

## Malakoplakia progressed during follow-up without any treatment

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**Introduction:** Malakoplakia is a rare chronic granulomatous disease that may affect many organs, including genitourinary tract, gastrointestinal tract, lung, brain, adrenal glands, pancreas, and so on. The gastrointestinal tract is the second most common site of malakoplakia followed by urinary tract. The disease is considered to be associated with immunosuppression or infectious process. The treatment of malakoplakia varies and the long term course of the disease is not well known. Here, we report a case of malakoplakia that progressed without any treatment. **Case report:** One year ago, a 60-year-old man with C3 tetraplegia and adrenal insufficiency was referred to our hospital because of abdominal pain and intermittent hematochezia. So, he underwent sigmoidoscopy. On the sigmoidoscopy (Figure A), there were multiple yellowish polypoid lesions with different sizes from AV 15cm to 25 cm. Histopathological examination of colon lesion biopsies revealed nodular mixed inflammatory cells and epithelioid histiocytes infiltration in lamina propria. These structures were stained with periodic acid-schiff (PAS) and Von Kossa (Figure B) to confirm the presence of Michaelis-Gutmann bodies which were pathognomonic features of malakoplakia. These examinations confirmed the diagnosis of malakoplakia. But symptoms improved without any treatment and the patient was not admitted to the hospital. After 1 year, he was referred to the hospital because of abdominal pain and hematochezia. So, he underwent sigmoidoscopy again. On the sigmoidoscopy (Figure C), the lesions previously diagnosed as malakoplakia were progressed. **Discussion:** There were no guidelines of malakoplakia for treatment indications, methods, duration, and surveillance. There were some reports that it improved without any treatment. But here, we report this case because we experienced malakoplakia progressed during follow up without any treatment. And our case emphasizes that when multiple different sizes and types of polypoid mucosal lesions are found, physicians and endoscopists should consider the possibility of malakoplakia.

