

Introduction

- Gastric polyposis include a wide range of pathologic conditions that can vary in histology, neoplastic potential and management.
- Despite its high prevalence, there isn't enough literature to support surveillance guidelines, management and treatment decisions for endoscopists.
- Most polyps have low risk of cancer, but there are certain subsets of polyps with malignant potential, necessitating further endoscopic treatment and periodic surveillance.
- One study has shown that 2.1% of patients with gastric polyposis were later found to have malignancy. This raises the question: how often should we perform surveillance endoscopy in such a rare but serious disease?

Case Presentation

- A 54-year-old male with past medical history of GERD was referred from primary care clinic for evaluation of chronic epigastric pain for one year.
- Patient's vitals were stable on examination and physical examination was unremarkable.
- Upper endoscopy performed showed numerous (>50) large, pedunculated polyps with superficial ulceration (ranging in size from 3mm to 2cm) noted throughout the stomach. (Figures 1-6)
- Multiple biopsies showed gastric hyperplastic polyps, negative for metaplasia or dysplasia.
- Patient was asymptomatic on proton pump inhibitors and was offered prophylactic gastrectomy, however patient refused surgical management and chose to follow-up with surveillance endoscopy.
- Endoscopy was initially repeated monthly, followed by every 3-months, there after every 6-months with unchanged findings showing numerous (>50) biopsy proven gastric hyperplastic polyps.
- The patient has been under our care for nine years and is currently being followed up with yearly surveillance endoscopy while he continues to remain asymptomatic.

Endoscopic Findings



Figure 1: Gastric polyp on EGD 6 months after diagnosis.

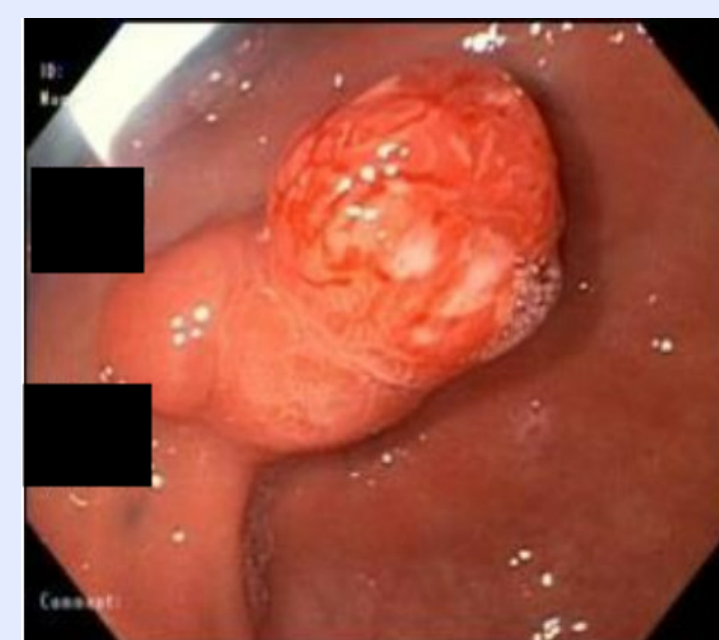


Figure 2: Large 1.5cm antral polyp 2 years after diagnosis.



Figure 3: Multiple large gastric polyps 2 years after diagnosis.

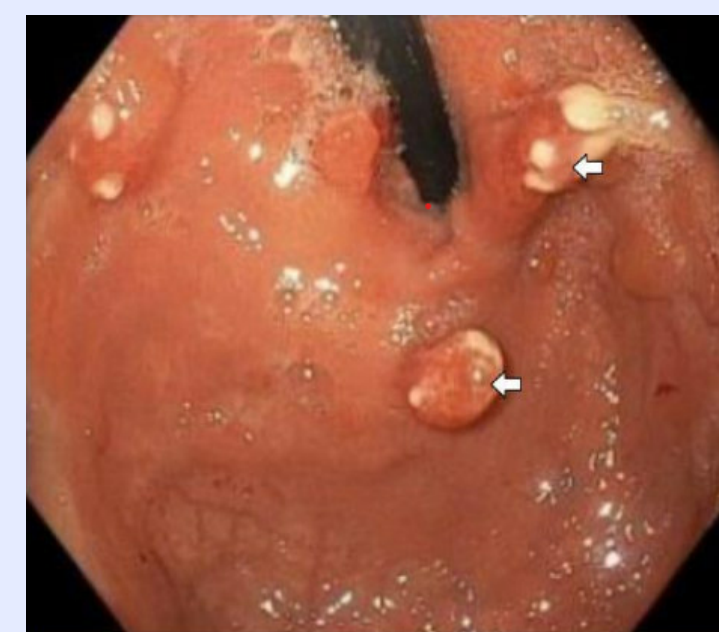


Figure 4: Multiple polyps present in the fundus 6 years after diagnosis.



Figure 5: Polyp present in gastric body 8 years after diagnosis.

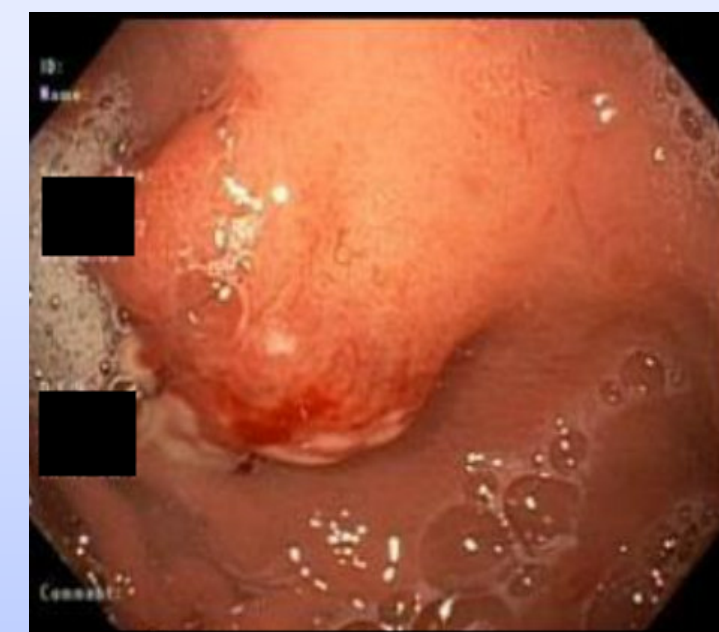


Figure 6: 2 cm gastric polyp on most recent EDG in May, 2022.

Discussion

- Although most gastric polyps have low risk of cancer, but some polyps may progress to malignancy necessitating further periodic surveillance.
- Guidelines do not exist to guide our management of this patient.
- We began with frequent endoscopies with biopsy and gradually decreased the frequency over the span of nine years with good results.
- We are advocating for physicians or larger healthcare systems to create a database to monitor these patients or create a retrospective study to determine the timeline for potential malignancy of these gastric polyps.
- With this data endoscopic surveillance guidelines can be created which will help prevent delayed diagnosis of advanced gastric cancers.

Conclusion

- Gastric polyps are common lesions found on routine endoscopy. Most lesions are benign, usually represented by hyperplastic polyps with a low likelihood for malignant potential.
- Our hope in presenting this case is to raise awareness amongst gastroenterologists regarding the lack of guidelines for gastric polyposis screening and to use this case as an example for future cases.

References

- Daibo M, Itabashi M, Hirota T: Malignant transformation of gastric hyperplastic polyps. *Am J Gastroenterol* 1987; 82:1016-25.
- Weston BR, Helper DJ, Rex DK. Positive predictive value of endoscopic features deemed typical of gastric fundic gland polyps. *J Clin Gastroenterol.* 2003;36(5):399-402.
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