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Case 1

A 30 years old female, presented with chronic iron deficiency anemia with positive fecal occult blood test. Colonoscopy was done and showed as Figure 1-3.

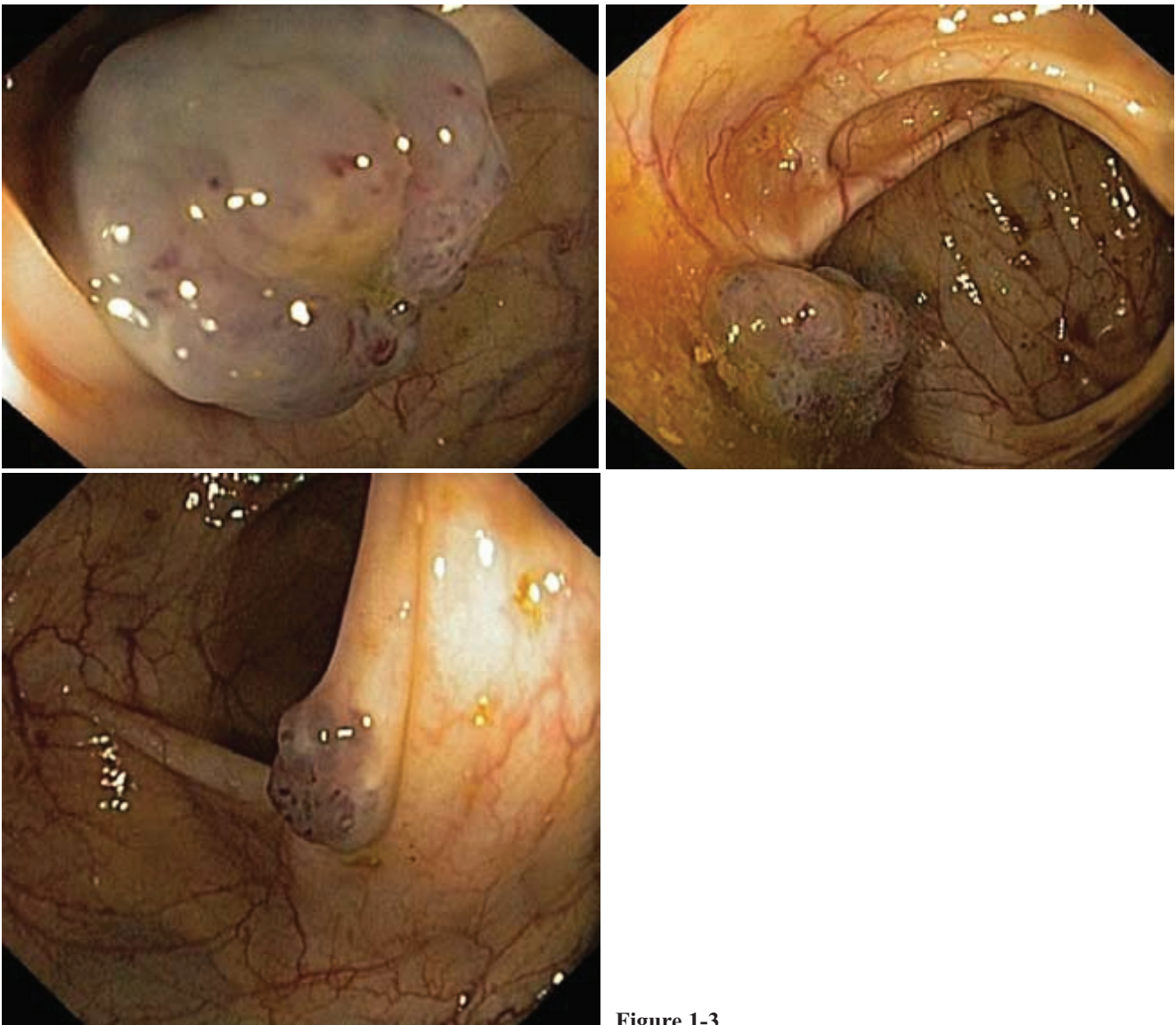


Figure 1-3.

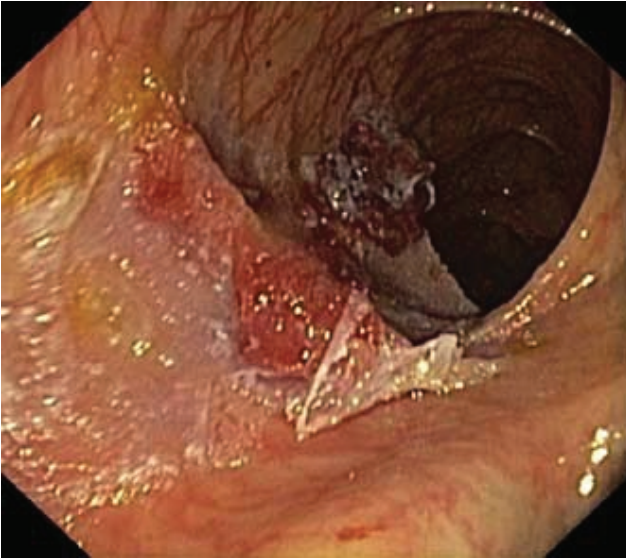


Figure 4.

The colonoscopy showed multiple violaceous polypoid mass. The diagnosis is Blue rubber bleb nevus syndrome. In this case, she had no abnormal skin lesions. She was treated with glue injection as shown in Figure 4.

DISCUSSION

These lesions are not hemangiomas but rather venous malformations. This syndrome mainly involves skin and gastrointestinal tract and most occur sporadically. The classic skin lesion is emptied with digital compression to leave a “wrinkle scrotum” behind, and filled upon release to become like a “rubber nipple”. In addition skin lesion is tender and hyperhydrosis. Gastrointestinal lesions commonly involve small intestine and cause occult bleeding.

Case 2

A 42 years old male presented with intermittent hematochezia for 5 years. Physical examination revealed hyperpigmentation at lips and both palms.

Colonoscopy was done and showed as Figure 5-7.

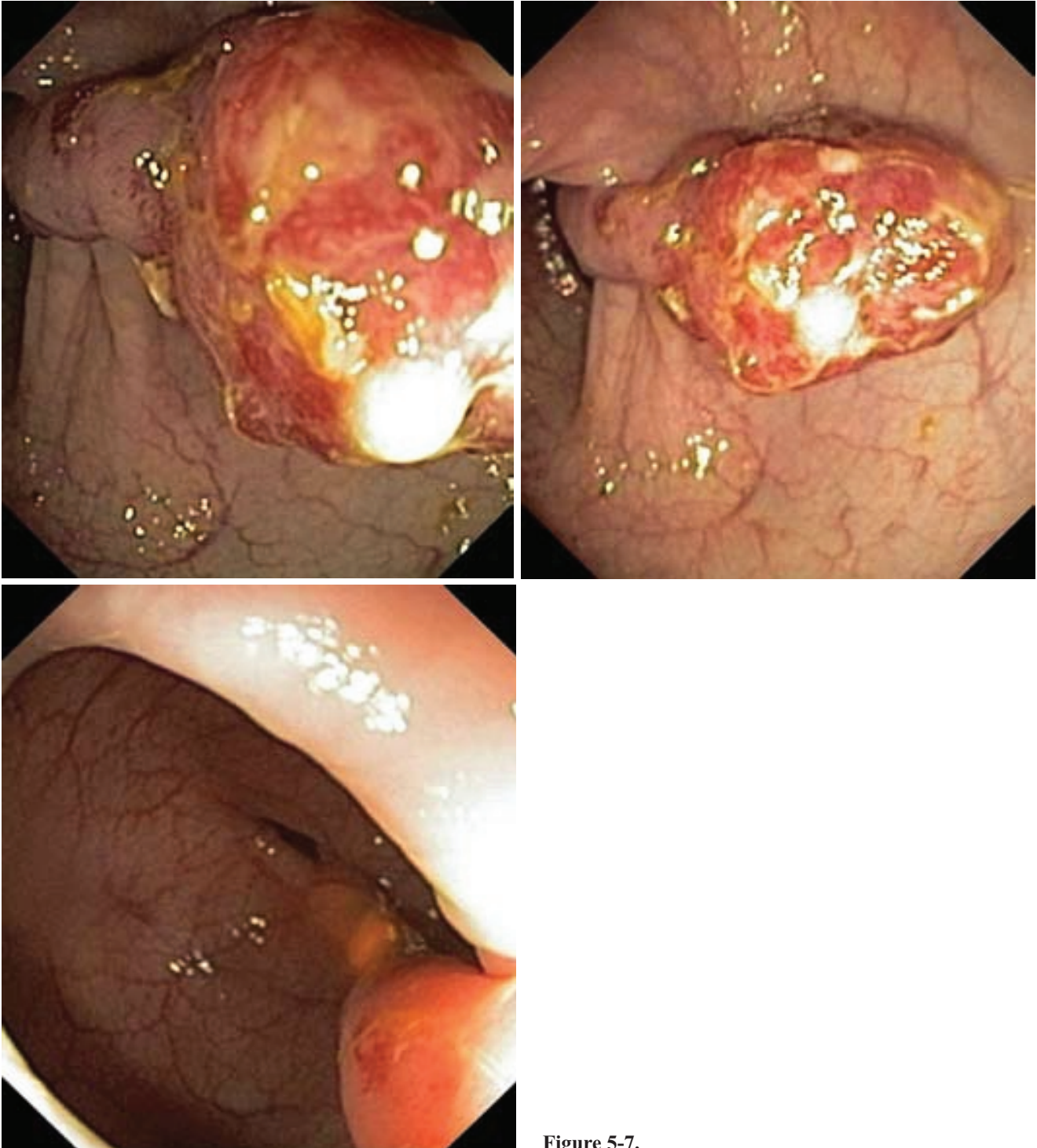


Figure 5-7.

The colonoscopy showed large peduculated polyp with long stalk and erythematous lobulated surface. The diagnosis is Puetz-Jegher syndrome.

Polypectomy was done and pathologic finding showed hamartomatous polyp (a polypoid lesion composed of ramified colonic mucosa with fibromuscular core) as Figure 8-10.

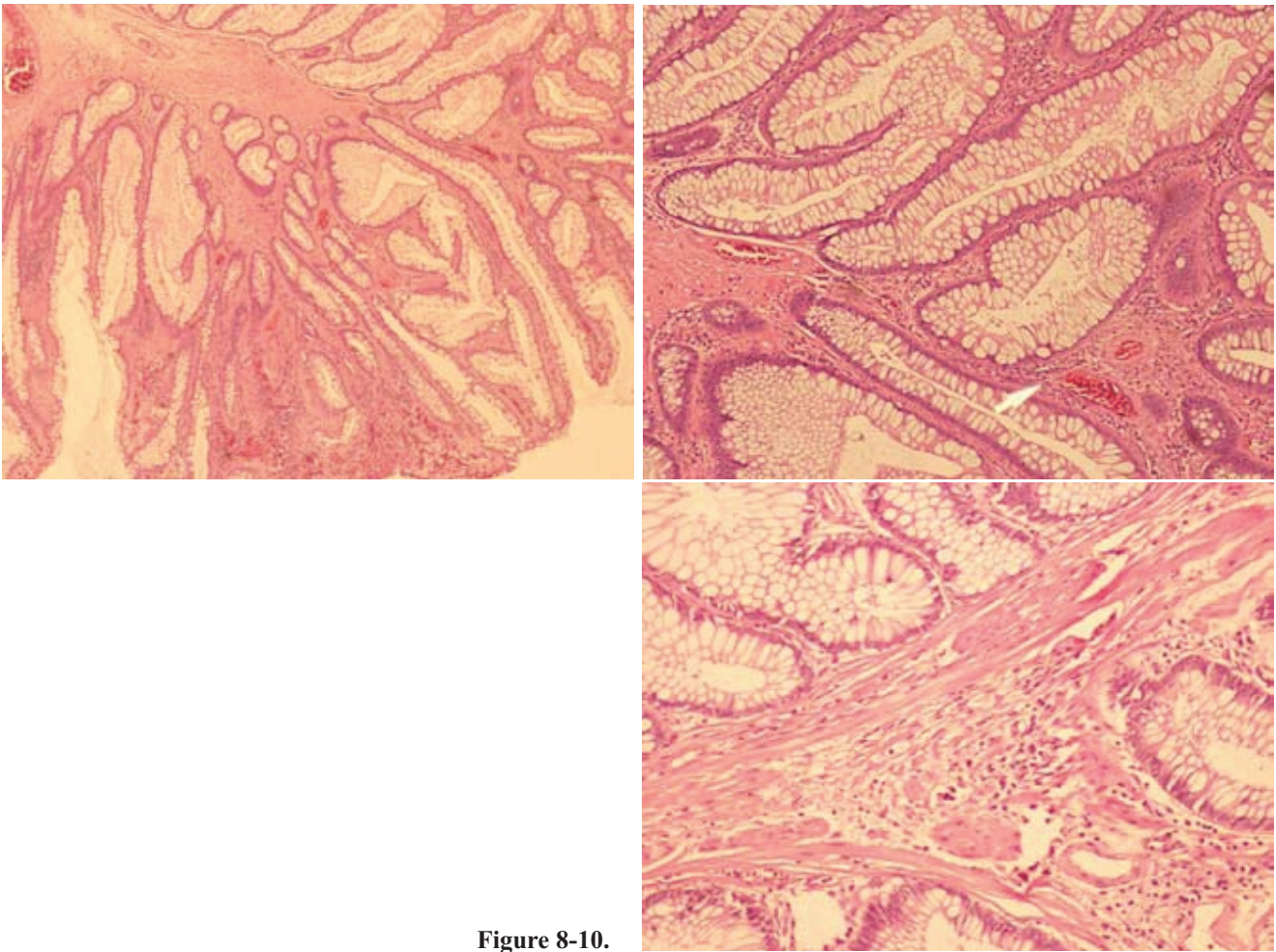


Figure 8-10.

DISCUSSION

Colorectal cancer risk is 39% (age of diagnosis at 46 years old).⁽¹⁾ Polyp distribution are in stomach 24%, small bowel 96%, colon 27%, and rectum 24%.⁽²⁾ Complications are intussusception and obstruction, torsion, infarction and bleeding

REFERENCES

1. Lim W, Olschwang S, Keller JJ, *et al.* Relative frequency and morphology of cancers in STK11 mutation carriers. *Gastroenterol* 2004; 126:1788-94.
2. Amos CI, Keitheri-Cheteri MB, Sabripour M, *et al.* Genotype-phenotype correlations in Peutz-jeghers syndrome. *J Med Genet* 2004; 41:327-33.

Case 3

A 60 year-old man complained chronic constipation for 4 years. He had no weight reduction. He requested for colon cancer screening as well due to history of colon cancer of his mother.

Colonoscopy with NBI magnification was done and showed as Figures 11-12.

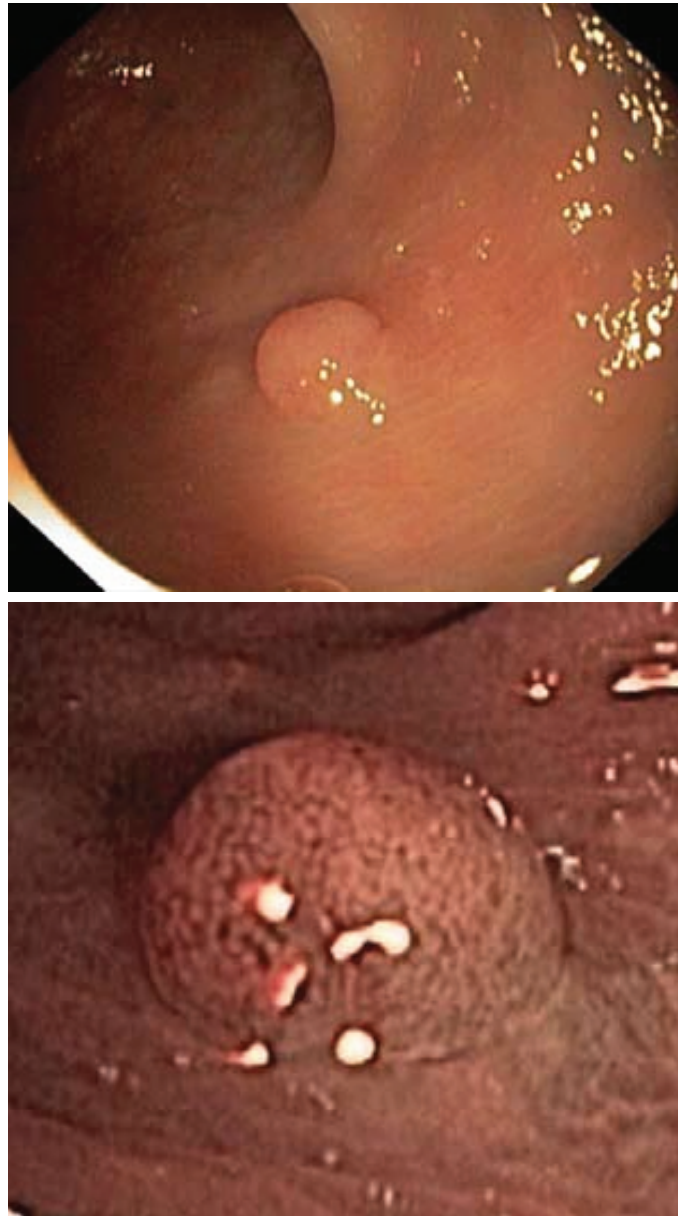


Figure 11-12.

White light colonoscopy (Figure 11) showed single small sessile polyp size 0.5 cm. In diameter. NBI with magnification image (Figure 12) showed regular round pit which classified as type I pit pattern according to Kudo classification (shown in table below).

The sessile polyp was removed and pathology confirmed hyperplastic polyp.

DISCUSSION

Detection of neoplastic polyps is important because of their well-known relationship with colorectal cancer. Colonic biopsy is still standard approach for histological diagnosis of colonic polyps in order to differentiate non-neoplastic polyps from neoplastic

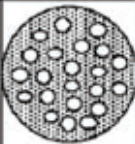













Type	Schematic	Endoscopic	Description	Suggested Pathology	Ideal Treatment
I			Round pits	Non-neoplastic	Endoscopic or none
II			Stellar or papillary pits	Non-neoplastic	Endoscopic or none
III _s			Small tubular or round pits that are smaller than the normal pit	Neoplastic	Endoscopic
III _L			Tubular or roundish pits that are larger than the normal pits	Neoplastic	Endoscopic
IV			Branch-like or gyrus-like pits	Neoplastic	Endoscopic
V _T			Irregularly arranged pits with type III _s , III _L , IV type pit patterns	Neoplastic (invasive)	Endoscopic or surgical
V _N			Non-structural pits	Neoplastic (massive submucosal invasive)	Surgical

Figure 13. Kudo's classification

polyps. Kudo verified the feasibility of examining the pit pattern of colonic polyps for differentiation of two kinds of polyps via magnifying endoscopy with indigo carmine dye contrast⁽¹⁾ as shown in the table below. Narrow-banded wicth imaging with magnification was applied as well with good comparability and high diagnostic yields⁽²⁾.

REFERENCES

1. Kudo S, Hirota S, Nakajima T, *et al.* Colorectal tumours and pit pattern. *J Clin Pathol* 1994;47:880-5.
2. Su MY, Hsu CM, Ho YP, *et al.* Comparative study of conventional colonoscopy, chromoendoscopy, an narrow-band imaging systems ion differential diagnosis of neoplastic and non-neoplastic colonic polyps. *Am J Gastroenterol* 2006;101:2711-6.