

# A CASE OF ESOPHAGEAL GRANULAR CELL TUMOUR: A RARE CAUSE OF DYSPHAGIA

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## INTRODUCTION:

Granular cell tumors (GCT) are rare neoplasms of neurogenic origin. These can be either benign (mostly) or malignant (rare:1-2%), occurring most commonly in head and neck region, oral cavity, skin, and gastrointestinal tract. Most common site in GIT is esophagus. It is mainly seen in women of age group 40-60 and has good prognosis. Here, we report a case of esophageal granular cell tumour that was diagnosed on histopathology following endoscopic resection.

## CASE REPORT:

A 46-year-old man presented to surgical Outpatient department (OPD) with progressive dysphagia since a year, which was more for solids than liquids, along with belching. On endoscopic evaluation, a nodule of about 5-7 mm was found 2 cm above the Z-line of the gastroesophageal junction in the esophagus, along with a slight narrowing of the junction. The nodule was resected endoscopically and was sent for histopathological examination. Microscopy revealed non-keratinized squamous epithelium with focal acanthosis and overlying a tumour composed of sheets of uniform epithelioid cells with small round to oval hyperchromatic nuclei, surrounded by abundant eosinophilic granular cytoplasm. The patient is now under follow-up and is asymptomatic.

## DISCUSSION:

Esophageal GCTs are rare. Endoscopic evaluation with histopathology helps in accurate diagnosis. Alongside leiomyomas and stromal tumours, GCTs also need to be considered in our differential diagnosis when there is a submucosal lesion. The tumours are bland looking with eosinophilic cytoplasm and central nucleus usually in association overlying epidermal changes. In difficult cases, immunohistochemistry using S100 can be used demonstrating its neural origin can be used. Resection of the entire lesion is recommended due to high recurrence rate.