

*Klaikaew N***Case 1**

A 40 years old female complained with dyspeptic symptom for a year. Esophagogastroduodenoscopy was performed and seen mild redness of antrum with multiple small polypoid lesions in stomach. Histopathologic section showed antrum mucosa with mild chronic gastritis and foveolae hyperplasia look like polypoid lesion in endoscopic finding (Figure 1).

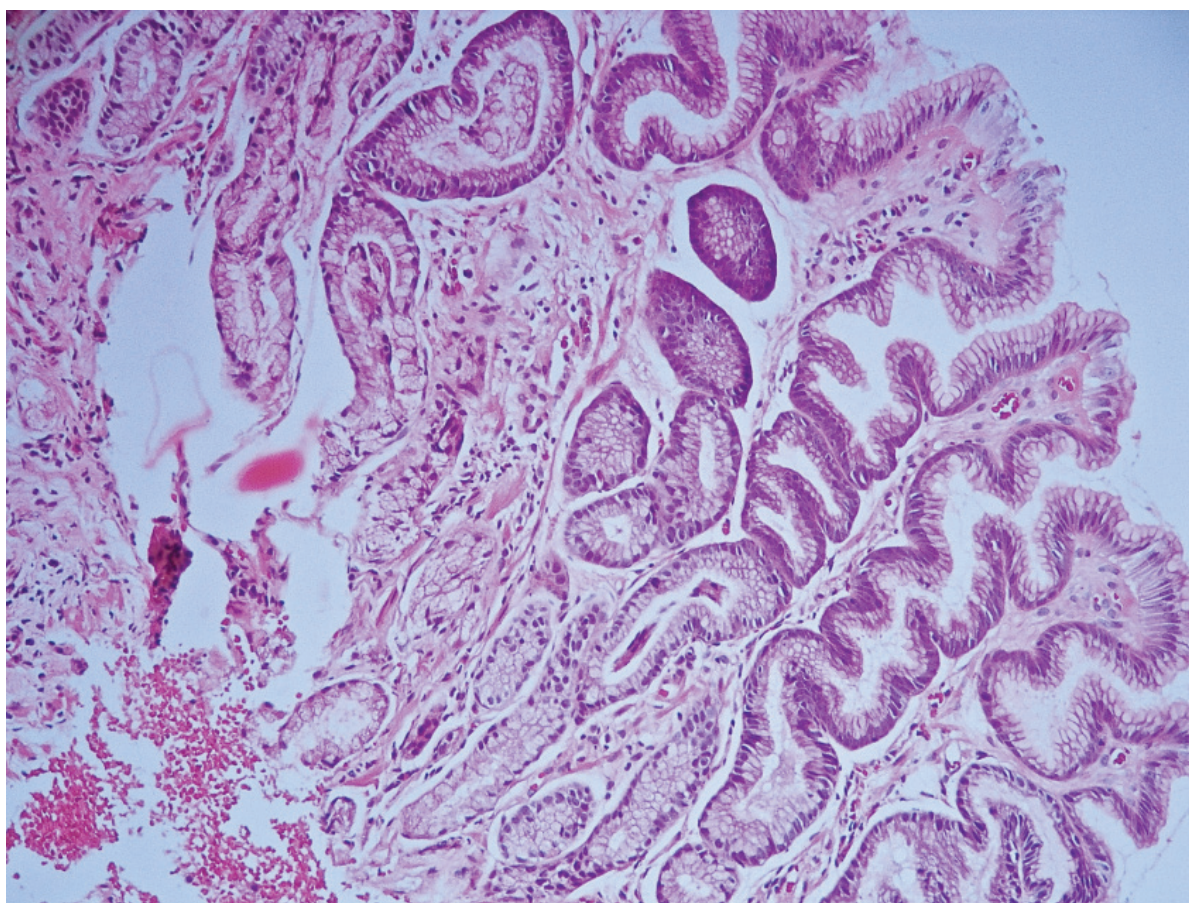


Figure 1. Polypoid lesion in stomach.

What is the most likely diagnosis?

(Answer see page 135)

Case 2

A 59 years old man with obesity and diabetes was evaluated for history of chronic abdominal discomfort and long term omeprazole used for his reflux symptom. Esophagogastroduodenoscopy was done and seen mild redness of antrum with multiple small polypoid lesions in stomach. Section showed gastric oxyntic mucosa with proliferation, elongation, and dilatation of oxyntic glands (Figure 2).

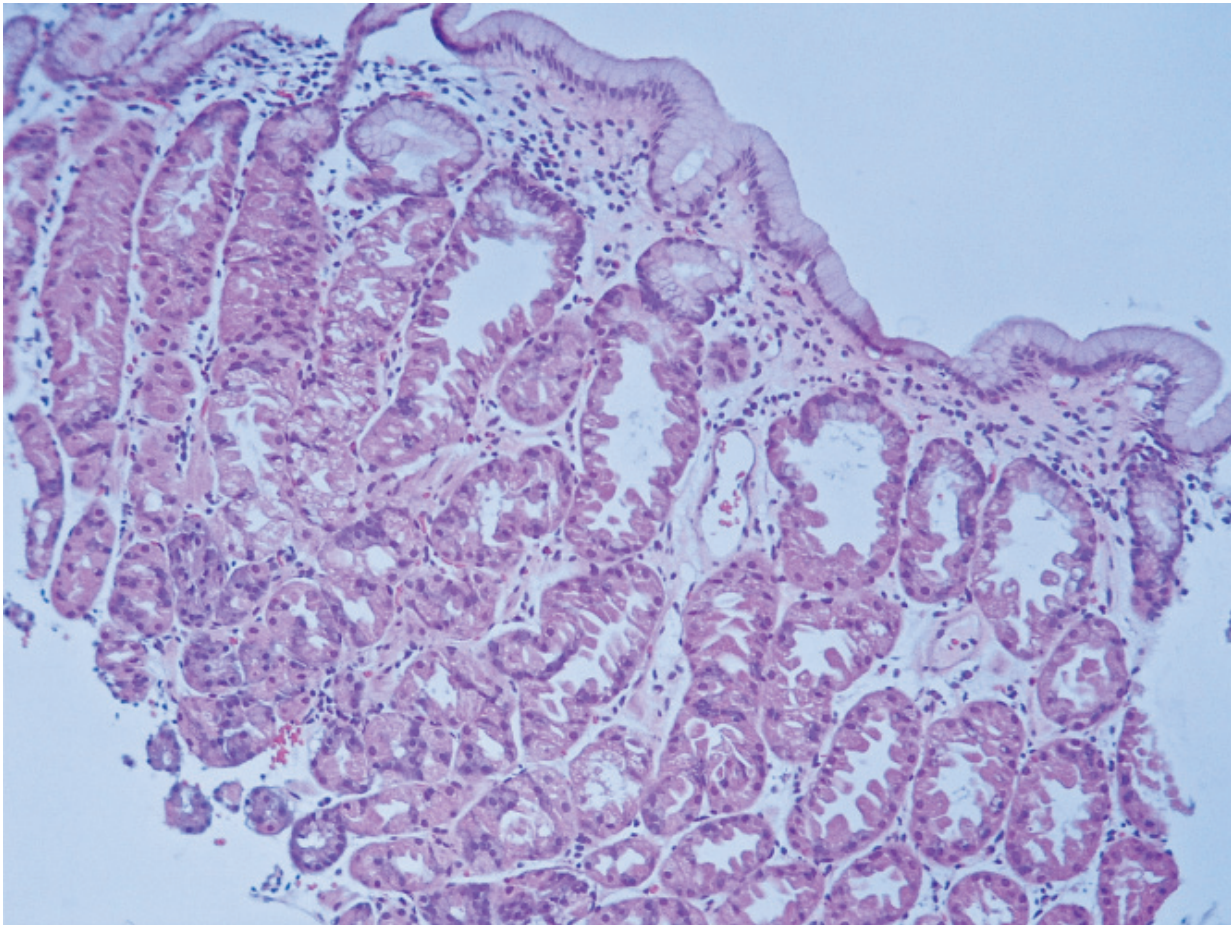


Figure 2. Gastric biopsy.

What is the most likely diagnosis ?

(Answer see page 135)

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Case 3

A 32 years old female presented with dyspepsia. Esophagogastroduodenoscopy was done and found mild redness of antrum with multiple small polypoid lesions in stomach. The section of sessile polyps of the gastric fundus/body with irregular proliferation with cystic dilation of glands of deep fundic glands, lined with chief and parietal cells. The stroma comprises scant inflammation (Figure 3).

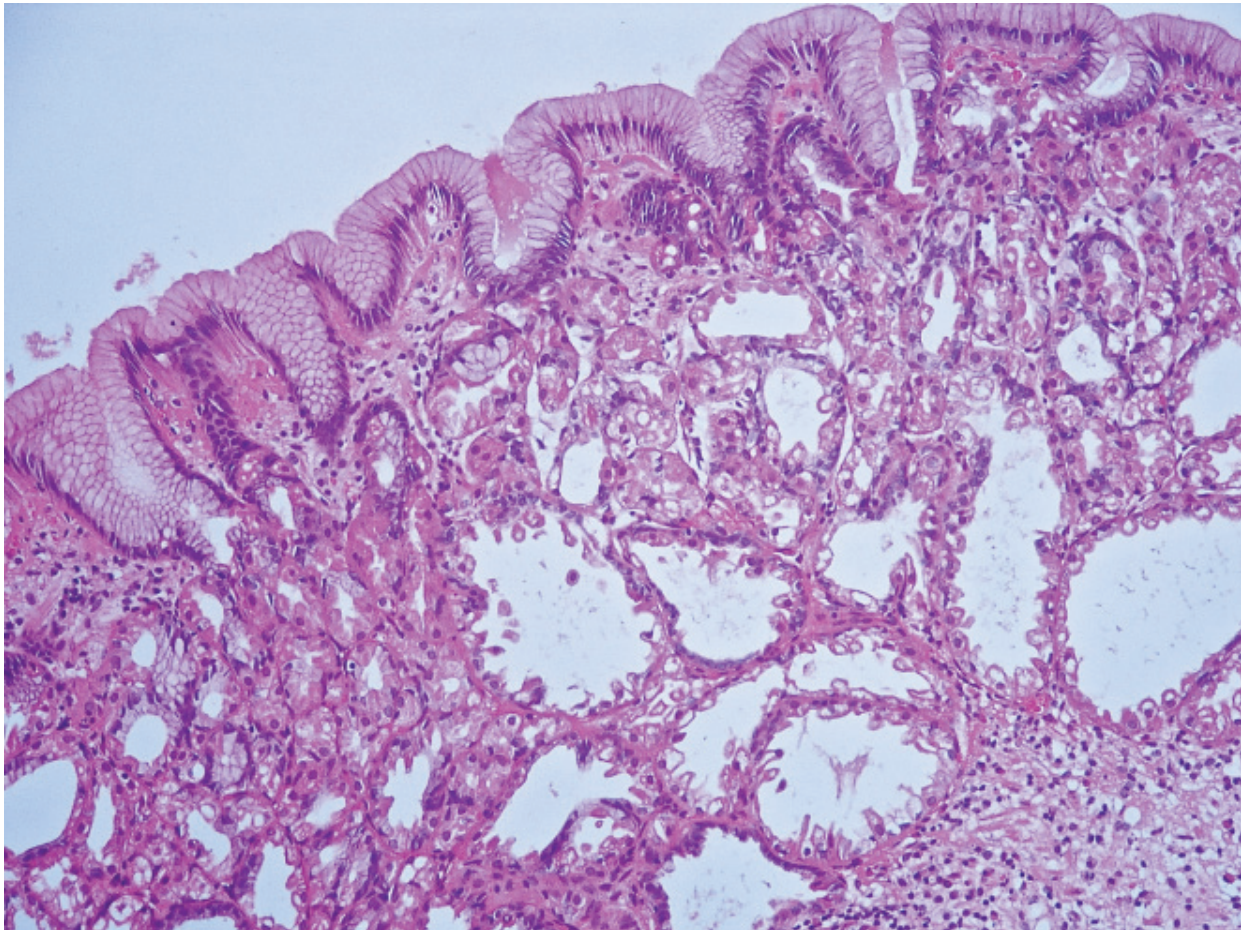


Figure 3. Gastric polyps.

What is the most likely diagnosis?

(Answer see page 135)

Answer for patho corner

- Case 1 = Foveolae hyperplasia.
- Case 2 = Long term PPI effects.
- Case 3 = Fundic gland polyps.