

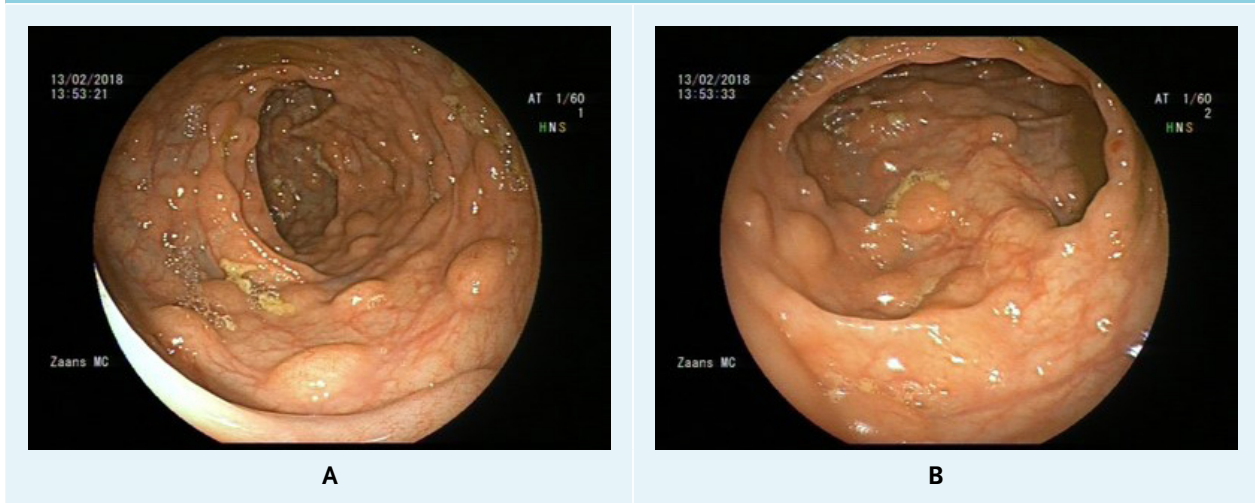
A polyposis syndrome

R.J.L.F. Loffeld, K. van der Hem, I. Ambrose[#]

Departments of Internal Medicine and [#]Symbiant Pathology Expert Centre location, Hoorn/Zaandam, Zaans Medical Center, Zaandam, the Netherlands.

*Corresponding author: r.loffeld1@chello.nl

Figures 1A and 1B. The macroscopic appearance of the colon. Multiple sessile polyps with intact mucosal surface are seen.



CASE REPORT

A 49-year-old Caucasian female, with a known irritable bowel syndrome with predominant constipation, presented with a three-month history of progressive diffuse abdominal pain, a bloated belly, and changes in bowel habits including intermittent watery diarrhoea with haematochezia. She had lost 4 kg of weight despite a normal appetite. There was no fever, but she reported night sweats. Laboratory investigation revealed an erythrocyte sedimentation rate of 35 mm (normal value < 20 mm), normal blood count and leucocytes, as well as normal renal and liver function. Investigation of faeces showed

infestation with *Dientamoeba fragilis* and a calprotectin of 336 mg/kg (normal value < 50 mg/kg). Chronic inflammatory bowel disease was suspected. For this reason, a colonoscopy was performed. The entire colon and rectum showed hundreds of small sessile polyps with intact mucosal surface (Kudo classification type 1) (figures 1A and 1B).

WHAT IS YOUR DIAGNOSIS?

See page 396 for the answer to this photo quiz.