**Introduction**

We present a rare case of isolated cecal stricture secondary to excessive non-steroidal anti-inflammatory drugs (NSAIDs) use mimicking colonic mass on diagnostic imaging of the abdomen.

**Case Description**

- **55-year-old male** presented with sharp *right lower Abdominal pain* of two days.
- Pain was *continuous and non-radiating* without nausea, vomiting, fever, chills, hematochizia or malena.
- H/o 1-2 firm bowel movements every day, good appetite with stable body weight.
- **PMH:** HTN, Dyslipidemia, GERD and Tubular adenomatous colon polyps
- **Physical examination:** Right lower quadrant and suprapubic tenderness.
- **Labs:** WBC 12.3 mcL, HgB 12.6 g/dL, Normal CMP, LFT, coagulation and iron studies
- **CT Scan Abdomen:** Large 6.3X 5.6 cm mass replacing cecum suspicious for colon cancer.
- **Colonoscopy:** Large circumferential ulcerated stricture in the cecum.
- **Biopsies:** Ulcerated mucosa and underlying granulation tissue with prominent endothelial cells.
- A cytokeratin AE1/3 stain did **not show any infiltrating tumor cells** in the ulcerated areas.
- Upon further questioning of the patient, he has been taking 3 tablets of aspirin daily and goody’s powder twice daily chronically.
- Patient was asked to avoid NSAIDs.

**Discussion**

- The effects of NSAIDs on the gastrointestinal system are well established.
- NSAIDs were first reported to cause colonic stricture in 1989 and since then at least 50 cases has been reported.
- The most common site is the proximal ascending colon. NSAIDs were described to cause diaphragmatic colonic stricture.
- Patients who have NSAIDs induced colonic stricture can present with features mimicking colonic malignancy or can present acutely with perforation. We present a rare case of isolated cecal stricture caused by NSAIDs.

**References**