Image

Evanescent Colon “Masses” due to Colon Ischemia

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Am J Gastroenterol (2018) 113:1745. <https://doi.org/10.1038/s41395-018-0245-y>

Fig. 1 An asymptomatic 76 yo male with a history of hypertension, hyperlipidemia, and atrial fibrillation presented for screening colonoscopy. The exam was performed to the cecum with ileal intubation and revealed a large hemi-circumferential, deeply ulcerated mass in the mid-ascending colon (a) and a smaller 2cm ulcerated, raised lesion in the cecum (b). The mid-ascending colon mass was “hard” to the touch of forceps, while the cecal lesion was “soft.” The terminal ileum was normal, as was the remainder of the colon mucosa. Biopsies of the lesions revealed ischemic mucosal necrosis with ulceration, fibropurulent exudate, and reactive crypt changes. A contrast-enhanced CT of the abdomen revealed moderate atherosclerotic changes of the aorta. Although the colon lesions were sinister in appearance, a decision was made to follow the patient expectantly with a view toward short-interval repeat colonoscopy. Repeat colonoscopy was performed 10 weeks later and revealed a normal cecum and ascending colon (c). This patient presumably had an isolated right-sided colon ischemia variant, which resolved spontaneously without specific intervention. Colon ischemia can be associated with a variety of endoscopic presentations, including the appearance of evanescent ulcerated “masses”, which might otherwise suggest the possibility of a neoplastic process. The patient has given informed consent to utilize the included endoscopic photographs. (Informed consent was obtained from the patient to publish these images.)

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Published online 17 October 2018