Remission of Cap Polyposis Maintained for More Than Three Years after Infliximab Treatment

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Cap polyposis is a rare disorder with characteristic endoscopic and histological features; its etiology is still unknown, and no specific treatment has been established. We report a case of cap polyposis that improved remarkably after infliximab infusion and had no recurrence for 3 years. (Gut and Liver 2009;3:325-328)

Key Words: Cap polyposis; Infliximab; Therapeutics; Long term follow up

INTRODUCTION

Cap polyposis is a rare but distinct disorder with characteristic endoscopic and histological features.1,2 It is characterized by multiple distinctive erythematous, inflammatory colonic polyps located from the rectum to the distal colon. And the polyps are covered with fibrinopurulent mucus which appears like a ‘cap.’ The common symptoms are mucous and bloody diarrhea with abdominal pain and tenesmus. The etiology of this disease is still unknown, and no specific treatment has been established. There have been a few reports about the cases of cap polyposis responsive to infliximab.3 Herein we report a cap polyposis that was remarkably improved after a single infliximab infusion and had no recurrence for 3 years.

CASE REPORT

A 58-year-old woman was admitted to our hospital because of mucous bloody stools, frequent defecation and tenesmus for 2 weeks. One month ago, the patient had been managed in other hospital with 2nd generation cephalosporin antibiotics because of community acquired pneumonia. On physical examination, abdomen was soft and there was no tenderness or palpable mass. Hemoglobin was 14.5 g/dL, white blood cell count was 6,380/mm³, platelet count was 319,000/mm³ and data of C-reactive protein or erythrocyte sedimentation rate were not increased. Stool occult blood test was positive, but, Clostridium difficile antigen assay of stool was negative.

Colonoscopy showed about 20 reddish sessile polyps covered with white purulent exudates, and scattered hyperemia on rectum and sigmoid colon. The polyps were located on apices of mucosal fold (Fig. 1). The histological finding of sessile polyp indicated chronic and acute inflammations with acute cryptitis. We first diagnosed pseudomembranous colitis based on patient's history of antibiotics administration and colonoscopic finding. However, there was no clinical symptom improvement after oral administration of 250 mg metronidazol qid for 3 weeks.

The colonoscopic finding for follow up showed no improvement, and additional biopsy was performed. Histological finding showed that the polyps were consisted of elongated, tortuous, and hyperplastic crypts that attenuated toward the surface (Fig. 2). Heavy infiltration of inflammatory cells, ulcerated mucosal surface and fibrinopurulent exudates are characteristic of the so-called “cap polyp.” On the basis of these characteristic colonoscopic and histologic findings, therefore, the patient was diagnosed with cap polyposis.

We considered conservative management and bowel ha-
Fig. 1. Sessile polyps with exudates and hyperemia in the sigmoid colon.

Fig. 2. Histological findings. The polyps comprise elongated, tortuous, and hyperplastic crypts that attenuate toward the surface. Heavy infiltration of inflammatory cells, an ulcerated mucosal surface, and fibrinopurulent exudates are characteristic of the so-called “cap polyp” (H&E stain, ×100).

Fig. 3. Colonoscopy conducted 4 weeks after infliximab infusion revealed reductions in the size and number of the sessile polyps.

Fig. 4. Follow-up colonoscopy conducted 36 months after the single infusion of infliximab, revealing maintenance of the 4-week postinfusion state (i.e., no recurrence of cap polyposis).

Common clinical manifestation of cap polyposis is mucous bloody diarrhea lasting for weeks to months, and women are mostly afflicted. Tenesmus, rectal bleeding, abdominal pain, constipation, weight loss, and hypoproteinemia have also been reported. Epidemiology and etiology of cap polyposis have not been well known.

DISCUSSION

Common clinical manifestation of cap polyposis is mucous bloody diarrhea lasting for weeks to months, and women are mostly afflicted. Tenesmus, rectal bleeding, abdominal pain, constipation, weight loss, and hypoproteinemia have also been reported. Epidemiology and etiology of cap polyposis have not been well known.