IMAGE OF THE ISSUE

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Cold Snare Resection of a Small Distal Esophageal Fibroepithelial Polyp

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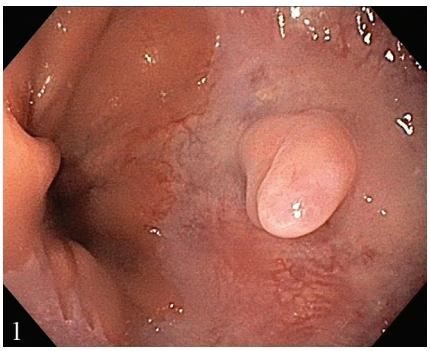
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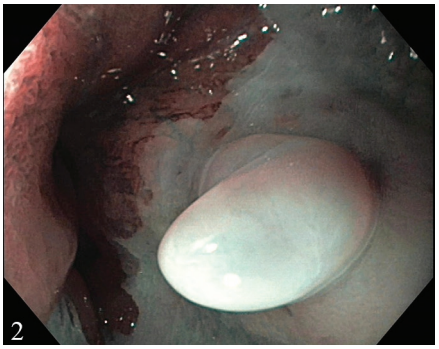
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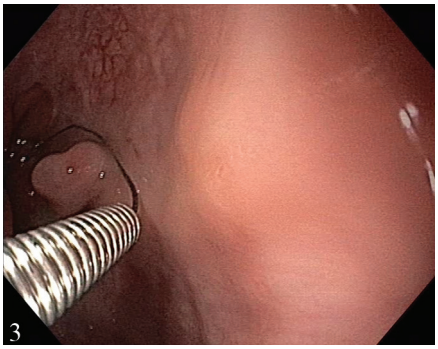
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A 42-year-old male patient presented for esophago-gastroduodenoscopy (EGD) in our outpatient endoscopy center owing to epigastric discomfort. While the stomach exhibited a diffuse mucosal erythema, subsequently pathologically characterized as *Helicobacter pylori* positive gastritis, an estimated 12 mm, polypoid subepithelial lesion just above the Z line was identified, the appearance of which was reminiscent of anal fibroma being observed on a more regular basis in day-to-day endoscopy practice (Fig. 1). The normal overlying mucosa was further confirmed by findings on narrow band imaging (NBI) (Fig. 2). Considering elongated and superficial lesion morphology, a decision was made to perform ad hoc cold snare resection on an outpatient basis (Fig. 3). This was performed as per standard procedure and a prophylactic hemoclip was placed with a view to presumed vessel abundance at its base. Histopathology confirmed the presence of a fibroepithelial polyp without dysplasia, and the further clinical course was uneventful.

Fibroepithelial or fibrovascular polyps (FVP) of the esophagus are benign intraluminal, soft tissue-derived, tumor-like lesions potentially occuring throughout the gastrointestinal tract, to different degrees composed of fibrous and/or adipose tissue as well as vascular structures lined by inconspicuous squamous epithelium [1]. This variation in histopathological composition may account for differences in pathology classification as fibroma, lipoma, fibrolipoma, fibromyxoma or FVP, which appears to be the most commonly reported (umbrella?) entity, albeit publication bias has to be assumed and systematic data are largely unavailable [2]. However, unlike the current report, most FVPs reported so far have been described to arise in the proximal esophagus and exhibit formidable mobility and sizes, oftentimes well >10 cm, requiring surgical and/or complex endoscopic treatment. To the best of my knowledge, such a small FVP, or more precise, fibroepithelial polyp arising in the distal esophagus and being treated by simple cold snare resection has not been documented in the literature.

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Conflicts of interest: None to declare.

REFERENCES

1. Gromski MA, Vakili ST, George V, Luz LP. Fake out: a giant fibroepithelial polyp mimicking a rectal tumor. Gastrointest Endosc 2015;82:763-764. doi:10.1016/j.gie.2015.03.1982
2. Chauhan S, Draganov P. Endoscopic removal of two giant fibrovascular polyps of the esopagus using the "two channel, two devices technique". Gastrointest Endosc 2011;73:1036-1037. doi:10.1016/j.gie.2010.11.026s