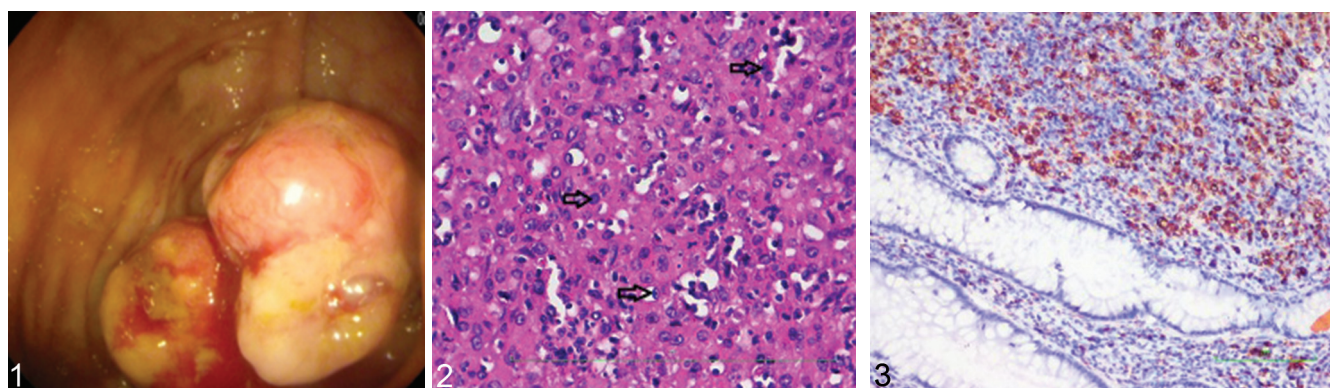


Cecal Malakoplakia - an Unusual Cause of Anemia in Liver Cirrhosis

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A 48 year-old man, with a history of alcoholic liver cirrhosis complicated with variceal bleeding, developed over a period of three months persistent moderate iron deficiency anemia (hemoglobin level 7.2 g/dl), non responsive to oral iron therapy. Colonoscopy revealed a cecal polypoid mass (Fig. 1), resembling adenocarcinoma, but with no malignancy criteria at biopsy. Surgical intervention was mandatory considering that the tumor mass was responsible for the persistent microcytic anemia. The histopathological examination of the resected specimen showed numerous histiocytes with eosinophilic granular cytoplasm - von Hansemann cells, with basophilic intracytoplasmic inclusions (Fig. 2, H&E, 40x), Michaelis Gutmann bodies, that are considered pathognomonic for malakoplakia (Fig. 2 arrows). Additional immunohistochemical tests highlighted the histiocytic nature of the tumoral cells with CD68 positive (Fig. 3, 20x), and excluded a poorly differentiated carcinoma (negative immunohistochemistry for AE1/AE3, CEA, Ki67) or a metastasis of achromic malignant melanoma (negative immunohistochemistry for S100, Ki67).

Malakoplakia is a rare chronic inflammatory condition, occurring mostly in the genitourinary system [1]. The digestive tract represents the second most frequent localization for malakoplakia, and the majority of lesions develop in colon and rectum [2, 3]. The pathogenesis of malakoplakia is not fully understood, but multiple factors have been incriminated as triggers: chronic infections, immunosuppressive status, systemic disease and the presence of associated malignancies [4, 5]. Colonic malakoplakia may be an incidental finding

during investigations for other suspected conditions. Regarding the macroscopic aspect, three forms of presentation were described at colonoscopy: focal colonic lesions, diffuse colonic involvement or isolated rectosigmoidian involvement. In our patient, the diagnosis of malakoplakia was an unexpected histological finding given the lack of clinical suspicion.

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