Isolated Colonic Polypoid Ganglioneuroma

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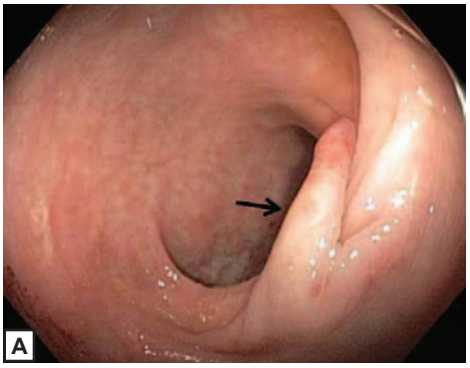
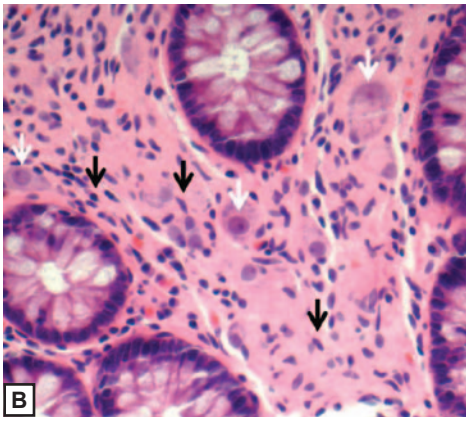
A man with gastric cancer presented with a 3-month history of constipation and abdominal pain. Colonoscopy revealed a 9-mm pedunculated polyp in the sigmoid colon (image A), which was then removed. Histopathologic evaluation of the resected polyp (image B) revealed displaced colonic crypts with underlying proliferation of ganglion (white arrows) and spindled Schwann cells (black arrows) within the lamina propria. Furthermore, the polyp reacted positively to neuron-specific enolase stain and S-100 stain. Although the patient's symptoms did not resolve after polypectomy, his constipation and abdominal pain improved with laxatives and narcotics, respectively. The patient was diagnosed as having colonic polypoid ganglioneuroma and continues to receive chemotherapy.

Intestinal ganglioneuroma, a rare type of hereditary hamartomatous polyp, is characterized by benign proliferation of nerve ganglion cells, nerve fibers, and supporting cells of the enteric nervous system.[1,2] Intestinal ganglioneuromas can be found in patients with familial adenomatosis coli, tuberous sclerosis, Cowden disease, juvenile polyposis, von Recklinghausen disease, and multiple endocrine neoplasia type 2.[2,3]

Colonic polypoid ganglioneuroma, a type of intestinal ganglioneuroma, is usually discovered during routine endoscopy, surgery, or autopsy as a benign solitary polyp with no established risk of malignancy. It may present with abdominal pain, obstruction, constipation, ileus, appendicitis, and weight loss.[1-3]





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