Juvenile polyp

Silvana Caiulo · Fulvio Moramarco · Vito Antonio Caiulo

Received: 17 July 2013 / Accepted: 30 July 2013 / Published online: 11 August 2013
© Springer-Verlag Berlin Heidelberg 2013

Abstract The most frequent clinical presentation of intestinal polyps is painless rectal bleeding. Although colonoscopy is the modality of choice for the diagnosis of intestinal polyps, sonography may be the first diagnostic tool in the evaluation of children with bloody stools. Ultrasonography has the advantage of being safe and noninvasive.

Keywords Juvenile polyp · US · Children

A healthy 4-year-old girl presented to the emergency room because of painless bloody stools. Physical examination revealed a soft and non-tender abdomen with normal bowel sounds. The ultrasonic examination revealed an intraluminal

isolated nodular protrusion (diameter 2.5 cm) in the left flexure of the colon (Fig. 1a). The color Doppler showed abundant blood flow signals within the nodule (Fig. 1b).

The diagnosis was juvenile polyp, confirmed by colonoscopy and histopathology.

Although colonoscopy is the modality of choice for the diagnosis of intestinal polyps, sonography may be the first diagnostic tool in the evaluation of children with bloody stools. Ultrasonography has the advantage of being safe and noninvasive. A sonographic diagnosis is possible in many cases as most intestinal polyps have a distinctive appearance.

Conflict of interest No conflict of interest has to be disclosed for authors acknowledged by name.

Fig. 1 Nodular protrusion revealed by ultrasonography

F. Moramarco
Department of Pediatrics, Perrino Hospital, Piazza Angeli, 3,
72100 Brindisi, Italy

V. A. Caiulo (✉)
School of Ultrasound of Italian Federation of Pediatricians, Brindisi,
Italy
e-mail: antoniocaiulo@inwind.it

S. Caiulo
Department of Pediatrics, IRCCS San Raffaele Hospital, Vita-Salute
San Raffaele University, Milan, Italy