

Non-neoplastic enterogenous submucosal cystic lesion of the colon

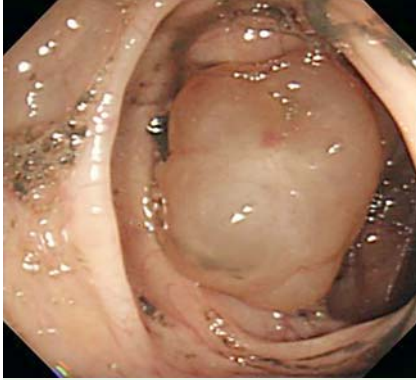


Fig. 1 A polypoid lesion located 60 cm from the anal verge in the descending colon, near the splenic flexure.



Fig. 2 The grayish, elastic, monolocular cystic lesion measured 4 × 3.5 × 0.8 cm. The walls were smooth and well defined.

Non-neoplastic enterogenous submucosal cystic lesions arise from the colonic or rectal wall, and more common ones include duplication cysts, lymphangiomas, and colitis cystica profunda [1]. An enterogenous cyst may detach itself from the intestinal wall and lie close to its point of origin, which may be in the intermuscular, submucosal, or subserosal layers of the intestinal wall. Accurate diagnosis of non-neoplastic enterogenous submucosal cystic lesions is difficult, and thus the pre-operative diagnosis mainly depends on initial colonoscopy findings, which may provide information that supports the abnormal clinical findings [2].

We report a case of non-neoplastic colonic submucosal cystic lesion, discovered incidentally in a 62-year-old man. The patient had undergone sigmoidoscopy, which revealed abnormal findings related to a submucosal lesion in the descending colon. The surface was smooth and resembled that of a cyst (● Fig. 1); a non-neoplastic colonic enterogenous submucosal cystic lesion was suspected. At exploratory laparotomy, the lesion was removed along with segmental resection of the descending colon. Gross examination of the resected specimen showed a grayish, elastic, monolocular cystic lesion measuring 4 × 3.5 × 0.8 cm, with a well-defined and smooth wall (● Fig. 2). Histological examination revealed a multiloculated, submucosal cystic lesion lined by atrophic epithelium and lymphocytic inflamma-

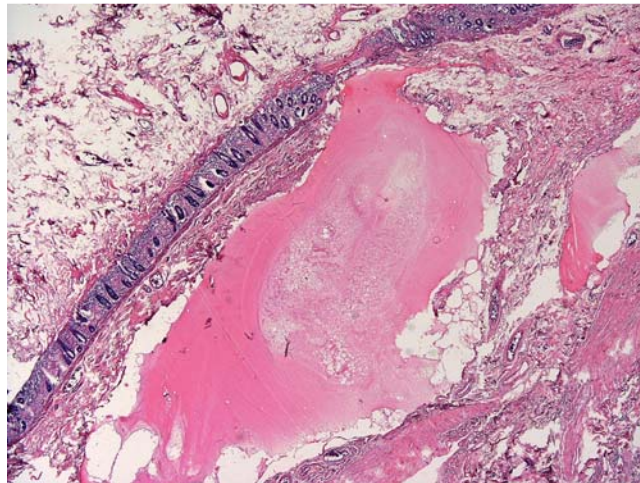


Fig. 3 Multiloculated submucosal cystic lesions contain serous fluid (hematoxylin and eosin, magnification × 20).

tory infiltrate in the edematous stroma (● Fig. 3). The histopathologic diagnosis was colonic cyst.

Non-neoplastic enterogenous submucosal cystic lesions are uncommon and present in a variety of ways. If a lesion is suspected to be a non-neoplastic enterogenous submucosal cyst, it should be completely excised for local control of symptoms and to prevent the risk of obstruction, septic sequelae, and malignant change [3,4]. However, with regard to nonspecific symptoms and the clinical presentation of such lesions, there is a need for further prospective and retrospective studies to elucidate the prognosis and ideal treatment of these lesions.

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