Granular cell tumors (GCTs) are a type of submucosal tumor, with an overall soft tissue tumor incidence of 0.03% [1]. They are benign neural tumors presenting typically in the dermis or subcutis, in adults, and more frequently in women. Amongst all GCTs, 5%–11% occur in the gastrointestinal (GI) tract. The second most commonly affected GI organ is the colon (20%) and GCTs may be located anywhere in it [2].

Colonic GCTs typically appear as yellowish firm lesions with intact mucosa but they can also be sessile or pedunculated polyps. Patients may have additional findings on colonoscopy, including adenomas and hyperplastic polyps, which are likely unrelated to the presence of GCTs [3].

We report here the case of a 59-year-old woman who underwent a first colonoscopy for rectal bleeding, which led to a finding of serrated adenomatous polyposis. A further colonoscopy was performed that revealed in the right colon, a small, white and yellowish submucosal lesion 5 mm in size (Fig. 1). A diagnosis of small neuroendocrine tumor (NET) was initially proposed, and we used a strategy of endoscopic submucosal dissection (ESD) with traction using two clips and a rubber band [4]. Traction allowed the correct exposure of the submucosal lesion (Video 1, Fig. 2), and then the resection was en bloc and endoscopically complete.

Pathological examination (Fig. 3) revealed a well-circumscribed nodular tumor in the colonic submucosa composed of nests of tumor cells divided by slender fibrous septa. Cells were polygonal or spindle with a small nucleus and large eosinophilic cytoplasm with a distinctly granular appearance. These granules correspond to phagolysosomes. Immunohistochemical study showed diffuse S100 protein expression by tumor cells. Resection was complete with free margins (R0).
Granular cell tumors are rare in the GI tract, occurring with differing endoscopic features and difficult to distinguish from NETs. Endoscopic submucosal dissection may allow a complete resection of the lesion to facilitate the pathology analysis.

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Competing interests

None
The authors

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