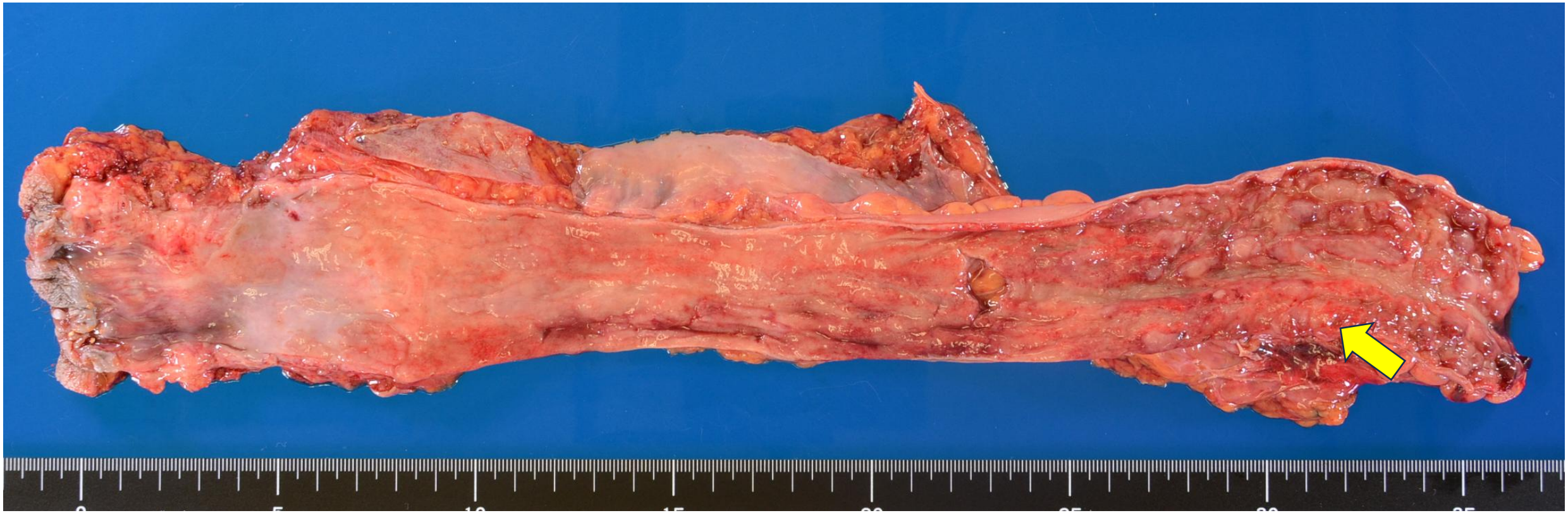
Perforated ulcerative colitis with pseudopolyposis

Surgery may play an important role in the management of ulcerative colitis (UC). Surgical indications for UC include 1) fulminant colitis (frequently with massive bleeding), 2) toxic megacolon, 3) unresponsiveness to medical management, 4) perforation, and 5) dysplasia and cancer. Note that the surgery may provoke cumbersome mesenteric desmoid tumor in cases of Gardner's syndrome.

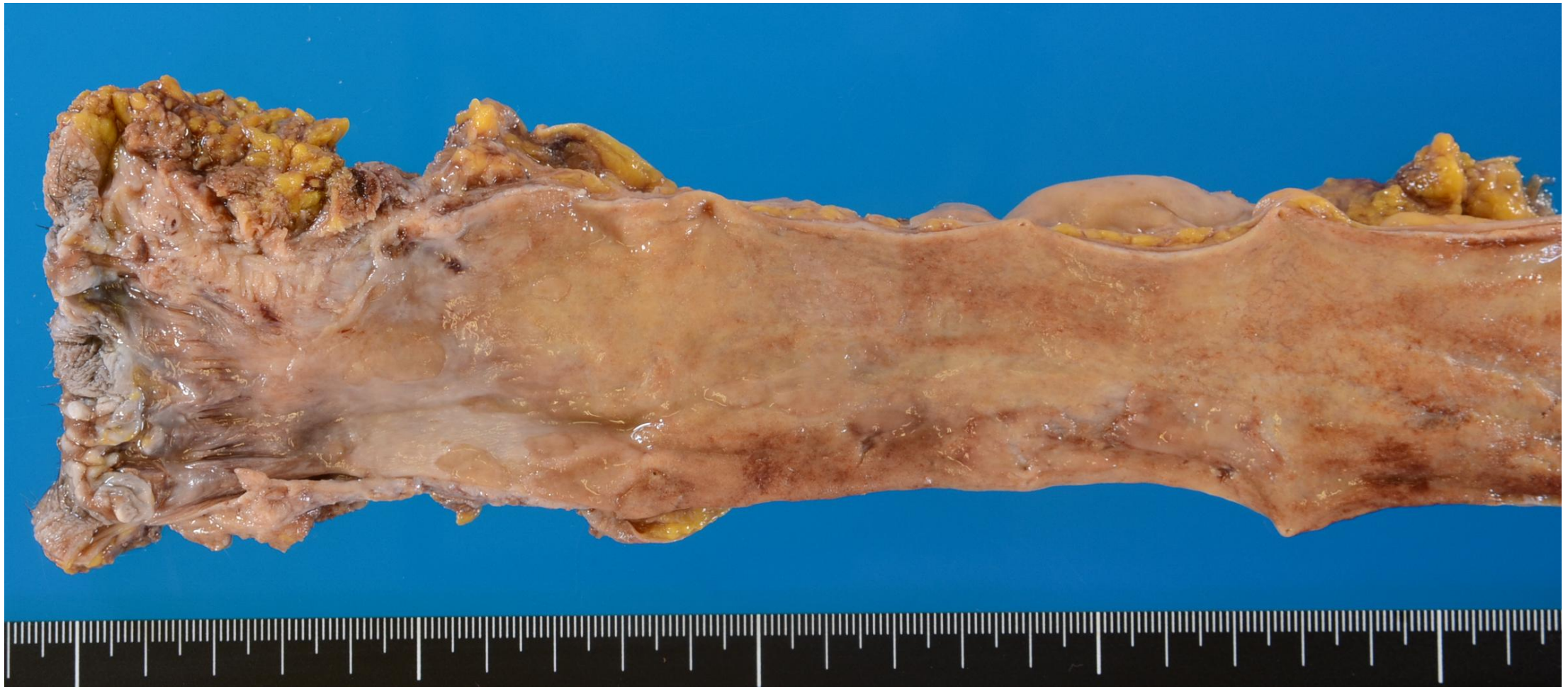
Perforation is infrequently complicated in active UC or in toxic megacolon. A 57 y-o male patient with active UC presented with acute abdomen. No toxic megacolon was complicated. Under the diagnosis of UC perforation, total coloproctectomy was performed. A perforated ulcer was seen in the background mucosa with pseudopolyposis.

Ref.-1: FrizelleFA, Burt MJ. Surgical management of ulcerative colitis. In: Holzheimer RG, Mannick JA, eds. Surgical Treatment: Evidence-Based and Problem-Oriented. Munich: Zuckschwerdt; 2001. Available from: https://www.ncbi.nlm.nih.gov/books/NBK6931/

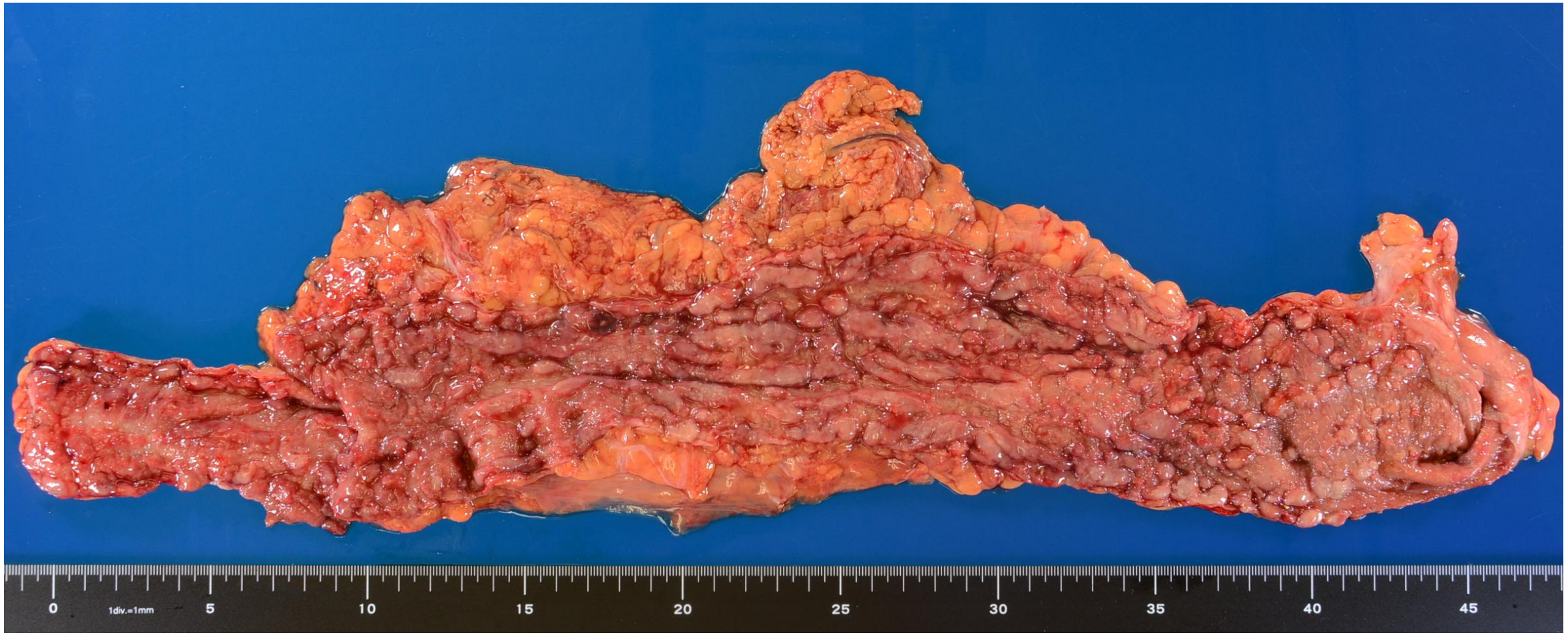
Ref.-2: DiCaprio D, et al. Physician practices: management of perforation in ulcerative colitis. Am J Gastroenterol 2016; 111: S307.



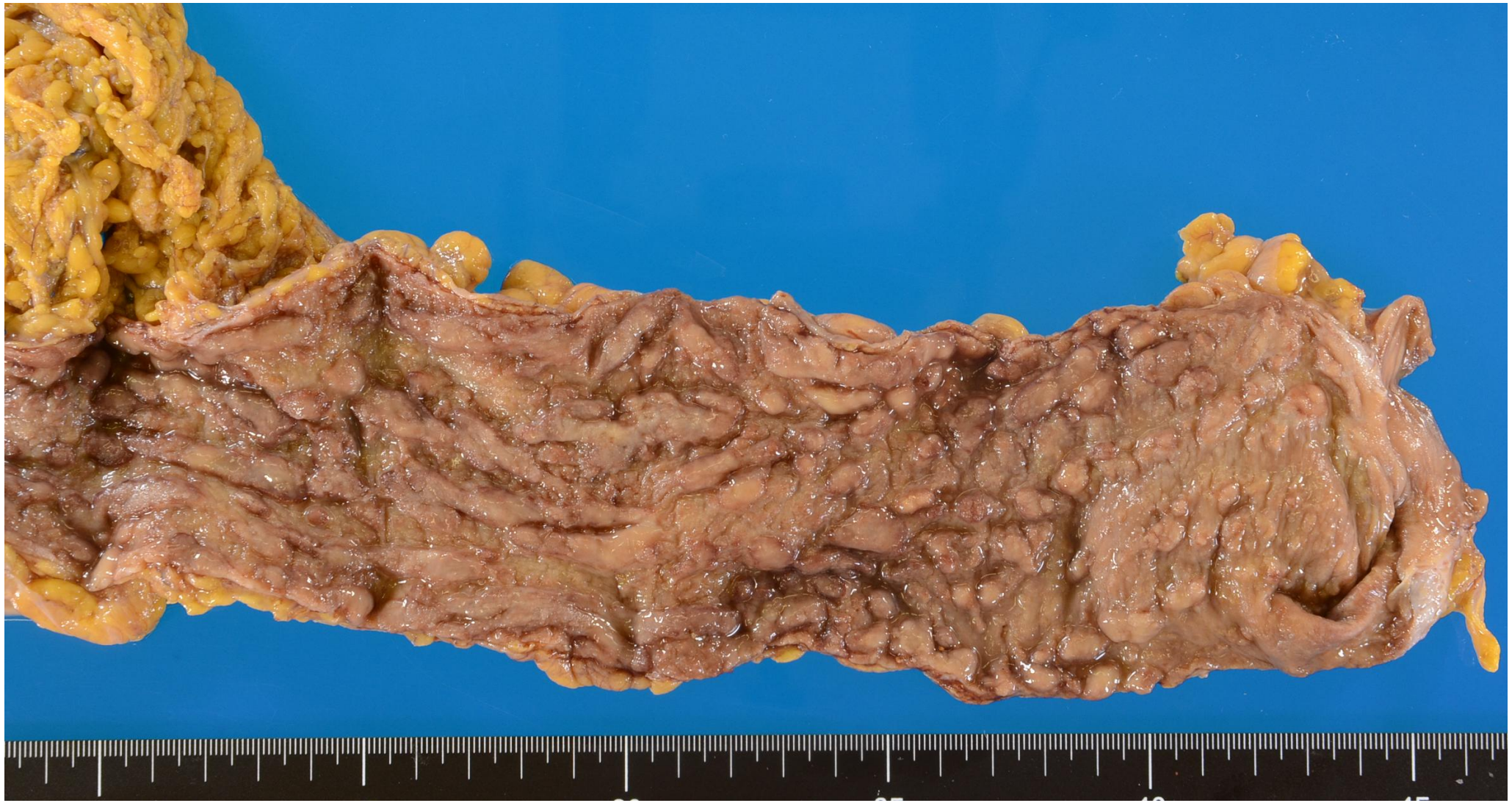
Surgically resected specimen of perforated ulcerative colitis in a 57 y-o male patient. The perforation occurred in the rectosigmoid colon (arrow). Normal mucosal structure has been lost totally. Erosions and shallow ulcers are diffusely noted in the involved large intestine. The anal mucosa is seen at the left end. No luminal dilatation is observed.



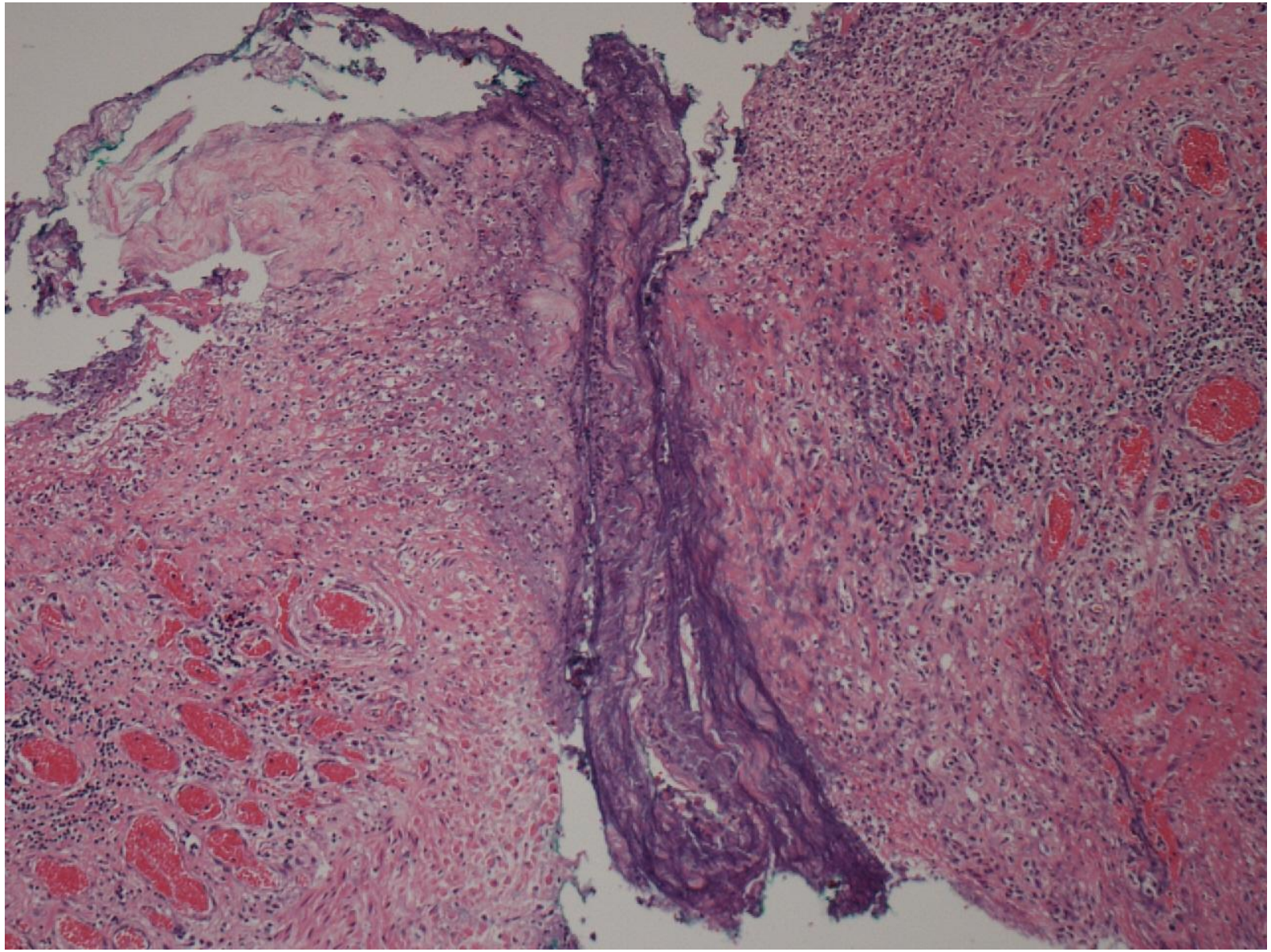
Surgically resected specimen of perforated ulcerative colitis in a 57 y-o male patient (after formalin fixation). Normal mucosal structure has been lost totally. Erosions and shallow ulcers are diffusely noted in the involved large intestine. The anal mucosa is seen at the left end. No luminal dilatation is observed.



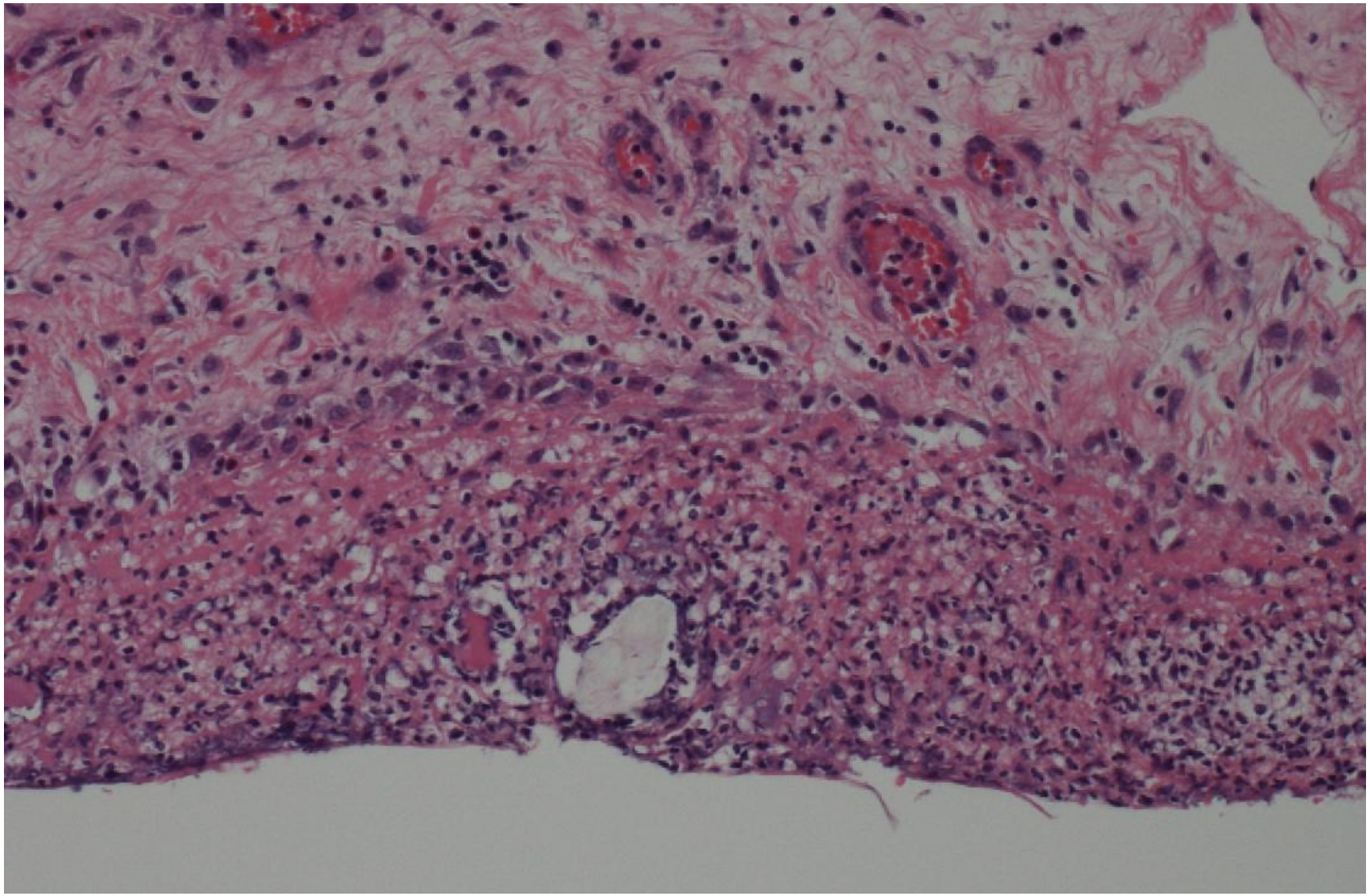
Surgically resected colon of perforated ulcerative colitis in a 57 y-o male patient. Normal mucosal structure has been lost totally. Multiple pseudopolyps are seen in the background mucosa with erosions and shallow ulcers. No luminal dilatation is observed.



Surgically resected colon of perforated ulcerative colitis in a 57 y-o male patient, after formalin fixation. Normal mucosal structure has been lost totally. Multiple pseudopolyps are seen in the background mucosa with erosions and shallow ulcers. No luminal dilatation is observed.



Surgically resected colon of perforated ulcerative colitis in a 57 y-o male patient. Microscopic features of perforated ulcer are shown here. Active inflammation is seen throughout the colonic wall (H&E-1).



Surgically resected colon of perforated ulcerative colitis in a 57 y-o male patient. Microscopic features of the serosa around the perforated ulcer demonstrate acute purulent peritonitis (H&E-2).