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A Rare Case of Pediatric Cloacogenic Polyp

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Case Presentation

A boy was referred to our hospital who was suffering from rectal straining, hematochezia, and anal pain from 2 years ago. He was 13-year-old and had no disease in his past medical history. He looked pale in the primary physical examination and we did not find any abnormalities in inspection at lithotomy position. We palpated two polypoid lesions in 11 and 2 o'clock in the rectal examination. His lab tests were as the following WBC=5600, Hgh=9, Plt=289000, PT=13 seconds, PTT=33 seconds. Rectosigmoidoscopy was done for the patient and we found two cauliflower-shaped polyps in the mentioned regions, but we could not remove them by endoscopic procedure therefore the patient was prepared for operation. Surgical removal of cauliflower-like polyps was done successfully (Figure 1). Rectal polyp histologic examination revealed both squamous and colonic epithelium with tubulopapillary architecture and surface ulceration consistent with cloacogenic polyp (Figure 2). A small focus of adenomatous epithelium with low-grade dysplasia was also observed. The patient became symptom-free after surgical resection.

Discussion

Cloacogenic polyp (CP) is a rare lesion that was described in 1981 for the first time [1]. The first case of (CP) in childhood was reported in 1992 in a 6-year-old boy who had anal fissure since birth and was suffering from rectal bleeding [2]. One year later, another case of CP was reported in a child with Marshall-Smith syndrome which is a rare coexisting condition [3]. Its location is in transitional zone of anorectal junction [1,4]. This polyp is usually located on the anterior surface of the rectum [5]. CP can be multiple or single or with other kinds of polyps [1]. Its pathologic mechanism is mucosal injury; therefore it can occur in some underlying diseases such as diverticulosis, and colorectal tumors [4]. It can occur in patients with defecation problems and hemorrhoids [6]. Although this kind of polyp is rare, we should consider it as a differential diagnosis in patients who are suffering from hematochezia and tenesmus [7]. Other symptoms of CP are straining, diarrhea and constipation [1]. On the contrary, some patients may be asymptomatic [1]. These patients should undergo serial colonoscopy after surgical or endoscopic removal because of the potential risk of recurrence and malignancy [1,4]. Papillomavirus should be tested in patients because of the possibility of this virus detection in some patients [1,8]. This kind of polyp is rare and the most reported cases are adults and women. Since this polyp relapse if the underlying disease is not treated, we must look for such condition for complete treatment [9]. Although CP is often associated with solitary rectal ulcer or rectal prolapse, it can be seen in other underlying diseases [8]. Coexistence of CP with solitary rectal ulcer and rectal prolapse, suggests the transitional zone mucosal prolapse as pathogenesis of this polyp [5].

Figure 1: Cauliflower-shaped polyps at the time of operation.

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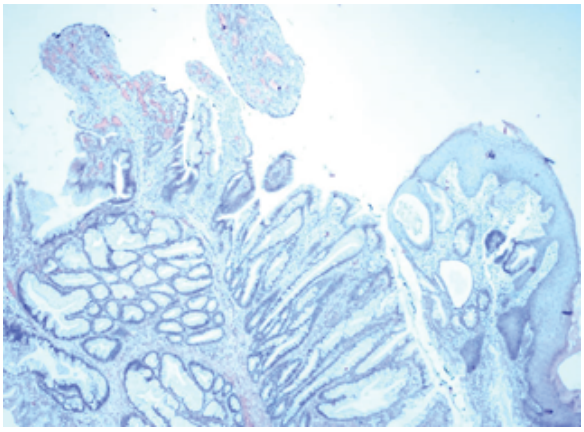

Figure 2: Inflammatory cloacogenic polyp (Hematoxylin & Eosin, magnification x40)

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