel disease. An ileocolonoscopy performed shortly after symptom onset was unrevealing. The laboratory workup demonstrated mild normochromic anemia (hemoglobin: 11.5 gr/dl), mildly-raised c-reactive protein at 32 mg/dl, negative antibodies to endomysium, gliadin and transglutaminase, and a normal thyroid-metabolic panel. Esophago-gastro-duodenoscopy with subsequent biopsies was normal. No bowel wall lesions or signs of lymphadenopathy were demonstrated in abdominal CT-scan.

On repeat ileocolonoscopy, multiple finger-like projections (up to 15-mm long and 2-mm wide) were found in the descending and sigmoid colon, amongst endoscopically normal mucosa (Fig. 1); there were no associated diverticula, inflammatory lesions or adenomas. Histology of intervening mucosa was strongly suggestive of ulcerative colitis in remission (architectural crypt distortion, goblet cell depletion, and moderate chronic inflammatory infiltrate in lamina propria). Examination of three snare polypectomy specimens was consistent with filiform polyposis (fibrovascular submucosal cores with normal-appearing mucosa, lack of atypia and scant chronic inflammatory infiltrate in lamina propria). Patient was started on single oral daily dose of 24 mg methylprednisolone and azathioprine 1.5 mg/kg/day, with steroids tapered over a period of 6 weeks. Patient responded promptly with normalization of bowel movements and weight regain, both remaining stable up to date.

Filiform polyposis is an uncommon entity manifested by multiple finger-like polypoid colonic lesions, histologically defined by submucosal fibrovascular accentuation and normal mucosa.<sup>2</sup> It is usually associated with inflammatory bowel disease,<sup>3</sup> and occasionally with colonic tuberculosis,<sup>4</sup> histiocytosis-X<sup>5</sup> and diverticular disease.<sup>1</sup> A condition of

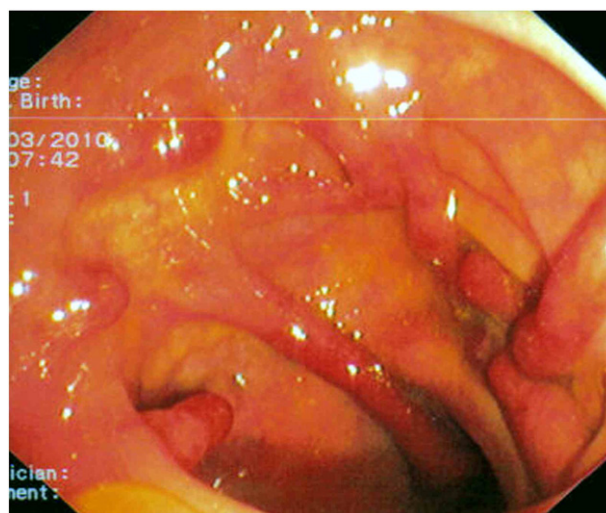
unclear pathogenesis, FP is believed to develop as a nonspecific reaction to the alternating ulceration and healing cycles during chronic mucosal inflammation.

Contrary to previous reports including a long course of IBD recurrences, in our case FP was diagnosed after a relatively short clinical presentation. A preceding subclinical course of ulcerative colitis was not supported by the negative initial colonoscopy. Despite the definite and extensive endoscopic involvement, we documented a rapid growth interim of FP (less than 10 months), similarly to previous reports of FP. The interest of our case mainly lies on the paucity of endoscopic findings suggestive of IBD other than FP, despite the consistent histology and therapeutic response.

We perceive that clinicians should be aware of this rare presentation and should histologically seek inflammatory bowel disease, even in cases of filiform polyposis in which symptom duration and endoscopic pictures are not predictive of the underlying silent disease.

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**Figure 1** Filiform polyposis as the presenting endoscopic finding of ulcerative colitis.

## References

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