

Figure 1 (A) MRI of metastasis in the left adrenal gland (arrow). (B) Haematoxylin–eosin staining of hepatocellular carcinoma (H) metastasis adjacent to normal adrenal tissue (AG).

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An unexpected finding of cat scratch colon in a screening colonoscopy[☆]



Hallazgo inesperado de colon en arañazo de gato en una colonoscopia de cribado

“Cat scratch colon” is an endoscopic finding characterised by the presence of bright red, linear markings in the colonic mucosa which resemble scratches made by a cat. The appearance of these lesions has been attributed to barotrauma secondary to insufflation during colonoscopy.

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Our case study is a 69-year old female patient, with no medical history of interest, who was referred to our unit to undergo a screening colonoscopy for colorectal carcinoma after a positive faecal occult blood test result. The colonoscopy procedure was performed after bowel preparation with polyethylene glycol, using propofol sedation and CO₂ insufflation. Advancement of the endoscope was not traumatic, but, on passing the tube through the proximal transverse colon, ascending colon and caecum, various erythematous longitudinal lines were identified in the mucosa with spontaneous mucosal bleeding (Fig. 1). The rectum had multiple millimetric polyps which were removed. The rest of the colonic mucosa was macroscopically normal. The examination was performed without incident and no secondary complications were observed. Histopathology results revealed hyperplastic polyps and colonic mucosa with no histological alterations.

“Cat scratch colon” was first described by McDonnell et al. in 2007¹ and is defined as the presence of bright,

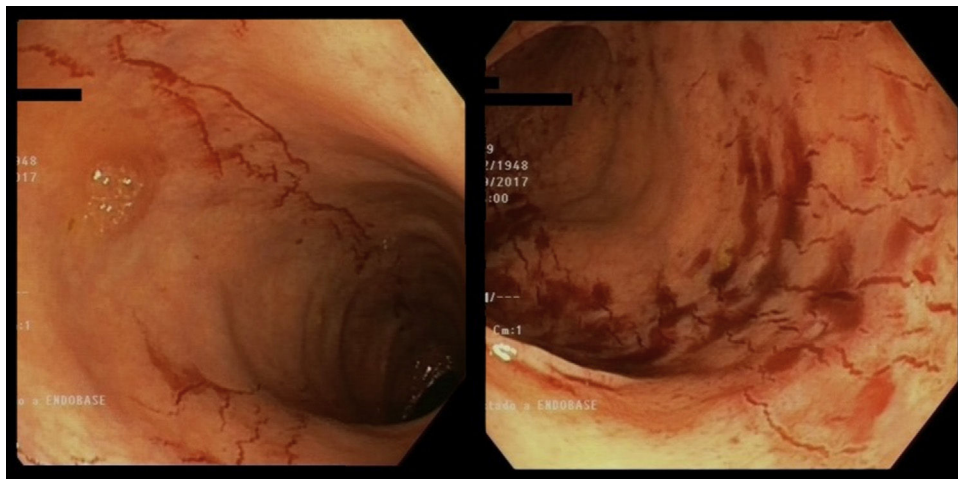


Figure 1 Erythematous longitudinal lines with mucosal bleeding in the ascending and proximal transverse colon.

erythematous linear breaks that tend to arise in the right colon and that may occasionally be accompanied by extravasations of fresh blood. These lesions generally have no clinical implications but cases of perforation, even after insufflation with CO₂, have been described.²

Although its aetiology is unknown, some authors have suggested that its main pathogenic mechanism is barotrauma secondary to insufflation during colonoscopy. Nevertheless, an association with different pathological processes that may affect distensibility of the colon, such as collagenous colitis or diversion colitis, and prior administration of non-steroidal anti-inflammatories has been described.^{3,4} More recently, a case study involving “cat scratch colon” in a patient with ischaemic colitis has been published. In this case study, the authors suggest that increased stiffness of the colon walls secondary to ischaemia may play a role in the appearance of mucosal breaks due to increased pressure as a result of air insufflation during colonoscopy.⁵ In our case study, the colonic mucosa was macroscopically normal and the biopsies taken also ruled out the presence of collagenous colitis.

“Cat scratch colon” is a rare endoscopic finding that normally has no clinical implications and tends to occur as a result of barotrauma secondary to insufflation or other processes affecting distensibility of the colon.

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