IMAGE OF THE ISSUE

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Endoscopic Findings of Inverted Pyloric Gland Adenoma Resected by Endoscopic Submucosal Dissection

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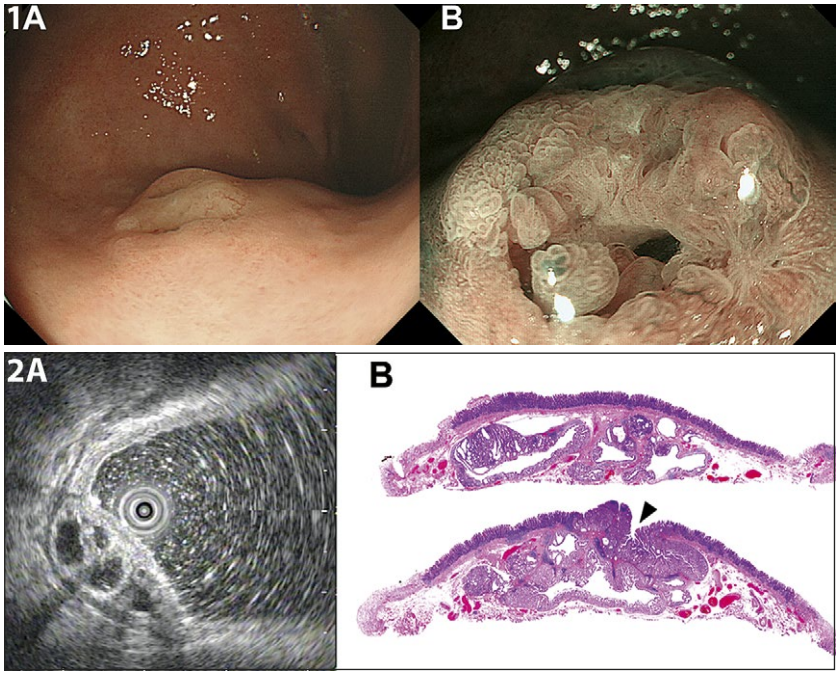

An 81-year-old male presented to our hospital for surveillance upper gastrointestinal endoscopy. Conventional white-light imaging showed a flat lesion of 20mm in diameter with two openings located at the greater curvature of the upper gastric body (Fig. 1A). Magnification endoscopy with narrow-band imaging revealed villi in and around the openings, which had round and smooth structures with different sizes; elongated capillary vessels were also detected (Fig.1B). Endoscopic ultrasonography (EUS) revealed multiple large cysts located in the second and third layer and intact fourth layer (Fig.2A). Biopsy indicated pyloric gland type neoplasm. Endoscopic submucosal dissection was performed. Histology revealed cystic invagination of the mucosal structure composed of neoplastic glands. Most of the glandular cells had round nuclei with prominent nucleoli and mucinous columnar cytoplasm, reminiscent of pyloric gland cells. Some glands showed fundic gland or foveolar epithelial differentiation, without adenocarcinoma component (Fig. 2B). We finally diagnosed it as an inverted pyloric gland adenoma.

Pyloric gland adenomas are rare neoplasms, with a risk of transformation into adenocarcinoma. In previous reports, adenocarcinoma was detected in 12.2-47% of pyloric gland adenomas [1-4]. There are, however, few reports regarding endoscopic findings of pyloric gland adenomas, including EUS [5]. It was reported [4] that 92.5% of patients with pyloric gland adenomas endoscopically presented as polypoid or mass lesions.

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