A caecal Gangliocytic Paraganglioma: a cause for concern?

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Introduction

Gastrointestinal (GI) neuroendocrine tumours are rare entities, accounting for only 0.5% of GI malignancies[1]. Amongst them, one of the least common histologic findings is of a gangliocytic paraganglioma (GP). GPs account for only 1.5% of GI neuroendocrine tumours[2]. The vast majority of GPs are found in the duodenum. They often have a benign evolution and can be successfully resected endoscopically as definitive treatment if the resected specimen has free margins with no evidence of lymphatic metastasis[3]. We present a case of an uncommon type of neuroendocrine caecal tumour that was diagnosed after polypectomy.

Case description

A 51-year-old man presented for colonoscopy following a positive faecal occult blood test. He was otherwise asymptomatic and had no family history of colorectal cancer. A colonoscopy revealed an 8 mm caecal polyp (figure 1) abutting but not involving the appendicular orifice. This was resected using the cold snare technique.

Microscopic examination (figure 2) revealed a tumour located predominantly within the submucosa with a composition of neuroendocrine nests and carcinoid-like cells. It contained numerous spindle Schwan cells (S-100 positive within the submucosa and lamina propria – figure 3). There were also clusters of ganglion cells expressing neurofilaments. The carcinoid-like cells were positive for neuroendocrine markers (Chromogranin A, Synaptophysin and Serotonin) and had bland cytological features. Less than 2% of the cells were positive for Ki-67.

Take home message

To the best of our knowledge, this is the first case report of a colonic GP treated endoscopically. Although GPs have malignant potential they are amendable to be cured with endoscopic resection.

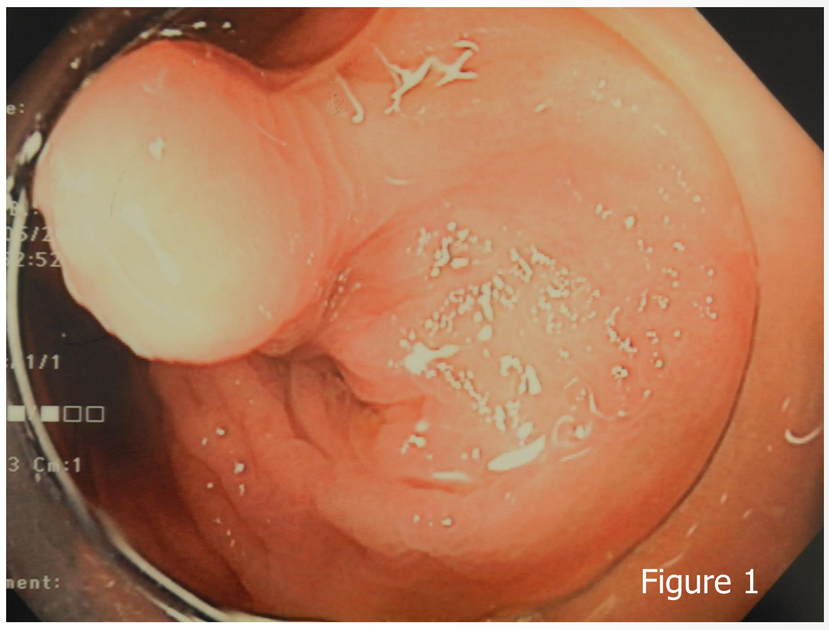

Figure 1

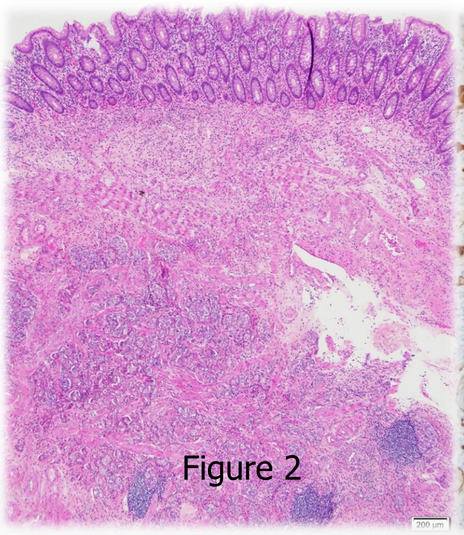

Figure 2

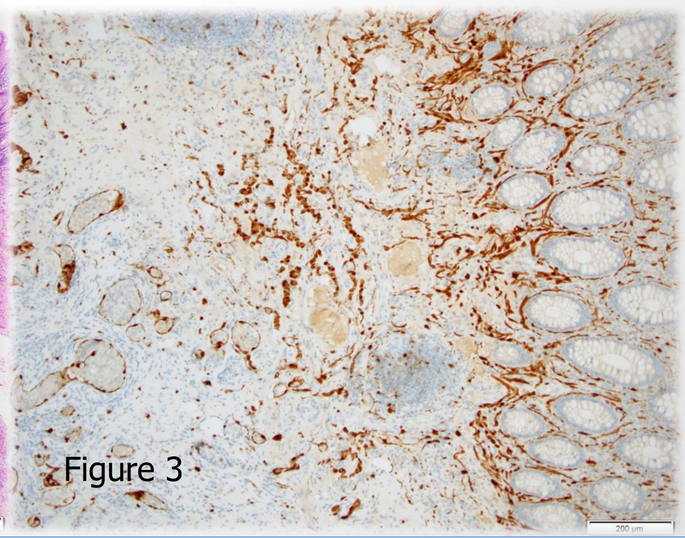

Figure 3

References

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