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Case Report

Fundic Gland Polyps in Atypical View

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Abstract
Stomach polyps are pedunculated or sessile lesions that arise from the gastric epithelium or submucosa and project into the lumen. Most of them are detected incidentally during an endoscopy performed for another reason. Here we aimed to present an atypical case of the gastric polyp.

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Introduction

Gastric polyps are divided into three groups as epithelial polyps, hamartomatous polyps, and mesenchymal polyps. Epithelial polyps are the most common type. Fundic gland polyps and hyperplastic polyps are the most common epithelial polyps. Adenomatous polyps, NETs (carcinoids), ectopic pancreas, pyloric gland adenomas are less common epithelial polyps. Hamartamatous polyps, Peutz-Jeghers, juvenile polyps are polyps known as Cowden syndrome. On the other hand, mesenchymal polyps are rarely seen as inflammatory fibroid polyp, gastrointestinal stromal tumor, and leiomyoma. Fundic gland polyps (FGP) is the most common type of gastric polyp, with a rate of 47%. Its frequency has increased due to the widespread use of proton pump inhibitors, especially in western societies. FGPs are mostly multiple polyps smaller than 1 cm and are seen in the fundus and proximal corpus. They are flat, sessile, transparent, and round lesions.[1] The rate of malignancy is low. Its association with atrophic gastritis and H. pylori is rare. Histologically, dilatation in the auxintic glands and hyperplasia in the enterochromaffin cells are observed. There are three subtypes: sporadic type; one or several pieces are seen. It is common in people negative for H. pylori. The type associated with proton pump inhibitors (PPI) is seen frequently (about 4 times more) and in large numbers. Polyps regress after discontinuation of

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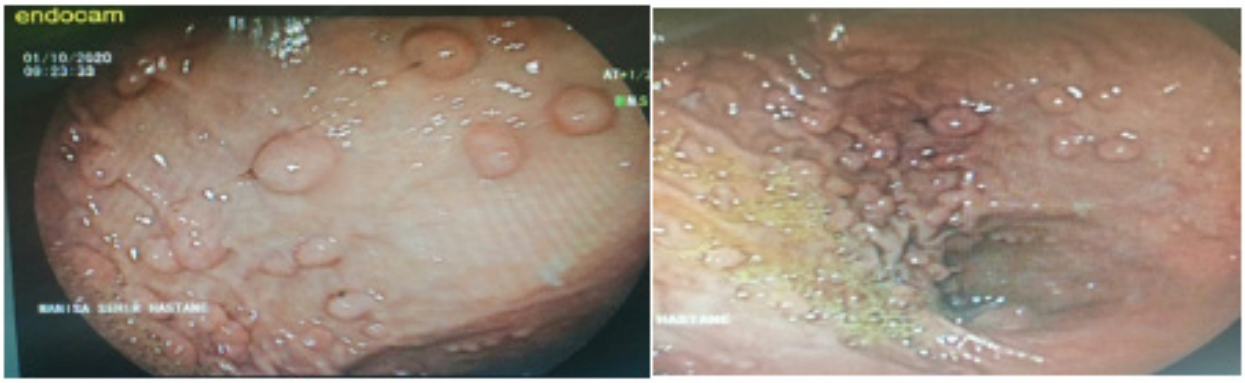

Figure 1. Endoscopic view of polyps.

the drug. The type has been seen together with FAP (familial polyposis). Familial polyposis syndrome should be questioned in the presence of sporadic FGP. APC gene mutation is an important cause in pathogenesis. It is not associated with H. pylori and atrophic gastritis. FGP is seen in 95% of patients with FAP. There is a risk of developing dysplasia in 25-40% of the FGPs seen in these patients.[2,3]

Case Report

The male patient, 69 years old, presented with nausea, swelling, and intermittent epigastric pain for about 6 months. The patient's medical and family history was unremarkable, except for the use of intermittent PPIs. Physical examination revealed blood pressure 120/70 mmHg, pulse 72 beats/min, and fever of 36.8 °C. There was no pathological finding in the systemic examination. In the laboratory findings, leukocyte 5,600 K/UI, hemoglobin 13 g/dL, ESR 10 mm/h, creatinine 0.6 mg/dL, total/direct bilirubin 1.1/0.6 mg/dL, AST/ALT 15/10 U/L, LDH 143 U/L, GGT 11 U/L, HBsAg (-), anti-HCV (-), anti-HBs (+), iron 117 µg/dL, ferritin 152 ng/mL, B12 vitamin 261, folic acid 3.5 ng/mL, and TSH 0.8 IU/mL. Tumor markers were within normal limits. There were multiple and different polyps in upper gastrointestinal endoscopy, with the largest 1 cm in the fundus and corpus. Polypectomy was performed on random large ones (Figure 1). Colonoscopy was normal. Whole abdominal tomography detected simple cysts of 2 and 4 cm in size in segments 6 and 8 of the liver. Other structures were usual. FGPs were pathologically diagnosed.

Discussion

FGPs are the most common stomach polyps. With the widespread use of PPIs, their incidence has increased. It is considered to regress after the cessation of PPIs. Its association with chronic gastritis or H. pylori gastritis is rare.[3] The risk of malignancy is low. During endoscopy, it is often not possible to directly distinguish between malignant and benign gastric polyps. Sometimes, endoscopic appearance and pathological diagnosis may not be compatible.[3,4] Therefore, pathological evaluation after polypectomy is diagnostic. In our rare and interesting case, diffuse gastric involvement and multiple polyps of different shapes and sizes suggested malignancy, but FGPs were pathologically diagnosed.

Conflict of Interests

Authors declare that there are none.

Acknowledgment

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