A case of early gastric cancer accompanied by a hamartomatous inverted polyp and successfully managed with endoscopic submucosal dissection

A submucosal tumor (SMT) was found during a regular health check-up in a 59-year-old man. Following barium meal study the SMT was shown to be growing. He visited our hospital for further examination.

The upper gastrointestinal endoscopy revealed an SMT in the posterior wall of the upper third area of the stomach, with bridging fold and positive cushion sign (Figure 1). A focal discoloration of mucosa at the top of the SMT indicated the possibility of coexistence of gastric hamartomatous inverted polyp and successfully managed with endoscopic submucosal dissection (Figure 2). We therefore performed a superficial biopsy of this mucosa, and irregular tubular structures were observed on pathologic studies. No malignancy was observed in the mucosa around the SMT. Endoscopic submucosal dissection was carried out for diagnostic therapy.

Pathologic examinations revealed irregular tubular structures limited to the mucosal layer (Figure 2), with p53-positive immunohistochemical staining. In the submucosal layer, cystic dilated glands without atypia were observed and were p53 negative. However, we could not lift it with injection agent, especially just under the SMT. We therefore removed the mucosa, including the SMT, in two blocks with snare resection (a). Pathologic examinations revealed irregular tubular structures limited to the mucosal layer (b,c), with p53-positive immunohistochemical staining (d). In the submucosal layer, cystic dilated glands without atypia were observed (b) and were p53 negative (d).

We propose that aggressive biopsy of SMT lesions of the stomach, and can be occasionally associated with early gastric cancer.

References