A 47-year-old man was referred to the Gastroenterology Department for investigation of a polypoid stomach mass detected incidentally at abdominal computed tomography (CT). The patient did not describe any history of gastric operation. Upper gastrointestinal endoscopy revealed a broad-based polypoid mass, approximately 25 mm in diameter, at the greater curvature of the corpus. The surface of the polyp was smooth and slightly bluish. Biopsies revealed normal mucosa. Endoscopic ultrasonography (EUS) showed a homogeneous, hypoechoic, and multilocular polypoid mass in the submucosa (Figure 1). After submucosal injections of 1/20 000 epinephrine-saline solution endoscopic polypectomy was successfully performed. Histological examination of the polyp demonstrated numerous cystic dilatations lined with gastric surface epithelium under the thin overlying mucosa, and a diagnosis of gastritis cystica polyposa has been established (Figure 2). The patient was re-admitted with hematemesis and melena, 14 days after endoscopic polypectomy. Histopathological examination of the polyp revealed numerous cystic dilatations lined with gastric epithelium, under the overlying mucosa (hematoxylin & eosin;×40).

In conclusion, GCP can occur in an unoperated stomach, and can be treated by endoscopic polypectomy.

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