

Vanek Tumor, A Rare Gastrointestinal Tumor: Culprit or Innocent Bystander?



Lyla Saeed MD¹, Juan Castano¹, Hima Bindukoli MD², Asif Zamir MD¹

¹Division of Gastroenterology, University of Texas Rio Grande Valley School of Medicine-Doctors Hospital at Renaissance; Edinburg, Texas

²Internal Medicine-Knapp Medical Center, University of Texas Rio Grande Valley



INTRODUCTION

Vanek tumor or inflammatory fibroid polyp (IFP) is a rare submucosal tumor of the gastrointestinal tract. It is most commonly found in gastric antrum and ileum.

We present a case of patient undergoing evaluation for iron deficiency anemia with findings of adenocarcinoma of the colon and a coincidental finding of a large Vanek tumor.

CASE DESCRIPTION

A 61-year-old female with past medical history of hypertension, diabetes mellitus type 2, hypothyroidism was referred for evaluation of anemia requiring blood transfusions. Hemoglobin was noted to be 9.5 gm/dl and the patient was iron deficient. Esophagogastroduodenoscopy showed a giant ulcerated 8 cm pedunculated polyp with a large thick stalk in the antrum, protruding through the pylorus into the duodenal bulb. Using a 33 mm Captivator II extra-large stiff snare, the polyp was brought from the duodenum to the antrum, an Endo loop was secured to the base of the stalk where epinephrine was injected. Piece-meal polypectomy was done with no bleeding noted, leaving behind a fibrotic stalk. Colonoscopy revealed a 6 cm pedunculated polyp at the sigmoid colon which was removed with cautery snare polypectomy and approximation of the edges with clips x 2. Pathology of the antral polyp showed inflammatory fibroid polyp and the sigmoid polyp was poorly differentiated adenocarcinoma.

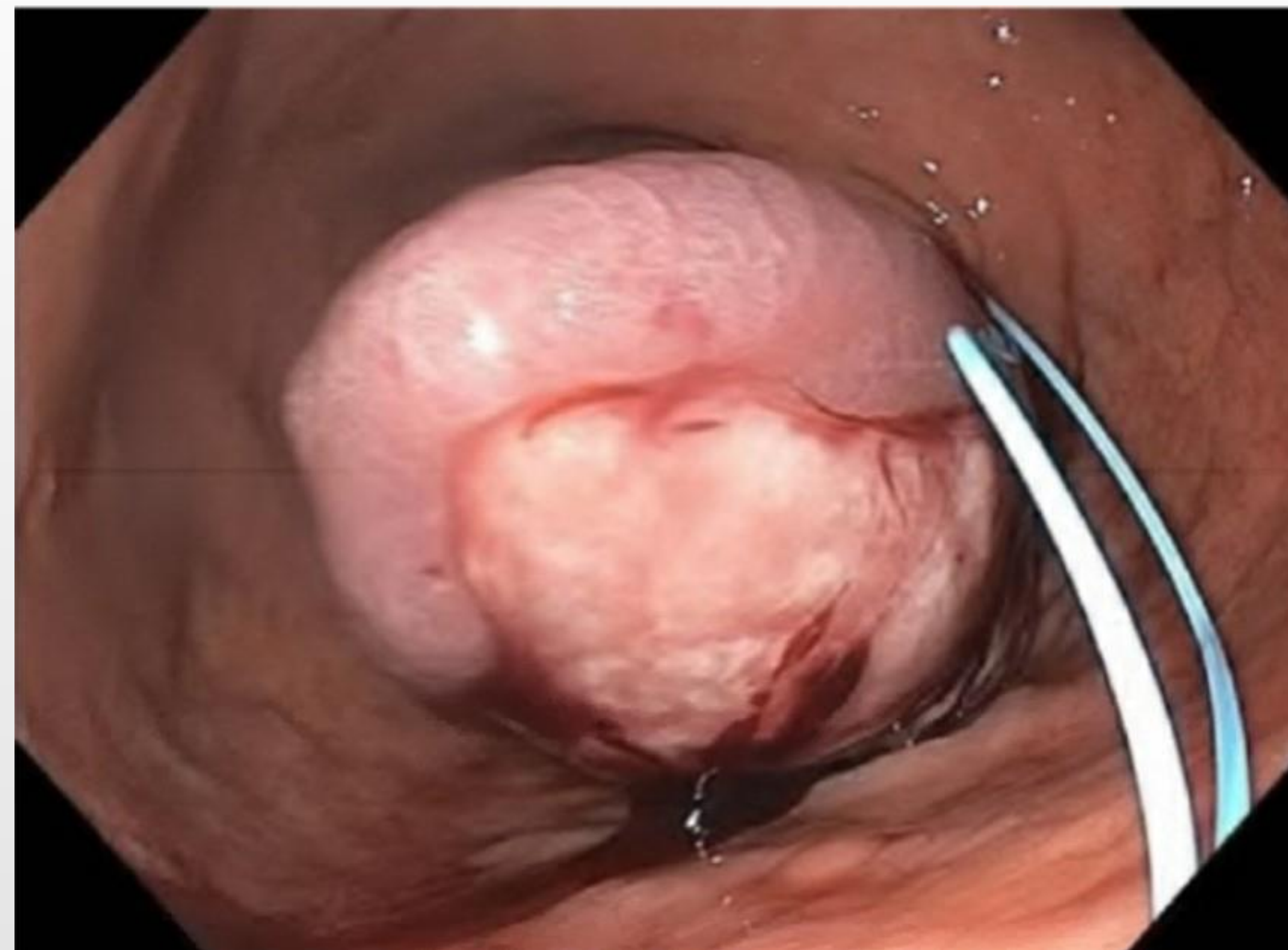


Figure a – Ulcerated polyp

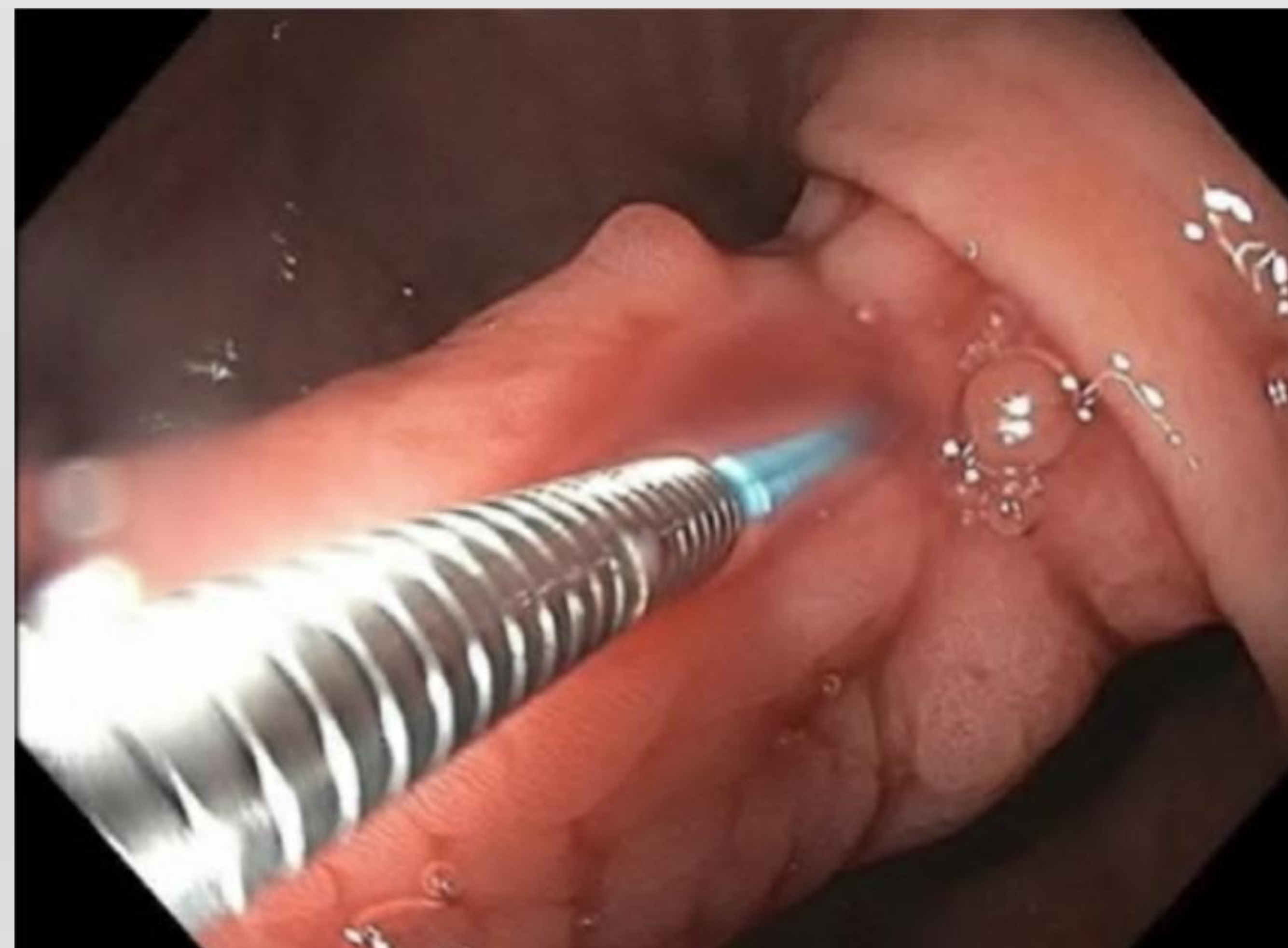


Figure b – Endo loop applied to the stalk

DISCUSSION

Vanek tumor is a benign inflammatory tumor with unknown etiology and no clear evidence of malignant potential. Despite its benign nature, it can cause gastrointestinal bleeding, intussusception, rarely can also cause intestinal necrosis and perforation. Treatment involves endoscopic resection of small sized polyps however large polyps historically have been treated with surgical resection.

To our knowledge our case is the largest documented Vaneks tumor of the stomach which was successfully removed without need for surgery. The case also highlights the importance of adhering to guidelines for evaluation of iron deficiency anemia and performing bi-directional endoscopy as in our case the ulcerated polyp was most likely the culprit behind iron deficiency in addition to the adenocarcinoma of the sigmoid colon.

REFERENCES

1. Liu TC, Lin MT, Montgomery EA, Singhi AD. Inflammatory fibroid polyps of the gastrointestinal tract: spectrum of clinical, morphologic, and immunohistochemistry features. *Am J Surg Pathol.* 2013;37(4):586-592. doi:10.1097/PAS.0b013e31827ae11e
2. Harned RK, Buck JL, Shekitka KM. Inflammatory fibroid polyps of the gastrointestinal tract: radiologic evaluation. *Radiology.* 1992;182(3):863-866. doi:10.1148/radiology.182.3.1535909