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CLINICAL PRESENTATION
The patient, an asymptomatic 63-year-old gentleman, was invited for colonoscopy through the National Health Service Bowel Cancer Screening Programme (NHS BCSP) after testing positive for faecal occult blood in his stool specimens. Rectal examination was unremarkable; however, colonoscopic examination was limited by an apparent obstruction of the proximal sigmoid colon by a fixed intraluminal mass in a field of diverticulosis and localised mucosal oedema (figure 1). Tissue biopsies were taken and reported within normal limits and urgent CT colonography was organised. CT reported small metallic objects within the colonic lumen at the junction of the descending/sigmoid colon with associated inflammatory changes within the pericolic fat and thickening of the colonic mucosa (figures 2 and 3). There was moderate sigmoid diverticulosis but the remainder of the colon was radiologically normal with no evidence of associated lymphadenopathy. Further history from the patient included three previous repairs of a left inguinal hernia; open Shouldice repair in 1984, laparoscopic transabdominal preperitoneal repair in 1991 and open mesh repair in 2001. Following discussion with the patient it was decided that elective sigmoid colectomy with primary colonic anastomosis be performed.

QUESTION
What is the diagnosis?
See page 512 for answer

Figure 1 Colonoscopic view of proximal sigmoid colon.

Figure 2 CT colonography demonstrating proximal sigmoid colon, arrow highlights abnormality.

Figure 3 CT colonography sagittal reconstruction arrow highlights abnormality.

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