A 69-year-old man visited our hospital due to a positive fecal occult blood test. He was asymptomatic and his medical history included myocardial infarction and hypertension. At colonoscopy, a depressed lesion, approximately 7 mm in size, was identified in the posterior wall of the lower part of the rectum. Chromoendoscopy with 0.4% indigo carmine defined the depression, which mimicked an early depressed cancer. However, magnified observation after 0.05% crystal violet staining demonstrated a type I-like pit pattern according to Kudo’s classification in the depressed area (Figure 1) [1].

Therefore, this lesion was diagnosed as non-neoplastic based on the pit pattern analysis. An endoscopic biopsy provided a histological diagnosis of ectopic gastric mucosa of the fundic type. Although the lesion exhibited no change in size or morphology after 1 year of follow-up, it was completely removed by endoscopic mucosal resection (EMR) for both diagnostic and therapeutic reasons. Histological examination of the resected specimen revealed fundic-type gastric mucosa surrounded by normal rectal mucosa; Helicobacter pylori was not detected in the resected specimen (Figure 2).

Ectopic gastric mucosa in the rectum mimicking an early depressed cancer treated by endoscopic mucosal resection

Figure 1 Colonoscopy showed a depressed lesion mimicking an early cancer in the lower part of the rectum. Magnification with chromoendoscopy using 0.4% indigo carmine or 0.05% crystal violet staining revealed a type I-like pit pattern in the depressed area. a Conventional view. b Chromoscopic view with 0.4% indigo carmine. c Magnification after 0.4% indigo carmine dye spraying. d Magnification with 0.05% crystal violet staining.

Figure 2 Histologically, the specimen resected by endoscopic mucosal resection showed ectopic gastric mucosa of the fundic type. a Loupe view (H&E, magnification × 5). b Low-power view of the border between the ectopic gastric mucosa and normal rectal mucosa (H&E, magnification × 40).
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