

Case Report

Neuroendocrine Bulbar Tumor Mimicking a Submucosal Tumor

Sabbah M*, Trad D, Jouini R, Ouakaa A, Bellil N, Elloumi H, Bibani N and Gargouri D
 Department of Gastroenterology, Habib Thameur Hospital, Tunisia

*Corresponding author: Sabbah Meriam, Department of Pathology, Habib Thameur Hospital, Rue Ali Ben Ayed, Montfleury, 1008, Tunis, Tunisia

Received: August 24, 2019; Accepted: October 01, 2019; Published: October 08, 2019

Case Report

A 61 years old men with no past medical facts, presented in the emergency for acute obstructive dysphagia. Upper endoscopy showed an impacted foreign body (chicken bone) impacted in the middle oesophagus which was removed successfully. Control endoscopy identified a bulbar ulcerated polylobed submucosal tumor measuring 2-3 centimeters. Echoendoscopic ultrasound found a heterogenous hypoechoic tumor developing from the 3-4th couch (Figure 1-2). CT scan found rregular non-stenotic thickening of the bulbar wall with no other localizations (Figure 3). Biopsy of the tumor showed a mucosal proliferation of monomorphous cells, forming nests in vascular stroma with positivity of synaptophysin in immunostaining suggestive of neuroendocrine tumor (Figure 4). Patient underwent enucleation successfully (Figure 5).



Figure 3: CT scan objectifying irregular non-stenotic thickening of the bulbar wall.

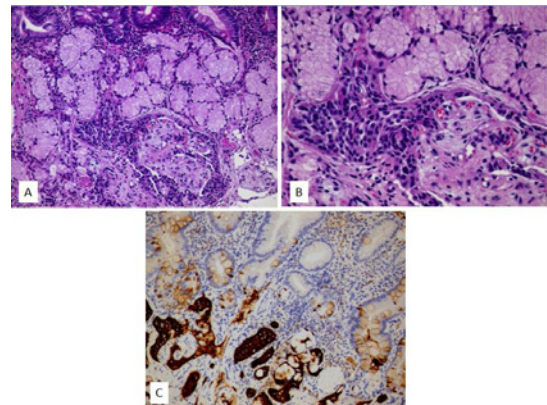


Figure 4: Infiltration of the bulb AR mucosa by a neuroendocrine tumor. A: mucosal proliferation of neuroendocrine cells (H&E staining x 200) B: tumor cells are monomorphous, forming nests in vascular stroma (H&E staining x 400) C: Immunostaining for Synaptophysin (x 200)



Figure 1: Upper endoscopy showing a submucosal polylobate ulcerated tumor of 2-3 centimeters.



Figure 2: Echo endoscopic ultrasound: Heterogeneous hypo echogenic tumor developing from the 3-4th couch measuring 5x3 centimeters.



Figure 5: Macroscopic aspect of the enucleation of the lesion.