Gastric microcarcinoids diagnosed with magnification endoscopy

George K. Anagnostopoulos^a, Maria Tzouvala^b, Nikos Kalogeropoulos^a

^aTherapeftirio Kipselis, ^bGeneral Hospital of West Attica, Agia Barbara, Athens, Greece

A 55-year-old lady underwent upper gastrointestinal endoscopy due to dyspeptic symptoms. Endoscopy revealed a diminutive flat reddened lesion measuring less than 2mm which appeared as an erosion in the proximal gastric body and a second diminutive one in the distal part of the gastric body [Fig. 1a, b]. Magnification Endoscopy with and without Narrow Band Imaging demonstrated distinctly different findings from those of a gastric erosion.

At the centre of the lesion, the pit structure had disappeared, and although the capillary network was preserved, underneath the epithelium, a faint yellowish hue could be seen [Fig. 2a, b]. The surrounding mucosa in the gastric body, although normal in conventional endosopy,



Figure 1 Flat reddened lesion appearing as erosion

^aEndoscopy Department, Therapeftirio Kipselis, Athens, Greece (George K. Anagnostopoulos, Nikos Kalogeropoulos); ^bGastroenterology Department, General Hospital of West Attica, Agia Barbara (Maria Tzouvala)

Correspondence to: George K. Anagnostopoulos MD, Consultant Gastroendoscopist Mitera General Maternity and Pediatrics Clinic; Tel.: +306937106139; fax: +302108234831; e-mail: gkanagnostopoulos@yahoo.gr

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Figure 2 The lesion as seen with magnification endoscopy (x115), without (a) and with NBI (b)

showed signs of atrophy in magnification endoscopy with loss of the subepithelial capillary network. This image was suspicious of microcarcinoid tumors as we have already described, and this was confirmed by histology which showed round-to-oval enterochromaffin-like cells in nests which stained positive for chromogranin [Fig. 3]. The above

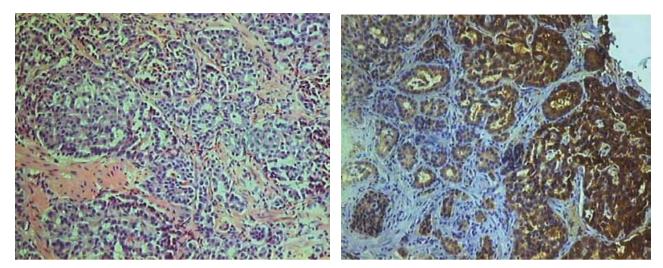


Figure 3 Histology showed a carcinoid tumor (on haematoxylin eosin stain x100 on the left and immunohistochemistry with chromogranin on the right)

findings which are similar those which we have already published show that gastric microcarcinoid tumours have specific findings in magnification endoscopy. Therefore, in patients who show atrophy in magnification endoscopy, the stomach should be meticulously examined so as to identify such lesions.

Reference

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