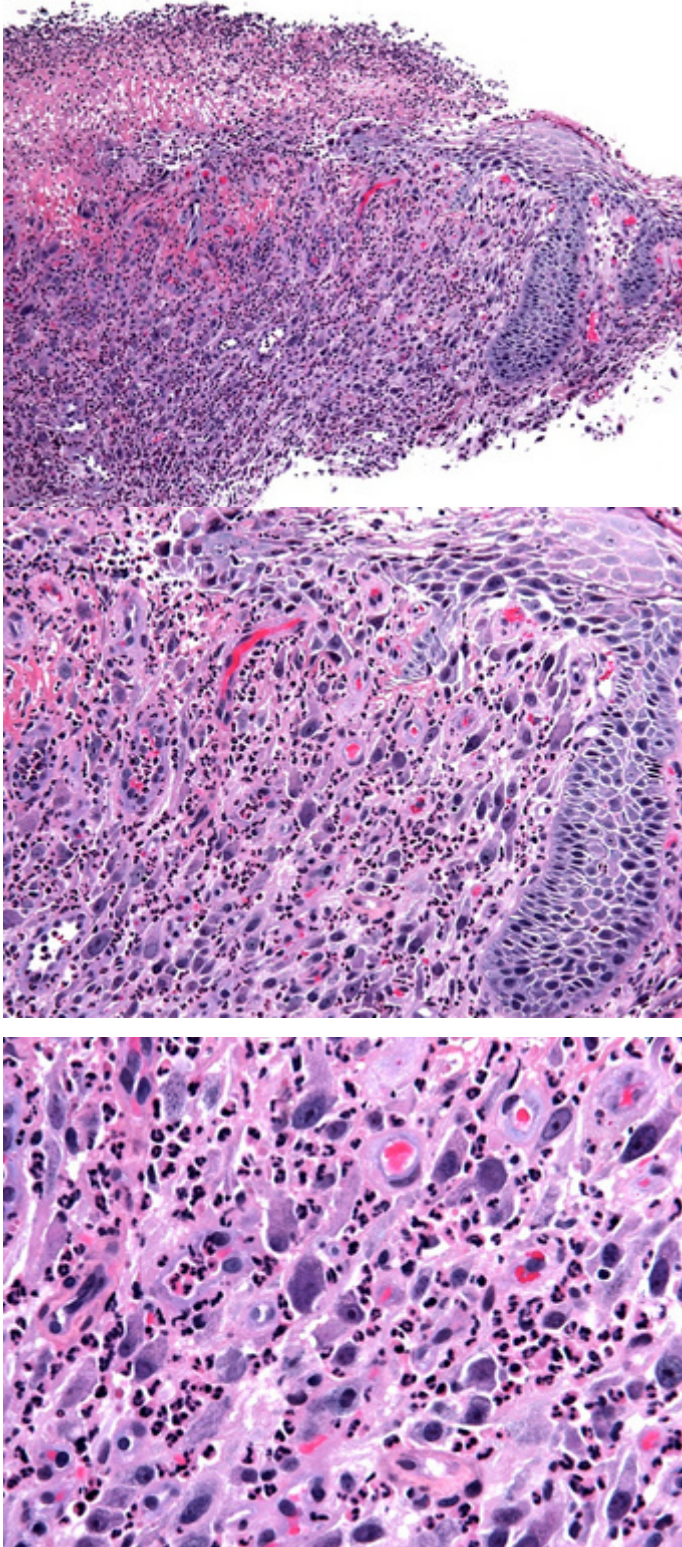
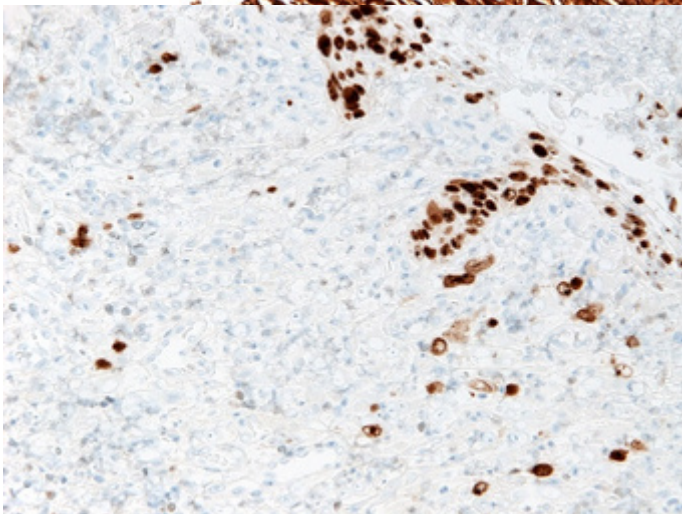
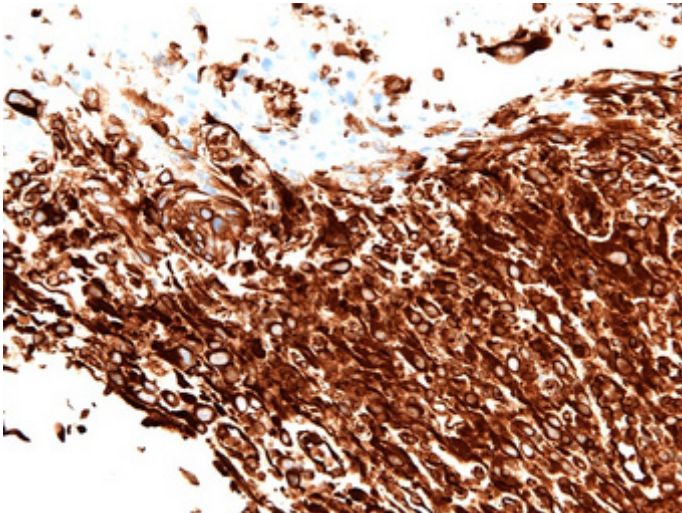
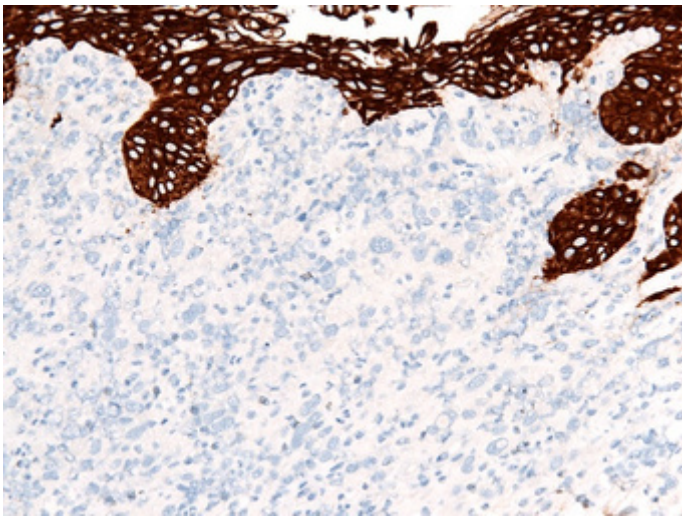


June 2018

Polyp at EG junction in a 67-year-old male with HP gastritis and reflux oesophagitis.

What is your diagnosis?





Diagnosis:

Inflammatory polyp of oesophagus, with bizzare stromal cells.

Comment:

The endoscopy revealed an ulcerated sessile polyp 8 mm in diameter that on histology showed focal erosion, without dysplastic changes. In the underlying granulation tissue there was a proliferation of large polygonal and spindle discohesive cells, with a variable amount of cytoplasm, atypical large nuclei, and prominent eosinophilic nucleoli (Panels A-C).

Immunohistochemical stains performed with pan-cytokeratin (Panel D), S100, CD31 and cytomegalovirus were all negative, but the bizarre stromal cells were positive for vimentin (Panel E). Ki67 stained very few nuclei (Panel F).

Bizarre stromal cells (BSCs) have been reported in several organ systems (e.g., upper respiratory tract, urinary bladder, endometrium and lower gynecologic tract, prostate, and gut), in all sites in association with reparative processes and inflammation. According to their appearance, phenotype, and electron microscopy, BSCs are considered to be reactive fibroblasts or myofibroblasts and represent a nonspecific tissue reaction to injury.

Oesophageal BSCs reports invariably locate them in distal oesophagus associated with sessile, often ulcerated, polypoid mucosal lesions. They are typically surrounded by granulation tissue and are more abundant in the luminal part of the lesion or under the surface epithelium. BSCs can display marked nuclear pleomorphism and, occasionally, nuclear inclusions and multinucleation. Particularly in the oesophagus, they can have a striking epithelioid appearance, mimicking a malignant tumour. However, immunohistochemical studies show that BSCs express vimentin whereas epithelial, endothelial, melanoma and mesenchymal markers, except occasionally smooth muscle actin are negative.

Oesophageal inflammatory polyps with BSCs represent an important diagnostic pitfall, since they can closely resemble malignant neoplasm, which might result in overtreatment.

For further reading:

- › Dhungel BM, De Petris G. Bizarre stromal cells in the esophagus: report of 2 cases and literature review. *Int J Surg Pathol.* 2013; 21(4): 368-72.
- › Piana S, Valli R, Sacchero RI. Bizarre stromal cells in the esophagus: a new case. *Int J Surg Pathol.* 2014; 22(4): 383-4.
- › Wolf EM, Högenauer C, Asslaber M, Langner C. Inflammatory esophageal polyp with bizarre stromal cells: possible diagnostic pitfall. *Pathologe.* 2013; 34(2): 159-61.

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