

# Decoding an Uncommon Form of Inflammatory Polyposis Colitis

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Review began 01/18/2025

Review ended 01/25/2025

Published 01/28/2025

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DOI: 10.7759/cureus.78157

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## Abstract

Inflammatory polyposis colitis is a rare, non-hereditary gastrointestinal disorder characterized by chronic diarrhea, diffuse gastrointestinal polyposis, and systemic features such as hypoalbuminemia, weight loss, and dermatological changes. The etiology remains unknown, with diagnosis reliant on clinical, endoscopic, and histopathological findings. This case describes a 79-year-old male with inflammatory polyposis colitis who responded to corticosteroid therapy. The report emphasizes the diagnostic and therapeutic challenges of this condition.

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**Categories:** Gastroenterology

**Keywords:** blood protein anomalies, chronic diarrhea, enteropathy, gastrointestinal polyposis, hypoalbuminemia, inflammatory polyposis colitis, malnutrition, metabolic disorders, weight loss

## Introduction

Inflammatory polyposis colitis is a rare disorder characterized by diffuse gastrointestinal polyposis, chronic diarrhea, weight loss, and systemic manifestations such as hypoalbuminemia, alopecia, and nail dystrophy [1,2]. With fewer than 500 documented cases worldwide, its pathophysiology remains poorly understood. Diagnosis is based on clinical presentation, endoscopic findings, and histological confirmation of inflammation with eosinophilic infiltration [3,4].

While treatment often involves corticosteroids and nutritional supplementation, the disease has a high mortality rate, estimated at 55% within five years of diagnosis [2,5]. We report a case of inflammatory polyposis colitis in a 79-year-old male who presented with typical symptoms and showed clinical improvement with corticosteroid therapy.

## Case Presentation

### Clinical presentation and history

A 79-year-old male with a medical history of hypertension, hyperlipidemia, and coronary artery disease presented to the outpatient gastroenterology clinic with complaints of persistent diarrhea, weight loss, and systemic symptoms.

The patient reported up to 20 episodes of watery, non-bloody diarrhea daily over 6-8 weeks, accompanied by a 15-pound weight loss, nausea, and anorexia. He also noted nail cracking, hair thinning, and a sensation of a lump in his throat. He denied recent travel, antibiotic use, or dietary changes. His social history included past smoking but no alcohol consumption.

### Physical examination

The patient appeared generally well but exhibited dry skin and nail dystrophy. Abdominal examination was unremarkable, revealing no tenderness, masses, or organomegaly. Table 1 lists the findings of laboratory tests.

#### How to cite this article

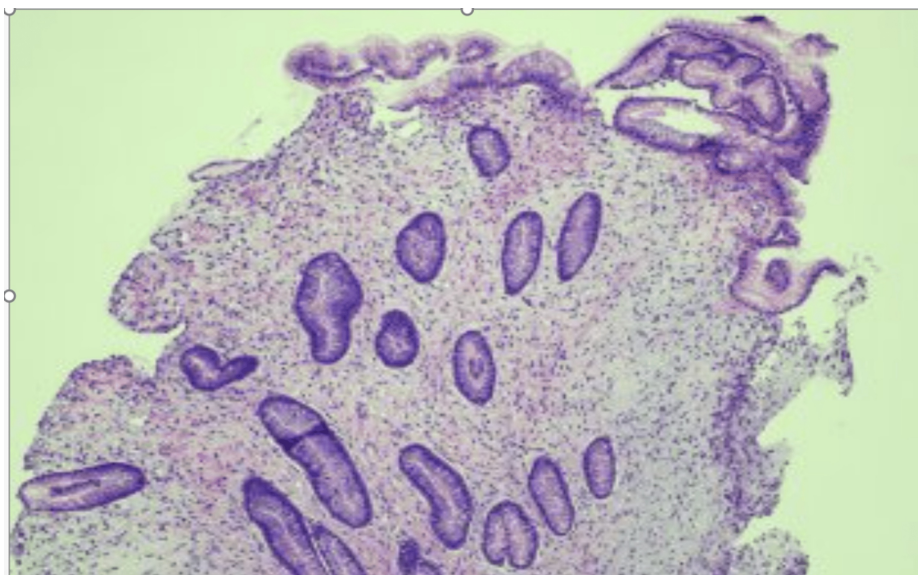
Gasimova N, Yunina-Distefano D (January 28, 2025) Decoding an Uncommon Form of Inflammatory Polyposis Colitis. *Cureus* 17(1): e78157. DOI 10.7759/cureus.78157

Laboratory Test	Patient Value	Reference Value
Albumin	3.4 g/dL	3.5 - 5.0 g/dL
Erythrocyte Sedimentation Rate	39 mm/hour	0 - 20 mm/hour
C-reactive Protein	22 mg/L	< 10 mg/L
Total Bilirubin	1.76 mg/dL	0.1 - 1.2 mg/dL
Stool Studies	"-" for infection	Negative

**TABLE 1: Laboratory values**

### Endoscopic findings

Upper endoscopy and colonoscopy revealed erythematous, granular mucosa in the stomach and diffuse polypoid changes throughout the colon. Biopsies showed acute and chronic inflammation with significant eosinophilic infiltration. Histopathological findings confirmed the diagnosis of inflammatory polyposis colitis (Figure 1).



**FIGURE 1: Gastric antrum on 10 x magnification depicting striking lamina propria edema with mucosal thickening and hyperplasia**

### Treatment and outcome

The patient was started on oral budesonide (9 mg/day), resulting in the resolution of diarrhea within one week. He was also referred to a nutritionist to address vitamin and mineral deficiencies. Follow-up at three months showed no recurrence of symptoms.

### Discussion

Inflammatory polyposis colitis is a rare and poorly understood condition, with pathophysiological mechanisms believed to involve immune dysregulation and chronic inflammation [1,3]. Its hallmark features include diffuse gastrointestinal polyposis and systemic manifestations such as hypoalbuminemia, alopecia, and nail dystrophy [2,4].

The average age of onset is 61 years, with no significant gender predilection [2]. Chronic diarrhea and weight loss are the most common presenting symptoms, as observed in our patient. Hypoalbuminemia, present in up to 88% of cases, contributes to systemic symptoms such as edema and dermatological changes [6].

Treatment typically involves corticosteroids to reduce inflammation and modulate immune responses,

though their efficacy is not well-established in controlled studies [5,7]. In severe cases, immunosuppressants such as tacrolimus or surgical interventions may be considered.

Our case demonstrates the successful use of budesonide in alleviating symptoms and highlights the importance of early diagnosis and intervention to prevent complications.

## Conclusions

Inflammatory polyposis colitis is an exceedingly rare condition requiring a high index of suspicion for diagnosis. This case underscores the importance of corticosteroid therapy and nutritional support in management while further research is needed to elucidate its pathophysiology and optimize treatment strategies.

## Additional Information

### Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

**Concept and design:** Nargiz Gasimova, Daria Yunina-Distefano

**Acquisition, analysis, or interpretation of data:** Nargiz Gasimova, Daria Yunina-Distefano

**Drafting of the manuscript:** Nargiz Gasimova, Daria Yunina-Distefano

**Critical review of the manuscript for important intellectual content:** Nargiz Gasimova, Daria Yunina-Distefano

**Supervision:** Nargiz Gasimova, Daria Yunina-Distefano

### Disclosures

**Human subjects:** Consent for treatment and open access publication was obtained or waived by all participants in this study. **Conflicts of interest:** In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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