

## Introduction

Gastritis cystica profunda (GCP) is a rare lesion characterized by cystic dilation of gastric glands within the submucosal layer. GCP is known to be related to various iatrogenic procedures that predispose the patient to mucosal defects, such as surgery, biopsy, or polypectomy, and also chronic ischemia and inflammation. GCP has been considered to be intermediate in progression to neoplasia. We present a case of a gastric subepithelial lesion (SEL) found to be gastritis cystica profunda with intestinal metaplasia (IM) and a focus of intramucosal adenocarcinoma (IMAC).

## Case Presentation

A 68-year-old woman presented with a 3-month history of intermittent epigastric pain. Review of systems, past medical, past surgical, family, and social histories were unrevealing. She underwent an esophagogastroduodenoscopy (EGD) which identified a 2.5 cm non-obstructing multilobulated antral subepithelial lesion (SEL) extending along lesser curvature from proximal antrum to pre-pyloric region. An endoscopic ultrasonography (EUS) was performed, revealing lesion to be hypoechoic and heterogeneous with well-defined borders and extending into submucosa. Band-assisted endoscopic mucosal resection (EMR) was carried out with histologically showing IMAC arising in a background of IM and GCP. All margins were negative for carcinoma, dysplasia, or metaplasia. Pathological stage was pT1a. Immunohistochemical stains for MLH1, PMS2, MSH2, MSH6, Her2 and PDL-1 were all negative.

## Images

**Top:** Endoscopic ultrasound of antral subepithelial lesion  
**Bottom Left:** Endoscopic view of multilobulated antral subepithelial lesion  
**Bottom Right:** Band-assisted endoscopic mucosal resection of the lesion.

## Discussion

GCP often presents in a non-specific and indolent manner. It has been theorized to arise secondary to prior gastric trauma and chronic inflammation. It is also often considered a premalignant lesion. Our case, as have previous studies in the past, tends to suggest this above assertion given the finding of IMAC overlying GCP. Perhaps the etiology of both gastric cancer and GCP are shared, leading to a close relationship noted in several case reports and series. Our patient had complete resection of her carcinoma via band-assisted EMR, once again enforcing endoscopic resection as appropriate curative option for early gastric malignancies, sparing patients morbidity and mortality associated with surgical approaches.

Despite this, long term close follow up is advised due to unclear significance of GCP and possible premalignant nature of both GCP and IM.



## Citations:

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