A 46-year-old woman presented for evaluation of a subepithelial right colonic mass (Figure A). The lesion was under surveillance for 3 years, with multiple nondiagnostic biopsies. Computed tomography scan showed a 2.1-cm mass in the cecum (Figure B). The lesion was within 5 mm from the distal lip of the ileocecal valve. Endoscopic ultrasound showed a hyperechoic nonvascular lesion originating from the third colon wall layer. Because of proximity to the ileocecal valve, full-thickness resection was deferred. We proceeded with submucosal biopsies using a single-incision needle knife technique (Figure C). A mucosal incision was created in multiple layers until the lesion was well-exposed, which appeared firm, white, and homogenous. Direct biopsies were obtained using cold forceps. No complications occurred. Histology revealed granular cell tumor with positivity for S100, and no features of malignancy (Figure D). The patient elected to undergo annual surveillance.

Colonic granular cell tumors are uncommon and found incidentally during colonoscopy. They are typically benign with a risk of malignant transformation correlating with size because most metastatic granular cell tumors are >4 cm. The single-incision needle knife technique, also known as unroofing, is safe and effective to successfully confirm a diagnosis in up to 86% of cases while avoiding aggressive surgical or endoscopic interventions.

Conflicts of interest
The authors disclose no conflicts.

© 2022 by the AGA Institute
1542-3565/$36.00
https://doi.org/10.1016/j.cgh.2020.11.033