

Title:

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Authors:

Tong Liu, Jun Li

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Gastric cardia bronchogenic cyst with prolonged belching

Tong Liu¹, and Jun Li²

1. Department of Pathology, Yantai Affiliated Hospital of Binzhou Medical University, Yantai, Shandong 264100, China

2. Department of Radiology, Yantai Affiliated Hospital of Binzhou Medical University, Yantai, Shandong 264100, China

Corresponding author: Jun Li (junli@bzmc.edu.cn)

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Dear Editor,

A 65-year-old man presented with a 15-year history of belching, accompanied by intermittent epigastric pain. She had undergone abdominal computed tomography 5 years earlier (Figure 1A), which showed a cystic mass in the gastric cardia (asterisk), measuring 4 cm × 3 cm in size. His symptoms worsened recently, especially when consuming stimulating food or after emotional excitement. Repeated abdominal computed tomography (Figure 1B) showed similar cystic mass in the gastric cardia (asterisk), with small quantity of peripheral calcification. Laparoscopic resection of the cystic mass was performed. Histopathologic examination confirmed the diagnosis of bronchogenic cyst (Figure 1C), with internal coffee colored liquid and partial cyst wall calcification (Figure 1D). The symptom of belching disappeared after surgery and the patient was feeling well at 2 months of follow-up.

Discussion:

Bronchogenic cyst is caused by congenital dysplasia from the respiratory system, which is predominantly found in the mediastinum. Gastric bronchogenic cyst is very rare, especially involving cardia, making it a diagnostic challenge (1,2). These cysts typically appear as well circumscribed homogenous hypoattenuating lesions without enhancement and sometimes with calcification in the cyst wall, and are

microscopically lined with cuboids or pseudostratified ciliated epithelium (2,3).

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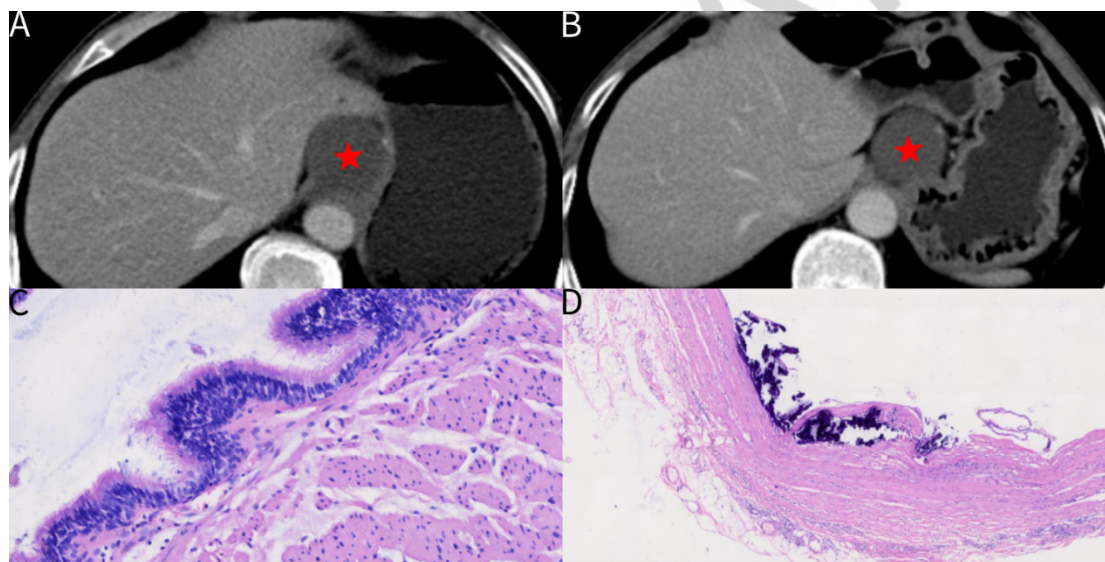


Figure legends

Figure 1. Abdominal enhanced CT scan 5 years ago (A). Current abdominal enhanced CT scan (B). Pathological image showing pseudostratified ciliated columnar epithelium and smooth muscle (C). Pathological image showing some calcification in the cyst wall (D).