A Case of Aciniform Gastric Polyp Misdiagnosed as Gastritis Cystica Profunda

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Introduction: Gastritis cystica profunda (GCP) is a rare disease which is mostly considered as benign condition. GCP has multiple cystic gastric glands within submucosal layer of stomach, and is developed mostly at the site of gastroenterostomy. There are many debates about malignant potential of GCP. Some study reported that gastric carcinoma and GCP is developed at the same sequence of gene. And several reports have documented GCP accompanied by gastric carcinoma. So far, the relationship between GCP and malignancy remains uncertain yet. Here we report a case of 72-year-old female patient who had an aciniform gastric polyp misdiagnosed as GCP.

Case: A 72-year-old female underwent esophagogastroduodenoscopy for general medical examination in local clinic. She had no gastrointestinal clinical symptoms and sign. She already knew that she had a gastric polyp like grape six years ago. She did not undergo any operations. The lesion was examined, and biopsy was taken. The histological diagnosis in local clinic was gastritis cystica profunda. The patient was referred for further evaluations and treatments. The aciniform gastric mass was located at cardia portion of stomach. The biopsy was taken again, and the result was tubular adenoma with mixed adenomatous and hyperplastic polyp. We decided endoscopic removal for the lesion under patient’s permission. The laboratory test including tumor markers was normal. The gastric wall thickening and enhancement of cardia was revealed at enhanced abdominal computed tomography. The endoscopic mucosal resection was partially done due to risk of hemorrhage. She was discharged healthily without other complications, and the final histological diagnosis of our hospital was a mixed adenomatous and hyperplastic polyp.

Conclusion: When GCP is diagnosed, physician should assess for coexisting benign and malignant lesion such as adenoma and adenocarcinoma carefully. Further evaluation for relation between GCP and malignant lesion is needed.

Key Words: Gastritis cystica profunda; Gastric carcinoma; Gastric polyp