



Isolated Rectal Ganglioneuromatous Polyposis

Mi Xu^{1,2,3}, Qiao-Yun Tong^{1, 2, 3} and Wei Liu^{1,2,3*}

¹The First College of Clinical Medical Science, China Three Gorges University, China

²Institute of Digestive Disease, China Three Gorges University, China

³Department of Gastroenterology, Yichang Central People's Hospital, China

***Corresponding author:** Wei Liu, Institute of Digestive Disease, China Three Gorges University, 8 Daxue Road, Yichang 443000, China, ORCID: 0000-0001-7118-815X; Email: liuweiliu@ctgu.edu.cn

Short Communication

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Short Communication

A 29-year-old man with a history of irritable bowel syndrome presented with intermittent diffuse abdominal pain associated with passage of loose stool over the past several years. He denied weight loss and a history of gastrointestinal carcinoma. Physical examination was unremarkable. His abdomen was soft, nondistended, and nontender to palpation. Colonoscopy revealed a sessile polyp in the rectum, in size approximate 5 mm (Figure 1A), which was further defined by flexible spectral imaging color enhancement and blue laser imaging technology (Figure 1B). Endoscopic mucosal resection was performed to remove the polyp. Histologic review of the resected polyp showed enlarged nerve bundles with spindle cells and ganglion cells by hematoxylin and eosin staining (Figure 1C). Positive immunohistochemical staining for S100, SOX-10, and Syn was demonstrated (Figure 1D-F). Endoscopically and histologically, the isolated polyposis was consistent with polypoid ganglioneuromas. Ganglioneuromas are uncommonly encountered in the gastrointestinal tract, arise from a proliferation of ganglionic cells of the sympathetic nervous system, which have no phenotypic characteristics to help distinguish them endoscopically [1]. Ganglioneuromas are typically benign, belong to ectodermal neoplasms, which have characteristic histology to distinguish from Schwann's cells, ganglion cells, and nerve fibers [2]. Polypoid ganglioneuromas, are usually solitary and small, whose pathophysiology may be related to a complex hyperplasia of cholinergic, peptidergic, and adrenergic neuronal tissue [3]. Because of no clinical guidelines, the optimal clinical management and colorectal surveillance of ganglioneuromatous polyposis are unknown [4]. We plan to repeat colonoscopic surveillance in 1 year for this patient.

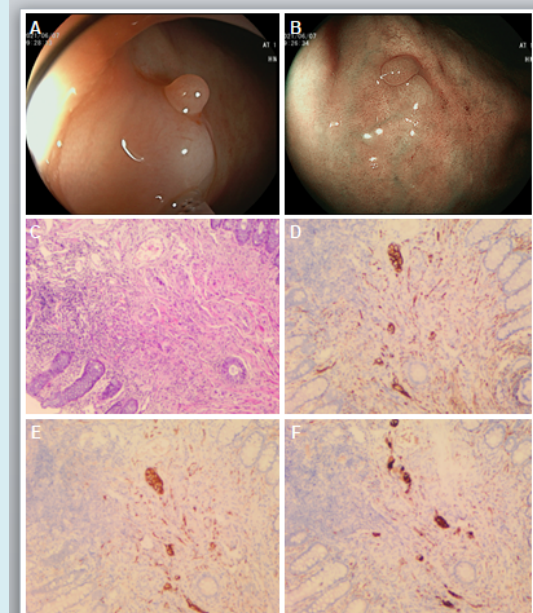


Figure 1: Colonoscopy revealed a sessile polyp in the rectum, in size approximate 5 mm (A): Which was further defined by blue laser imaging technology. (B): Hematoxylin and eosin staining showed enlarged nerve bundles with spindle cells and ganglion cells. (C): Positive immunohistochemical staining for S100, SOX-10, and Syn was demonstrated (D-F).

Ethical Statement

The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this "GI Image". Board institutional approval was not required.

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