

Inflammatory Fibroid Polyp of Ileum

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Abstract

Inflammatory fibroid polyps are uncommon but well documented solitary polypoid lesions occurring in gastrointestinal tract ; most commonly in stomach followed by ileum and rarely in colon ,duodenum and oesophagus. Polyps in ileum most commonly present with acute intestinal obstruction as a result of intussusception. The lesions are characterized by variable proliferation of fibroblasts and small vessels which may involve the whole thickness of the bowel wall .Mast cells and Eosinophils are also seen in the polyp.

Key Words

Inflammatory, Fibroid polyp.

Introduction

Inflammatory fibroid polyps are simple, localized, non-neoplastic lesions of gastrointestinal tract presenting most commonly as solitary submucosal sessile polypoid mass (1). They have been well documented in literature under variety of names, depending upon probable etiology, as eosinophilic granuloma, granuloblastoma, neurofibroma, haemangiopericytoma etc. but inflammatory fibroid polyp is the generally accepted term. Their most common site is stomach, followed by ileum and rarely the colon, duodenum and oesophagus. These polyps are composed of fibrous connective tissue, blood vessels and an inflammatory cell infiltrate usually with many eosinophils (2).

Case Report

A 50 years old woman presented in the emergency wing of Department of Surgery, Government Medical College, Jammu with features of subacute intestinal obstruction .The patient had a past history of constipation off and on, vomiting and intestinal colic. These signs and

symptoms of small bowel obstruction were peroperatively found to be because of a sessile polyp of the ileum just proximal to ileocecal valve. The polyp was 4 cm long and 3cm in diameter. Limited right hemicolectomy was done and specimen sent for histopathology. The polyp was covered by mucosa which was ulcerated at one place. It had a homogenous cut surface which was greyish white in colour and slightly gelatinous and translucent (Fig. 1).

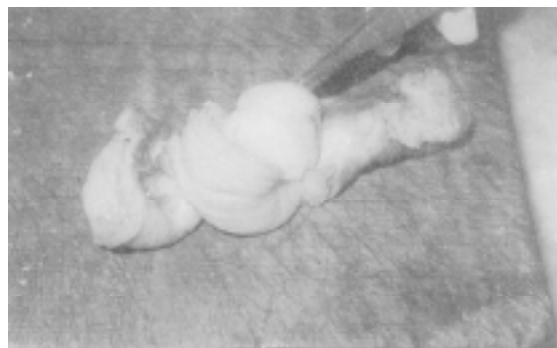


Fig. 1 Showing a polyp arising from the Ileum and showing a gelatinous homogenous appearance on cut section.

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Microscopic Appearance

Histologically, the lesion was composed of a mass of loose fibrous connective tissue arising from the submucosa and involving entire thickness of wall of ileum and protruding into the lumen of the ileum. The overlying mucosa was focally ulcerated and sloughed out with acute inflammation. The lesion consisted of spindle shaped plump and stellate cells which were admixed with lots of congested blood vessels and having polymorphic inflammation rich in plasma cells, eosinophils and histiocytes (Fig. 2). The lesion was not delineated from surrounding normal tissue and was unencapsulated. Perilesional tissue showed normal villi with increase in lymphocytes and plasma cells on microscopy.

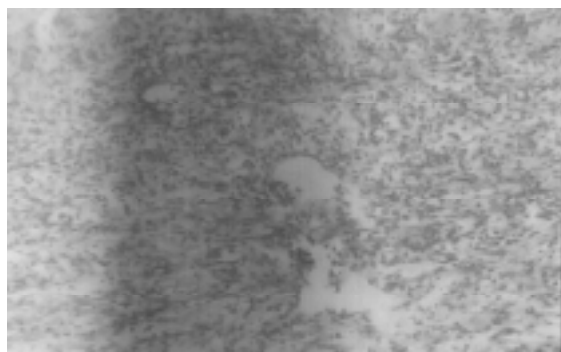


Fig. 2 Showing a lesion composed of spindle shaped cells admixed with chronic inflammation and many congested blood vessels.

Discussion

Inflammatory fibroid polyps have been described in the literature under variety of names (3). Histopathology of the present case was similar to the ones reported earlier

the literature. Histogenesis of these tumors has been a matter of debate, some authors suggested them to be of angiomatous origin (4). But, it is now generally accepted that these lesions are reactive and nonneoplastic in nature and hence have been appropriately named as inflammatory fibroid polyp.

The lesion consists of loosely arranged fibrovascular connective tissue with a variable inflammatory infiltrate including eosinophils. The aetiology of the lesion remains unknown. Trauma, bacterial, physical, chemical and even metabolic stimuli have been suggested as initiators of the process (4). Some suggest allergic reaction as cause of the lesion (5) and this is supported by the presence of eosinophils and mast cells, but this is not having sufficient supportive evidence. As these lesions are mostly solitary and localized, some particulate agent, gaining entry into the bowel mucosa and inducing hyperplasia of stromal cells and vessels, might be the initiating agent.

References

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