Endoscopic Finding in Gastric Adenoma with High Grade Dysplasia Suggesting Gastric Cancer

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Introduction/Aim: These days, Endoscopic submucosal dissection (ESD) was widely used for primary treatment for gastrointestinal neoplasm. However initial forceps biopsy sampling may be inadequate for accurate diagnosis of gastric neoplasms. The aim of this study was to elucidate the predicting factor for gastric cancer in patients with gastric adenomas with high grade dysplasia (HGD) at initial endoscopic diagnosis.

Methods: The medical redcords of patients who were pathologically confirmed gastric adenomas with HGD at initial diagnostic endoscopy between January 2007 and February 2010 were retrospectively reviewed. In 248 patients who were treated with ESD, 42 patients were included. The pathologic diagnosis was performed on the basis of criteria for gastric dysplasia and carcinoma. The endoscopic findings were reviewed for gross type, surface color, surface nodularity, size and ulceration by two expert endoscopists. There variables were analyzed according to final diagnosis after ESD.

Results: The mean age of the patients was 65.6 years old (range, 40~81 years). Twenty-eight patients were men, Fifteen patients were diagnosed as gastric cancer, and 27 patients were diagnosed as adenoma after ESD. The mean maximal dimension of the mucosal lesions was 16.8±12.0 mm (range 4~55 mm). The mean maximal dimension of the lesions was 23.1±16.0 mm in carcinoma group and 13.3±7.2 mm in the adenoma group (p=0.038). In multivariate analysis, only size of adenoma was a significant independent predicting factor for gastric cancer (p=0.027).

Conclusion: Our result suggested that the patients with large size gastric adenoma with HGD were considered for more aggressive ESD to obtain safety resection margin.