

Gastric pyogenic granuloma: rare entity, usual therapy



► **Fig. 1** 20-mm polypoid lesion with a superficial white film covering the head.



► **Fig. 2** Endoscopic ultrasonography evidence of a hypoechoic lesion arising from the second wall layer with preserved wall layers and no deep infiltration.

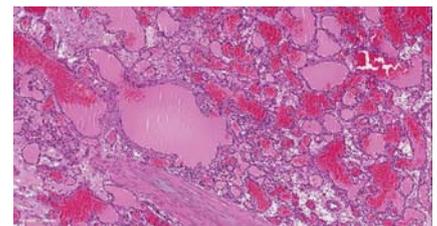


► **Video 1** Gastric pyogenic granuloma effectively removed by endoscopic snare resection.

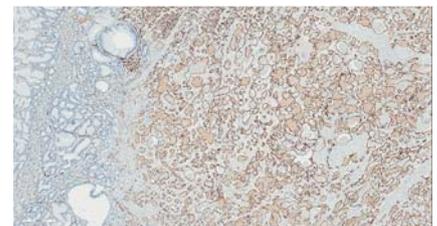
Lobular capillary hemangioma, known as pyogenic granuloma, is a benign vascular tumor that generally appears on the skin or in the oral cavity but rarely occurs in the gastrointestinal tract, where it can cause bleeding [1]. Although gastric pyogenic granuloma is rarely reported in the literature, (up to 2016, approximately 50 cases of gastrointestinal pyogenic granuloma in the English literature had been indexed on MEDLINE, including a few cases of gastric involvement), the actual incidence is probably higher [2, 3]. The endoscopic appearance of pyogenic granuloma is usually a single polypoid lesion, smooth and ulcerated; the color ranges from bluish to reddish with a superficial white or opaque film covering. Resection of pyogenic granuloma is nec-

essary in patients with anemia, but post-resection bleeding is a potential complication. The lesions typically involve the mucosa but may extend to the deep layers; thus, preoperative endoscopic ultrasonography is recommended [1, 4, 5]. Histopathologically, pyogenic granuloma is a hemangioma characterized by a lobule-like growth of capillaries with enlarged vascular endothelial cells and inflammatory cell infiltration in the stroma. Granulation tissue may also be present; the main pathological differential diagnosis of pyogenic granuloma includes bacillary angiomatosis, Kaposi's sarcoma, or inflammatory and/or hyperplastic polyps [1, 3].

We report a case of a 78 year-old Caucasian woman with a medical history significant for ibuprofen use admitted to our department for anemia and melena requiring transfusion. Esophagogastroduodenoscopy revealed a nearly 20-mm pedunculated polyp, strongly hyperemic with a superficial white film, in the gastric body (► **Fig. 1**). Endoscopic ultrasonogra-



► **Fig. 3** Numerous thin-walled capillaries of different size lined with endothelial cells are separated by inflammatory stroma (hematoxylin & eosin, ×40).



► **Fig. 4** ERG positivity, a specific marker for endothelial cells, in contrast with gastric glands, with foveolar hyperplasia surrounding the lesion (immunohistochemistry, ×20)

phy showed mucosal involvement without deep infiltration (► **Fig. 2**).

We removed the polyp using endoscopic mucosal resection, lifting the lesion with a solution of indigo carmine and epinephrine; in addition, multiple clips were used to close the defect to prevent bleeding (► **Video 1**). Histology demonstrated foveolar hyperplasia and lobulated capillary hemangioma, characteristic of pyogenic granuloma (► **Fig. 3**, ► **Fig. 4**). Her refractory anemia improved after the procedure.

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Competing interests

Dr. Cennamo is a consultant for and has received speaker fees and travel grants from Olympus Italia, Olympus Europa, Euromedical, and Novità Medicali. All other authors declare that they have no conflict of interest.

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