

Lunar Landscape... in the Rectum

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Anorectal pathology in patients with human immunodeficiency virus (HIV) infection often includes opportunistic infections and neoplasms [1]. Idiopathic rectal ulcers have also been described and often mimic rectal cancer in white light endoscopy (WLE) [2-3].

A 36-year-old man with a personal history of HIV infection presented with complaints of 2-3 loose stools daily without pathological products, slight abdominal pain and tenesmus with an onset of symptoms for 4 months. Stool cultures, mycology and parasite examination were negative. The blood analyses were in normal ranges. Physical examination showed slight abdominal tenderness in the hypogastrium. No oral or anogenital skin lesions were detected. The patient underwent a colonoscopy that identified three rectal lesions, less than 1 cm in diameter (Fig. 1), classified in WLE examination as 0-IIc/IIa flat mucosal depression with raised edges (Fig. 2). Narrow-band imaging (NBI) examination with near focus mode showed the central depression which extends to submucosa with regular mucosal and vascular pattern of the edges (Fig. 3). The rest of the colonic mucosa was normal. The histological examination revealed a chronic inflammation, without signs of dysplasia. The immunohistochemical investigations (CD133, p53, matrix metalloprotease-9 and Ki67 proliferative index) were negative. The patient received symptomatic treatment (spasmolytic agents and probiotics) and continued the antiretroviral treatment, with a favorable evolution and a remission of symptoms.

In spite of scarce literature data supporting NBI examination in HIV patients with rectal ulcers [4], in our case it provided an essential real-time optical diagnosis. In our case the NBI

examination was similar with the lunar landscape. Lower gastrointestinal endoscopy with NBI examination should be performed in symptomatic patients, not only as a cancer screening tool, but to provide diagnosis of rectal lesions mimicking dysplasia [5].

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Conflicts of interest: None to declare.

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