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Nakamura polyp, an extraordinarily rare finding

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Dear Editor,

We present the case of a 70-year-old asymptomatic patient with no medical history, undergoing screening colonoscopy. A 14 mm pedunculated polyp was identified in the sigmoid colon, with a smooth red surface (Fig. 1A). Submucosa injection of adrenaline-methylene blue was followed by hot snare polypectomy. Histological examination revealed dilated crypt lobules without atypia (Fig. 1B, arrows) and separated by fibromuscular stroma (Fig. 1B, stars) with inflammation and signs of superficial erosion. With the desmin technique, the fine fibromuscular bundles were stained between the crypts (Fig. 1C).

Discussion

Inflammatory myoglandular polyp or Nakamura polyp is a rare, non-neoplastic polyp (1). They were first described by Nakamura in 1992, as a series of polyps with common features such as solitary character, red and smooth surface, pedunculated morphology

and a predominantly distal location. This profile is maintained in the current literature (1).

They are generally asymptomatic, although lower gastrointestinal bleeding may be the most frequent symptom (2). The diagnosis is histological, characterized by inflammation in the lamina propria, smooth muscle proliferation and hyperplastic glands which may exhibit cystic formation (3). This type of polyps does not have malignant potential and there is no evidence of recurrence after resection (3).

Differential diagnosis is important, mainly with juvenile polyps and hamartomatous polyps. In relation to juvenile polyps, they are the most frequent in the pediatric age. Histologically, they are a subtype of benign hamartomatous polyps that do not present hyperplasia of the muscularis mucosae, but do present inflammatory infiltration (4). When these polyps are solitary, their malignant potential is low, and their recurrence is low, so they generally do not require follow-up after resection, although recent studies have raised some controversy (5). Less frequently, when there are more than five juvenile polyps, they are extracolonic or present a history of juvenile polyposis, the diagnosis of juvenile polyposis syndrome is established, also requiring a genetic study. In this case, there is malignant potential, which requires close endoscopic follow-up and sometimes surgical management (4).

Hamartomatous polyps can be classified into several syndromes, such as Cowden and Peutz-Jeghers syndrome. These polyps, unlike those previously mentioned, do not present any inflammatory tissue. As in juvenile polyposis syndrome, they are characterized by their malignant potential, thus close endoscopic follow-up is recommended after endoscopic resection (4).

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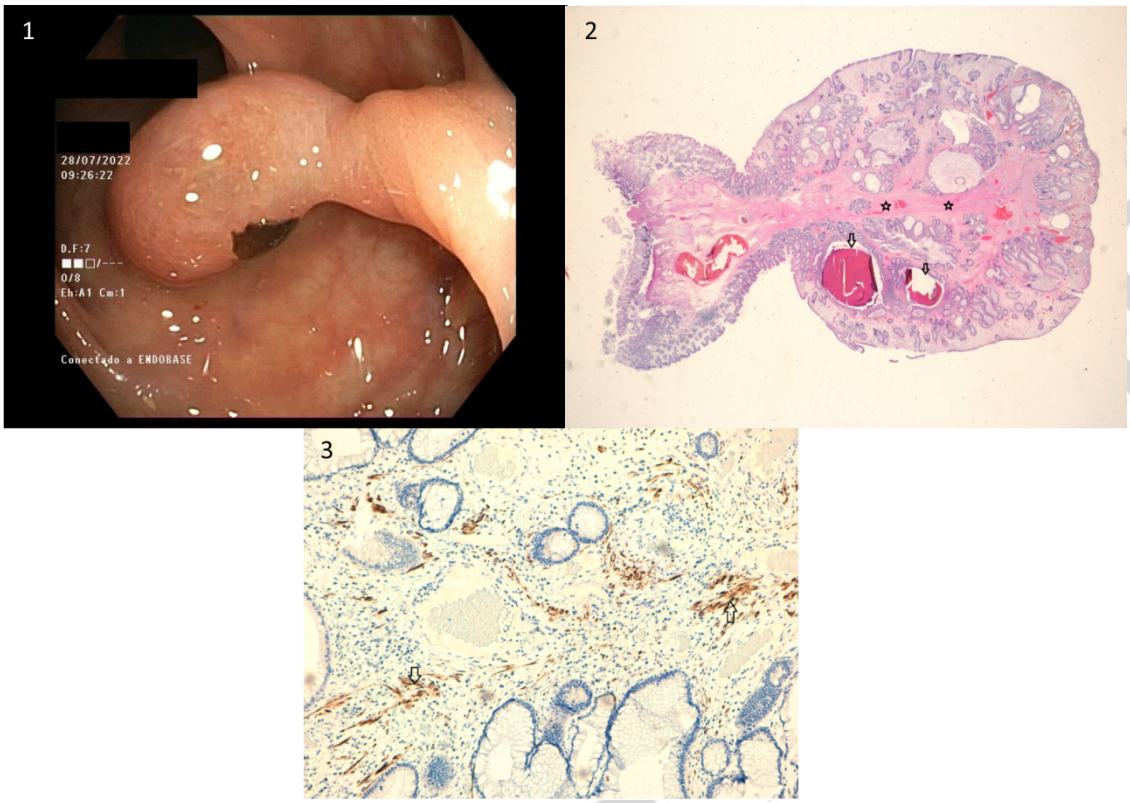

Fig. 1. A. A 14 mm pedunculated polyp was identified in the sigmoid colon, with a smooth red surface. B. Histological examination revealed dilated crypt lobules without atypia (arrows) and separated by fibromuscular stroma (stars) with inflammation and signs of superficial erosion. C. With the desmin technique, the fine fibromuscular bundles were stained between the crypts (arrows).