Duodenojunal Intussusception Caused by a Solitary Peutz Jeghers Type Hamartomatous Polyp

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Background: Peutz Jeghers syndrome is a rare autosomal dominant disorder characterized by hamartomatous polyps and characteristic mucocutaneous pigmentation. Solitary hamartomatous polyp has been considered a variant or separate disease entity without the features Peutz Jeghers syndrome. Such hamartomatous polyps occur predominantly in the small bowel, colon and stomach and the rarely arise from the appendix. These polyps are characterized by hyperplastic epithelia and by the proliferation of smooth muscle bundles around the mucosal glands. As compared with Peutz Jeghers syndrome, Peutz Jeghers type hamartomatous polyps are diagnosed with a lower risk of cancer.

Methods: We report an experience of a solitary hamartomatous polyp in distal part of duodenum, that led to bowel intussusception.

Results: A 24 year-old woman presented of long term epigastric pain and abdominal dyscomfort. On physical examination the abdomen was nontender and without palpable masses, vital signs of patient were normal. Mucocutaneous pigmentation of the perioral region, buccal mucosa, hands and feet was absent. Patient had no family history of Peutz Jeghers syndrome. Standart laboratory tests were unremarkable. Abdominal computed tomography revealed a intussusception of distal part duodenum into the jejunum with suspicion of intraluminal expansion. We perform esophagogastroduodenoscopy. Examination demonstrated pedunculated polyp, measuring 50 mm in diameter. We performed endoscopic polypectomy, our procedure was without complications. Histological examination showed hamartomatous polyp. The patient underwent colonoscopy and examination of small bowel with no evidence other polyps.

Conclusions: We described a patient wit a large Peutz Jeghers polyp, that obstructed small bowel. The incidence of sporadic Peutz Jeghers polyps is low. We miss more facts about a lifelong risk of cancer in patients with Peutz Jeghers polyps, but is necessary to perform consistent screening for excluding possible malignancies.

The Influence of Agent Orange to the Synchronous or Metachronous Gastric Cancer in Patients Treated by Endoscopic Submucosal Dissection

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Background: Endoscopic submucosal dissection (ESD) is one of the therapeutic modalities for early gastric cancer. After the ESD, synchronous or metachronous lesions occur in some cases. Agent Orange (AO) is an herbicide used in the Vietnam War to defoliate forest areas. Many Korean veterans who participated in the war were exposed to it. But the influence of the material to stomach cancer remained uncertain. So, we investigate the influence of AO to the synchronous or metachronous gastric cancer in patients treated by ESD.

Methods: From January 2008 to December 2012, 37 male early gastric cancer patients, including 38 AO exposure veterans, treated by ESD and followed up more than 12 months were enrolled, retrospectively. All patients were checked by gastrofiberoscopy and CT scan regularly for recurrence. Synchronous and metachronous lesions were defined as a new lesion found within 1 year and a new lesion found after 1 year of primary ESD treatment. We analyzed the relationship between the synchronous and metachronous lesion occurrence and the clinical characteristics including AO exposure.

Results: The median age was 70 (52-85) and the median follow-up duration was 25 months (12-63). Overall, synchronous lesion incidence rate was 4.6% (4 cases) and metachronous lesion incidence rate was 11.5% (10 cases). In analysis, the metachronous lesion incidence rate was higher in old age group (>65), statistically (p< vs. 14.5%, p<0.05). Otherwise, there was no relationship between the synchronous or metachronous gastric cancer occurrence and other clinical characteristics such as AO exposure, the tumor size, location, histologic and tumor type.

Conclusions: Old age is suggested as a risk factor of the metachronous early gastric cancer. It is suggested that there was no influence of AO exposure to the synchronous and metachronous gastric cancer.

Case Report : Inflammatory Fibroid Polyp Invading Proper Muscle Layer

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Background: Inflammatory fibroid polyp (IFP) is localized proliferation disease in gastrointestinal tract. Recently, IFP has been detected more frequently as the use of endoscopy is increased. The histologic feature is mostly limited submucosa, no invasion of muscle layer. We report case of IFP invading proper muscle layer.

Case: A 62 year old male without specific medical history, complained epigastric pain during 3 months. His blood laboratory test result is normal except Hb 7.5mg/dL. His physical examination presents palpable epigastric mass and pale conjunctiva. His endoscopy remarks 10cm sized polypoid mass has stalk originating posterior wall of mid antrum. Initial Biopsy pathology reported necrotic inflammatory exudate with granulation tissue formation and spindle cells proliferation. And CT stomach reported Stomach origin subcutaneous mass to stomach antrum herniation. So we initially suggested gastrointestional stromal tumor (GIST). We performed laparoscopic resection of stomach and final pathologic diagnosis is inflammatory fibroid polyp, invading proper muscle layer.

Conclusions: We don’t know exactly why IFP in stomach is limited submucosa. IFP in other GI tract often invading muscle layer. Stomach IFP has more symptoms and frequent endoscopy increase diagnosis rate. So huge sized stomach IFP is rare. We suggest stomach IFP is mostly limited submucosa, because it was related mass size.