

Rectal Tubulovillous Adenoma

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A 45-year-old woman presented to the clinic with hematochezia. She described 2 years of intermittent, painless, small-volume rectal bleeding after bowel movements, without weight loss or constipation. She had no family history of colon cancer. A colonoscopy revealed a large rectal polyp (**image A**) with gyrus-like pits, which were well visualized with narrow-band imaging (**image B**). Endoscopic ultrasonography demonstrated no submucosal invasion. A polypectomy was performed piecemeal via endoscopic mucosal resection using an injectable liquid compound (SIC-8000) for submucosal lift. Histologic analysis confirmed a tubulovillous adenoma, 4.8 cm in the greatest dimension. The hematochezia resolved following polypectomy.

Colon polyps account for nearly 13% of rectal bleeding in outpatients.¹ A tubulogyrus surface pattern of polyps suggests adenomatous histology.²

When found, adenomas should be resected because of the risk of malignant transformation. SIC-8000 is a Food and Drug Administration-approved agent for submucosal injection during endoscopic mucosal resection and is a safe and potentially more effective alternative to saline.³ (doi:10.7556/jaoa.2020.024)

References

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