A
58-YEAR-OLD WOMAN WITH A HISTORY OF ulcerative colitis and subsequent total proctocolectomy and end ileostomy 35 years prior presented with a 2-year history of peristomal polypoid lesions. The lesions were associated with occasional bleeding but no pain. She had no obstructive symptoms. Prior biopsies revealed acute and chronic inflammation. She was treated with cromolyn sodium, 2%, without significant regression. Because the lesions were increasing in size, she was referred to our clinic for further management. Examination revealed a friable, nontender polypoid mass surrounding the ileostomy (Figure 1). Repeated biopsies were performed. Her carcinoembryonic antigen level was 3.6 ng/mL (to convert to micrograms per liter, multiply by 1.0). Positron emission tomography and computed tomography revealed an intensely fluorodeoxyglucose-avid peristomal mass and right inguinal lymph node (Figure 2).

What Is the Diagnosis?
A. Pyoderma gangrenosum
B. Mucinous adenocarcinoma of an ileostomy
C. Extensive pseudopolyposis
D. Pseudoepitheliomatous hyperplasia

Figure 1. Photograph of the ileostomy.

Figure 2. Positron emission tomographic and computed tomographic scan of the abdomen.