

## CASE OF THE WEEK 25.03.2023

### GRANULAR CELL TUMOUR OF ESOPHAGUS

**Clinical history** – A 58 year old male patient presented to medical gastroenterology department with complaints of dyspepsia for the past 2 years

**Upper esophagogastroduodenoscopy** – showed a firm plaque measuring 1cm located in the distal esophagus

**Clinical diagnosis**- ?esophageal malignancy

**Gross** – we received esophageal mucosal resection of the lesion measuring 1x0.5cm

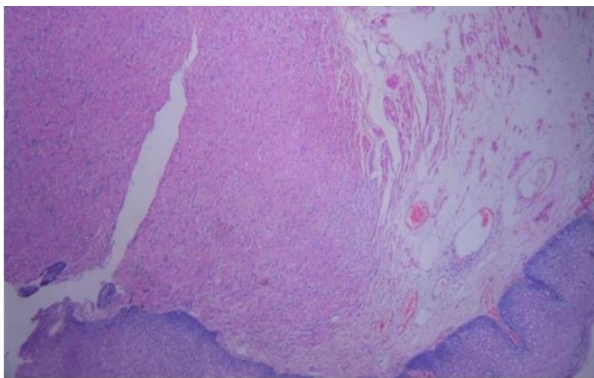


Fig.1: Microscopic examination shows tissue lined by stratified squamous epithelium. Subepithelium shows nests of polygonal cells with granular cytoplasm and round dark nuclei. stroma shows congested blood vessels.(scanner view).

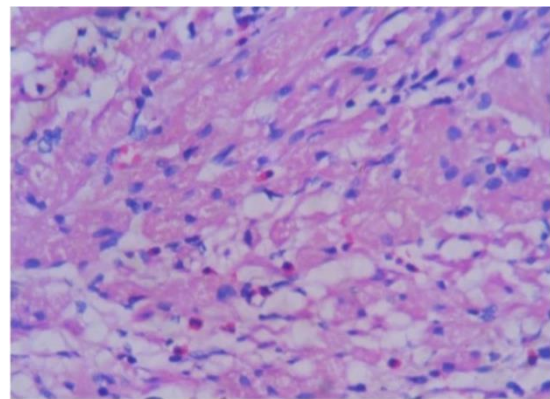


Fig. 2 : sections examined shows nests of polygonal cells with abundant eosinophilic cytoplasm and round nuclei (40X).

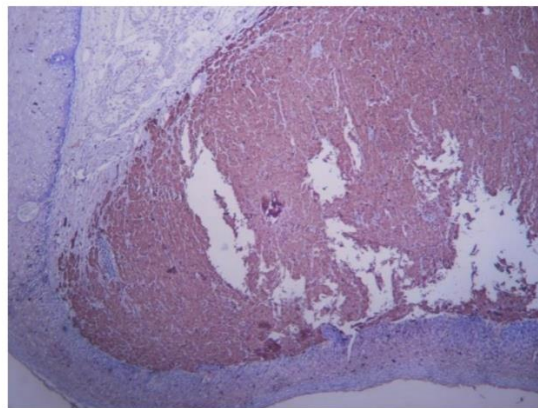


Fig-3: S-100 immunostain is diffusely and strongly positive for tumor cells(10X)

**Microscopy** – Sections examined reveal tissue lined by stratified squamous epithelium. Subepithelium showed a lesion comprising of large polygonal cells with abundant granular eosinophilic cytoplasm and oval dark nuclei. stroma showed congested blood vessels and fibrous tissue.

**Immunohistochemistry** – Cells are diffusely and strongly positive for S-100

**Discussion** – Granular cell tumours are subcutaneous or submucosal tumours commonly located in tongue, skin and breast. They are thought to be originated from nerve cells which is suggested by their strong positivity for S-100 and neuron specific enolase