

Rectal Polyp in a Nigerian Girl

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ABSTRACT

According to UK authors, the establishment of a histopathology data pool facilitates epidemiological analysis. However, in UK, there is some doubt about the usefulness of such a central laboratory by distant hospitals. This has been debated by the senior author. Indeed, this Journal has published a good example of its use. Therefore, another example is deemed to be worthy of documentation.

Keywords: Epidemiology, rectum, polyp, child, Nigeria.

INTRODUCTION

A Birmingham (UK) group advised that the establishment of a histopathology data pool is beneficial in epidemiological analysis (1). However, the usefulness of such a central laboratory to distant hospitals was doubted in that country (2). Therefore, it was salutary that this Journal published a good example of such usage (3). Hence, it is deemed salutary to document another illuminating example with special reference to rectal polyp in a girl of the Igbo Ethnic Group in Nigeria (4).

CASE REPORT

OOI, a 12-year-old girl attended the Mater Hospital, Afikpo, where she was seen by the junior author (CMA). The complaint was the prolapse of a mass through the anus a few hours before. This was alarmingly associated with passage of free blood. On examination, apart from the normal signs of temperature and clear chest, the abdomen was tense but with no area of tenderness. The anus was plugged with a dark red mass while the perineum was stained by fresh blood. A pedunculated cherry-like dark mass with long stalk was found high up in the wall of the rectum. It was excised. The provisional diagnosis was congenital adenomatous polyp.

The senior author (WIBO) received a 2.5 cm polypoid darkly hemorrhagic mass having a slim 1.0 cm long pedicle. It looked infarcted. On microscopy, the polyp was simple and showed glands and stroma. The surface epithelium was denuded. Chronic cell infiltrates abounded. The

tissues were partly necrotic and suffused with blood. The diagnosis was infarction of adenomatous polyp.

DISCUSSION

Two New Orleans groups have long been interested in polyps in children (5,6). Their experiences centered on polyps presenting with blood in a sporadic manner. It is interesting that the local patient was aged 12 years, thus being in the US range of "children less than 13 years of age."

From UK, researchers at the Academic Department of Paediatric Gastroenterology summed up their experience thus: "Rectal bleeding in children is a relatively uncommon but important complaint and an alarming event for the parents" (7). This was what happened in our case.

Greek authors were interested in the histology. One group noted "a sprinkling of lymphocytes and plasma cells" (8). Another group stressed that "The prominent eosinophilic infiltration of both polyp and the adjacent colonic mucosa may support an allergic aetiology in the pathogenesis of colon juvenile polyps" (9). Our patient had no such eosinophilic infiltrates.

The question of the possibility of malignant change may arise. It did so in a 80-year-old American (10). This was to be expected since that individual already had prostate cancer which was treated long before.

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