

An Unusual Case

INTESTINAL POLYPOSIS COLI

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Adenomatous polyposis coli¹ is also known as Familial adenomatous polyposis² or Heredofamilial polyposis³. It is a condition of multiple polypi in the large gut and a recognised entity. But this case was interesting for the unusually large size of the polyps. No reference could be found of so large size of individual polyp. Even if the case is not unique, it seems worth reporting for the post mortem findings and also the failure to diagnose the case before death.

Case history : A female black child of Bahamas, aged 11 years was last admitted in the Princess Margaret Hospital, Nassau, Bahamas, on 20.12.77 at 3.00p.m. with a history of loose bowel movement with blood and mucus for several days and vomiting for one day. She had been admitted in the same hospital children ward, five more times previously with similar symptoms but no definite diagnosis was made. Clinically the case was treated as ulcerative colitis.

On admission for the last time, the child was found lethargic, ill-looking and very dehydrated with pulse barely perceptible. She was also grossly anaemic. Emergency measures and investigations started without delay and the child was shifted to Intensive Care Unit. But in spite of all measures, the patient died on the same day at 7.45 p.m.

Autopsy was performed by me next morning-21.12.77 at 11.00 a.m. Autopsy findings:

1. The child looked much anaemic and dehydrated.
2. C V S - The heart and the large vessels showed nothing remarkable.
3. Respiratory system : Both the lungs showed small areas of broncho-pneumonic patches.
4. Alimentary system :
 - (a) Oesophagus - Nothing remarkable. (b) Stomach - Mucous membrane was grossly congested. (c) Duodenum- The first part, just distal to the pylorus showed two small polypi. (d) Small intestine- The Peyer's patches were prominent and the lumen contained mucoid whitish fluid but there was no stool formation. Near the caecum, there were a few small polypi. (e) Large intestine- The whole of the large gut looked much thickened and heavy from outside and felt like full of round worms. On opening, the whole length of the lumen was found studded with innumerable pedunculated polypi with stalks of different lengths (Fig-1). All the polypi and the mucous membrane in between were markedly congested. The polypi had narrow stalk and much thickened distally up to 1.5 cms in diameter (Fig-2). (f) Liver- was congested and the inferior vena cava was plugged by a big embolus. On section there were several emboli blocking the vessels inside the liver. (g) Gall bladder- Nothing remarkable.

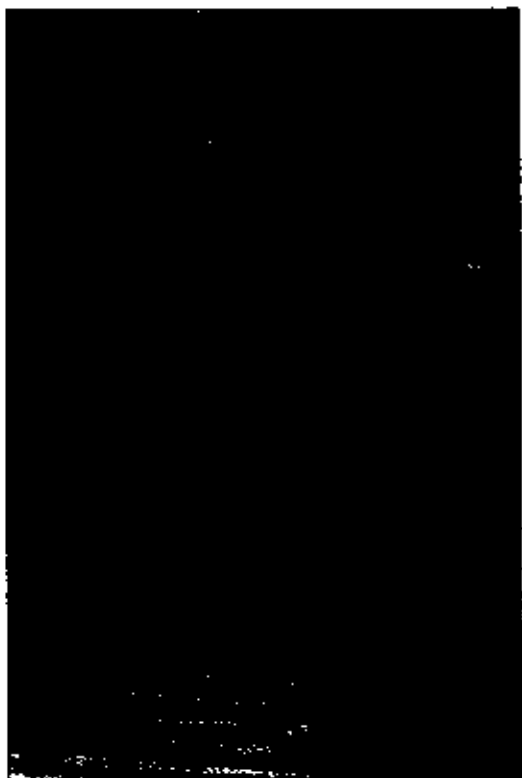


Fig 1. shows the large intestine with innumerable pedunculated polyps.



Fig. 2 shows the polyps in high power.

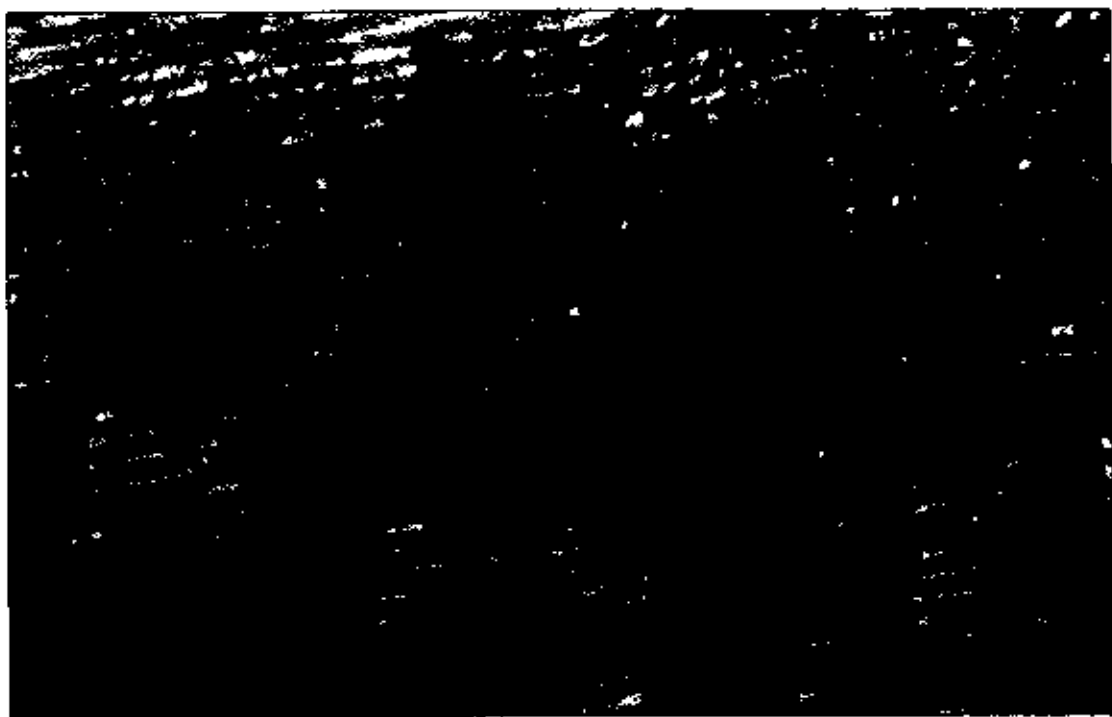


Fig. 3 showing the actual length of the large polyps.

- (h) Spleen was congested and an infarct involved almost half of the organ.
- (i) kidneys - Both the kidneys were pale.

5. **Histological findings of the polypi:**

Histologically they were benign adenomatous polypi with marked congestion. There was no evidence of any malignant change, in the sections examined.

Discussion

That a case of adenomatous polyposis with numerous large polypi could not be diagnosed clinically even after admission in the same hospital five times is no doubt unfortunate. The case was treated as ulcerative colitis without any internal examination. Rectal examination and barium enema could easily help in early diagnosis and necessary treatment. The age of the patient was consistent with the adenomatous polyposis.

The size of the polypi is no doubt unusual. Some text books describe these polypi as, "The individual polyp is usually a small pedunculated adenoma 1cm in diameter. When closely packed, the polyps may impart a furry appearance to the mucosal surface. . . Occasionally, polypi may be of the villous sessile pattern"². But in this case almost all the polypi were of villous sessile pattern and long and thick. Maximum length was up to 8.0 cms and the width up to 1.5 cms. (Fig-3)

That there was no malignant change was quite reasonable as, the child was only 11 years old and malignancy is said to occur after about 15 years of the disease¹. Some authorities report, "The average age of diagnosis of polyposis without cancer was 27 years and for polyposis with cancer, 39 years"⁴.

No family history could be obtained to justify the term familial polyposis for such conditions. But all cases of widespread polyposis are not familial⁵ and there may be cases due to genetic mutation⁴.

References

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