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Image of the Month

Solitary Peutz–Jeghers type hamartomatous polyp in the transverse colon of an adolescent with ulcerative colitis

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A seventeen-year-old male patient underwent surveillance colonoscopy 7 years after being diagnosed with ulcerative colitis. The procedure revealed a 2-cm pedunculated polyp in the transverse colon (Fig. 1A) and superficial ulcerations at the hepatic flexure. Histologic evaluation demonstrated a colonic polyp with branching smooth muscle fibers without significant increased lamina propria-to-crypt ratio, crypt dilatation, or dysplasia (Fig. 1B, H&E, ÿ40). Smooth-muscle actin immunostain highlighted the smooth muscle bands (figure C, ÿ40). These findings were in keeping with a Peutz-Jeghers type hamartomatous polyp (PJP).

PJP rarely occurs as a solitary lesion in the absence of other features of Peutz–Jeghers syndrome (PJS). It remains unclear if a solitary PJP is a separate entity or an incomplete form of PJS. Initially considered as a condition which does not carry a risk of gastrointestinal cancer, solitary PJP has been associated with malignant transformation similar to its syndromic counterpart [1].

Rare occurrences of PJS in Crohn's disease patients have been reported in the literature. To our knowledge, this is the first report of solitary PJP in an ulcerative colitis patient. Distinguishing solitary PJP from the more frequent inflammatory pseudopolyps in patients with inflammatory bowel disease is important for accurate management and prognostication.

Conflict of interest

None declared.

Reference

[1] Burkart AL, Sheridan T, Lewin M, Fenton H, Ali NJ, Montgomery E. Do sporadic Peutz□Jeghers polyps exist? Experience of a large teaching hospital. Am J Surg Pathol 2007;31:1209–14.

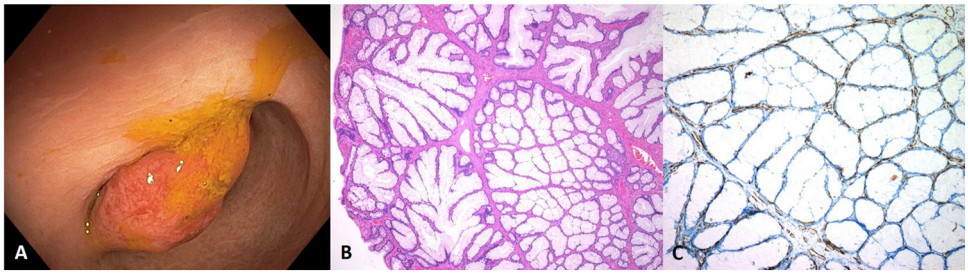

Fig. 1. (A) The transverse colon polyp is pedunculated with irregular erythematous mucosa and no obvious crypt pattern. (B) Histologically, the polyp is characterized by arborizing smooth muscle bands separating crypts with lobular arrangement; there is no significant lamina propria expansion, crypt dilatation, or dysplasia (H&E, 4ÿ). (C) The bands of smooth muscle are highlighted by smooth muscle actin immunohistochemical stain (10ÿ).

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