Case Report
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Polypoid Ganglioneuroma in a Patient with Colonic Polyposis: A Case Report

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Abstract
Ganglioneuromas are benign tumors of the autonomic nervous system. They are rarely found in the colonic mucosa, where symptoms tend to be non-specific. Some patients may present with abdominal pain, changes in bowel habits, hematochezia, ileus, or obstruction. There are few reports in the literature of ganglioneuromas coexisting with colonic polyposis or even adenocarcinoma. We report a case of a 37-year-old man with polypoid ganglioneuroma, colonic polyposis, and a family history of colon cancer, who had a favorable outcome after two years of follow-up. Ganglioneuroma is a neuroectodermal tumor that is rarely observed in the colorectal mucosa. In the case of polypoid ganglioneuroma, as seen in our patient, no syndromic associations were identified. The patient was successfully treated with endoscopic polypectomy, resulting in a favorable clinical outcome.

Keywords: Ganglioneuroma, Ascending colon, Colonoscopy, Polyposis, Case report

Introduction
Ganglioneuromas are slow-growing hamartomatous tumors that are infrequently found in the colonic mucosa.[1] Three types of these tumors are recognized in the gastrointestinal tract: polypoid ganglioneuroma, ganglioneuromatous polyposis, and diffuse ganglioneuromatosis.[2] These types are differentiated based on specific endoscopic and pathological characteristics. Patients with colonic ganglioneuromas are typically asymptomatic; however, they may present with nonspecific symptoms such as abdominal pain, irritable bowel syndrome, hematochezia, or megacolon with intestinal obstruction.[3] The few cases reported in medical literature have generally been benign; however, some reports indicate associations with colonic polyposis and colorectal cancers.[4] We present a case of polypoid ganglioneuroma in a patient with

et al., suggest that endoscopic mucosal resection is an effective therapy.[1]

Conclusion

Ganglioneuroma is a neuroectodermal tumor that is rarely found in the colorectal mucosa. Due to its rarity, the exact incidence, presentation, and natural course are not well understood. There are currently no established guidelines for monitoring and managing these patients. When a gastrointestinal polyp is identified as a ganglioneuroma, the patient should be evaluated for genetic syndromes and associated cancers, despite the benign nature of these tumors. In cases of polypoid ganglioneuroma, such as ours, no syndromic association was found. Our patient was successfully treated with endoscopic polypectomy and had a favorable clinical outcome. Further studies are needed to establish guidelines for the management of these tumors and treatment recommendations.

Informed Consent

Written informed consent was obtained from the patient's legal guardian for publishing this case report and any accompanying images. A copy of the written consent is available upon the request of the Editor-in-Chief of the journal.

Availability of Data and Material

The data details were presented in the case presentation section.

Authors' Contributions

F.J, F.K, and F.A and M.K: Study design; data acquisition; data analysis and interpretation; drafting and critical reviewing of the manuscript. All authors read and approved the final manuscript version and agreed with all parts of the work in ensuring that any queries about the accuracy or integrity of any component of the work are appropriately investigated and handled.

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Conflict of Interest

None declared.

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