Inflammatory Fibroid Polyps of Small Intestine – Silent Threat or Clinically Insignificant Curiosity?

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Abstract

An article “Inflammatory fibroid polyp of a small intestine: a case report and systematic review of literature” represents, to our knowledge, first comprehensive systematic literature review that focuses on inflammatory fibroid polyp (IFP) presentation in small intestine.

Keywords: Inflammatory fibroid polyp • Small intestine • Intestinal ultrasound • Small bowel tumor

Description

An article “Inflammatory fibroid polyp of a small intestine: a case report and systematic review of literature” represents, to our knowledge, first comprehensive systematic literature review that focuses on inflammatory fibroid polyp (IFP) presentation in small intestine. IFP clinical presentation varies according to its size and location, with most complications in relation to intestinal location. Since lumen of small intestine is relatively narrow, the size of tumor does not have to be large to cause partial or absolute obstruction. Occasional chronic colic like pain is the most common symptom, other such as alterations in bowel habit, chronic diarrhea, vomiting or gastrointestinal bleeding are much rarer [1-4]. However, they can present with severe acute abdominal pain, often due to intussusception.

While conducting literature review, numerous case reports of different rare presentations were included, that combined do not represent true nature of IFPs. It should be noted that in general, IFPs are benign tumors that are most commonly asymptomatic and therefore often under recognized what makes its true prevalence unknown. However, when such tumor occurs, adequate pathohistological diagnosis of stromal tumors is of utmost importance due to different diagnostic and therapeutic approaches. Even though there have been described cases of possibly malignant IFPs [5-7], they are still considered truly benign neoplasms that cause symptoms depending on size and site of occurrence. Therefore, differentiating IFP from other possibly malignant stromal tumors (e.g. GISTs) spares patients of various unnecessary and potentially harmful diagnostic and/or therapeutic interventions. IFPs should not be treated unless they are symptomatic.

Because of nonspecific symptoms, diagnosing small intestine tumors present quite a challenge. As it was described in our case report, abdominal ultrasound (US) is considered a practical, safe, cheap and reproducible diagnostic tool that can be used in emergency department setting, as well as in ambulatory examinations. A retrospective cross-sectional study revealed that US had a sensitivity of 53.1% and a specificity of 100% in diagnosing small bowel tumors (SBT). Moreover, they showed that 91.1% of malignant SBTs were detected by US and that most undetected SBTs were benign tumors with good clinical prognosis [8]. Ultrasound is also considered as a useful tool for diagnosis intussusception. Typical signs are “target” or “doughnut” signs on the transverse view and the “pseudo-kidney” sign or “hay-fork” sign in the longitudinal view [1,9,10]. In cases with typical severe clinical presentation and pathognomonic ultrasound imaging features, decision to laparotomy or laparoscopy can be made. Even though US has been established as a first diagnostic tool for examination of various abdominal organs in emergency settings, intestinal ultrasound still hasn’t reached that kind of popularity, probably due to its time consumption in emergency setting and increasing availability of computerized tomography (CT). Therefore, CT remains the most sensitive radiologic method with diagnostic accuracy of 58%-100%.

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Received date: November 11, 2020; Accepted date: November 25, 2020; Published date: December 03, 2020

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However, as previously mentioned, US has moderate sensitivity and high specificity to diagnose SBTs, therefore popularization and utilization of intestinal US as initial and sometimes even definite diagnostic method should be encouraged. In cases of unclear nature of tumor diagnosed by imaging that does not require surgery, balloon-assisted enteroscopy with biopsies should be performed.

Till today there are no clear treatment guidelines for symptomatic IFPs of a small bowel, which is not surprising given the rarity of condition, as most IFPs stay asymptomatic and undiscovered.

To summarize, in spite of numerous case reports with unusual clinical presentations, IFPs mostly represent clinically insignificant lesion. Given that adult intussusception is mostly caused by SBT, IFP as a cause should be on clinician’s mind. More research is needed in to understand the true pathogenesis and prevalence of IFPs, but probably those studies will not have impact in clinical decision-making. The focus of future research should definitely be on creating clear guidelines for treatment and follow up of the patients. Therefore, IFP remains a truly rare clinical curiosity with benign clinical course but with potentially serious complications.

Acknowledgments

None.

Conflict of Interest

The authors declared no conflicts of interest.

References