What Is the Next Step for Gastric Atypical Cell on Histologic Finding of Endoscopic Forceps Biopsy?

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Background: Gastric atypical cell is often observed on endoscopic forceps biopsy. Atypia is a borderline lesion between benign and malignant. Definitive management of this lesion remains debatable. We aimed to analyze the final histologic diagnosis for atypical cell on endoscopic forceps biopsy and to examine the discrepancy rate between the initial histologic diagnosis and the initial endoscopic diagnosis.

Methods: The study involved atypical cell that were histologically proven on the basis of forceps biopsy specimens in Konkuk university medical center between April 2008 and September 2010. Atypical cell with regenerative atypia was excluded. We reviewed the endoscopic characteristics including lesion size, location, endoscopic appearance, and the final histologic diagnosis.

Results: This study involved total twenty seven cases proved atypical cell on initial histology of endoscopic biopsy. The three cases excluded due to follow-up loss. Firstly, of twenty four cases, eleven cases underwent endoscopic submucosal dissection(ESD) and were diagnosed with early gastric cancer (EGC, n=9), adenoma (n=1), and gastritis (n=1). The other thirteen cases underwent repeated biopsy. After repeated biopsy, six cases diagnosed with EGC and five diagnosed with adenoma underwent ESD, one diagnosed with EGC did operation, and one with gastritis was only monitored. As a result, malignant and premalignant lesions were finally diagnosed in twenty two cases. In addition, twelve cases (50%) showed concordant diagnosis, but eight cases (33.3%) and four cases (16.7%) showed upgraded and downgraded diagnosis, respectively, between initial endoscopic diagnosis and final histologic diagnosis.

Conclusions: In these cases, the rate of malignant and premalignant lesions was 91.6%. Additionally, it was difficult to discriminate between malignant lesion and benign lesion by initial endoscopic finding. Therefore, ESD can be considered in patients with atypical cell on endoscopic forceps biopsy.

Key Words: Gastric atypia, ESD, EGC