

Introduction

- Gastric hamartomatous inverted polyps (GHIP) represent extremely rare gastric submucosal tumors
- GHIP are often asymptomatic, however, carry a high risk of malignant degeneration
- 20% of GHIP possess foci of gastric adenocarcinoma. As such, en-bloc endoscopic or surgical resection is the treatment of choice
- We describe a challenging case of a large GHIP in the setting of severe esophageal stenosis secondary to eosinophilic esophagitis (EOE)

Case Presentation

40-year-old male with no significant past medical history was referred to our clinic for complaints of dysphagia.

EGD was performed which revealed severe esophageal stenosis with circular rings consistent with EOE and an incidental finding of a 3 cm pulsating, polypoid submucosal mass at the gastric fundus. Given pulsatile nature, biopsy was deferred.

CT of the Abdomen with contrast was significant for a 2.1 cm gastric wall mass, suspicious for a gastrointestinal stromal tumor (GIST)



Figure A – Pulsating submucosal gastric fundus lesion seen on EGD

Clinical course

EUS was performed, after esophageal dilation, which revealed a 2.5 x 1.5 cm submucosal gastric mass originating from the muscularis mucosa. FNBx was performed and the results considered benign but, inconclusive due to blood

After discussion with pathology, they recommended additional tissue samples for diagnosis

EGD was performed with piecemeal endoscopic mucosal resection (EMR), followed by clip closure at the resection site

Final pathology was consistent with a GHIP

Follow up endoscopy revealed no additional tissue, but the patient opted for surgical referral for wedge gastrectomy vs endoscopic surveillance which confirmed no residual GHIP

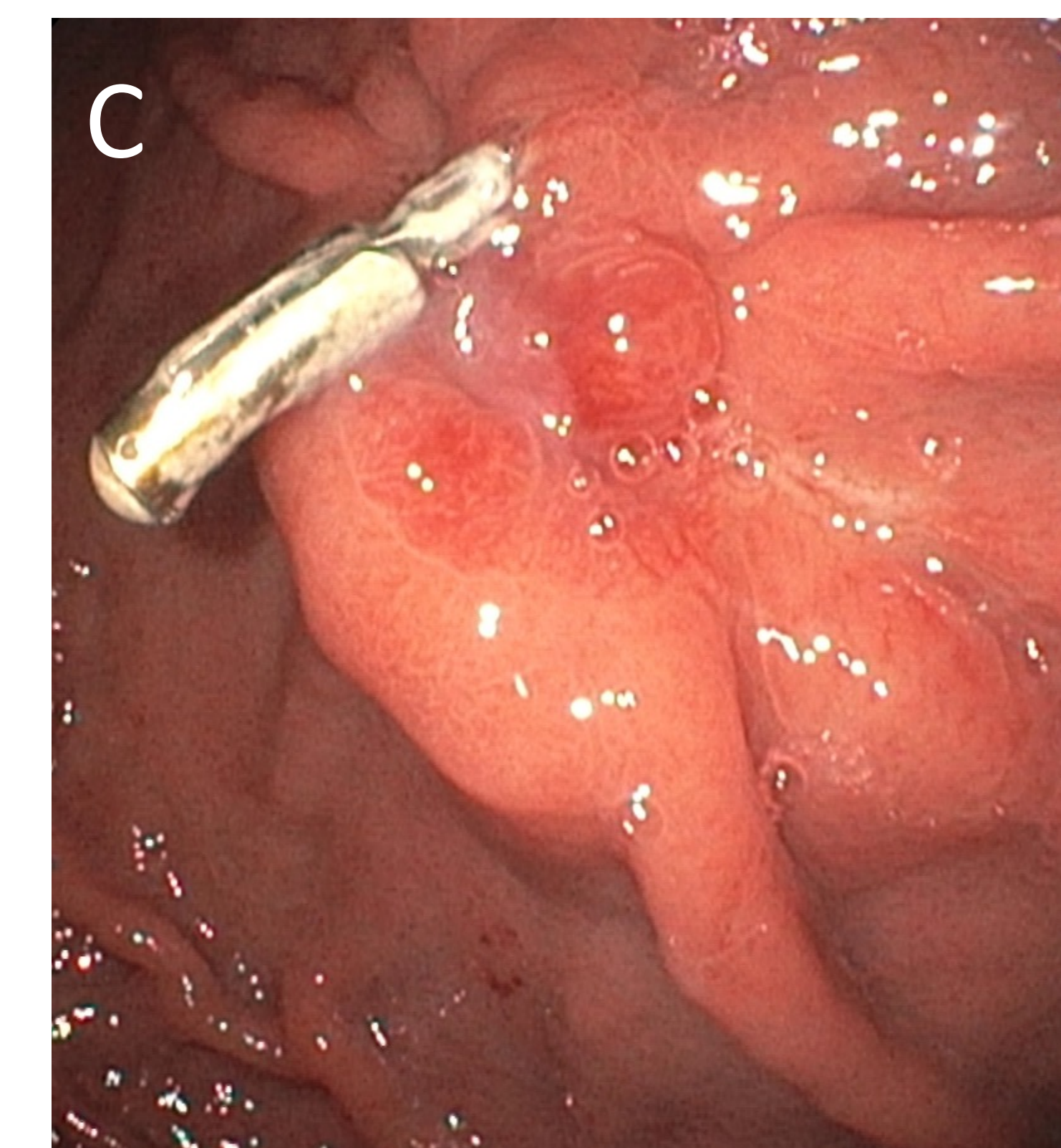
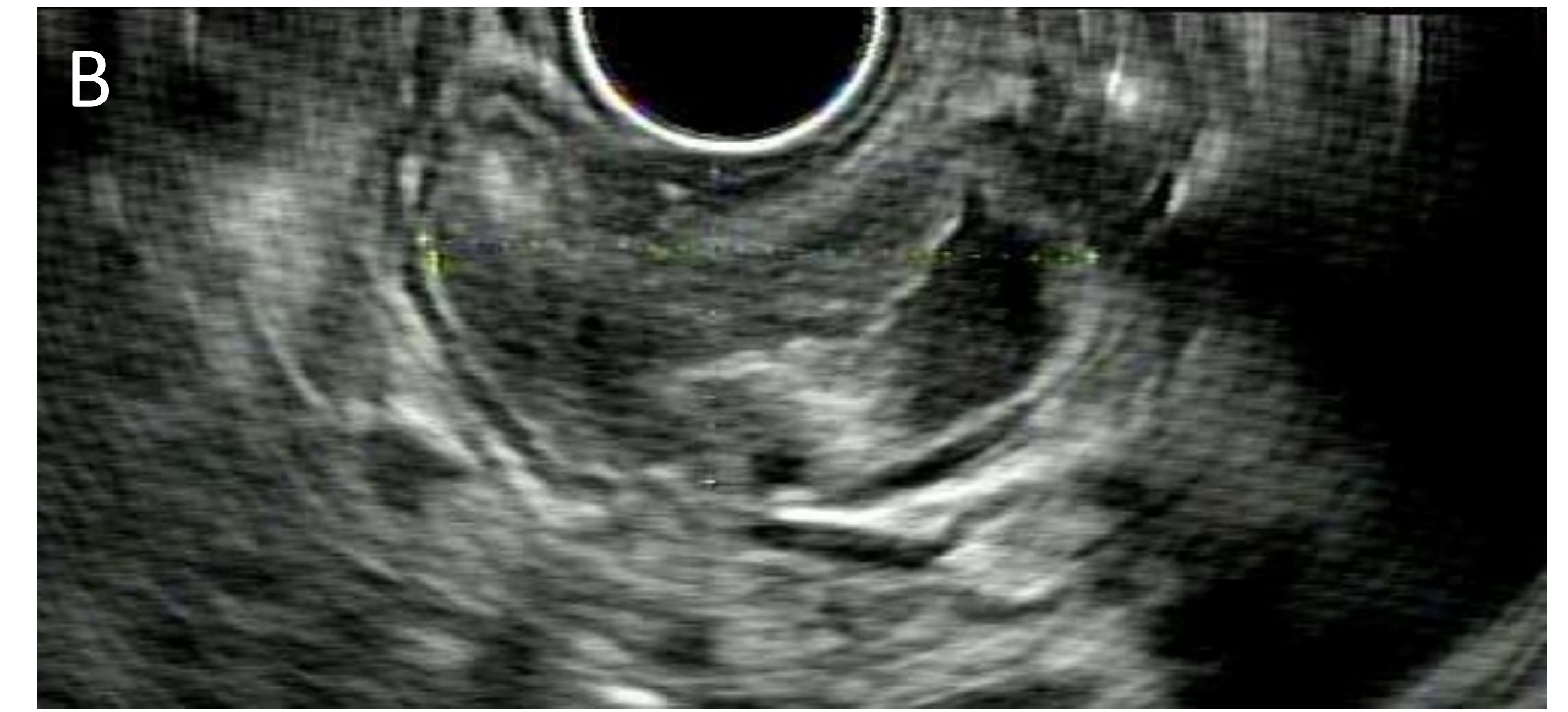


Figure B:
EUS image of the submucosal lesion

Figure C:
Resection scar at follow up EGD with granulation tissue and retained clip

Discussion

- We describe a case of a GHIP
- GHIPs are rare gastric submucosal lesions often mistaken for GIST
- In this setting, given the diagnostic limitations from the initial EUS and considering the patient's esophageal stenosis secondary to EOE, advanced en-bloc resection techniques could not be offered
- Piecemeal EMR was an effective tool for resection with no evidence of residual tissue noted status post wedge resection