

An Ileal Inflammatory Fibroid Polyp Treated by Endoscopic Resection

Kozue Takeshita¹, Kazuhiro Kashiwagi^{1,2}, Yuka Ishibashi¹ and Takanori Kanai¹

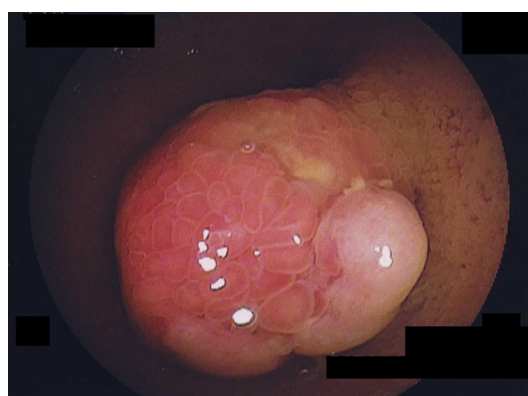
Key words: inflammatory fibroid polyp (IFP), small intestine, balloon enteroscopy, endoscopic resection

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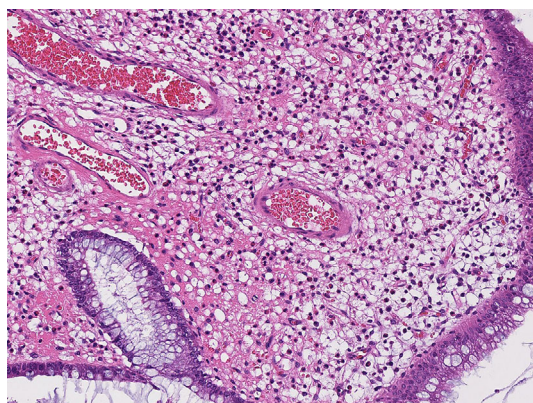
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Picture 1.



Picture 2.



Picture 3.

A 64-year-old man was referred to our hospital due to anemia and occult gastrointestinal bleeding. Small bowel barium enteroclysis revealed a well-rounded, semi-pedunculated protrusion, covered with a smooth surface, ap-

pearing to be a soft filling defect at the distal ileum measuring 20 mm in diameter (Picture 1). Next, balloon enteroscopy showed the features of both an submucosal tumor and an epithelial tumor (Picture 2) and the tumor could be successfully resected without any complications. Histologically, it showed loose proliferative changes of the stromal cells accompanied by vascularization, and inflammatory infiltrates containing eosinophils, and these findings were compatible with the diagnosis for inflammatory fibroid polyp (IFP) (Picture 3). No recurrence was confirmed by capsule endoscopy five years later.

Intussusception or obstruction is the most frequent initial symptom when IFP is located in the small intestine. Accordingly, most IFP cases are diagnosed after surgery. Such polyps typically measure from 2 to 5 cm in diameter (1), thus indicating that IFP measuring up to 2 cm in size are amenable to resection.

The authors state that they have no Conflict of Interest (COI).

¹Division of Gastroenterology and Hepatology, Department of Internal Medicine, Keio University School of Medicine, Japan and ²Center for Preventive Medicine, Keio University Hospital, Japan

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Correspondence to Dr. Kazuhiro Kashiwagi, kazuuk075@aol.com

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