

Endoscopic Management of A Rare Polypoid Arteriovenous Malformation of the Colon

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CASE REPORT

A 59-year-old White woman presented for a routine screening colonoscopy. She denied any symptoms of gastrointestinal bleeding. Significant medications included aspirin 81 mg. Her hemoglobin was normal, and her platelet count was 256×10^3 platelets/ μ L. Colonoscopy revealed an elongated and pedunculated polypoid lesion with a 70 mm stalk and a narrow slit-like opening in the descending colon, 50 cm from the anal verge (Figures 1A and 1B). Mucosal biopsy of the lesion showed normal colonic mucosa. The unexplained etiology of the structure prompted repeat colonoscopy with polypectomy to rule out an underlying adenoma. An endoloop was deployed at the base of the elongated polypoid structure, and a hot snare polypectomy was performed (Figure 1C). Three endoclips were placed at the base of the lesion to prevent postpolypectomy bleeding (Figure 1D).

The histological examination of the gross 15×40 mm excised specimen revealed a polyp-like colonic arteriovenous malformation (AVM) as evidenced by clear vascular structures containing red blood cells and surrounded by glandular epithelium (Figure 2). Repeat colonoscopy after 6 months showed no gross abnormality at the postpolypectomy site (identified by tattoo placement). Pedunculated polypoid appearance of colonic AVM lesions is extremely rare. A 2017 case report and literature review explored 15 reported cases of colonic polypoid AVM lesions.¹ The mean length was 2.8 cm, and the average age of discovery in patients was 54.6 years. Histologic diagnosis was necessary in most cases because of misleading gross appearances. Most cases were successfully treated with endoscopic resection without any postprocedure bleeding. We present this case to describe the polypoidal variant of colonic AVMs and to highlight successful endoscopic management.

DISCLOSURES

Author contributions: All authors contributed equally to this manuscript. T. Jamali is the article guarantor.

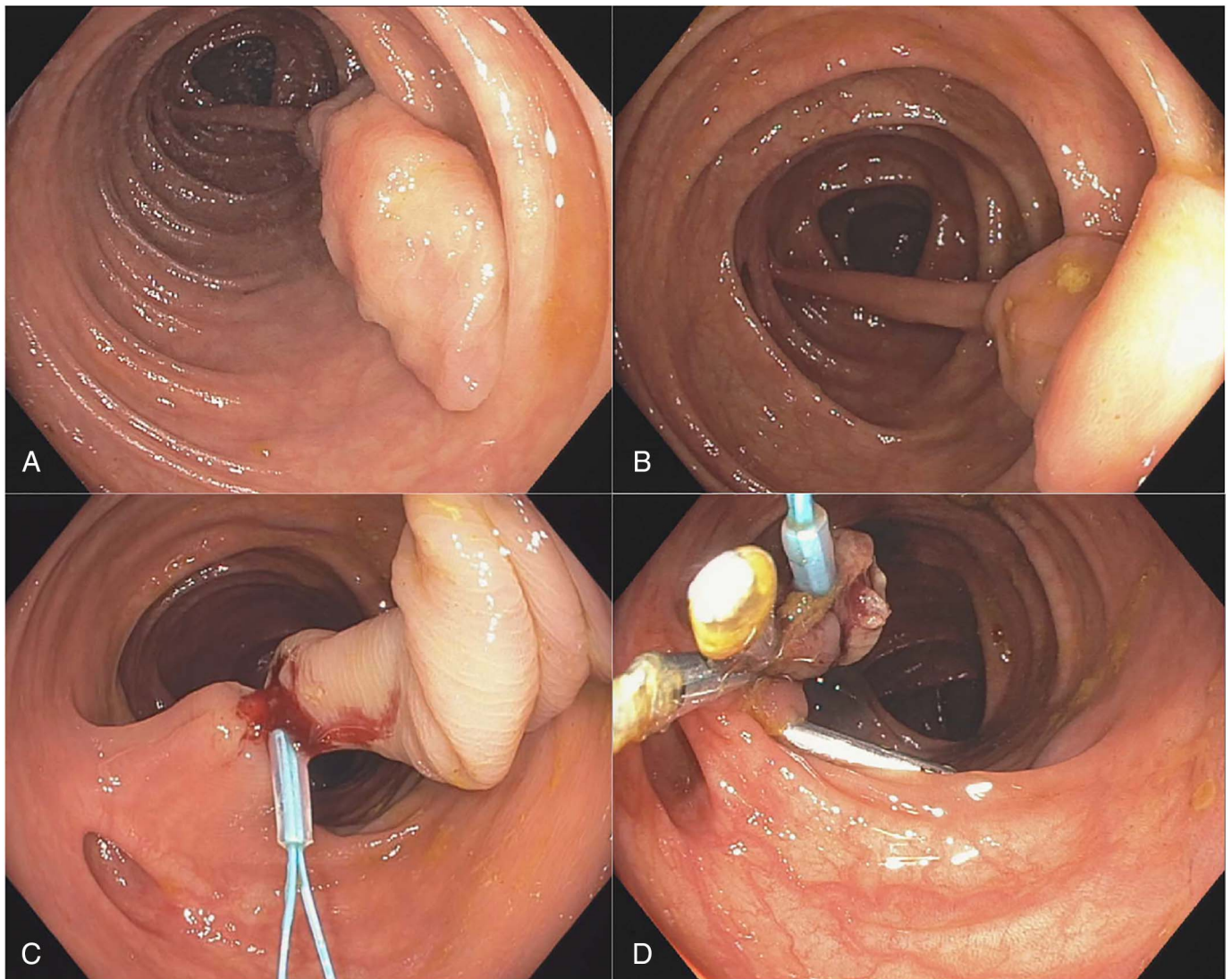


Figure 1. (A) Pedunculated polypoid lesion in the descending colon, (B) a 70 mm thin and long polyp stalk, (C) polypectomy with endoloop deployed at the base of the elongated polypoid structure, and (D) 3 endoclips placed at base of lesion.

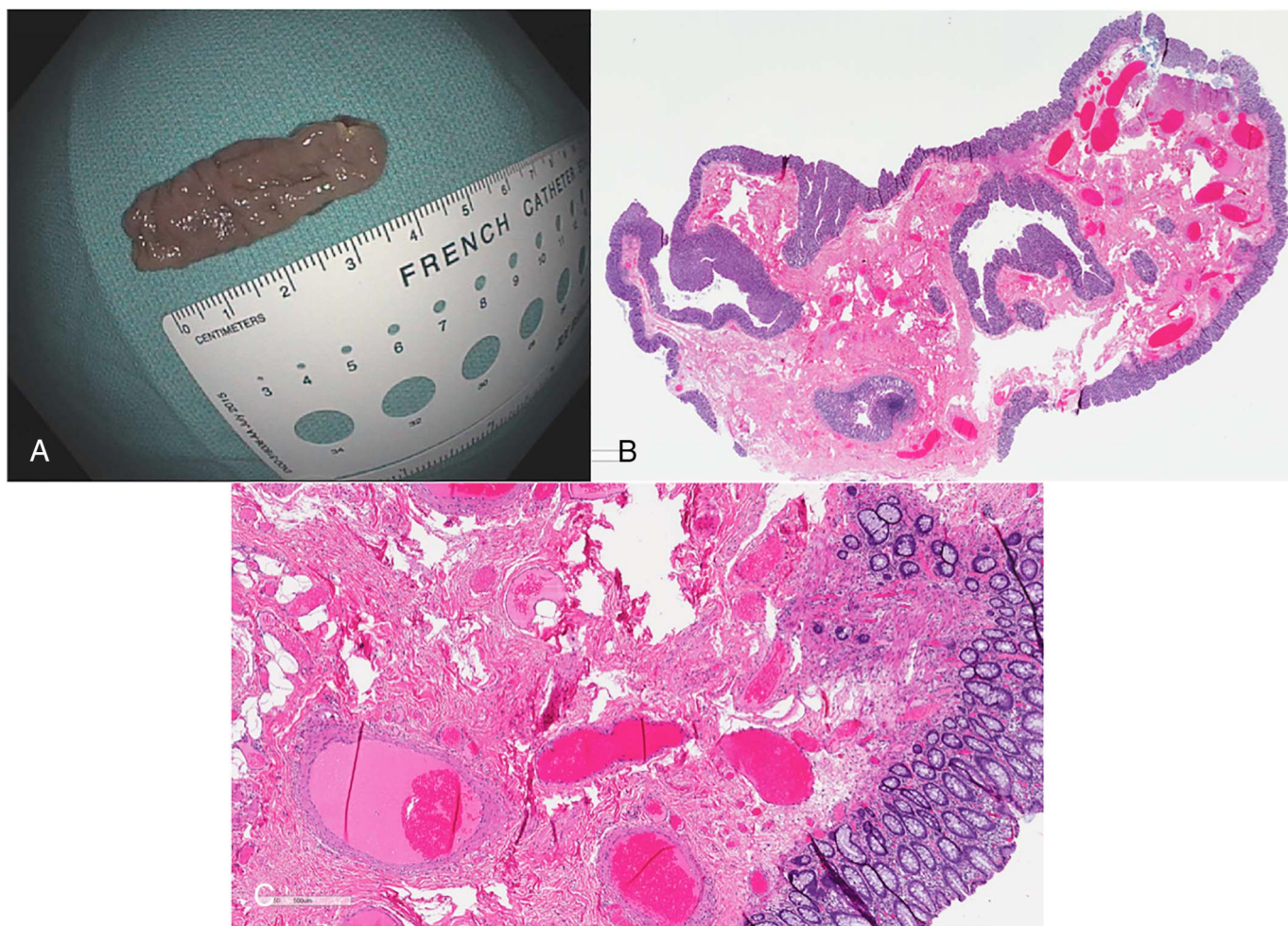


Figure 2. (A) A macroscopic view of the excised polypoid lesion measuring 15 × 40 mm. (B) Hematoxylin and eosin stain low power view (100× magnification) of the polyp demonstrating arterioles and venules with surrounding fibrous tissue, and (C) high power view (1,000× magnification) of the polyp demonstrating the vascular structures containing red blood cells surrounded by glandular epithelium.

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Informed consent was obtained for this case report.

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