

Gastric xanthelasma are rare, but can be associated with gastric cancer, making it crucial to identify them and monitor them closely upon identification.

INTRODUCTION

- Xanthelasma are benign lesions which are most commonly found on the skin but can also be found in the gastrointestinal (GI) tract. The stomach is the most common site within the GI tract for xanthelasma with a prevalence of approximately 0.2-0.8%. They were initially described back in 1887 by Orth
- Endoscopically, they appear as plaque like yellowish-white lesions, and on histology are characterized by foamy lipid laden histiocytes.
- Xanthelasma are generally asymptomatic, and thus are usually incidental findings on esophagogastroduodenoscopies (EGDs) performed for variety of other indications.

CASE DESCRIPTION

43-year old male presenting with dyspepsia and chronic heartburn. History of NSAID use, recent initiation of PPI prior to referral

Past Medical History: Hypertension, Psoriatic arthritis

Family history: Father with stomach cancer at age 48 and death at age 50.

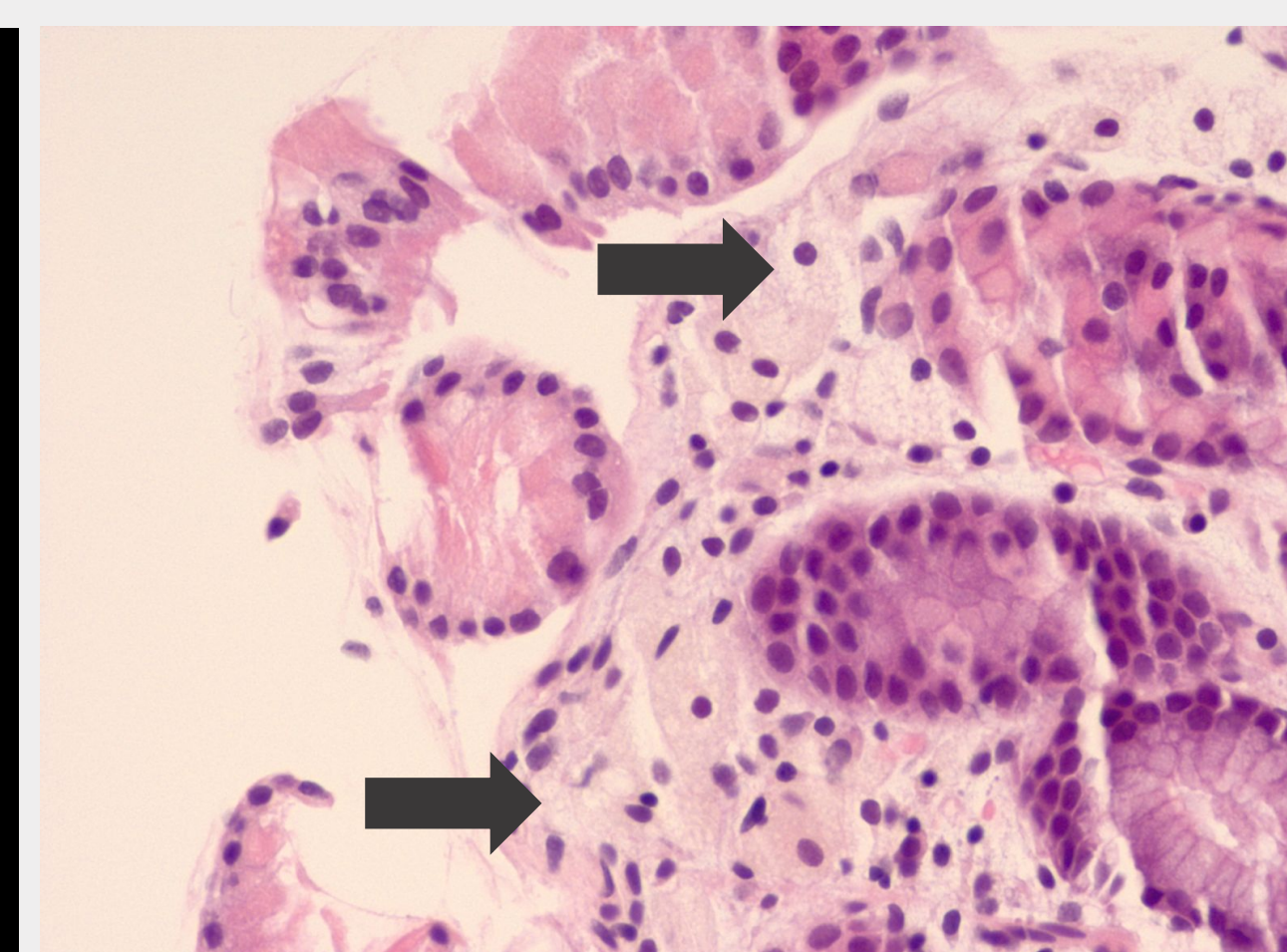
Physical Exam: Vitals within normal limits . Abdomen was soft, non-tender, non-distended

ENDOSCOPY FINDINGS

- He underwent an upper endoscopy which showed a polypoid lesion in the fundus, but was otherwise unremarkable.
- The polyp was biopsied and was suggestive of a xanthelasma, with evidence of foamy lipid laden histiocytes. There was no evidence of metaplasia or dysplasia



Gastric xanthelasma in fundus on endoscopy (black arrows).



Histology of gastric xanthelasma showing foamy lipid laden macrophages (black arrow).

POST ENDOSCOPY FOLLOW UP

- He had improvement in symptoms with PPI use, and PPI was subsequently tapered. Counseling provided to avoid NSAIDs.
- He had a follow up EGD at 6 months, which showed no evidence of recurrence.
- He had a repeat EGD 7 years later, along with his screening colonoscopy, which also showed no evidence of recurrence. His screening colonoscopy also showed no evidence of malignancy.

DISCUSSION

- Gastric xanthelasma are rare endoscopic findings.
- Though generally benign, they can be associated with chronic gastritis and pre-cancerous states such as gastric dysplasia and metaplasia. Hence, finding a xanthelasma should prompt careful evaluation of the entire stomach
- It has been shown that the presence of a gastric xanthelasma was independently associated with gastric cancer with an odds ratio of 6.19.
- The location of a xanthelasma in the upper region of the stomach was also significantly associated with gastric cancer.
- Currently there are no guidelines for surveillance for gastric cancer, and thus it must be individualized based on symptoms and other risk factors

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