

## Title:

A rare heterotopic gastric mucosa appearing between the muscularis mucosae and submucosa

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A rare heterotopic gastric mucosa appearing between the muscularis mucosae and

submucosa

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this case.

**CASE REPORT** 

A 30-year-old male was referred to our hospital with a history of abdominal

distension of a six-month duration. The patient denied a family history of

gastrointestinal tumors and the results of the physical examinations and laboratory

tests were within the normal range. White light endoscopy identified a flat uplift of

2.8 x 3.0 cm at the cardia of the gastric fundus (Fig. 1A) and magnifying endoscopy

with narrow-band imaging (ME-NBI) revealed an obscure demarcation line (DL) with

an irregular surface microstructure and microvessels (Fig. 1B). The lesion was

eventually resected by endoscopic submucosal dissection (ESD) (Fig. 1C). With regard

to the tissues of esophagogastric junction, the histopathological examination

identified multifocal ectopic mucosal glands located between the muscularis

mucosae and submucosa, with inflammatory cell infiltration (Fig. 2A and B).

**DISCUSSION** 

To the best of our knowledge, this is the first report of ectopic gastric mucosa

appearing between the muscularis mucosae and submucosa at the esophagogastric

junction. Currently, there are two theories that explain the mechanism. The most

widely accepted one is that the ectopic gastric mucosa is an embryological remnant



and the alternative theory is an abnormal proliferation associated with inflammation (1). We do not have much evidence to clarify this case into one of the specific mechanism mentioned above. However, Nomura et al. reported two cases of a cervical esophagus adenocarcinoma that arose from the ectopic gastric mucosa, which was completely resected by ESD with no signs of recurrence (2). The lesion was successfully managed with ESD in this case. The symptoms subsided after surgery and the patient remained well during one year of follow-up. Long-term follow-up is recommended for these patients in case of a recurrence or gastric cancer.

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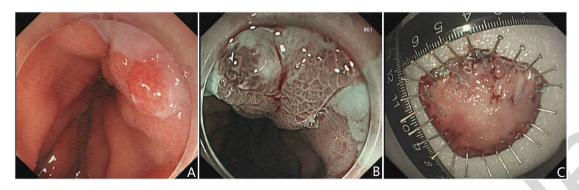


Fig. 1. A. Endoscopy revealed a flat uplift with erosion. B. Magnifying endoscopy with narrow-band imaging (ME-NBI) showed that the surface microstructure and microvessels were irregular. C. The resected specimen of the lesion.



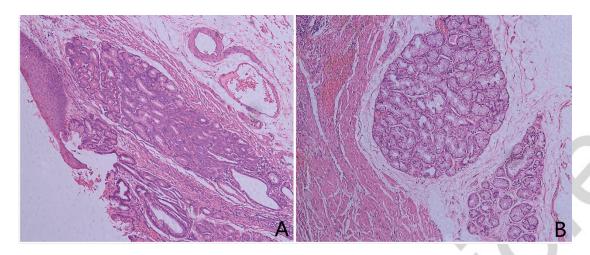


Fig. 2. A and B. The esophagogastric junction, ectopic mucosal glands located between the muscularis mucosae and the submucosa.