

Case report

Inverted colonic diverticulum mimicking: a pedonculated polyp



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Abstract

Colonoscopy plays an important role in colorectal cancer prevention because precancerous polyps can be detected and resected during the same exam, both adenomatous polyps and diverticular disease are common in people over 40 years old, and they frequently coexist, We reported a case of a 45-year-old women with no significant medical history presented for screening colonoscopy, endoscopic exams reveled a polypoid formation in the descending colon, with a peduncle of approximately 2 cm in length mimicking a pedonculated polyp diagnosed as an inverted colonic diverticulum and an endoscopic resection was avoided. The possibility of finding an inverted diverticulum mimicking colonic polyp during colonoscopy must be considered carefully for correct diagnosis and avoid dangerous procedures such as endoscopic polypectomy.

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Introduction

Colonoscopy plays an important role in colorectal cancer prevention because precancerous polyps can be detected and resected during the same exam, both adenomatous polyps and diverticular disease are common in people over 40 years old, and they frequently coexist, inverted colonic diverticulum (ICD) are rare, occurring roughly 0,7% of people [1], and can appear indistinguishable from colon polyps, incorrect diagnosis of ICD may be responsible for serious complications such as perforation following endoscopic resection.

Patient and observation

A 45-year-old women with no significant medical history presented for screening colonoscopy, she had no weight loss and no family history of inflammatory bowel disease, physical examination finding and routine biological exams were normal. A colonoscopy revealed some diverticula in the sigmoid, and a polypoid formation in the descending colon, with a peduncle of approximately 2cm in length (Figure 1), the polypoid structure changed appearance and reduced size by air insufflation (Figure 2), when palpated with a biopsy forceps it was soft and easily compressible, a finding consistent with a diagnosis of inverted colonic diverticulum.

Discussion

Inverted colic diverticula (ICD) are rare, their appearance is similar to that of high polypoid lesions, but some maneuvers have been described to help diagnose ICD, such as attempting to reverse the lesion with air insufflation, or using a forceps [2, 3], The "radiating pillow" and, more recently, the

Aurora rings (pale concentric rings surrounding the lesion) [5]. These maneuvers appear to be more successful in cases of small inverted diverticulum, but may fail in large ICD cases [6]. Incorrect diagnosis of ICD may be responsible for serious complications such as perforation following endoscopic resection. The biopsy can be dangerous because the diverticular wall consists only of a mucosa with little or no fibers covering the muscle fibers [6].

Conclusion

The possibility of finding an inverted diverticulum mimicking colonic polyp during colonoscopy must be considered carefully for correct diagnosis and avoid dangerous procedures such as endoscopic polypectomy.

Competing interests

The authors declare no competing interests.

Authors' contributions

All the authors have read and agreed to the final manuscript.

Figures

Figure 1: endoscopic view of a polypoid lesion in the descending colon

Figure 2: the lesion change appearance and size according air insufflation

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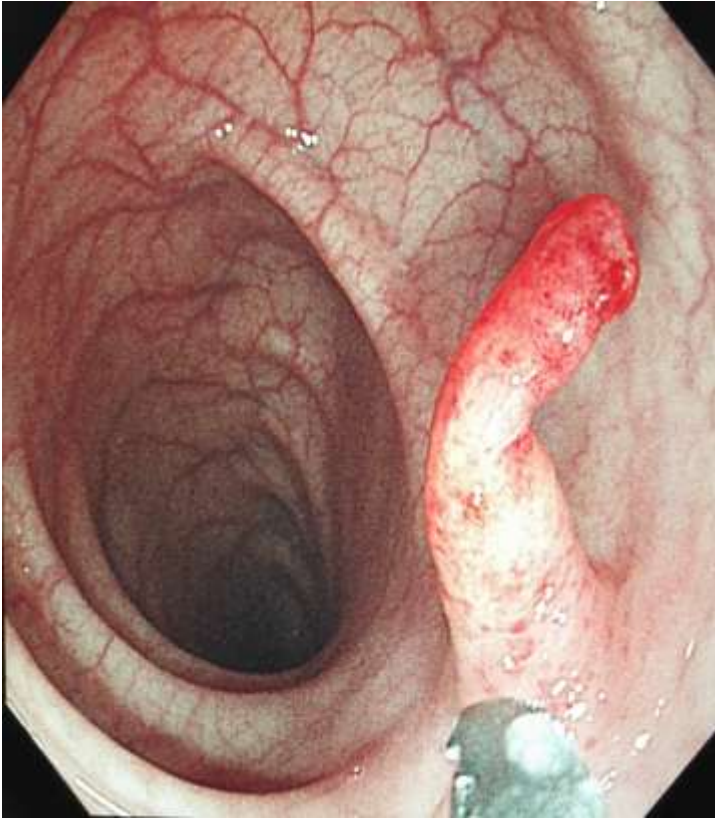


Figure 1: endoscopic view of a polypoid lesion in the descending colon

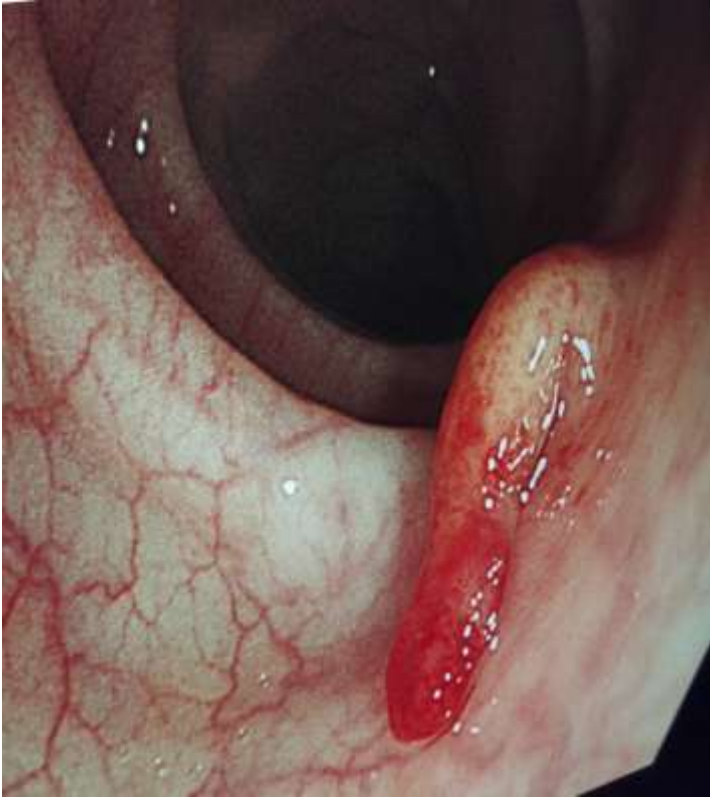


Figure 2: the lesion change appearance and size according air insufflation