A rare cause of colic polyp in a patient with ischemic colitis

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A 38 year-old woman was admitted for a rectal bleeding after an episode of defecation 2 days prior to her admission. The patient had also suffered from lower abdominal pain for 3 days, but did not complain about any other pain.

The patient had no personal or familial medical history.

The clinical examination only revealed a sensitive abdomen in the left inferior quadrant of the abdomen without defence or rebound. The vital parameters were normal.

The blood sample showed the following: haemoglobin 15.2 g/dL (12-16), MCV 105 (85-95), leucocytes 11800/mm (4200-9800) among which 8470/mm neutrophils (1900-7000), platelets 225000/mm3 (150000-400000) and CRP 171.5 mg/dL (< 12). We noticed that the haemoglobin had decreased from 15.2 g/dL to 11.6 g/dL between the emergency and our gastroenterological department.

The abdominal CT contrast showed a sub mucosal thickening of the left colic, sigmoid and rectal walls, and a para-colic infiltration.

The sigmoidoscopy performed 4 days after admission revealed an ischemic colitis and a sub mucosal polyp in the middle sigmoid.

Eight weeks later the patient came back for a total colonoscopy. She was asymptomatic. The exams enabled the complete mucosal enbloc resection of the sub mucosal polyp located 70 cm away from the anal margin. It was a white oval and mobile polyp of 2cm in size and of hard consistency.

Based on the aforementioned description, what is the nature of the polyp?

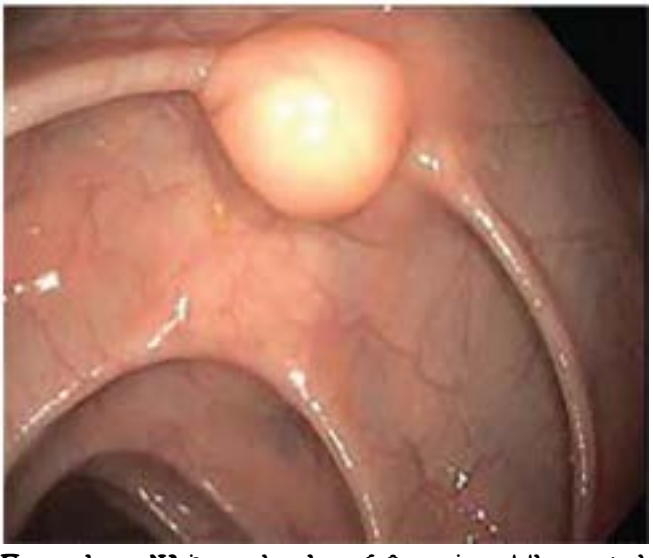
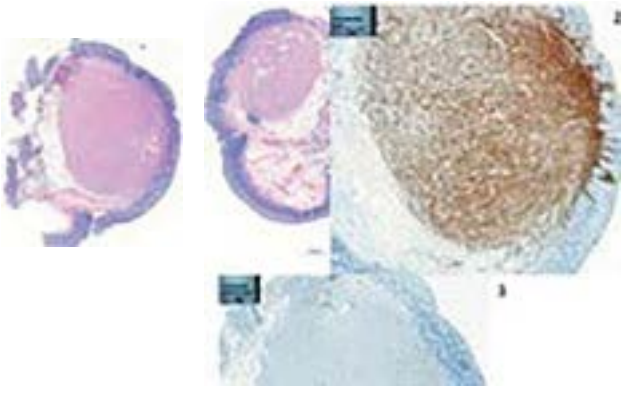


Figure 1. — White oval polyp of 2cm size at the control colonoscopy (8 weeks after the sigmoidoscopy)



Answer

The pathological analysis with immunohistochemistry showed a mesenchymal benign tumour of 6mm with a diffuse marking inside the lesion with Protein S100, a heterogeneous marking with Synaptophysin and a cytoplasmic granular marking with PAS + Diastase.

We reached the diagnosis of ganglioneuroma, a peripheral and benign nerve tumour which is part of the neuroblastic tumours. These tumours are mostly retroperitoneal (45-50%) and mediastinal (40%). The excision with complete resection is essential because of the tumour's malignant capacity.