

Inlet patch polyp mimicking esophageal cancer

Oleksandr Shumeiko¹, Serhii Polishchuk², David Janelidze², Yaroslav Dombrovsky³

¹Cincinnati, OH, Department of Internal Medicine; ²GastroCenter Olymed, Kyiv, Ukraine ³CSD Medical Laboratory, Kyiv, Ukraine



olymed.



Introduction

Heterotopic gastric mucosa (HGM) in the proximal esophagus also known as cervical inlet patch is a prevalent accidental finding during EGD.

Case Description

56 y.o. female with no prior PMH presented with a 4-year history of constipation, heartburn, epigastric pain, and weight loss. Symptoms were not controlled with the PPI trial.

EGD showed 2 areas of gastric mucosa heterotopy in the duodenal bulb, sized up to 5 mm. In the cervical esophagus, an area of HGM sized 15x20 mm with protruding lesion Paris 0-Is sized 5x7mm was visualized. In the narrow-band imaging, the vessel pattern was irregular, with dilated interpupillary loops, and an irregular surface pattern. Malignancy was suspected with biopsies obtained. Pathology showed gastric-type epithelium with active inflammation, erosion, and hyperplastic polyp in HGM. On repeat EGD lesion was completely removed with hot snare polypectomy. Final pathology showed inflammatory (granulation) polyp without dysplasia or neoplastic process. The patient's dyspeptic symptoms improved on follow-up with double dose PPI.

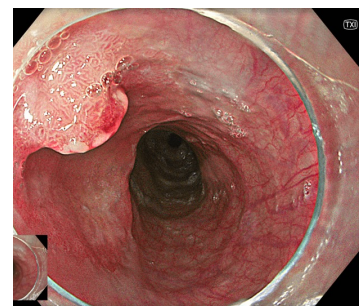


Figure 1. 0-Is lesion in cervical esophagus visualized using TXI mode

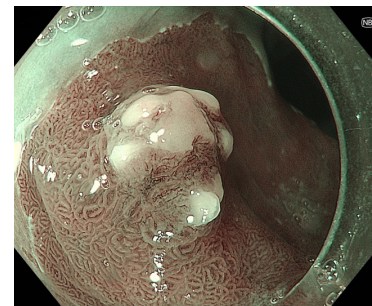


Figure 2. Lesion best visualized using NBI mode and transparent distal cap

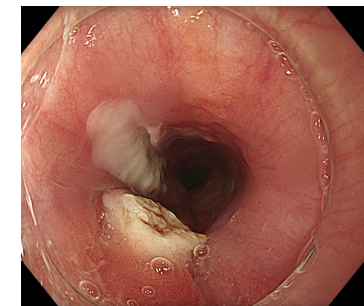


Figure 3. Lesion removed with hot snare polypectomy

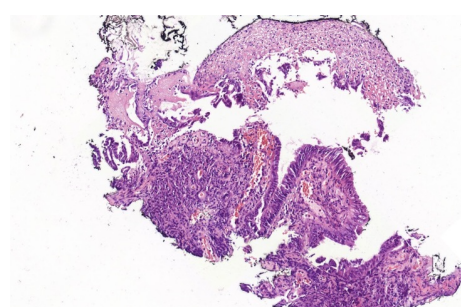


Figure 4. Inflammatory polyp with erosion, H&E x 100, 1st Bx

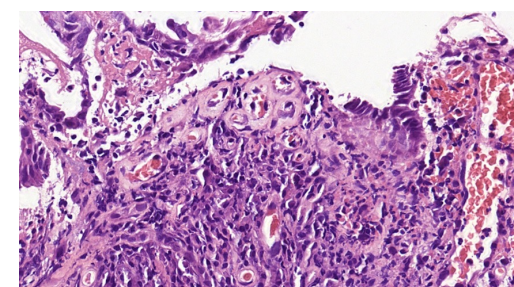


Figure 5. Granulation tissue and regenerating epithelium, H&E x400, 1st Bx

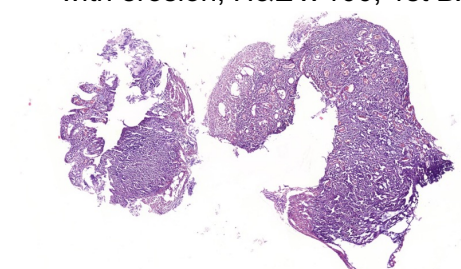


Figure 6. Polyp entirely formed by granulation tissue, H&E x30, polypectomy

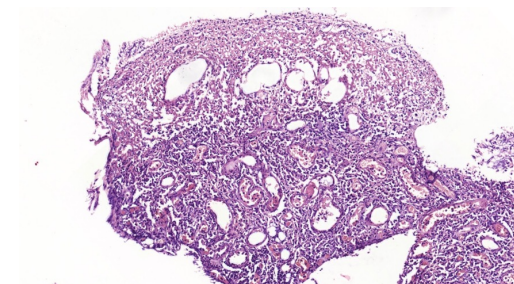


Figure 7. Polyp entirely formed by granulation tissue, H&E x100, polypectomy

Discussion

HGM is found in up to 10% of the general population. Some studies consider that HGM is a common benign finding which can be used as a surrogate marker for thorough esophagus examination. Other data suggest that inlet patches can be associated with reflux and dysphagia symptoms, dysplasia, and malignancy in rare cases. Quick insertion and withdrawal of the scope can lead to missed diagnoses of HGM and its complications. HGM detection rate can serve as an EGD quality indicator. Narrow band imaging can be used to improve the HGM detection rate.

Various classifications of surface and vessel patterns are used to identify squamous cell malignancy in the upper esophagus, but they are inapplicable in HGM. Careful examination with histopathological examination of biopsies is recommended for mucosal abnormalities in HGM.