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Summary

WHEN ONE DISEASE ISN'T ENOUGH: A RARE COMBINATION OF REFRACTORY ULCERATIVE COLITIS, PRIMARY SCLEROSING CHOLANGITIS CIRRHOSIS, AND UNEXPECTED GASTROINTESTINAL POLYPOSIS IN AN ADOLESCENT

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A 16-year-old boy with refractory pancolitis-type ulcerative colitis, primary sclerosing cholangitis, and decompensated cirrhosis presented with unexpected widespread gastrointestinal polyposis requiring complex sequential surgical planning.

KEY POINTS

- The patient has pancolitis-type UC resistant to 5-ASA, corticosteroids, immunosuppressants, anti-TNFα, and ustekinumab, complicated by PSC leading to decompensated cirrhosis.
- During a moderate flare with ustekinumab induction, colonoscopy revealed multiple polyps from rectum to cecum with irregular raspberry-like surfaces arising on normal-appearing mucosa without erythema or ulceration.
- Upper endoscopy showed grade III esophageal varices, portal hypertensive gastropathy, and multiple gastric polyps with similar irregular surfaces; MR enterography showed no small bowel polyposis.
- A combined approach of colectomy, gastrectomy, and liver transplantation was considered unfeasible; sequential management planning included liver transplantation followed by colectomy and endoscopic resection of gastric polyps.
- This case may interest gastroenterologists, hepatologists, and pediatric specialists managing complex inflammatory bowel disease with multisystem complications and polyposis syndromes.

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