

Title:

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Gastric inverted hyperplastic polyp with heterotopic pancreas: a rare case of

submucosal eminence of the antrum

Youhong Cao¹, Yimin Ma¹, Zhenguo Qiao²

¹Department of Gastroenterology. Gaochun People's Hospital of Nanjing. Nanjing,

China. ²Department of Gastroenterology. Suzhou Ninth People's Hospital. Suzhou

Ninth Hospital Affiliated to Soochow University. Suzhou, China

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Correspondence: Zhenguo Qiao

e-mail: qzg66666666@163.com

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publish these images.

CASE REPORT

A 43-year-old female underwent gastroscopy due to abdominal discomfort.

Gastroscopy showed a submucosal eminence at the greater curvature of the antrum,

with smooth surface mucosa (Fig. 1A and B); biopsy pathology suggested

inflammation. An endoscopic ultrasonography (EUS) was scheduled, which revealed

that the size of the lesion was about 8.7 mm*10.8 mm, with hypoechoic changes,

and originated in the submucosa (Fig. 1C). Endoscopic submucosal dissection was

performed (Fig. 1D), and representative photomicrographs of histologic sections

were shown (Fig. 1E-H). The patient was diagnosed with gastric inverted hyperplastic



polyp (GIHP) with heterotopic pancreas (HP).

DISCUSSION

GIHP is a rare subtype of digestive tract polyp. It is characterized by the inverted growth of mucosal components into the submucosal layer, forming the histological morphology of varus, with the appearance of "flask" or "wall" structure (1). The main body of the lesion was located in the submucosa, and the mucosal surface was covered with normal gastric concave epithelium. In the center of the mucosa, the mucosal layer communicated with the submucosa. The components of the mucosal layer showed inverted growth towards the submucosa. The internal components were complex, including hyperplastic gastric concave epithelium, pyloric gland, cystic dilated gastric intrinsic gland, intestinal metaplasia, smooth muscle, pancreas and other tissues (Fig. 1E and F). In this case, a small amount of HP tissue was found at the lesion margin, which is rare and has not been reported in clinic (Fig. 1G and H). Most of the glandular tissue in the lesion was well differentiated, similar to normal gastric mucosa.

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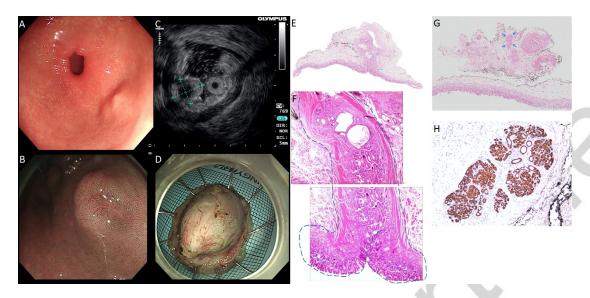


Fig. 1. A and B. Gastroscopy showed a submucosal eminence at the greater curvature of the antrum, with smooth surface mucosa (A: white light image; B: narrow band image after biopsy). C. Endoscopic ultrasonography showed that the size of the lesion was about 8.7 mm*10.8 mm, with hypoechoic changes, and originated in the submucosa. D. Endoscopic submucosal dissection was performed. E and F. Hyperplastic gastric concave epithelium, pyloric gland, cystic dilated gastric intrinsic gland, intestinal metaplasia, smooth muscle and other tissues (E: blue arrows, H&E, 1 x objective; F: blue dashed box, H&E, 100 x objective). G and H. Heterotopic pancreas tissue at the lesion margin (G: blue arrows, H&E, 1 x objective; H: positive expression of CK8/18, immunohistochemical staining, 100 x objective).