Jejunal polyp: a rare cause of intussusception

Rupesh P. Gundawar[a], Anjali D. Amrapurkar[a], Manisha U. Joshi[b], Abhinav A. Ranwaka[b]

Topiwala National Medical College and B.Y.L. Nair Charitable Hospital, Mumbai, India

We present the case of a 36-year-old male complaining of non-radiating abdominal pain for 15 days, with multiple episodes of green-colored vomitus. Computed tomography (CT) scan revealed jejuno-jejunal intussusception with a 6×3×3cm homogenously enhanced smoothly marginated polypoidal soft tissue neoplastic lesion at the lead point (Fig. 1). An intestinal segment with intussusception was sent for histopathology. On gross examination, a single sessile polypoidal mass was identified measuring 6×3×3cm. The cut surface was white, firm with focal myxoid appearance. Microscopic examination (Fig. 2) showed submucosal tumor with overlying ulcerated jejunal mucosa. The tumor was moderately cellular containing interlacing fascicles of bland spindle-shaped, smooth muscle cells. The nuclei appeared elongated and cigar-shaped, without any pleomorphism. There was no evidence of necrosis or abnormal mitosis. Immunohistochemistry was positive for desmin and smooth muscle actin but negative for c-KIT (CD117) excluding the possibility of gastrointestinal stromal tumor (GIST) and establishing the diagnosis of jejunal leiomyomatous polyp.

Tumors of the small intestine, benign or malignant, are rare [1]. Their clinical manifestations are variable and include abdominal pain, melena, hematochesia and intestinal obstruction, the latter being the most common cause for hospital admission. Benign tumors of the small intestine presenting as acute abdomen requiring immediate intervention are rare. Leiomyomatous polyps in the gastrointestinal tract have been described commonly in the esophagus and rectum. However there are only a few case reports of leiomyoma involving the small intestine [2]. Preoperative diagnosis is difficult to make owing to the absence of specific clinical symptoms and difficulties in radiologic evaluation of small bowel. Ultrasonography and CT scan with or without contrast are of little help since no specific features for small bowel leiomyoma have been described. Leiomyoma in the small bowel can arise either from the muscular layer or small muscles of vasculature. Leiomyomatous polyps can mimic lymphoma, epithelial tumors, neurofibroma or GIST on radiology. Correct diagnosis can be achieved only on routine histopathology or immunohistochemistry [3].

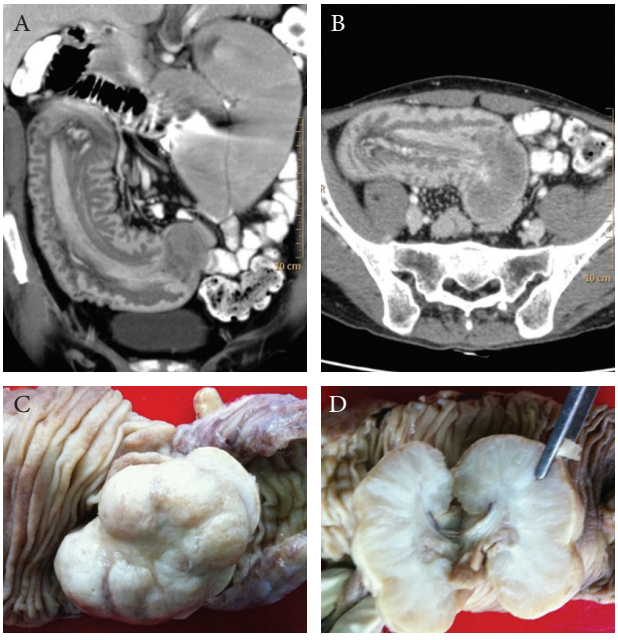

Figure 1 (A, B) Coronal and axial contrast enhanced computed tomography scan images revealing jejuno-jejunal intussusception with homogenously enhancing polypoidal neoplastic lesion at lead point. (C, D) Small bowel polyp on external and cut surface, respectively

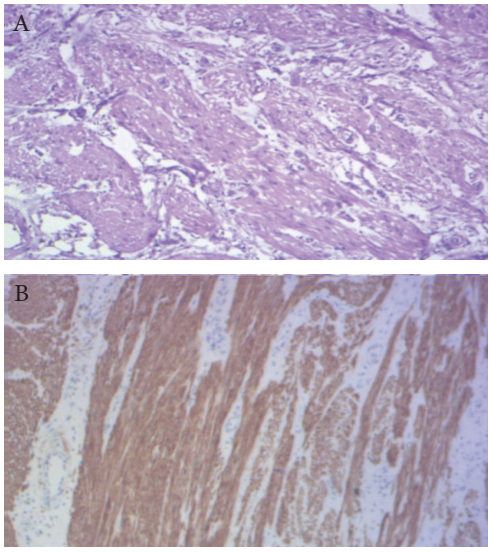

Figure 2 (A) Tumor comprising benign spindle cells arranged in interlacing fascicles (H and E 100 X). (B) Immunohistochemistry desmin showing strong positivity of tumor cells (100 X)

References

1. Rangiah DS, Cox M, Richardson M, Tompsett E, Crawford M. Small bowel tumours: a 10 year experience in four Sydney teaching hospitals. *ANZ J Surg* 2004;**74**:788-792.
2. Al Awad N. Leiomyoma of the small bowel - a rare cause of massive gastrointestinal bleeding: a case report and literature review. *Saudi J Gastroenterol* 2000;**6**:92-94.
3. Fenoglio-Preiser CM, Noffsinger AE, Stemmermann GN, Lantz PE, Isaacson PG. Gastrointestinal Pathology: An Atlas and Text, 3rd Edition. Lippincott Williams & Wilkins: Philadelphia; 2008.

Departments of [a]Pathology (Rupesh P. Gundawar, Anjali D. Amrapurkar); [b]Radiology (Manisha U. Joshi, Abhinav A. Ranwaka), Topiwala National Medical College and B.Y.L. Nair Charitable Hospital, Mumbai, India

Conflict of Interest: None

Correspondence to: Dr Anjali D Amarapurkar, D 401, Ameya Society, New Prabhadevi Road, Mumbai 400025, India, Tel.: +91 98 20519610, e-mail: anjali1963@gmail.com

Received 26 November 2013; accepted 3 December 2013