A 38-year-old woman with a history of colonic polypectomy for a hamartomatous polyp presented with postprandial lower abdominal pain. Subsequent colonoscopy revealed a 10 mm sized, molar-tooth-shaped, elevated submucosal lesion in the proximal ascending colon (Fig. 1A). Narrow band imaging showed tortuous vessels on the plateau of the lesion (Fig. 1B). We biopsied the lesion and the pathologic findings showed disorganized lymphoid follicles and multiple lymphocytic infiltration in the lamina propria (Fig. 2). No atypical cells were present and the Ki-67 index was low. Based on the pathologic findings, the lesion was diagnosed as lymphoid

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Figure 1. (A) At colonoscopy, an elevated submucosal lesion was noted in the proximal ascending colon. (B) Narrow band imaging showed tortuous vessels on the plateau of the lesion.
Figure 2. (A) Histologically, disorganized lymphoid follicles and lymphocytic infiltration of the lamina propria were seen (H&E stain, ×100). (B) No atypical cells were present (H&E stain, ×400).

Figure 3. (A) At follow-up colonoscopy, the submucosal lesion had disappeared and only fold thickening (arrow) was noted. (B) Narrow band imaging showed only focal fold thickening, with no tumorous lesion (arrow).

Lymphoid hyperplasia of the intestines is a benign reactive process also known as pseudolymphoma or lymphonodular hyperplasia. It occurs in all age groups, but is most frequent in children. Lymphoid hyperplasia occurs mainly in the rectum and ileocecal region. Eighty percent of lymphoid polyps are sessile and solitary. It is a self-limited disease associated with inflammation. Sometimes it is the cause of rectal bleeding, diarrhea, or abdominal pain. In our case, the lymphoid hyperplasia looked like a submucosal tumor at colonoscopy; however, the lesion disappeared spontaneously within 17 months.

Key Words: Lymphoid hyperplasia; Colon

중심 단어: 림프양 증식증; 대장
REFERENCES

