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**A granular cell tumor: an unusual colon polyp**

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*Dear Editor,*

We read with interest the article by Sevilla Ribota et al. (1) that described an unexpected finding of a granular cell tumor (GCT) of the rectum, which was removed by band ligation-assisted mucosectomy. We present a similar case of a GCT of the cecum, which was resected using a different endoscopic procedure.

**Case report**

A 40-year-old female patient, with no previous medical history or medication, underwent a colonoscopy due to constipation. A polypoid lesion was found near the appendicular orifice (1A) which was a 20-mm pediculated lesion with a slightly hard, rubbery consistency and central umbilication. The lesion was removed by a hot snare polypectomy with a previous application of an endoloop and was sent to histopathology. The histopathological analysis was consistent with GCT and the expression of S-100 protein confirmed the diagnosis (1B).

**Discussion**

GCT are uncommon findings of the GI tract and are most common in the esophagus, followed by the colon (2). They usually present as polypoid, sessile lesions, with a variable size, but are usually less than 20 mm, with a firm, elastic consistency. As they

are sub-epithelial lesions (SEL), they are covered by normal-appearing mucosa and therefore, it is not easy to differentiate these lesions from other SEL solely by endoscopy (3). Even though GCTs are typically benign lesions, they also have malignant potential. Tumor size frequently represents the most important factor and 4 cm is often used as a cut-off (4). Since there are no clear guidelines when it comes to follow-up, the decision for a surveillance strategy or resection should consider the patients' condition and preferences as well as GCT characteristics.

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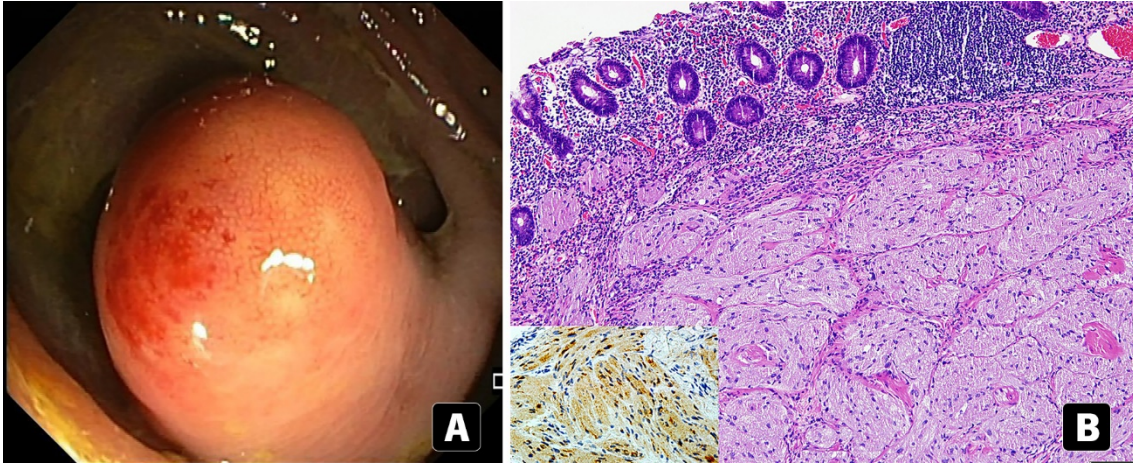


Fig. 1. A. Colon polyp near the appendicular orifice. B. Histologically typical granular cell tumor (H&E-stain, 100x) with S100 protein expression (inset picture, 400x).