A 54 years old man undergoing colonoscopy had a 0.5 cm polyp excised at 20 cm. The polyp demonstrated mucosal proliferation of monomorphic spindle cells with separation, entrapment and disorganization of colonic crypts. Disorganization of muscularis mucosae as well as a few eosinophils admixed with tumor cells were appreciated. No mitotic figures, atypia or necrosis was present.

Eslami-Varzaneh et al first described fibroblastic polyp (FP) in 2004 by as a distinctive type of mesenchymal polyp of the colorectum. In 2005, Hornick and Fletcher reported a series of 10 intestinal perineuriomas with similar histologic features, 8 of which represented colorectal mucosal polyps. Further investigations concluded that fibroblastic polyp and intestinal perineurioma are 2 names for a single entity.

Clinically, FPs are less than 0.6 cm, and present as solitary lesions in the distal large bowel and behave in a benign fashion.

Immunohistochemically, the polyps stain positively with GLUT-1 and Collagen IV in 100% of cases, and for EMA and Claudin-1 in 93% of cases.

Ultrastructurally, elongated cells with features of perineurial differentiation including long, slender cytoplasmic processes with pinocytotic vesicle and external lamina are seen.

Fibroblastic polyp/perineurioma is not a common lesion but is probably underrecognized. Some cases are likely called “fibromas” or neurofibromas, and cases with serrated crypts are most likely diagnosed as hyperplastic polyps or hyperplastic polyp with stromal fibrosis. In fact, some of the lesions display only a minimal amount of diagnostic stromal proliferation and they can be easily missed.

A greater awareness to this entity will lead to an increase in its diagnosis.

REFERENCES

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Disclosure of Financial Interests
The authors have no financial interests to disclose.

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