

## Adult Langerhans cell histiocytosis: a rare cause of colon polyp

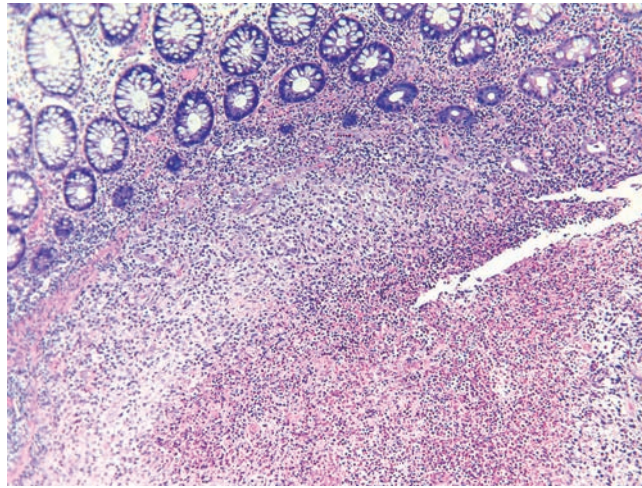


**Fig. 1** Endoscopic view of the Langerhans cell histiocytosis polyp.

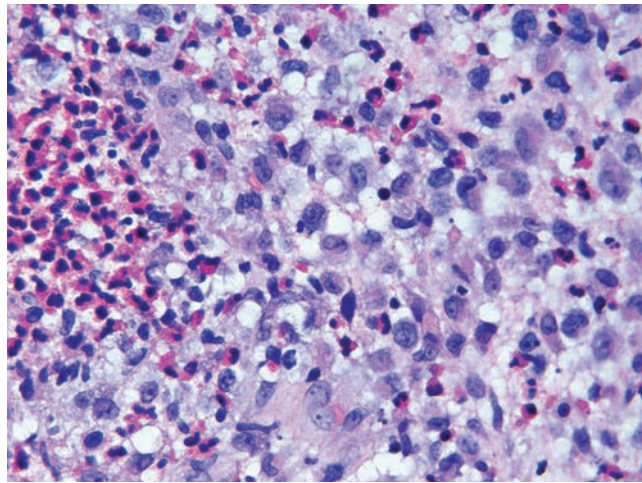
A 65-year-old man with no prior medical problems underwent a screening colonoscopy. He was an ex-smoker with a 100 pack-year cigarette smoking history. A 6-mm sessile, benign-appearing polyp was removed from the descending colon using snare diathermy (● **Fig. 1**). No other lesions were noted on colonoscopy. Histology showed a nodular proliferation of histiocytic cells within the submucosa, accompanied by a moderate number of eosinophils and lymphoid cells (● **Fig. 2** and **3**).

Immunoperoxidase studies showed that the histiocytic cells were reactive to S100, CD68, and CD1a antigens (● **Fig. 4**). Based on these results, a diagnosis of Langerhans cell histiocytosis was made. Chest and skull radiographs, bone scan, and an abdominal ultrasound were unremarkable. High-resolution computed tomography of the chest, and bone marrow aspiration and biopsy were normal. As the patient was clinically asymptomatic and the entire work-up did not reveal any other organ involvement, no therapy was initiated; 1 year later, he remains asymptomatic on regular follow-up. Langerhans cell histiocytosis is rare in adults [1], and gastrointestinal tract involvement is even rarer [2–4]. With the increasing number of colonoscopies being performed, gastroenterologists should be aware of this rare cause of colon polyps to ensure proper follow-up and further testing to rule out systemic disease.

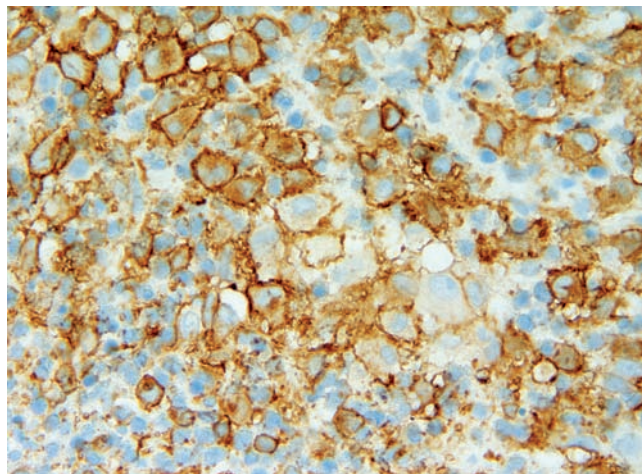
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**Fig. 2** Medium magnification image of benign colonic mucosa overlying core of polyp, exhibiting pale histiocytic cells and eosinophils (hematoxylin-phloxine-safranin stain, × 100).



**Fig. 3** High-magnification image of colonic polyp, exhibiting histiocytic cells with pale cytoplasm and admixed eosinophils (hematoxylin-phloxine-safranin stain, × 400).



**Fig. 4** Immunoperoxidase reaction of lesional cells with anti-CD1a antibodies, characteristic of Langerhans cells (anti-CD1a with hematoxylin counterstain, × 400).

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## References

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## Bibliography

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