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### Incarcerated strangulated anal fibroepithelial polyp: a rare case of anorectal emergency

Dear Editor

A 23-year-old female presented to the emergency department with an 8 h history of sudden, painful, irreducible anal lesion. She claimed that the protrusion occurred after a period of straining to have a bowel movement. She had a history of a prolapsing anal mass that had to be

manually reduced for several months. She had no other symptoms of the lower gastrointestinal tract. A digital rectal examination revealed a 1 × 1 cm bluish blood covered prolapsed lesion at the anal verge (Fig. 1(a)). During an anal examination under spinal anaesthesia, proctoscopy revealed a thrombosed fibroepithelial polyp on the dentate line (Fig. 1(b)). Transanal excision was used to remove the lesion. The patient was discharged the following day without complications. The histopathologic finding confirmed the diagnosis of an anus strangulated fibroepithelial polyp (Fig. 1(c), (d)).

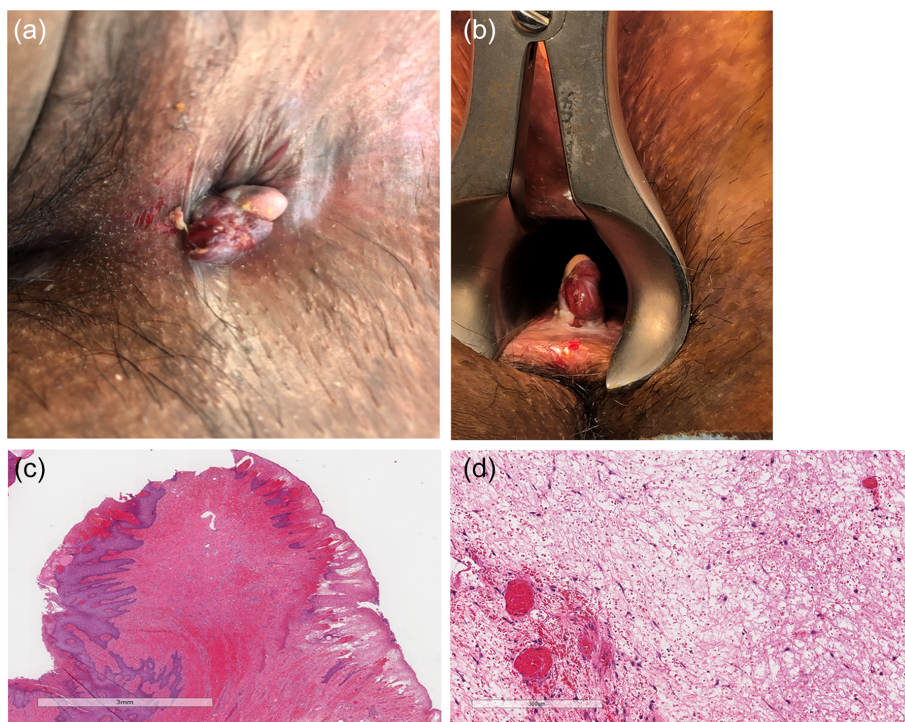
Anal fibroepithelial polyps are usually asymptomatic, but they can occasionally cause pruritus, pain, foreign body sensation, tenesmus or bleeding. It has also been reported as a rare cause of obstructive intestinal disease.<sup>1</sup> Our case describes a novel presentation of an anal fibroepithelial polyp mimicking a thrombosed haemorrhoid.

Many authors have advocated for the complete removal of enlarged and symptomatic anal fibroepithelial polyps via excision with an electrothermal bipolar vessel sealing system, electrocauterization, ultrasonic energy, radiofrequency devices or endoscopic polypectomy.<sup>2,3</sup>

Our patient was managed as an anorectal emergency because she presented with acute symptoms and signs that required immediate attention. The patient was successfully treated with transanal excision using electrocautery, which provides significant therapeutic benefits and results in improved symptoms.

Although acute strangulation is a rare clinical manifestation of anal fibroepithelial polyp, it should be considered in the working differential diagnosis of an anorectal emergency. It can be difficult to diagnose because it can resemble a variety of other conditions.

**Fig. 1.** A: Bluish blood-covered prolapsed anal verge lesion. (b) Proctoscopic examination revealed a thrombosed anal fibroepithelial polyp. (c) Anal polypoid lesion with ulcerated and necrotic stratified squamous epithelial lining (H&E, 10×). (d) The stroma is made up of oedematous connective tissue that has areas of haemorrhage and necrosis (H&E, 100×).




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