Recently, the increasing utility of magnifying endoscopy in the diagnosis of gastritis and gastric cancer has been reported [1, 2]. However, there have been no reports on magnified endoscopic images of nonepithelial gastric tumors. We conducted a long-term follow-up of gastric mucosa-associated lymphoid tissue (MALT) lymphoma by magnifying endoscopy.

The magnifying electronic video endoscope used was a GIF-Q240Z model (Olympus Optical Co., Ltd., Tokyo, Japan) or EG-490ZW model (Fujinon-Toshiba ES System Co., Tokyo, Japan). The MALT lymphoma lesions were first carefully observed without magnification, and then lesions without erosion were observed at the best magnification. There are various conventional endoscopic images of gastric MALT lymphoma before treatment. However, under magnifying endoscopy some characteristics are disappearance of the gastric pits and subepithelial capillary network [3] and appearance of irregular, abnormal vessels. After recovery from the lymphoma, the lesions are seen as typical atrophic-like mucosa on conventional endoscopic views. Reappearance of the gastric pits and the subepithelial capillary network surrounding the gastric pits are revealed by magnifying endoscopy (Fig. 1).

Helicobacter pylori eradication therapy has become the first-line therapy for gastric MALT lymphoma [4]. Observation of the surface microstructures and superficial microvessels by magnifying endoscopy is useful for the diagnosis and follow-up of gastric MALT lymphoma.

Ono S et al. Magnified endoscopic images of gastric MALT lymphoma before and after treatment. Endoscopy 2007; 39: E328

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