A 73-year-old man with type 2 diabetes mellitus, but otherwise healthy, underwent esophagastroduodenoscopy screening. The examination revealed red streaks and no atrophic mucosal areas. Therefore, *Helicobacter pylori* infection was not suspected. Two small lesions < 2 mm in diameter and located < 1 cm apart were observed in the fornix. Both lesions were similar; whitish and flat with poorly defined borders (▶ Fig. 1). A biopsy from the anterior-sided lesion was diagnosed as gastric adenocarcinoma of the fundic gland type.

Endoscopic submucosal dissection was performed. The two closely located lesions were resected and included in a single surgical specimen (▶ Video 1). Histopathologically, carcinoma mimicking normal fundic glands infiltrated the deep layer of the lamina propria; hematoxylin and eosin staining.

The developed histological pattern was characterized by normal fundic glands having pale basophilic cytoplasm and nuclei located basally. Carcinoma was diffusely positive for MUC6, focal positivity for H⁺/K⁺-ATPase, and negativity for MUC2, MUC5AC, CD10, and pepsinogen I. Both lesions were diagnosed as adenocarcinomas of the fundic gland type. The
The authors

Tomohiko Mannami1 ⊗ Takehiro Tanaka2, Nobukiyo Fujiwara3
1 Department of Gastroenterology, National Hospital Organization Okayama Medical Center, Okayama, Japan
2 Department of Pathology, Okayama University Graduate School of Medicine, Dentistry, and Pharmaceutical Sciences, Okayama, Japan
3 Department of Internal Medicine, Chugoku Central Hospital, Fukuyama, Japan

Competing interests

The authors declare that they have no conflict of interest.

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