

CASE REPORT

Endoscopic features of early stage gastric adenocarcinoma of fundic gland type (chief cell predominant type): a case report

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Abstract

A 68-year-old Japanese woman presented with a 10-mm polypoid lesion on the lesser curvature of the upper stomach. Endoscopic mucosal resection (EMR) revealed a 1.2-cm polypoid lesion with a stalk. Histological findings revealed a well-differentiated adenocarcinoma of fundic gland type (chief cell predominant type) with a stalk. The lesion was removed by endoscopic submucosal dissection (ESD). Histological findings of the resected specimen revealed that cancerous tubules existed in the deep part of the lesion, partly with intestinal (IM) type submucosal invasion which was covered with the atrophic non-neoplastic fundic epithelium. The tumor was diffusely positive for MUC6 and pepsinogen-I, while it was negative for MUC5AC and H-K-ATPase. A diagnosis of early stage gastric adenocarcinoma of fundic gland type (chief cell predominant type) was made.

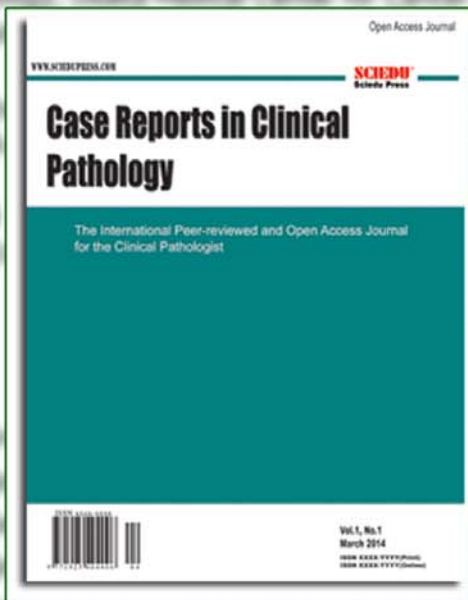
Key words

Gastric cancer, Fundic gland type, Helicobacter pylori, Endoscopic submucosal dissection

1 Introduction

Well-differentiated gastric adenocarcinoma ordinary shows morphological phenotype that is similar to fundic epithelium, gastric gland or intestinal metaplasia, but gastric adenocarcinoma that shows fundic gland differentiation is uncommon¹⁾.

There were a few case reports or series of gastric parietal cell carcinoma previously²⁻⁴⁾ but differentiation of tumor cells to parietal cells were never proved by immunostaining for H-K-ATPase, except for a single case of advanced poorly differentiated carcinoma⁵⁾. A case of gastric adenocarcinoma with chief cell differentiation was first reported by Takemoto, et al. in 2007⁶⁾. Uyama, et al. reported two cases and proposed gastric adenocarcinoma of fundic gland



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