Acute upper gastrointestinal hemorrhage remains a common emergency with annual incidence between 50 and 150 hospital accesses/100000 population/year and a mortality rate of 7 – 10% [1]. Endoscopy is the first option both in diagnosis and treatment.

A 35-year-old man, suffering from Cooley disease and with a history of splenectomy, was hospitalized for two recent episodes of hematemesis with severe anemia. Emergency esophagogastroduodenoscopy revealed a protruding, ulcerated 4-cm mass in the gastric fundus; the overlying, nonulcerated, mucosa appeared normal (● Fig. 1). Biopsies were not performed because of the risk of bleeding. A computed tomography (CT) scan confirmed the presence of a solid, partially calcified, gastric mass, and endoscopic ultrasound (EUS) showed a rounded, well defined, submucosal hypoechoic lesion. After multidisciplinary discussion, an initial endoscopic approach was decided.

A pre-cut needle was used to create a peri-lesional perimeter which facilitated the insertion of a diathermic loop. The combined and alternate use of these two instruments enabled precise and complete excision of the entire mass (● Fig. 2), despite difficulties as a result of the lesion’s intense vascularization and solid consistency. Endoscopic clips were positioned to control two hematic leaks. Histology showed a fibrous and partly calcified mass with pools of erythrocytes and interspersed red and white blood cell precursors (● Fig. 3, ● Fig. 4) corresponding to gastric polypoid extramedullary hematoipoiesis.

Endoscopically extramedullary hematopoiesis is a well described compensatory response to hemoglobinopathies, insufficient medul-lary hematopoiesis, myelofibrosis and neoplastic replacement, or destruction of the bone marrow. Gastrointestinal localizations are extremely rare and only four cases have been reported either as a single mass [2, 3] or multiple localizations [4, 5]. At 1-month and 6-month follow-up in our patient, the treated region appeared as a retracted scar-like area (● Fig. 5), and after 3 years, there was complete healing.

In conclusion, our study describes the first case of gastric polypoid extramedullary hematoipoiesis complicating Cooley disease to be successfully treated with an endoscopic approach.

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Competing interests: None
Fig. 5 Follow-up esophagogastroduodenoscopy at 1 month showing a retracted, scar-like area at the site of the earlier endoscopic resection. No lesion or bleeding is seen.

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