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An unusual polyp at colonoscopy

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DESCRIPTION

A 54-year-old man presented to surgical outpatients with a 3-month history of rectal bleeding with no change in bowel habit or abdominal pain. He had a medical history of gastroenteritis. He had no family history of bowel cancer.

Colonoscopy to the terminal ileum revealed a broad-based smooth polypoid mass in the transverse colon (figure 1). Palpation using biopsy forceps showed that it was soft and not tethered to the underlying mucosa and was completely within the wall of the colon. Biopsy was performed and histological examination revealed a unilocular thin-walled submucosal lymphatic cyst lined with flat endothelial cells, typical of gastrointestinal lymphangioma (figure 2). Because colonic lymphangioma is generally considered a benign lesion consideration was given to leaving the lesion in place however it was eventually removed via snare polypectomy.

Colonic lymphangioma is rare, with only 47 cases ever reported in the literature^{1 2} and seems to be uncommon in the Western hemisphere. Their location is also highly variable, with presentation both in large bowel and in small bowel, with the predominant findings either in the mesentery or as a pedunculated mass arising from the large bowel.³ The presentation in our case is highly

Figure 1 Image from colonoscopy of lymphangioma.

Figure 2 H&E micrograph of lymphangioma (×10 power).

unusual as only one other case has reported this phenomenon occurring completely within the wall of the colon.¹ Colonic lymphangioma demonstrates many macroscopic features of adenomatous colorectal polyps. Awareness and recognition of these lesions are important in the differential diagnosis of colonic polyps during endoscopic examination of the colon.

Learning points

- ▶ Colonic lymphangioma is rare.
- ▶ It should be considered in the differential diagnosis of large colonic polyps.

Competing interests None.

Patient consent Obtained.

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