

## Colonic leiomyoma: An uncommon occurrence.

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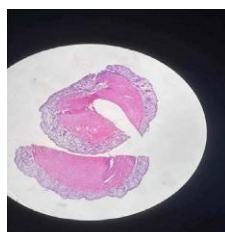
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**Figure 1:** Colonoscopy revealed an 8 mm sessile polyp in the sigmoid colon.



**Figure 2:** The resected surface showed no remnant tissue from the polypoid lesion.



**Figure 3:** CD 117 and DOG1 were negative, ruling out gastrointestinal stromal tumors.

A 53-year-old, previously healthy patient, presented to the gastroenterology department with a 6-month history of abdominal pain, and minimal bright red blood per rectum. She denied having other symptoms including constipation, diarrhea, or weight loss. Physical exam and laboratory testing were non-contributory. Proctoscopy showed internal haemorrhoids but there was no signs of active bleeding.

Colonoscopy revealed an 8 mm sessile polyp in the sigmoid colon (Figure 1). Submucosal saline-adrenaline injection was done to lift the lesion for polypectomy. The polyp was removed by hot snare polypectomy and sent for histopathology. The resected surface showed no remnant tissue from the polypoid lesion (Figure 2).

Histologic examination revealed an architecturally preserved colonic mucosa lifted by a fuso-cellular proliferation of smooth muscle margins cells organized in tangled bundles, with no mitosis. Immunohistological findings were negative for Cluster of Differentiation (CD) 117 and DOG1, ruling out gastrointestinal stromal tumors (Figure 3).

These findings were consistent with a diagnosis of submucosal leiomyoma.

No bleeding or perforation was noted after the polypectomy.

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