

## Change in Bowel Habit and Heme Positive Stool

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### Image Article

A 70 year old man was referred for out-patient colonoscopy because of two months history of change in bowel habit, weight loss and heme positive stool. Past medical history was significant for COPD, depression, alcohol dependence, and hypertension.

Colonoscopy revealed normal appearing mucosa in the entire colon and a 5mm sessile polyp (Figure 1) was found in the rectum on retroflexion. Random biopsies were obtained throughout the colon and the rectal polyp was completely excised. Histopathology of random colon biopsies (Figure 2) showed surface epithelial attenuation associated with increased numbers of intraepithelial and lamina propria lymphocytes (>20p/hf) consistent with lymphocytic colitis (LC).

Histopathology of the rectal polyp (Figure 3) showed colonic mucosa with mild hyperplastic changes, and a 5 mm tumor composed of solid nests of small cytologically bland epithelioid cells. Immunohistochemical stains (Figure 4) were positive for synaptophysin and negative for chromogranin consistent with a carcinoid tumor.

LC is a type of microscopic colitis characterized by chronic, watery, diarrhea and increased subepithelial lymphocytes on colon biopsies [1]. The etiology of LC is unknown and it is typically associated with a normal endoscopic appearance [1]. LC has not been associated with an increased risk of colorectal cancer [1]. The rectal carcinoid does not explain the patient's symptoms of chronic diarrhea and weight loss but may explain the heme positive stool.

Rectal carcinoids represent 1.3% of all rectal tumors; they are usually asymptomatic but may present with rectal pain, bleeding, or constipation; development of the typical carcinoid syndrome is rare [2]. Size of rectal carcinoids correlates with aggressiveness and metastatic potential. Recent series have shown that tumors smaller than 1 cm rarely metastasize, while lymph node and liver metastases are seen in up to 70% of cases if the tumor exceeds 2cm [3].

This case illustrates the fact that change in bowel habits associated with heme positive stool does not always signify colon cancer.



Figure 1: 5 mm rectal mass found on retro flexion.

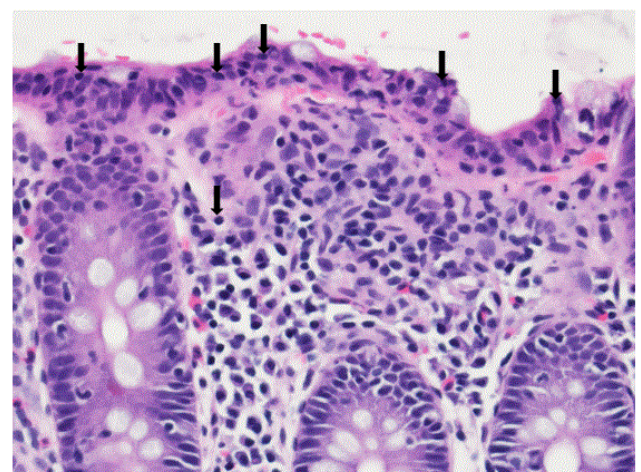
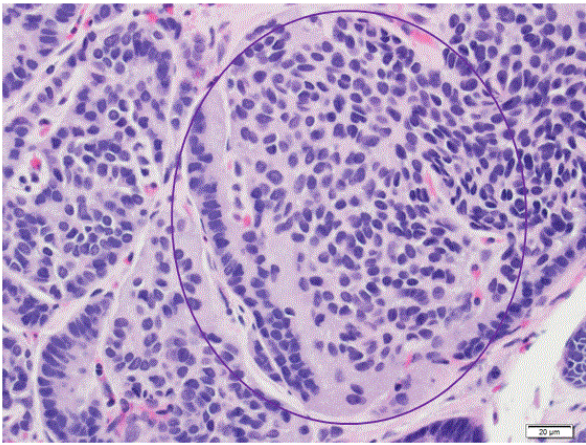
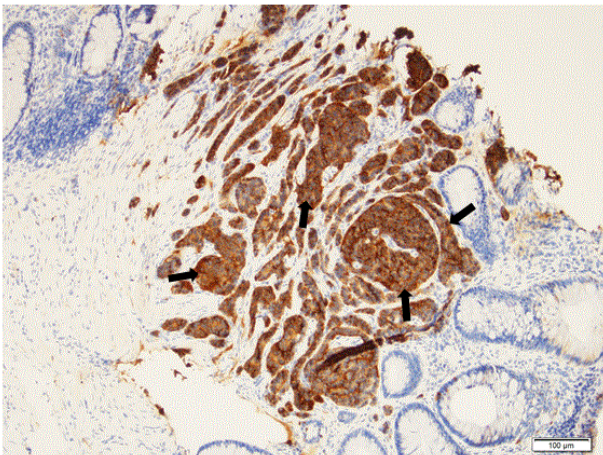


Figure 2: Histopathology of random colon biopsy.



**Figure 3:** Histopathology of the rectal polyp.



**Figure 4:** Histopathology of the rectal polyp with special stain Synaptophysin.

## References

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