



Case report: multiple gastric adenomatous polyps- a rare occurrence

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Abstract

Multiple gastric polyps usually occur as a part of multiple polyposis syndrome of the gut. Multiple gastric polyps are rarely encountered in general surgical practice, with an incidence of <1% including those detected incidentally. Most common multiple gastric polyps are hyperplastic polyps. Multiple adenomatous gastric polyps without polyps anywhere else in gut is a very rare occurrence. Aggressive approach with total gastrectomy should be done to all cases of multiple adenomatous gastric polyps due to the high chances of developing cancer even if it localised.

Keywords: Gastric adenomatous polyps, cancer

INTRODUCTION

A 56 year old female presented with gross anaemia and weakness since one year. Upper GI endoscopy revealed multiple gastric polyps. Endoscopic biopsy showed hyperplastic polyp. Lower GI endoscopy showed normal colon. Patient underwent total gastrectomy with jejunal pouch reconstruction– Roux-en-Y esophago-jejunostomy. Histopathology reported villoglandular / adenomatous polyps.

CASE REPORT

A 56 year old woman presented with generalised weakness since one year. There was no history of fever, loss of weight or appetite. She was a known case of hypothyroidism on 100 mcg thyroxine once daily, hypertensive on Tab Nidardipine 20 mg once daily & diabetic on Tab. Metformin. Hemogram was normal except for low haemoglobin (6.5 gm/dl). Upper GI endoscopy revealed multiple gastric polyps, both sessile and pedunculated, more in the body of the stomach. Endoscopic biopsy from a large conglomerate polyp showed features consistent with hyperplastic polyp. Lower GI endoscopy showed a normal colon. A CT scan abdomen revealed cholelithiasis and gastric polyposis.

Due to the lack of consensus about further treatment of multiple gastric polyps (with normal colon), the various treatment options were discussed with patient and her relatives. The patient underwent total gastrectomy with jejunal pouch reconstruction and Roux-en-Y esophagojejunostomy. Histopathology of the excised specimen revealed villoglandular / adenomatous polyps. A gastrograffin study a week after the surgery showed no leak of contrast from any of the anastomotic sites.

Postoperatively, the patient is being followed once every month and, barring minimal loss of weight, she recovered

uneventfully. Inj Cyanocobalamin 500 mcg intramuscularly once a month would be continued for the rest of her life. Diabetic control also improved after the surgery.

DISCUSSION

Gastric polyps are uncommon with an incidence of 0.4% in autopsy series & 3% to 5% in endoscopic series [1,2]. Most common among these are hyperplastic polyps. Adenomatous polyps constitute only 15% of cases of gastric polyps [3]. Multiple adenomatous polyps in the absence of polyps anywhere else in the gut is a very rare occurrence. Very scanty literature exists regarding this condition. Only 2 such reports exist where a similar scenario was described. Roxburg in 1962 described a case of multiple gastric adenomatous polyp treated by total gastrectomy & opines that the risk of such a patient developing malignancy is much higher than the risk of total gastrectomy [4]. Hu *et al.*, in 2002 reported a similar case & a total gastrectomy was performed [5]. Role of serial endoscopy & polypectomy is debatable. Aggressive approach with total gastrectomy should be done because of the high chances of developing cancer. Multiple polyposis syndromes should be ruled out in such cases.



Fig 1. Upper GI endoscopy picture showing multiple polyps.

Received: Feb 12, 2012; Revised: March 15, 2012; Accepted: April 12, 2012.

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Fig 2. Total gastrectomy specimen cut open to show multiple polyps.

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