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Rectal Pseudolipomatosis

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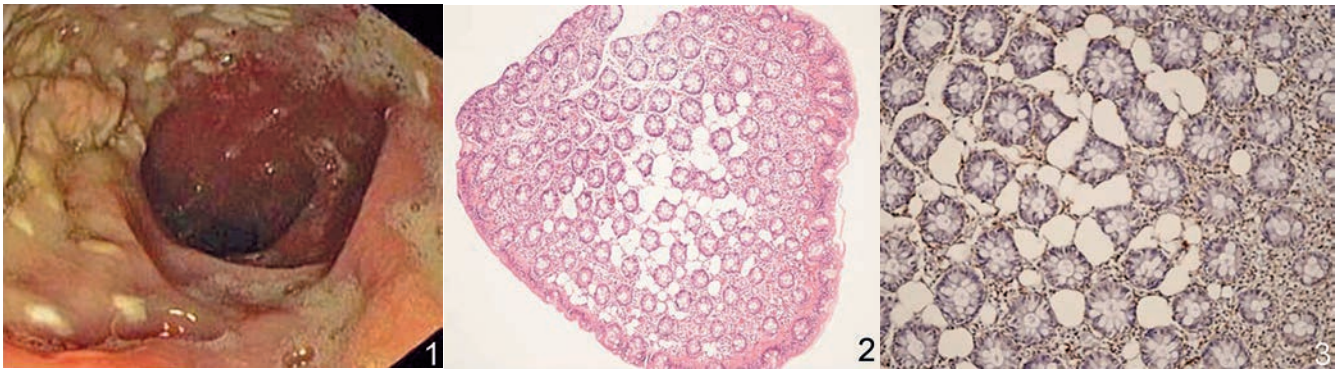

A 64-year-old man presented with weakness for two months. His previous medical history included Billroth II gastrectomy for peptic ulcer disease 20 years ago. Laboratory data confirmed iron deficiency anemia. Upper digestive endoscopy was consistent with Billroth II gastrectomy and did not reveal other findings. At colonoscopy the rectum was hyperemic and edematous in dense granular form. Lesions in the rectum were detected, which presented as multiple whitish slightly elevated plaques with foamy exudates (Fig. 1). This particular aspect of the rectum was more prominent by the end of colonoscopy, during retrieval of the colonoscope. Microscopic examination showed small, empty, cystic structures in the lamina propria, which tended to be confluent and had irregular margins. These cystic structures did not have any capsular structure and looked like fat cells in the biopsy specimens but were not composed of adipocytes (Fig. 2). By staining with Oil Red O, periodic acid-schiff and mucicarmine all were negative and were also negative by immunohistochemistry for both CD68 and S100 (Fig. 3). Biopsies prelevated from the endoscopically visible "white plaques" allowed the diagnosis of pseudolipomatosis. No other reason to explain mucosal friability was found. Anemia was considered to be the consequence of the previous gastric resection.

Pseudolipomatosis is a rare lesion and its pathogenesis is still unclear. Mechanisms such as mechanical injury during the endoscopic procedure or chemical injury by disinfectants might contribute to its pathogenesis [1]. The lesions are histologically classified into two groups regarding size of the vacuoles: group A, with the ratio between the largest vacuole to the small vacuole <3, and group B, with a ratio >4 [2]. In our patient, the mucosal lesions could be included in group A.

Pseudolipomatosis usually regresses spontaneously in 3 to 20 months. It must be considered in the differential diagnosis of other pathologic conditions during the evaluation of endoscopic biopsies in order to avoid unnecessary treatment [1, 2].

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Conflicts of interest: None to declare.

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