Depressed gastric-type adenoma in nonatrophic gastric mucosa without *Helicobacter pylori* infection

Gastric adenoma is a benign epithelial tumor and is frequently observed as an elevated rather than a depressed lesion and in *Helicobacter pylori*-infected mucosa [1]. We describe a rare case of depressed gastric-type adenoma in nonatrophic gastric mucosa without *H. pylori* infection.

A 59-year-old man was referred to our hospital for further examination and treatment of gastric neoplasia. Endoscopy revealed a whitish depressed lesion, 10 mm in diameter, in the greater curvature of the lower gastric body (Fig. 1). Atrophy and intestinal metaplasia were not observed in the background gastric mucosa (Fig. 2). Furthermore, serum *H. pylori* antibody, serum pepsinogen, and urea breath tests were all negative, indicating that the gastric mucosa was not infected by *H. pylori*.

Magnifying endoscopy using narrow-band imaging showed an irregular microsurface pattern with round and oval pits and a slightly irregular microvascular architecture with discordant looped vessels (Fig. 3) in the lesion. In accordance with the vascular pattern, surface pattern (VS) classification system [2], these findings were categorized as an irregular microsurface pattern and an irregular microvascular pattern with a demarcation line, which were indications of malignancy. Thus, although the biopsy specimen showed adenoma (Fig. 4), endoscopy revealed malignant findings. Endoscopic submucosal resection was performed for histologic evaluation (Video 1).

Histologically, the tumor cells showed gastric-type adenoma. Immunohistochemically, the tumor cells were positive for mucin (MUC) 5AC and MUC6 but negative for MUC2 and CD10 (Fig. 5a–d).

There are a few reports on depressed-type gastric adenomas in *H. pylori*-noninfected gastric mucosa, and some reports state that some gastric adenomas may progress to adenocarcinoma [3]. There is no consensus about the treatment for gastric adenoma in *H. pylori*-noninfected gastric mucosa. However,
we recommend that endoscopic submucosal dissection as a total biopsy is also necessary. It is important to accumulate further cases to clarify the characteristics of gastric adenomas in \textit{H. pylori}-non-infected gastric mucosa.

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Competing interests

The authors declare no conflicts of interest for this article.

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