

Helicobacter pylori-associated peptic ulcer and florid follicular gastritis extending to the muscularis propria mimicking a malignancy

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摘要

Abstract

In chronic follicular gastritis the lymphoid follicles are usually localised in the lamina propria.¹ In lymphoid hyperplasia associated with a chronic peptic ulcer, numerous lymphoid follicles are sometimes present in the ulcer base, in which the muscularis propria has usually been destroyed and replaced by scar tissue.² The histology of Helicobacter-associated chronic gastritis with numerous reactive lymphoid follicles and an indistinct poorly developed marginal zone may closely simulate lymphoma and pose a diagnostic challenge. We present an extreme example of florid follicular gastritis, which mimicked a malignant neoplasm clinically and pathologically. To our knowledge, such florid hyperplasia with reactive lymphoid follicles extending into the muscularis propria and beyond has never been reported.

A 65-year-old man presented with intermittent abdominal hunger pain for one month. Endoscopic biopsies revealed a Bormann type II antral ulcer with H pylori infection. Endoscopic findings and image study strongly suggested gastric cancer; a subtotal gastrectomy and regional lymph node dissection were performed. On the lesser curvature side of the antrum, there was a tumour-like lesion, 4×3×1 cm with ulceration and slightly elevated margins. The cut surface was whitish and firm with effacement of the gastric muscle wall (fig 1). Microscopically, sections of stomach show ulcerated antral mucosa with an adjacent and underlying intense chronic inflammatory infiltrate comprising reactive germinal centres surrounded by a narrow mantle zone with some peripheral lymphocytes. Beneath the ulcer there was intense scarring with destruction of the muscularis propria, which was preserved lateral to the ulcer margins. The hyperplastic lymphoid follicles extended into the scar tissue, muscularis propria and serosa (fig 2). Bacilli morphologically typical of H pylori were identified. There were no lymphoepithelial lesions or aggregates of centrocyte-like atypical lymphocytes to suggest

mucosa-associated lymphoid tissue (MALT) lymphoma. The dissected regional nodes measured up to 2.2 cm in diameter and revealed marked follicular hyperplasia.