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Pseudo-submucosal tumor in the colon: seeing is believing

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Dear Editor,

A 65-year-old woman was admitted to our hospital with complaints of lower abdominal pain. Her physical examination was unremarkable. The results of routine laboratory testing were within the normal limits. In addition, abdominal CT was normal. Colonoscopy showed a cecum submucosal tumor with a pale yellow surface (Fig1a). Endoscopic ultrasound revealed homogeneous hypoechoic lesions originated from submucosal layer. ESD was subsequently performed to remove the submucosal lesion. During the ESD procedure, fecal outflowed from appendix opening . Yellow fecal-like material was visible after submucosal incision(Fig1b). The trap electrocut surface uplift showed more fecal attachment on the lamina propria surface, and myolayer integrity after clean the fecal (Fig1c), The final pathology of the surface bulge suggested hyperplasia (Fig1d). Patients were discharged with relieved lower abdominal pain.

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The final diagnosis was submucosal fecalith mimicking a submucosal tumor, eventually leads to chronic appendicitis. Common causes of cecal submucosal tumor include neuroendocrine tumors, lipomas, etc. There was few report about fecalith mimicking a submucosal tumor[1]. ERTA is currently an effective endoscopic method for treating appendicitis combined with fecalith blockage[2]. To our knowledge, this is the first report on a case of cecum submucosal fecalith mimicking a submucosal tumor and was successfully removed using endoscopy.

References

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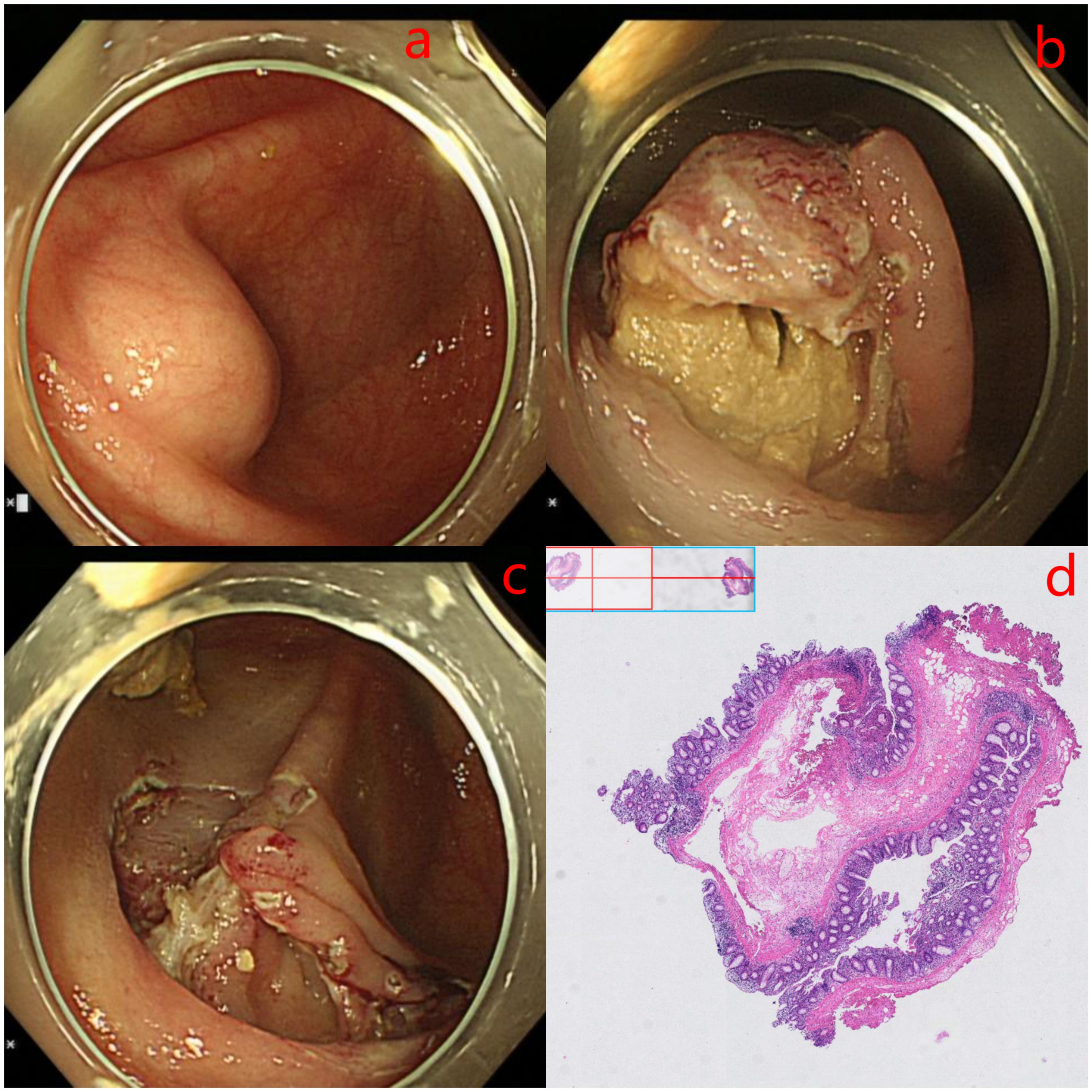

Fig. 1. Submucosal fecalith mimicking a cecum submucosal tumor Fig1a Colonoscopy showed a cecum submucosal tumor with a pale yellow surface Fig1b Yellow fecal-like material was visible after submucosal incision Fig1c More fecal attachment on the lamina propria surface after mucosal resection, and myolayer integrity after clean the fecal Fig1d The final pathology suggested hyperplasia (magnification × 200).