Cathy D Schleck, W Scott Harmsen, Alan R Zinsmeister, Divisions of Biostatistics, Department of Health Sciences Research, Mayo Clinic College of Medicine, Rochester, Minnesota, USA

L Joseph Melton III, Divisions of Epidemiology, Department of Health Sciences Research, Mayo Clinic College of Medicine, Rochester, Minnesota, USA

Funding: Funded in part by an American College of Gastroenterology Clinical Research grant and a career development grant from the Miles and Shirley Fiterman Foundation. The Rochester Epidemiology Project is supported by grant AR 30582 from the National Institutes of Health, US Public Health Service.

Competing interests: None.

REFERENCES

- 1 Read NW, Krejs GJ, Read MG, et al. Chronic diarrhea of unknown origin. *Gastroenterology* 1980;**76**:264–71.
- 2 Lindstrom CG. "Collagenous colitis" with watery diarrhoea- a new entity? *Pathologica Europa* 1976;**11**:87–9.
- 3 Pardi DS, Smyrk TC, Tremaine WJ, et al. Microscopic colitis: A review. *Am J Gastroenterol* 2002;**97**:794–802.
- 4 Raclot G, Queneau PE, Ottignon Y, et al. Incidence of collagenous colitis. A retrospective study in the east of France. *Gastroenterology* 1994;**106**:A23.
- 5 Bohr J, Tysk C, Eriksson S, et al. Collagenous colitis in Örebro, Sweden, an epidemiological study 1984–1993. *Gut* 1995;**37**:394–7.
- 6 Olesen M, Eriksson S, Bohr J, et al. Microscopic colitis: a common diarrhoeal disease. An epidemiological study in Örebro, Sweden, 1993–1998. *Gut* 2004;**53**:346–50.
- 7 Fernandez-Banares F, Salas A, Forne M, et al. Incidence of collagenous and lymphocytic colitis: a 5-year population-based study. *Am J Gastroenterol* 1999;**94**:418–23.
- 8 Agnarsdottir M, Gunnlaugsson O, Orvar KB, et al. Collagenous and lymphocytic colitis in Iceland. *Dig Dis Sci* 2002;**47**:1122–8.
- 9 Fernandez-Banares F, Forne M, Esteve M, et al. Collagenous colitis and lymphocytic colitis in Terrassa, Spain: an epidemiological study 1993–1996. *Gastroenterology* 1997;**112**:A15.
- 10 Melton LJ. History of the Rochester Epidemiology Project. *Mayo Clin Proc* 1996;**71**:266–74.
- 11 Bergstralh EJ, Offord KP, Chu CP, et al. Calculating incidence, prevalence and mortality rates for Olmsted County, Minnesota: An update. Rochester, MN: Section of Biostatistics, Mayo Clinic, Technical Report Series No. 49, 1992.
- 12 Cox DR. Some simple approximate tests for Poisson variates. *Biometrika* 1953;**40**:354–60.
- 13 McCullagh P, Nelder JA. *Generalized linear models*. New York: Chapman and Hall, Ltd, 1983.
- 14 Kaplan EL, Meier P. Non-parametric estimation from incomplete observations. *J Am Stat Assoc*, 1958;**53**:457–81.
- 15 Kalbfleisch JD, Prentice RL. *The statistical analysis of failure time data*. New York: John Wiley and Sons, 1980.
- 16 Loftus EV, Silverstein MD, Sandborn WJ, et al. Crohn's disease in Olmsted County, Minnesota, 1940–93: incidence, prevalence, and survival. *Gastroenterology* 1998;**114**:1161–8.
- 17 Loftus EV, Silverstein MD, Sandborn WJ, et al. Ulcerative colitis in Olmsted County, Minnesota, 1940–93: incidence, prevalence, and survival. *Gut* 2000;**46**:336–43.
- 18 Beaugerie L, Pardi DS. Drug-induced microscopic colitis: proposal for a scoring system and review of the literature. *Aliment Pharmacol Ther* 2005;**22**:277–84.
- 19 Fine KD, Seidel RH, Do K. The prevalence, anatomic distribution, and diagnosis of colonic causes of chronic diarrhea. *Gastrointest Endosc* 2000;**51**:318–26.

EDITOR'S QUIZ: GI SNAPSHOT

An unusual internal pile

Robin Spiller, Editor

Clinical presentation

A 60 year old female underwent total colonoscopy for recurrent painless haematochezia. She reported no past medical history of abdominal or anorectal symptoms. Physical examination was unremarkable. Digital rectal examination detected a firm, non-tender mobile nodule in the posterior upper anal canal. Laboratory studies showed no anaemia or abnormal coagulation profile. Anal margin examination was normal. Mild diverticulosis was found in the sigmoid area. A polypoid protuberant polychromatic lesion of 10 mm diameter was noted just above the dentate line at the level of the internal haemorrhoids (fig 1).

Question

What is the diagnosis?

See page 517 for answer

Figure 1 A 10 mm protuberant polychromatic polypoid lesion at the top of the anal canal, adjacent to the internal piles, as seen during endoscopy in retroflexed view (upper panels) and direct view (lower panels).

Khalil Honein, Rita Slim, Fady Daniel

Gastroenterology Department, Hotel-Dieu de France University Hospital, Achrafieh, Beirut, Lebanon

Cyril Tohme

General Surgery Department, Hotel-Dieu de France University Hospital, Achrafieh, Beirut, Lebanon

Cesar Yaghi, Joe Boujaoude, Raymond Sayegh

Gastroenterology Department, Hotel-Dieu de France University Hospital, Achrafieh, Beirut, Lebanon

Correspondence to: Dr Fady Daniel, Gastroenterology Department, Hotel-Dieu de France University Hospital, Alfred Naccache Boulevard, Achrafieh, Beirut, Lebanon; fadydaniel@hotmail.com

doi: 10.1136/gut.2006.096982