



# Sporadic neurofibroma in the sigmoid colon

## Sporadični nevrofibriomi v sigmoidnem kolonu

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Informed consent was obtained from the patient to publish these images

Following a colonoscopy in another hospital for anaemia, an 86-year-old asymptomatic man with a medical history of hyperlipidemia and benign prostatic hypertrophy, both managed with oral medication, was referred to our centre for endoscopic resection. During the initial procedure, two colonic lesions were identified. We performed a piecemeal endoscopic mucosal resection of the 50 mm LST-G, 0-IIa NICE 2 in the proximal ascending colon. Histology revealed a tubular adenoma with low-grade dysplasia. Another 15 mm submucosal lesion was found in the distal sigmoid colon. The lesion was examined with white light (Fig. a) and narrow band imaging (Fig. b). The pre-resection diagnosis was consistent with NET and, endoscopic submucosal dissection was performed.

The histological analysis was meticulously conducted and was consistent with a benign spindle cell mesenchymal lesion (Fig. c, hematoxylin and eosin x40). The immunophenotype of tumour cells was thoroughly examined and found to be positive for S100 (some cells) and CD34 (majority of cells) and negative for CD117, DOG1, EMA and CKMNF116 antibodies (Fig. d). The lesion was radically resected (R0), and the patient showed no systemic signs of neurofibromatosis. The diagnosis of sporadic neurofibroma of the sigmoid colon was confidently made. A follow-up surveillance colonoscopy is scheduled in 6 months to ensure the patient's continued health.

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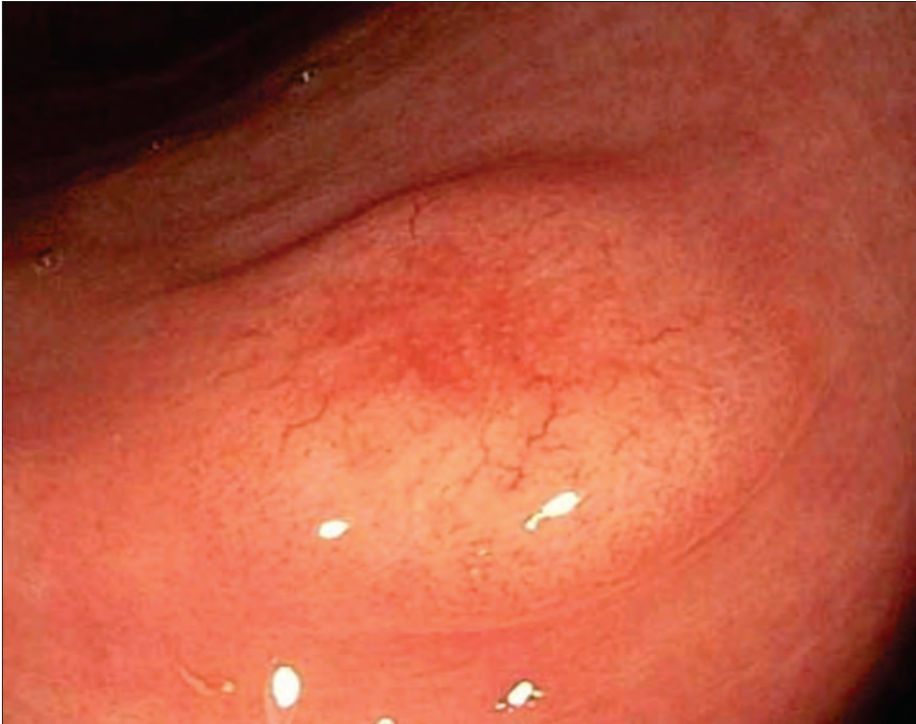
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## References

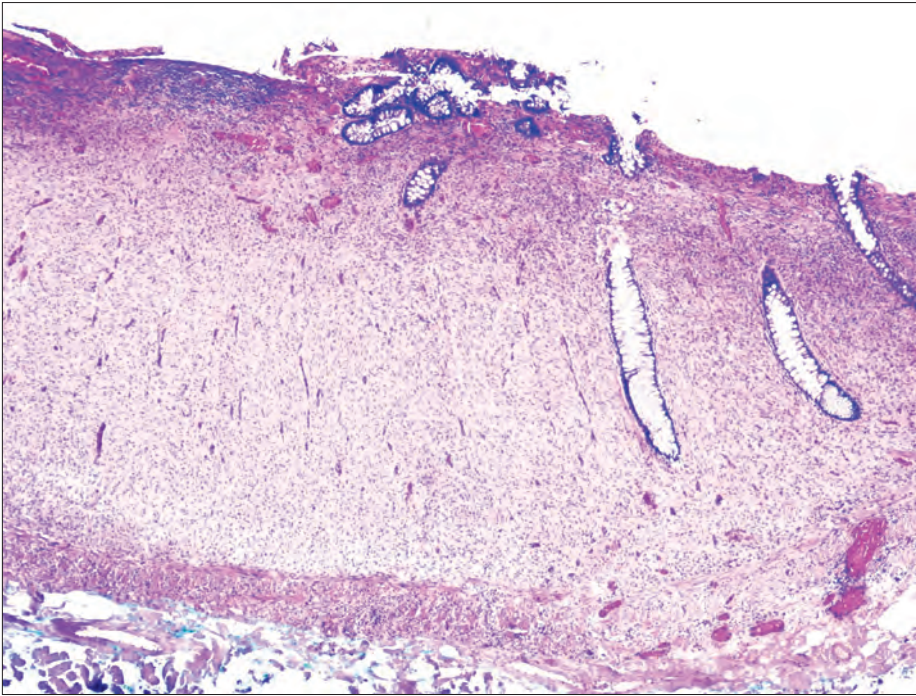
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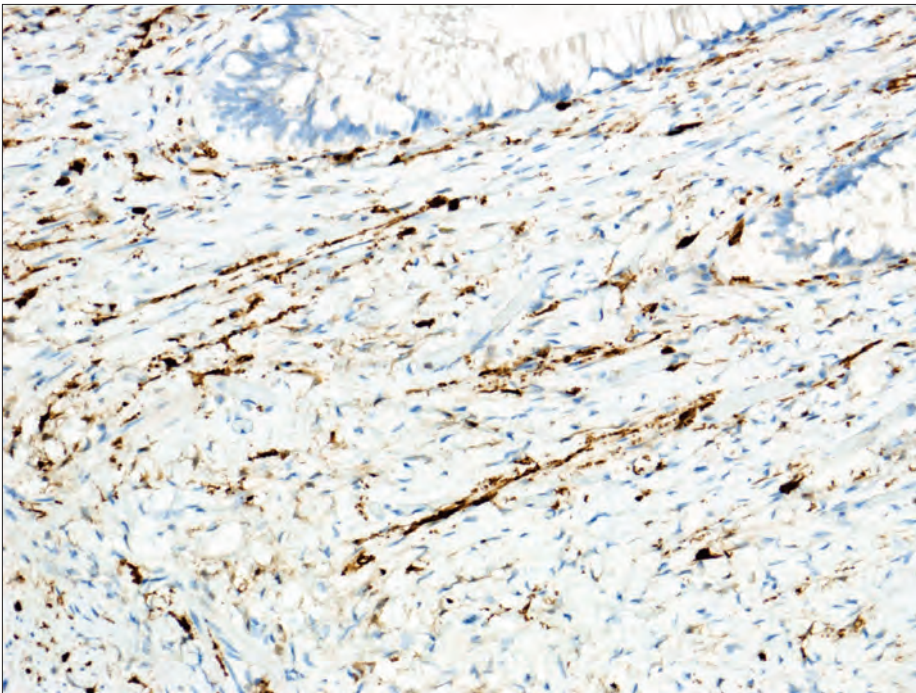
*Figure a. 15 mm submucosal lesion in the sigmoid colon as seen under the white light*



*Figure b. 15 mm submucosal lesion in the sigmoid colon as seen under the narrow band imaging*



*Figure c. Histological analysis was consistent with a benign spindle cell mesenchymal lesion*



*Figure d. Immunophenotype of tumour cells was positive for S100 and CD34 and negative for CD117, DOG1, EMA and CKMNF116 antibodies*