A 73-year-old man with type 2 diabetes mellitus, but otherwise healthy, underwent esophagogastroduodenoscopy 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 with a pale basophilic cytoplasm and nuclei located basally infiltrated the deep layer of the lamina propria and had irregular branching structures (►Fig. 2). The lesions had diffuse positivity 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
patient did not present subsequent recurrence after 2 years.

Gastric adenocarcinoma of the fundic gland type, a novel entity of gastric adenocarcinoma proposed by Ueyama et al. [1], is commonly observed in elderly individuals and is located in the upper third of the stomach. It originates from the deep part of normal fundic glands without atrophy [2]. Most are solitary lesions; only three cases of multiple lesions have been reported thus far [3–5]. To the best of our knowledge, this is the first case of multiple such lesions located close enough to be endoscopically resected en masse. Multiple gastric adenocarcinomas of this type can arise extremely close together. Thus, the adjacent mucosa must be comprehensively examined before endoscopic treatment to prevent overlooking lesions, which may lead to the extent of resection being improper.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AB

Competing interests

The authors declare that they have no conflict of interest.

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

Corresponding author

Tomohiko Mannami, MD, PhD
Department of Gastroenterology, National Hospital Organization Okayama Medical Center, 1711-1 Tamasu, Kita-Ku, Okayama 701-1192, Japan
Fax: +81-86-294-9255
tmannami-gi@umin.ac.jp

References


Bibliography

Endoscopy
DOI 10.1055/a-1559-2158
ISSN 0013-726X
published online 2021
© 2021, Thieme. All rights reserved. Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

Endoscopy E-Videos
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos