

Letters to the Editor

Bowel obstruction secondary to yeyunal intussusception due to gangliocytic paraganglioma

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Dear Editor,

Gangliocytic paraganglioma is an uncommon entity. It accounts for approximately two hundred cases reported in the medical literature (1). The jejunum location is extremely rare: there are only five cases reported in the medical literature (5).

Case report

We present the case of a 44-year-old woman suffering from intestinal obstruction. An image approximately 14 cm in length, with target morphology in its section, was detected by magnetic resonance enterography (Fig. 1). It included a polyp in one end, probably submucosal. A surgical resection of the lesion was performed. Twenty five months later, the patient remains without suspicion of relapse.

Histopathology confirmed a 2.5 cm submucosal polypoid tumor, which ulcerated the mucosa. It was composed of epithelioid-like cell nests with some disperse ganglion-like cells. On immunohistochemical analysis, the S-100 protein showed a high positive expression in most cells (Fig. 2), and enolase and synaptophysin showed positivity in ganglion-like cells (Fig. 3). The proliferation index was less than 10%.



Fig. 1. Magnetic resonance enterography showing the intussusception of the small bowel.

Discussion

The gangliocytic paraganglioma is a rare tumor whose histologic origin remains unknown. Despite being considered as a benign entity (1), cases of lymph node metastasis and even bone and liver metastasis have been described (4). It is formed by epithelioid cell nests, spindle and ganglion-like cells. Immunohistochemistry showed a high positivity for neuronal specific

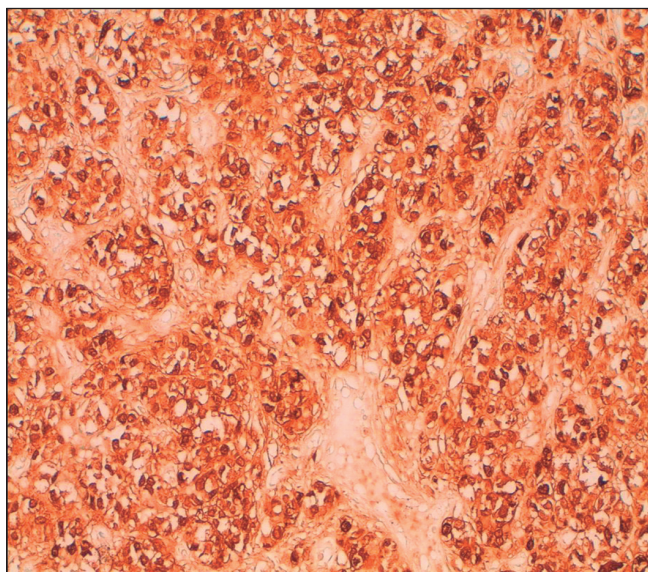


Fig. 2. Pathology picture showing S-100 protein positivity in most cells.

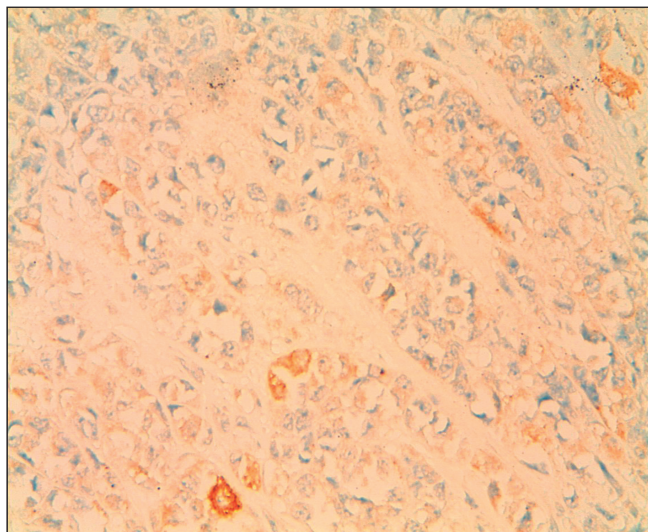


Fig. 3. Synaptophysin positivity in ganglion-like cells.

enolase, synaptophysin and S-100 protein (1,2,4). The depth of invasion and the fact that cases of lymph node metastasis have been reported in 8% of the patients tested mean that it should be considered as a true neoplasm.

With regard to tumor location, 90.1% of cases are located in the duodenum and just 1.6% (1) of them in the jejunum. The most common symptom is gastrointestinal bleeding, followed by abdominal pain and anemia (1-4).

Histological diagnosis via forceps biopsies can be complicated, on account of the submucosal origin of the lesion (1,3). The treatment consists in the complete excision of the tumor.

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