

A Serrated Hyperplastic Colonic Polyp of the Urinary Bladder



Badr AbdullGaffar, Tasnim Keloth, and Fariborz Bagheri

Intestinal metaplasia of the urinary bladder can occur within the surface urothelium due to chronic irritation in repaired exstrophic urinary bladder. Colonic villous adenomas and tubulovillous adenomas with high-grade dysplasia and associated adenocarcinoma have been reported in adult patients with a history of augmented exstrophic bladder. To our knowledge, we report the first example of a nonadenomatous serrated hyperplastic colonic polyp in an elderly patient with a history of exstrophic bladder. UROLOGY 123: e4–e6, 2019. © 2018 Elsevier Inc.

An 86-year-old male presented with recurrent irritated lower urinary tract symptoms. The patient has a history of bladder stones with urethral stricture and benign prostatic hyperplasia. He had a history of repair of bladder exstrophy in 1939. Ultrasound

sonography showed an incidental single polypoid mass that projected from the right lateral wall of the urinary bladder (Fig. 1). It measured 15 × 12 mm. Cystoscopic resection of the lesion was performed. The specimen was composed of a polypoid piece of colonic mucosa with

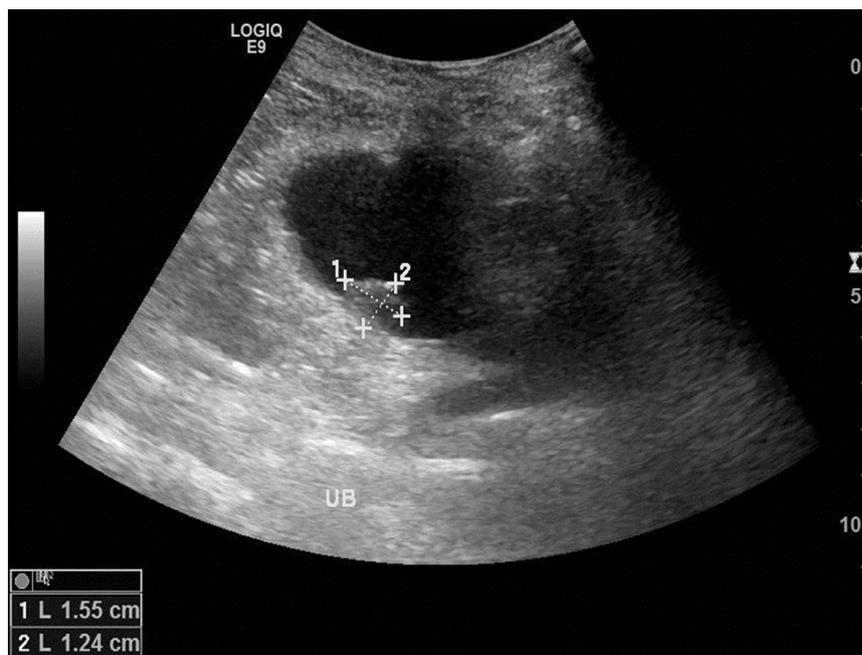


Figure 1. Ultrasound imaging shows a polypoid mass projecting into the lumen from the right lateral wall of the urinary bladder.

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The Name of Department to which the work should be attributed: Pathology Section, Rashid Hospital, Dubai, United Arab Emirates.

From the Pathology Section, Rashid Hospital, Dubai, United Arab Emirates; the Histology Unit, Dubai Hospital, Dubai, United Arab Emirates; and the Department of Urology, Dubai Hospital, Dubai, United Arab Emirates

Address correspondence to: Badr AbdullGaffar, M.D., Pathology Section, Rashid Hospital, P.O.Box: 7272, Dubai, United Arab Emirates. E-mail: badraah009@yahoo.com

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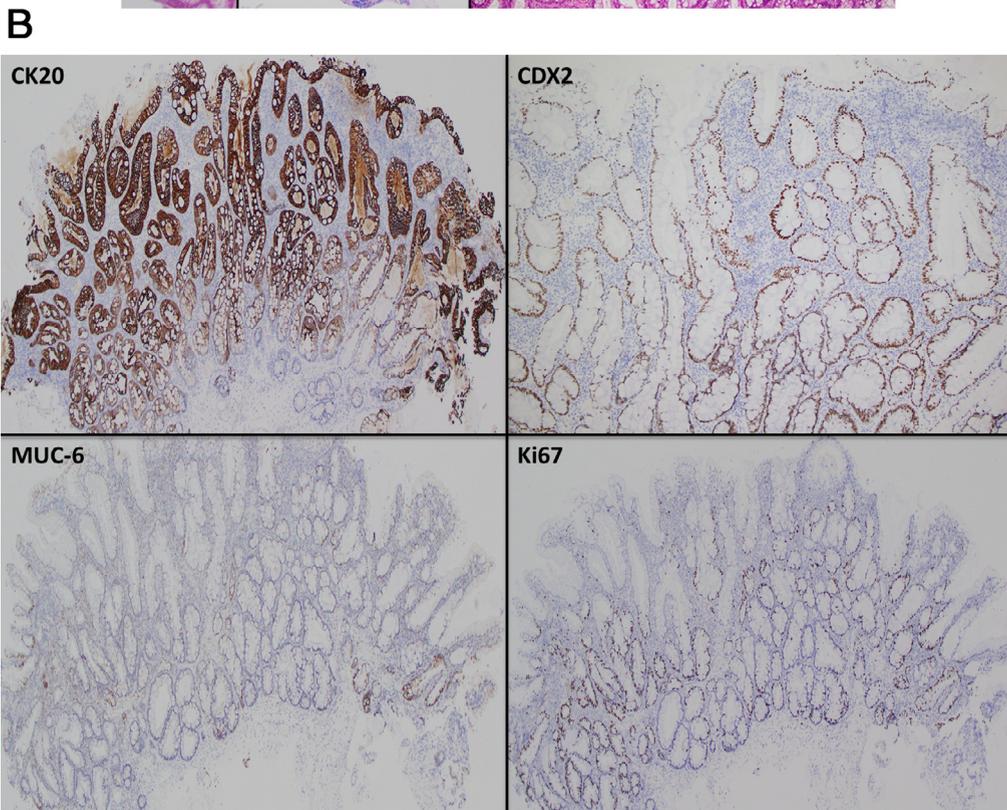
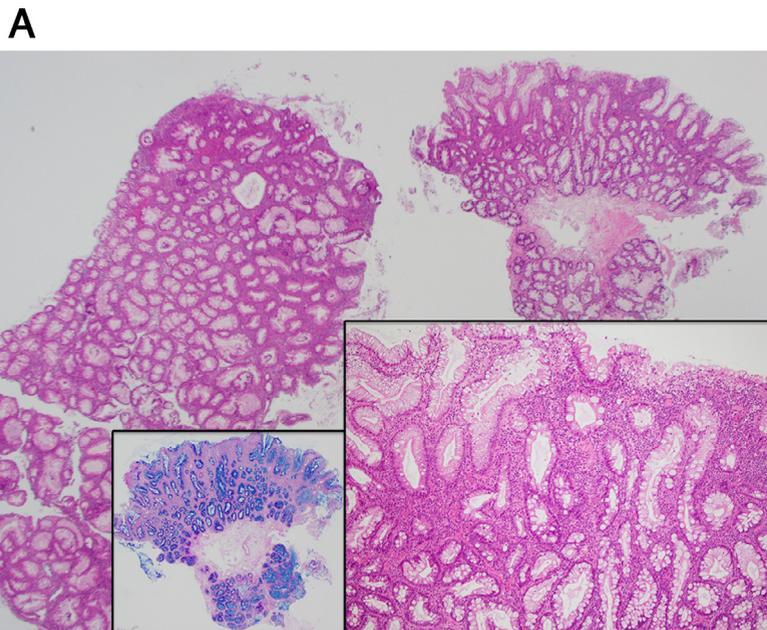


Figure 2. (A) The resected bladder mass is composed of a polypoid nodule entirely composed of intestinal glandular surface epithelium and crypts separated by an inflamed lamina propria (hematoxylin-eosin, original magnification $\times 20$). Inset: The polyp shows features of a hyperplastic colonic polyp composed of microvillous surface epithelium, papillary projections, and serrated superficial crypts. The columnar cells and goblet cells show bland basal nuclei without adenomatous dysplastic changes. The proliferative compartment of the epithelial cells is limited to the base of the crypts without dilatation or ramification of the basal crypts (H&E $\times 40$). Small inset: Alcian blue mucin stain highlights the mucinous glandular epithelium and the goblet cells (Alcian blue $\times 40$). (B) The colonic epithelium is diffusely and strongly positive for CK20 and CDX2 (Dako; $\times 40$, $\times 100$). MUC-6 shows a focal and variable weak to moderate staining of the basal crypts and Ki67 highlights the higher mitotic activity of the proliferative compartment of the epithelial cells in the basal crypts (Dako; $\times 40$).

features consistent with a serrated hyperplastic polyp (Fig. 2). The glandular epithelium was positive for CK20 and CDX2, but negative for CK7 and uroplakin.

Intestinal metaplasia of the urinary bladder occurs in cystitis cystica or within the surface urothelium due to chronic inflammation or irritation secondary to catheterization, stones, and bladder exstrophy. The metaplastic epithelium consists of intestinal columnar cells with goblet cells. Intestinal polyps of the urinary bladder are uncommon. Colonic villous and tubulovillous adenomas and juvenile polyps of the urinary bladder have been reported.¹⁻³ Most were associated with postexstrophy ureterosigmoidostomy. Some were associated with high-grade dysplasia and adenocarcinoma. Adult patients with childhood augmented bladders warrant cystoscopic surveillance because some polyps may represent precancerous lesions.^{2,4}

SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found, in the online version, at <https://doi.org/10.1016/j.urology.2018.10.024>.

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