

## EDITOR'S QUIZ: GI SNAPSHOT .....

## Multiple sessile polypoid lesions in the stomach

Robin Spiller, editor

**Clinical presentation**

A 75-year-old man with myelofibrosis was diagnosed in October 2002. Blast crisis was noted several times in between October 2002 and September 2005 so hydroxyurea and interferon were given. In addition, he also received radiotherapy (total dose 3500 cGy) from 26 March to 5 April 2004, but the course was not completed as he could not tolerate the procedure. He was referred to our department due to passage of melena and anaemia (haemoglobin level: 6.9 g/dL, haematocrit: 21.2%) noted in October 2005. Upper gastrointestinal panendoscopy was performed. There were multiple tiny flat erythematous areas measuring 0.1 cm in diameter and reddish sessile polypoid lesions measuring 0.2–1 cm in diameter in the stomach, especially at the gastric body and fundus (figs 1A–D). Biopsies were performed on the sessile polypoid lesions at the gastric body as well as the flat erythematous areas at gastric antrum. Biopsies are shown in fig 2.

**Questions**

1. What is the endoscopic diagnosis?
2. What are the pathological findings of the biopsy specimen of the stomach?

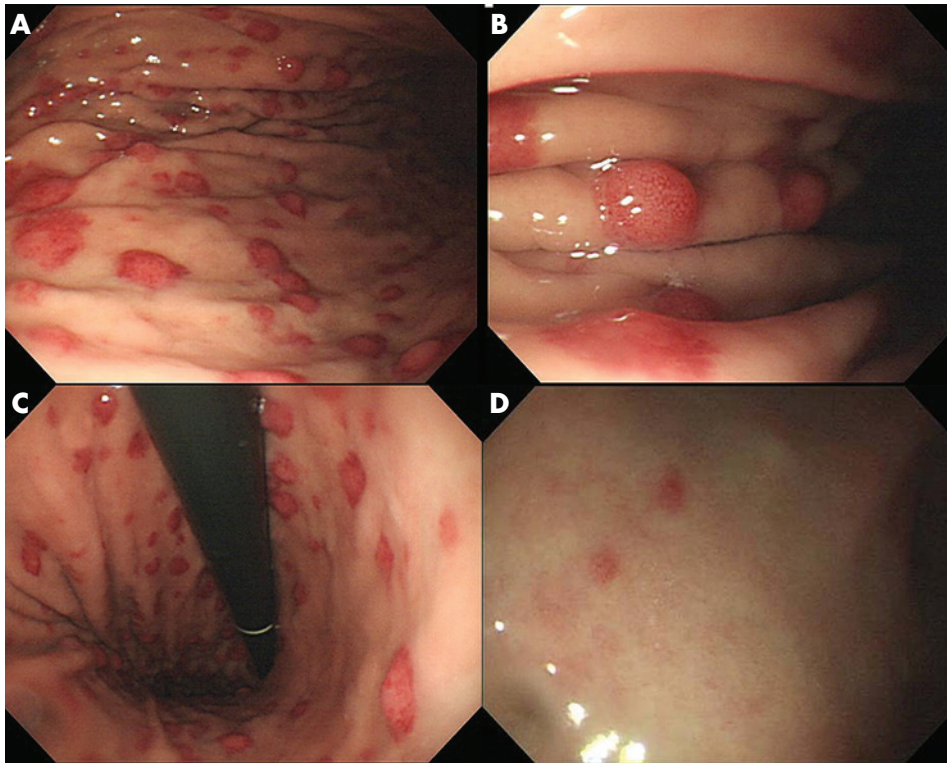
For answers see page 1769.

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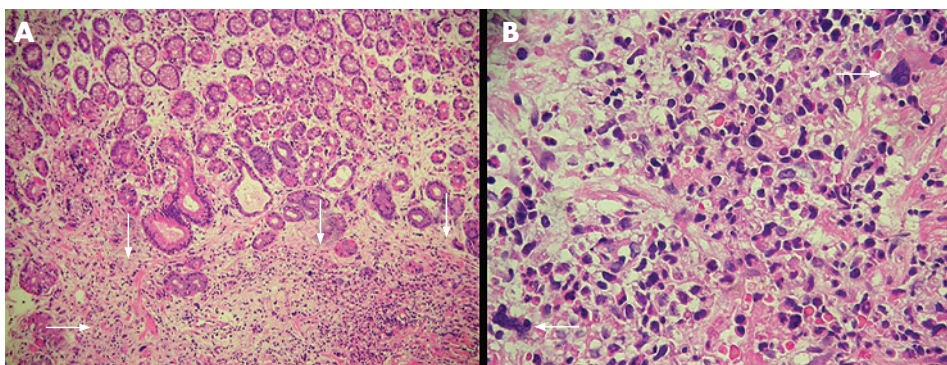
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**Figure 1** Multiple reddish sessile polypoid lesions measuring 0.2–1 cm in diameter in the stomach, especially at the gastric body and fundus (A, B, C). Biopsy on the tiny erythematous areas at the antrum (D) showed the same pathological picture as the larger sessile polypoid lesions at the gastric body and fundus (A, B, C).



**Figure 2** Biopsy of gastric mucosa H&E stain (A) original magnification  $\times 100$ , (B) magnification  $\times 400$ .



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