

Colonic Mass After NSAID Use and Concerns for Malignancy

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CASE REPORT

An 84-year-old man without significant comorbidity or anemia presented with lower abdominal pain for 1 week. He reported variable but weekly, regular use of ibuprofen to control musculoskeletal pain related to his hobby of wood-chopping. Colonoscopy from 10 years ago was unremarkable, and he had normal carcinoembryonic antigen. Initial computed tomography showed a large soft tissue focus ($5.1 \times 2.8 \times 3$ cm) in the cecum, which was highly suspicious of colonic malignancy (Figure 1). Colonoscopy showed a 5 cm sessile non-obstructing mass in the cecum without bleeding and an ulcerated area just proximal to the mass lesion (Figure 2). Biopsies of the cecal mass and ulcer showed colonic mucosa, granulation tissue, and stromal cells with reactive features without malignancy. The patient was advised to stop all nonsteroidal anti-inflammatory drug use. Repeat colonoscopy 6 weeks later revealed that the initial 5 cm cecal mass resolved into a 6 mm ulcer in the cecum (Figure 3). Biopsy was negative for malignancy, and the patient's symptoms resolved.

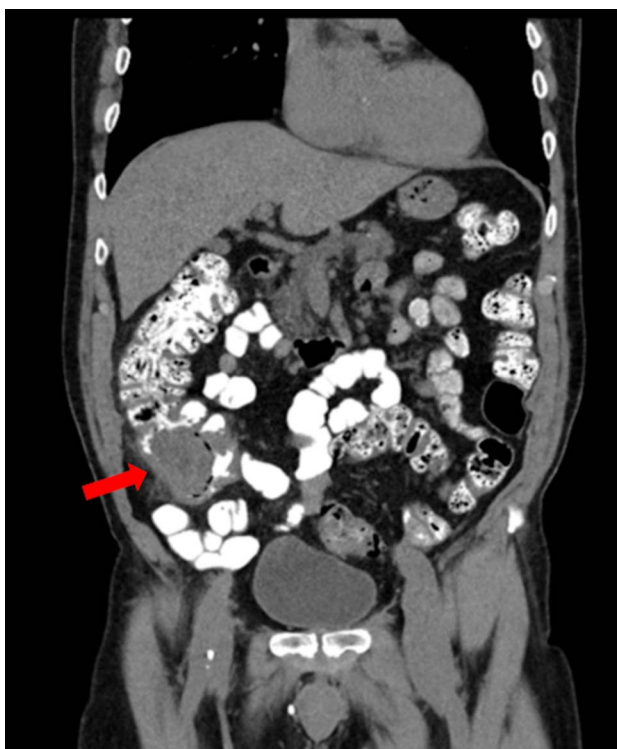


Figure 1. Computed tomography scan of the abdomen with contrast (coronal view).

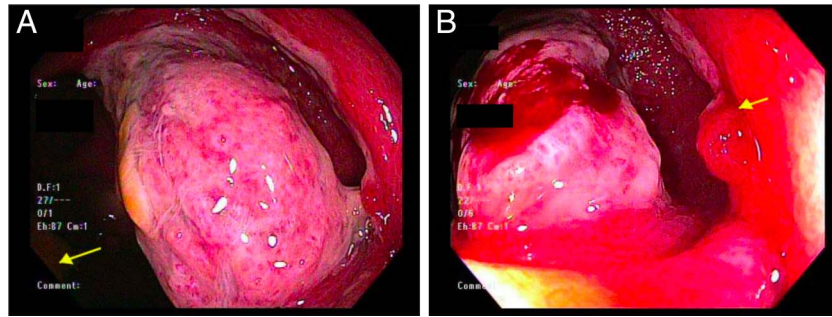


Figure 2. Colonoscopy showing a sessile non-obstructing mass of 5 cm with arrow pointing towards location of the ileocecal valve (A) and small polyp (B) in the cecum without bleeding.

A mass lesion with features raising the possibility of a tumor is rare.¹⁻³ We urge the importance of recognizing the different presentations of nonsteroidal anti-inflammatory drug colopathy and excluding possible malignancy to avoid surgery.

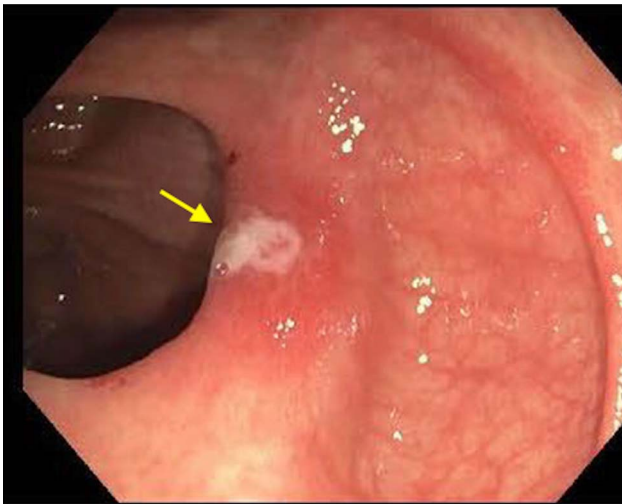


Figure 3. Colonoscopy image pointing to 6 mm ulcerated lesion in the cecum 6 weeks after nonsteroidal anti-inflammatory drug withdrawal.

DISCLOSURES

Author contributions: K. Ho and I. Jacobson wrote the manuscript. S. Nagao prepared the material. All the authors discussed the results and proofread the manuscript.

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