Case Report/Olgu Sunumu

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An extremely rare gastric lesion: gastritis cystica profunda

Oldukça nadir bir gastrik lezyon: gastritis cystica profunda

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ABSTRACT

Gastritis cystica profunda (GCP) is an uncommon, benign lesion which looking a cancer-like lesion. This lesion is localized in gastric mucosa and characterized by polypoid hyperplasia or ulcerated mucosal lesion and cystic dilatation of the mucosal glands spreading into the submucosa of the stomach. Exact etiology and pathogenesis of GCP is still incompletely explained. In this case report we present a case of 70-year-old female with proton pump inhibitor resistant upper gastrointestinal symptoms who was diagnosed as GCP after upper gastrointestinal system endoscopy examination. This rare benign entity should be kept in mind in the differential diagnosis of gastric mural mass lesions.

Keywords: Gastric lesion, endoscopy, cancer, gastritis cystica profunda

ÖZ

Gastritis cystica profunda (GCP), kansere benzer bir görünüme sahip nadir, iyi huylu bir lezyondur. Bu lezyon mide mukozasında lokalizedir ve polipoid hiperplazi veya ülsere mukozal lezyon ve midenin submukozasına yayılan mukozal bezlerin kistik dilatasyonu ile karakterizedir. GCP'nin kesin etiyolojisi ve patogenezi hala tam olarak açıklanamamıştır. Bu olgu sunumunda, üst gastrointestinal sistem endoskopi incelemesi sonrası GCP tanısı alan, proton pompa inhibitörüne dirençli üst gastrointestinal semptomları olan 70 yaşında bir kadın olguyu sunuyoruz. Nadir görülen bu benign antite, gastrik mural kitle lezyonlarının ayırıcı tanısında akılda tutulmalıdır.

Anahtar kelimeler: Gastrik lezyon, endoskopi, kanser, gastritis cystica profunda

INTRODUCTION

Gastritis cystica profunda (GCP) is an uncommon, benign gastric submucosal pathology characterized by polypoid hyperplasia and cystic dilatation of the gastric glands spreading into the submucosa of the stomach. Accurate diagnosis of this lesion can be confused with some other common stomach diseases (1,2). Silent clinical symptoms and nonspesific endoscopic and radiographic appearance of this tumor mimic that of other hyperproliferative conditions making diagnosis difficult (3). Herein we report a very rare case of gastritis cystica profunda which we had presumed as a gastric cancer and emphasize the differential diagnosis of this rare entity.

CASE REPORT

A 70-year-old woman was referred to our outpatient clinic with the complaints of abdominal fullness, heartburn, nausea and belching regardless of proton pump inhibitor drugs (PPIs) for the last three months. She had only a past history of hypertension however she had never used tobacco or alcohol. Her family history was negative for gastric pathologies including gastric cancer. Her detailed physical examination revealed no pathological findings. Whole blood, routine blood and stool blood test showed no abnormalities. Because of ongoing dyspeptic symptoms she underwent upper gastrointestinal endoscopy. During upper gastrointestinal system endoscopy, it was noticed that there were nodular lesion at greater curvature of the antrum with an irregular

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depressed centre and a slightly elevated margin and focal flat elevated lesion at anterior wall of the corpus. The lesion had an intriguing appearance and also, she had PPIs resistant dyspepsia. Thus, our prediagnosis was as an early gastric cancer. Multiple biopsies were obtained by the senior endoscopist and no mucosal hemorrhage was occured. Pathological findings were polypoid cystic ectasia of the submucosal layer with cystic dilatation of the glandular structures without mitoses or atypia (**Figure**). Finally, 'gastritis cystica profunda'was the pathological diagnosis. She was not undergoing a surgical operation, and outpatient follow up is ongoing with PPI use.

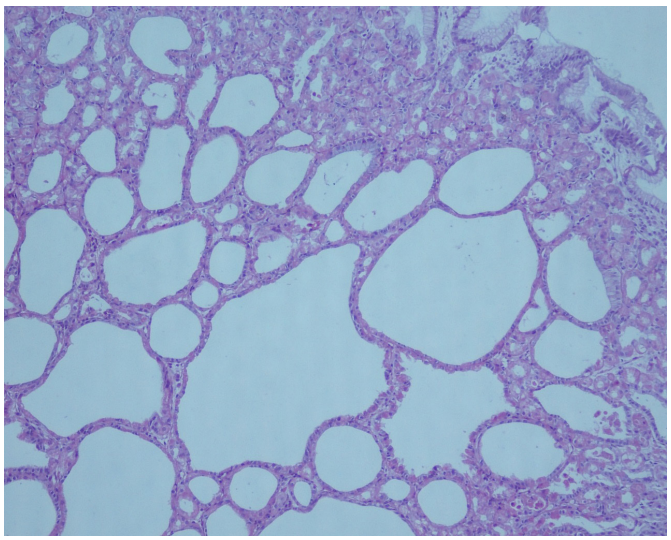

Figure. Polypoid cystic ectasia of the submucosal layer with cystic dilatation of the glandular structures without mitoses or atypia, HEx100.

DISCUSSION

In this rare gastric case report, we have exhibited the dilemma in exact diagnosing a lesion with upper gastrointestinal system endoscopic visuality of an 'early gastric cancer'but which was completely histologically benign. Usually, in case of this cancer mimicking benign lesion, a number of gastroscopies and radiological interventions are needed to be confident of an accurate diagnosis (2,3).

GCP is a rare gastric pathology characterized by the presence of gastric glands in the submucosa of the stomach with normal overlying mucosa and is often mistaken for other more common gastric problems (4). Clinical manifestations and symptoms of GCP are typically nonspecific, leading to significant diagnostic uncertainty. Histological examination of biopsy specimen is nearly non-diagnostic and a formal surgical excision is generally required (5,6).

A globally accepted treatment strategy for GCP has not been well described given the uncommon manner of these gastric lesions and the exact difficulty of diagnosing them (7). GCP is generally benign, although there have been some reports of GCP associated with cancer, but this hypothesis remains difficult to prove (8,9). Moon et al. reported two cases of GCP accompanied by synchronous multiple early gastric cancers occurred in patients without previous gastric surgery (4). In a pathological study of Choi et al. examining 10728 patients with gastric cancer, it was found in 161 patients (10). There are some case reports of GCP coexisting with Ménétrier disease or gastric inverted hyperplastic polyps (11,12).

The natural course of GCP is ambiguous and needs more molecular and histopathological exploration. This rare entity should be kept in mind in the differential diagnosis of patients presenting with suspicious submucosal gastric lesions.

ETHICAL DECLARATIONS

Informed Consent: Written informed consent was obtained from all participants who participated in this study.

Referee Evaluation Process: Externally peer-reviewed.

Conflict of Interest Statement: The authors have no conflicts of interest to declare.

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