

Concurrent Gastric Hyperplastic and Fundic Gland Polyps in a Patient Taking Proton-Pump Inhibitor

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Received: 28 Nov 2020

Accepted: 01 Dec 2020

Published: 10 Dec 2020

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Citation:

Nishimura N. Concurrent Gastric Hyperplastic and Fundic Gland Polyps in a Patient Taking Proton-Pump Inhibitor. Japanese Journal of Gastroenterology and Hepatology. 2020; V5(6): 1-2.

1. Clinical Image

A 61-year-old man presented with iron-deficiency anemia (hemoglobin, 8.1 g/dl). He had been taking warfarin and low-dose aspirin for atrial fibrillation and post mitral valve replacement. He had also taken 15 mg lansoprazole daily for 6 years for treatment of gastroesophageal reflux disease. Serum anti-*Helicobacter pylori* IgG antibody and *H. pylori* testing of gastric biopsies were negative. Esophagogastroduodenoscopy revealed more than 20 pale pink, pedunculated polyps of up to 20-mm diameter (Figure 1) and fewer light-red polyps in the gastric body and fundus. The fundic mucosa appeared non-atrophic. The largest of the pale pink polyps and one large, red polyp (Figure 2) were resected endoscopically. Histological examination of the pale pink polyp revealed fundic gland mucosa with cystic, dilated glands, consistent with fundic gland polyp. Histological examination of the large, red polyp revealed elongation and branching of foveolae, characteristic of a hyperplastic polyp, without atypia, (Figure 3). Lansoprazole was discontinued because of suspected association between its use and gastric polyps. Follow-up endoscopy 5 months later revealed fewer and smaller gastric polyps (Figure 4). The anemia had resolved with iron treatment and did not recur.

Gastric fundic gland polyps develop with long-term use of proton-pump inhibitors [1]. Hyperplastic polyps usually occur in patients with *H. pylori* infection [2], but association between use of the medication and hyperplastic polyps is unclear. This case demonstrates that long-term PPI therapy induces the development of gastric hyperplastic polyps and fundic gland polyps in patients without *H. pylori* infection.



Figure 1: Esophagogastroduodenoscopy revealed more than 20 pale pink, pedunculated polyps of up to 20-mm diameter in the gastric body.

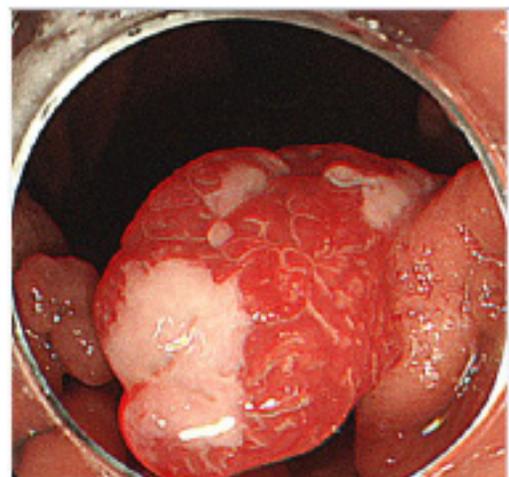


Figure 2: One large, red polyp was resected endoscopically.

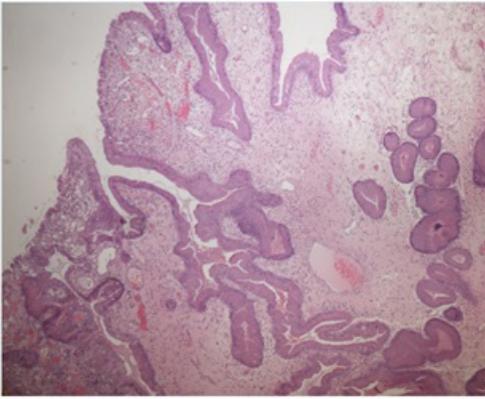


Figure 3: Histological examination of the large, red polyp revealed elongation and branching of foveolae, characteristic of a hyperplastic polyp.

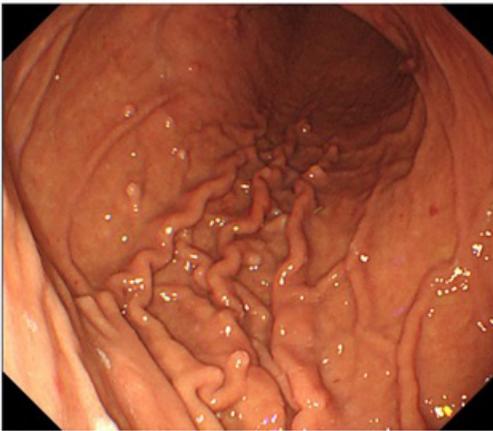


Figure 4: Follow-up endoscopy 5 months later revealed fewer and smaller gastric polyps.

References

1. Hongo M, Fujimoto K: Gastric Study Group. Incidence and risk factor of fundic gland polyp and hyperplastic polyp in long-term proton pump inhibitor therapy: a prospective study in Japan. *J Gastroenterol.* 2010; 45: 618-24.
2. Jain R, Chety R. Gastric hyperplastic polyps: review. *Dig Dis Sci.* 2009; 54: 1839-46.