A 47-year-old man was referred to the Gastroenterology Department for investigation of a polypoid stomach mass detected incidentally at abdominal computed tomography (CT). The patient did not describe any history of gastric operation. Upper gastrointestinal endoscopy revealed a broad-based polypoid mass, approximately 25 mm in diameter, at the greater curvature of the corpus. The surface of the polyp was smooth and slightly bluish. Biopsies revealed normal mucosa. Endoscopic ultrasonography (EUS) showed a homogeneous, hypoechoic, and multilocular polypoid mass in the submucosa (Figure 1). After submucosal injections of 1/20 000 epinephrine-saline solution endoscopic polypectomy was successfully performed. Histological examination of the polyp demonstrated numerous cystic dilatations lined with gastric surface epithelium under the thin overlying mucosa, and a diagnosis of gastritis cystica polyposa has been established (Figure 2). The patient was re-admitted with hematemesis and melena, 14 days after endoscopic polypectomy. Endoscopic ultrasonography showed a homogeneous, hypoechoic, and multilocular polypoid mass with no solid component in the submucosa.

K. Tuncer1, M. Alkanat2, A. Musoğlu1, A. Aydın1
1 Gastroenterology Department, Ege University Medical School; İzmir, Turkey
2 Pathology Department of Ege University Medical School; İzmir, Turkey.

References
1 Littler ER, Gleibermann E. Gastritis cystica polyposa (gastric mucosal prolapse at gastroenterostomy site, with cystic and infiltrative epithelial hyperplasia). Cancer 1972; 29: 205 – 209
2 Wu MT, Pan HB, Lai PH et al. CT of gastritis cystica polyposa. Abdom Imaging 1994; 19: 8 – 10

Corresponding Author
K. Tuncer, M.D.
Ege Üniversitesi Tıp Fakültesi
Gastroenteroloji Kliniği
35100 Bornova
İzmir, Turkey
Fax: +90-232-3881969103
E-mail: drkoray@yahoo.com