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An uncommon colonic polyp

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Dear Editor,

A 50-year-old male was referred to a Gastroenterology appointment after a screening colonoscopy with a 25 mm exophytic lesion, with a depressed central area on the transverse colon. Histologic examination of the biopsy specimen showed low-grade dysplasia.

The patient underwent a new colonoscopy and a flat lesion with central depression, with no lift-sign, was seen (Fig. 1A and B). Thus, endoscopic resection was not performed. New endoscopic biopsies were taken and dysplasia was not found. On abdominopelvic computed tomography (CT), a focal (2 cm) endoluminal thickening in the transverse colon was described, with no densification of surrounding fat or regional adenopathy.

Given the suspicious nature of the lesion and the impossibility of endoscopic resection, segmental colectomy was decided. Histological evaluation of the surgical specimen revealed proliferation of uniform spindle cells, without atypia. The

immunohistochemical study presented diffuse expression of protein S100 and the absence of expression of EMA and CD117, compatible with colonic Schwannoma (Fig. 1C and D). Six months after surgery, a follow-up colonoscopy was performed, with no local recurrence.

Discussion

Schwannomas of the colon are extremely rare, with only a few cases reported in the literature. Despite being benign tumors in 97 % of cases, recurrences and distant metastases have been described (1). Mitosis rate > 5 mitoses/50 high-power fields, Ki-67 index > 10 % and size > 5 cm are poor prognostic features associated with malignancy (1). Radical excision with wide margins is mandatory, due to its tendency to recur locally or become malignant if left untreated (2).

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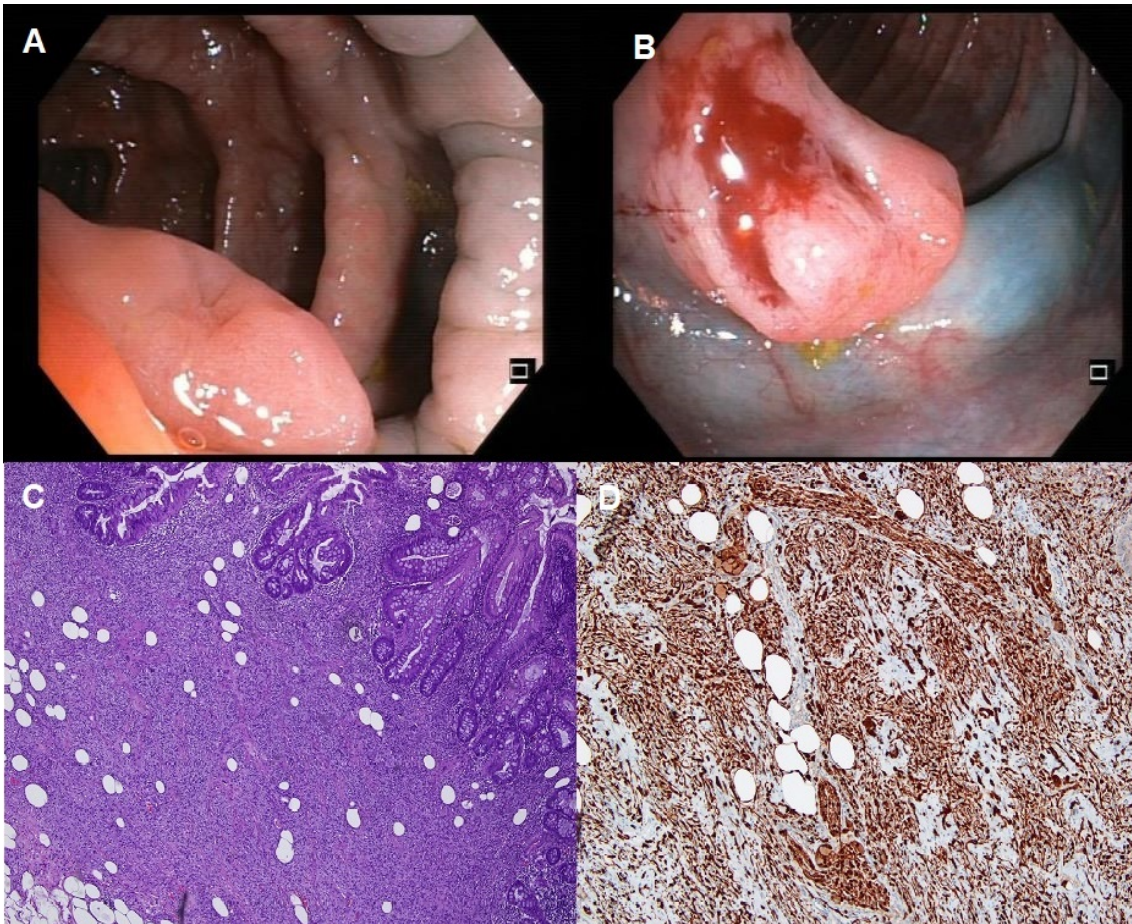


Fig. 1. A and B. Flat lesion with central depression, with no lift-sign. C. Proliferation of uniform spindle cells, without atypia. D. Immunohistochemical study presented diffuse expression of protein S100 and absence of expression of EMA and CD117.