Gastric ?oxyntic gland adenoma / polyp

Link to Diagnostic Histopathology review http://pathkids.com/articles/1401gastric%20Oxyntic.pdf on Oxyntic gland polyp

South Devon Healthcare **NHS**

NHS Foundation Trust

Department of

Enquiries: 01803 655214/655213/655259

Fa

Histology Number: 15H004549

Consultant: DR D.K. GEORGE

Specimen Date: 19/03/15

Date of Receipt: 20/03/15

Source : ENDOSCOPY UNIT

Copy to:

MR no:

NHS No:

SURNAME:

Forename:

Date of Birth: 12/03/1

Sex: F

Report To : DR D.K.

H

SPECIMEN(s)

Biopsy of stomach

CLINICAL DETAILS:

Large gastric polyp removed piecemeal ? malignancy.

MACROSCOPY:

Two pieces of polypoid tissue largest 20 x 20 x 14mm.
A1=larger piece A2=second piece

MICROSCOPY:

The sections show polypoid gastric mucosa. The polyp is composed of tubula
structures, some of which show cribriform architecture, lined by parietal cells,
cells. There is some pseudostratification on the surface, with mitotic figures. I
malignancy is identified. The lesion corresponds with the description of an ox
polyp/adenoma, and although these lesions are considered benign, there is a
follow up, leaving the behaviour of these lesions uncertain. It is recommende
excised in its entirety, and follow up is advised. As this is a rare, unusual lesio
the case to Dr Tim Bracey for his opinion.

Newton Abbot

Dr Tim Bracey
Histopathology Department,
Level 4
Derriford Hospital,
PLYMOUTH.
PL6 8DH

Dear Tim

Ref: 15H004549,

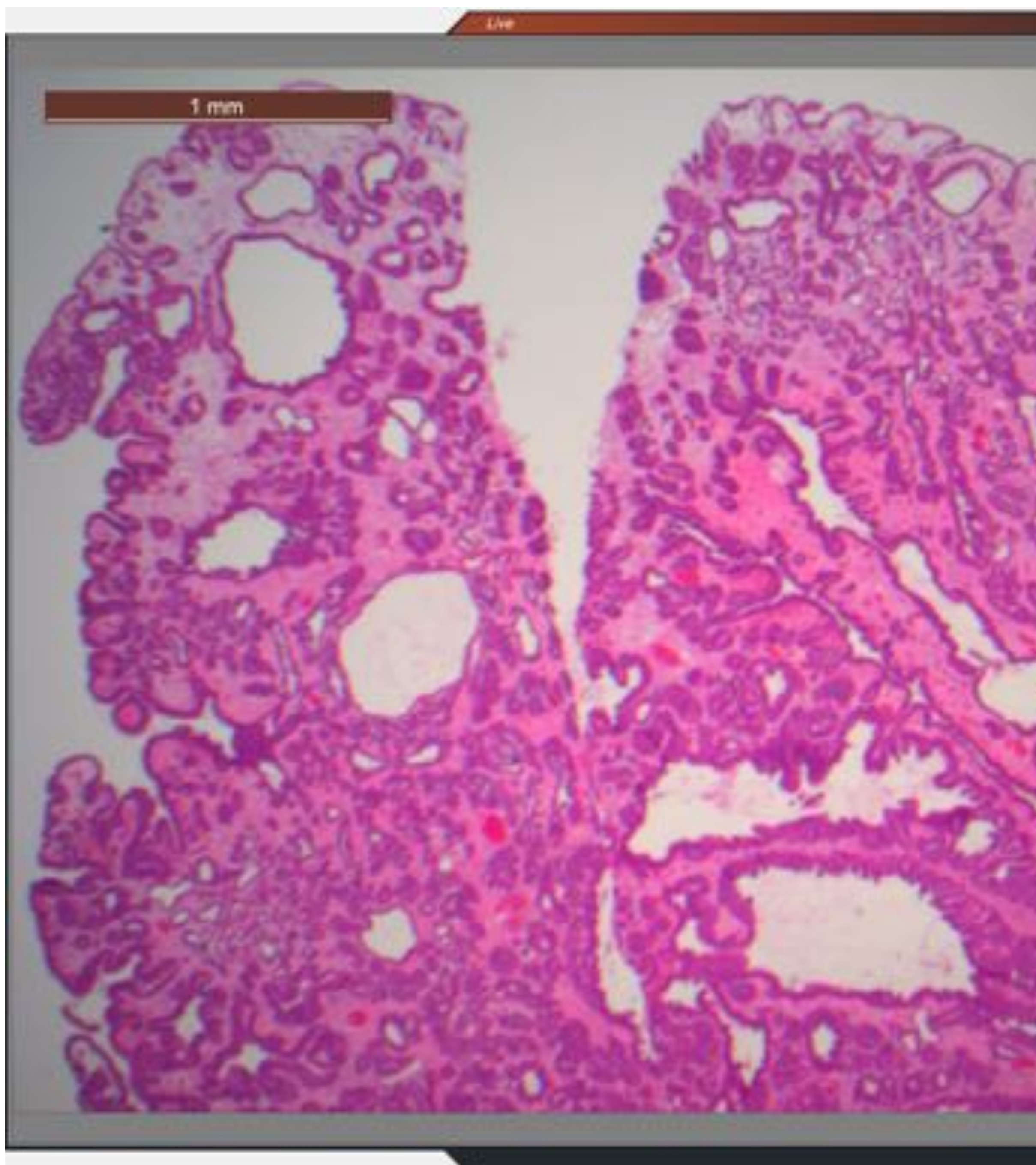
I would be grateful you could review this gastric polyp. I think it may re gland polyp/adenoma, but I am slightly hesitant as the lesion has architecture and mitotic figures are identified, which wasn't mentioned i came across.

I would be grateful for your opinion.

Yours sincerely

Tan.

Dr Tanwen Wright
Consultant Histopathologist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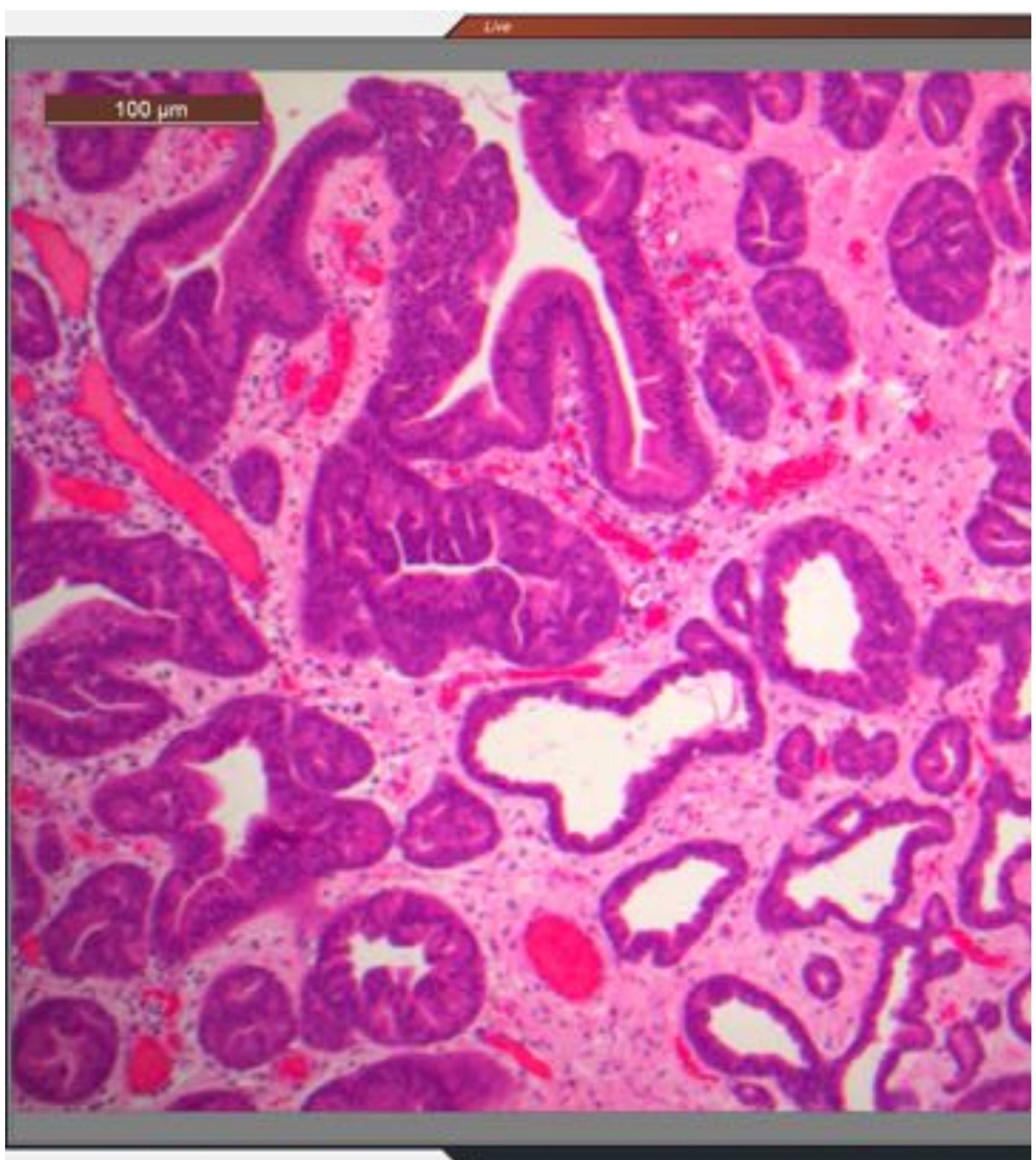
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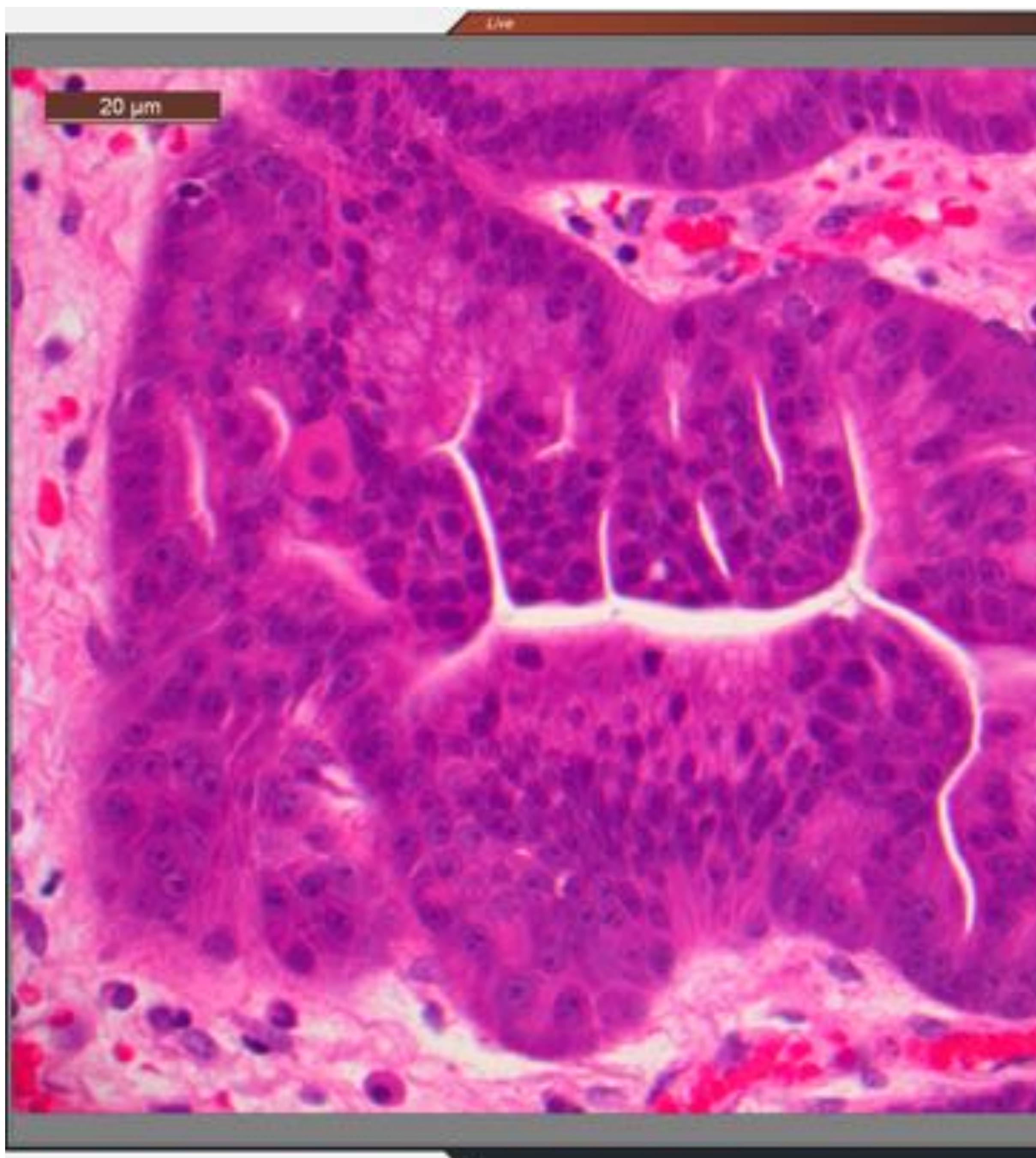
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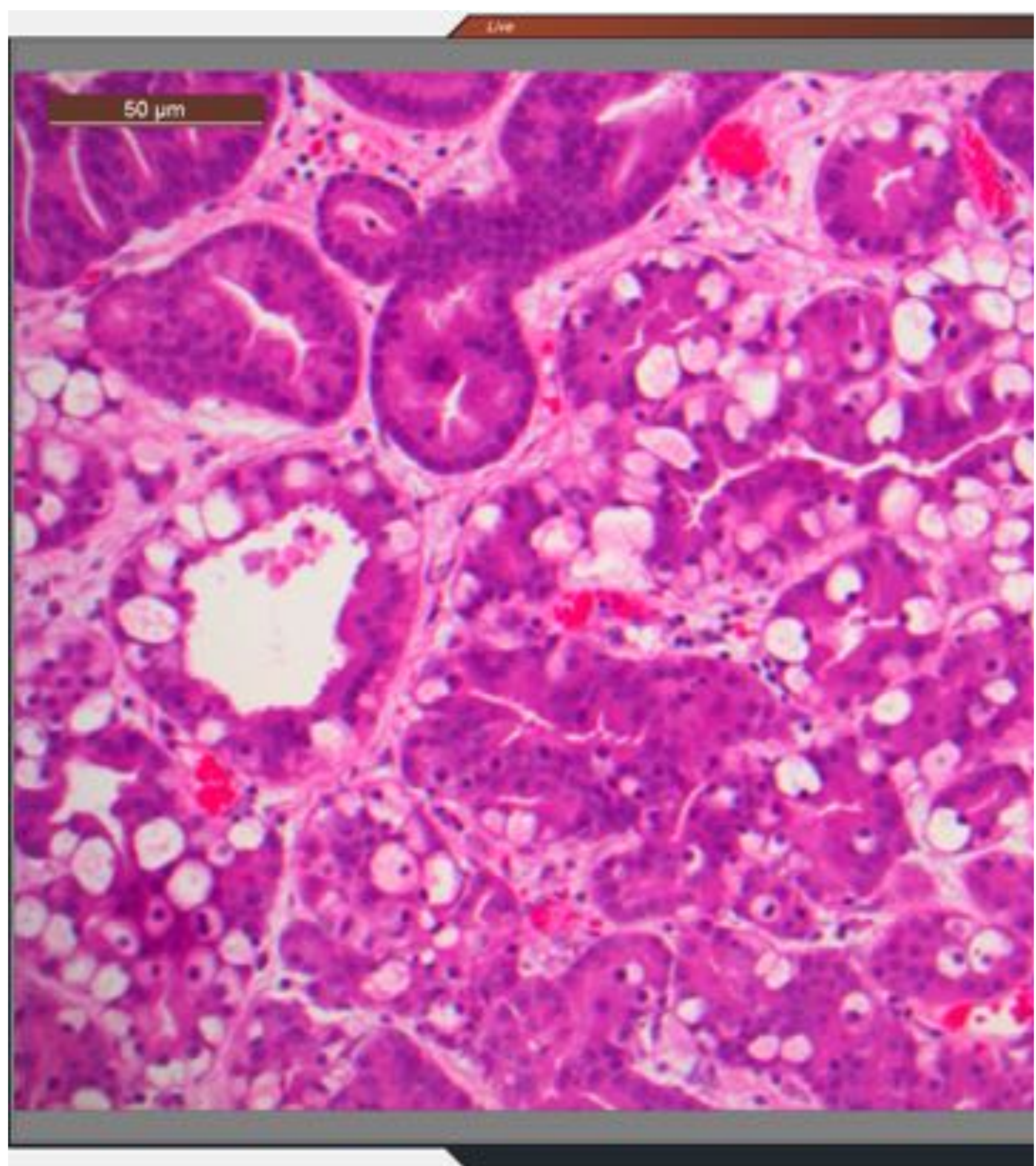
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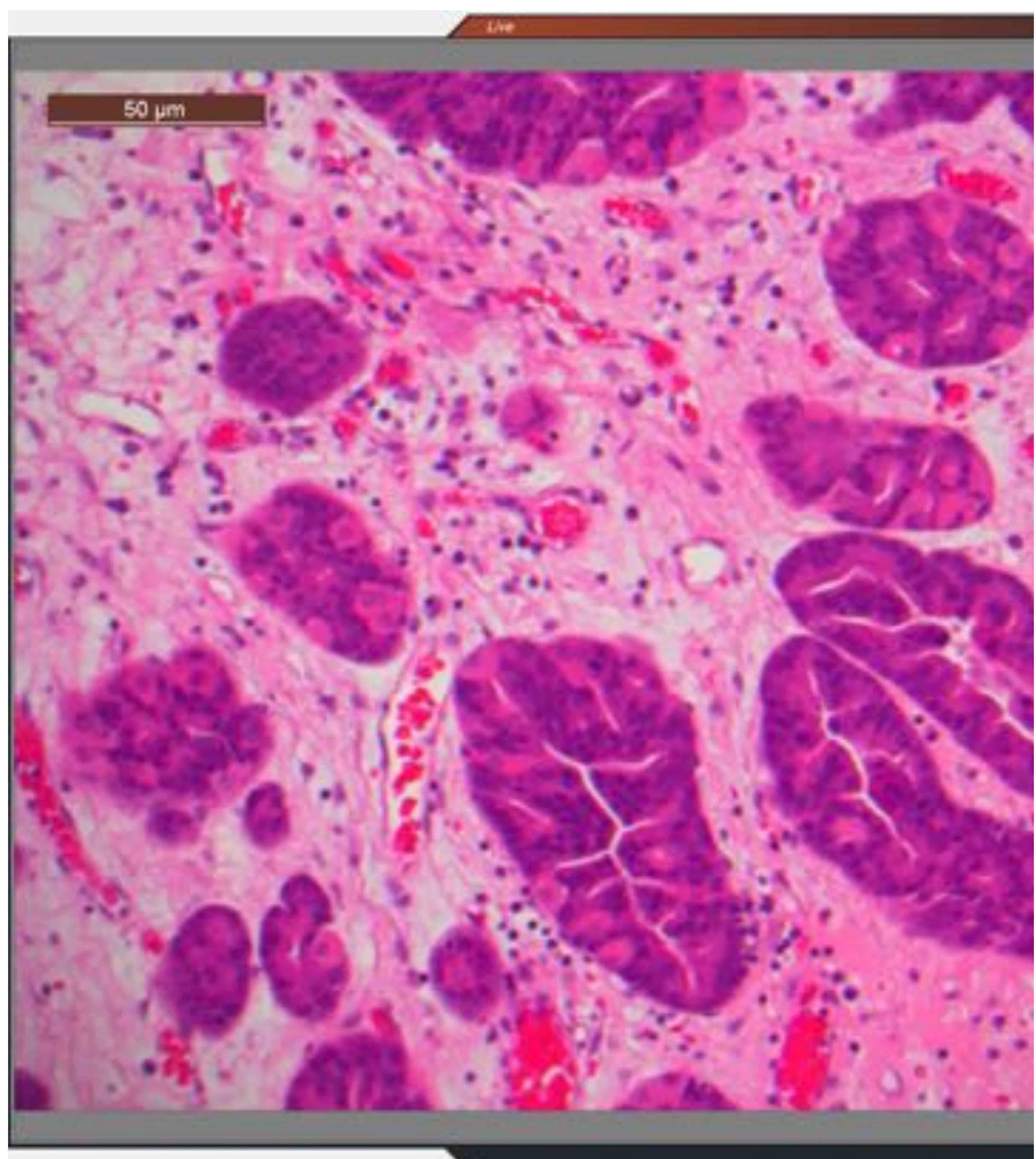
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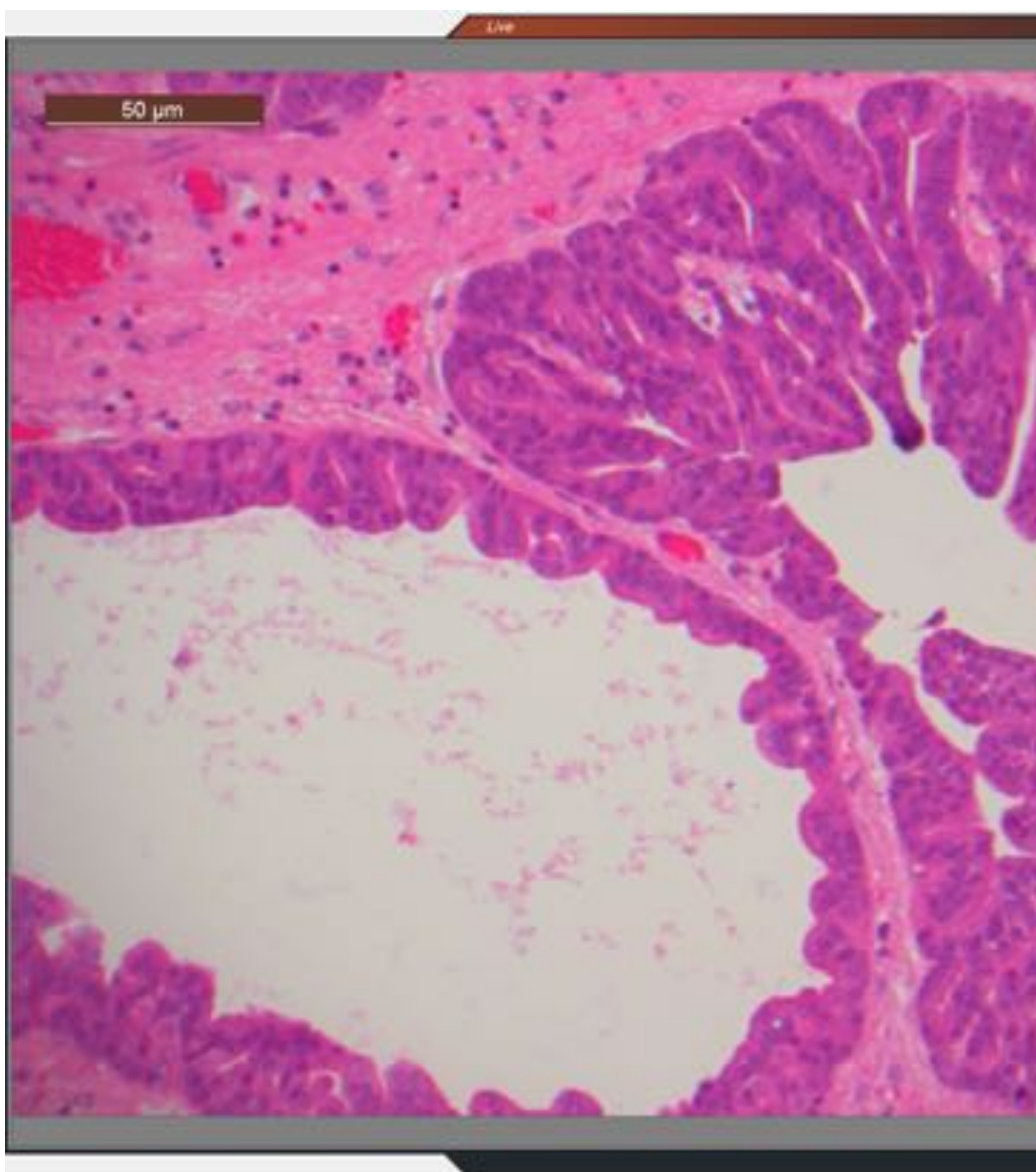
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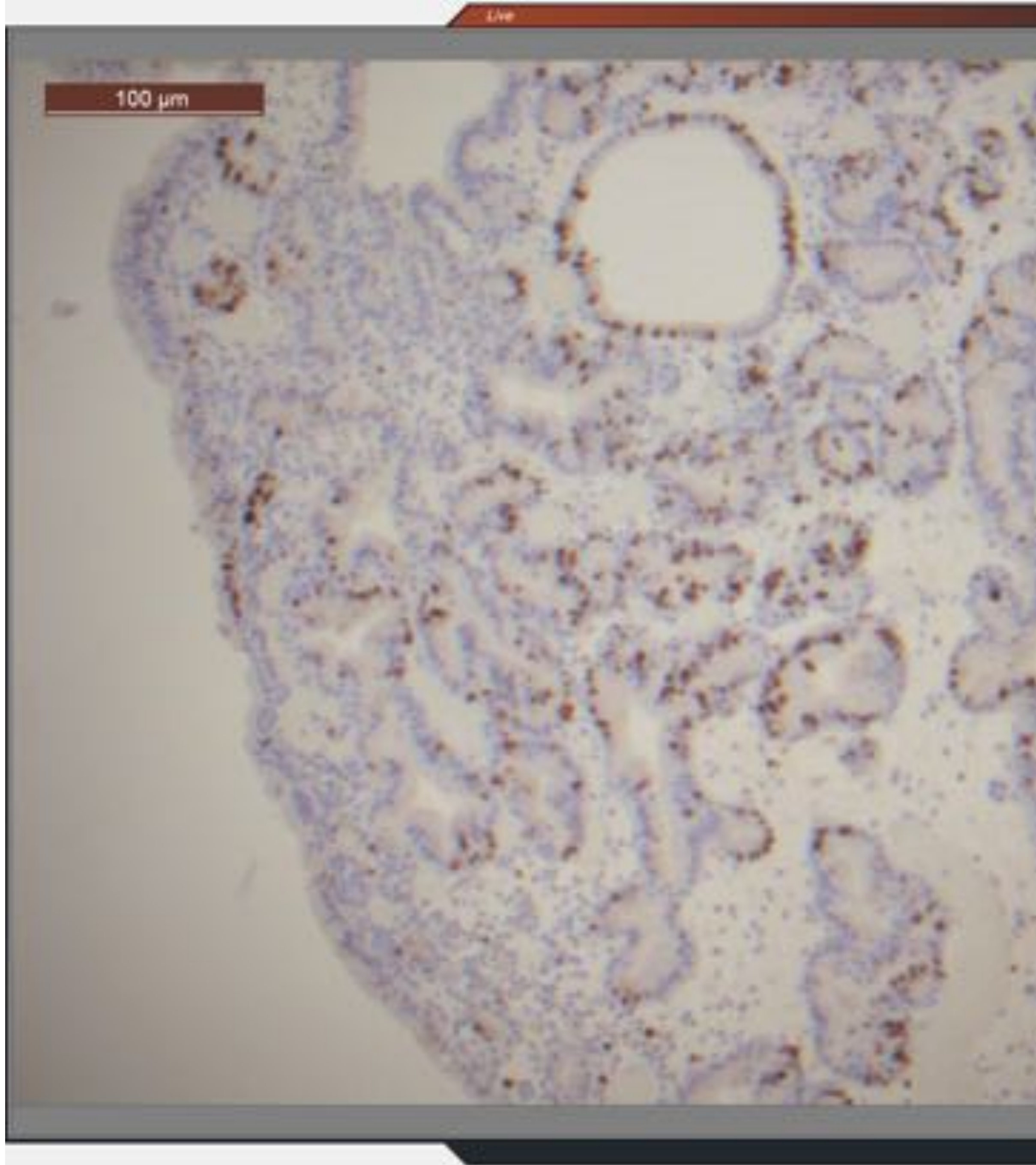
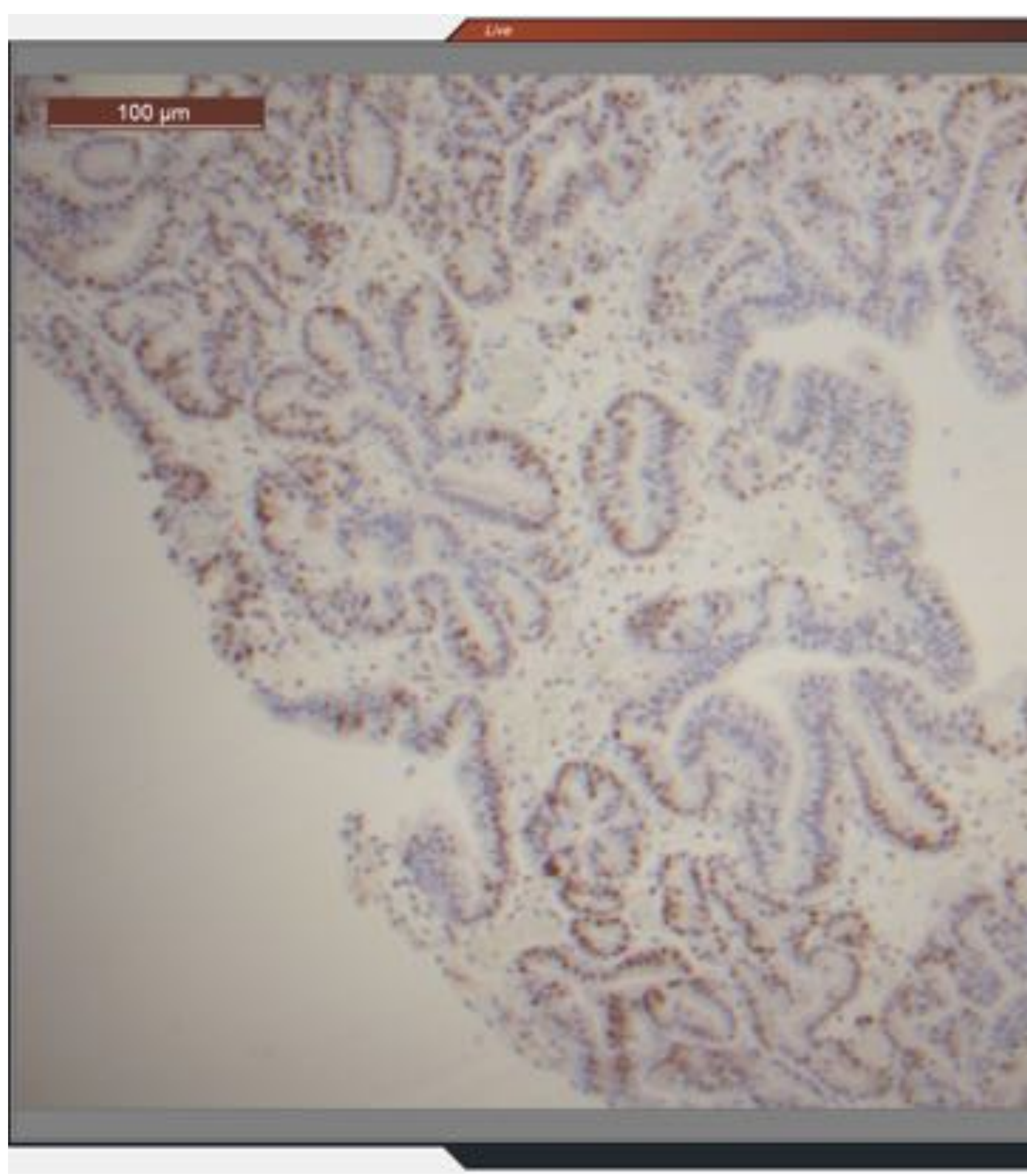
50 µm



MIB1



p53

NATURE OF SPECIMEN:
6 slides and 2 blocks received from Torbay for review by Dr Tim Bracey.
Biopsy of stomach.

CLINICAL DETAILS:
Large gastric polyp removed piecemeal ?malignancy.

GROSS DESCRIPTION:
Two pieces of polypoid tissue, largest 20 x 20 x 14mm.
A1 = larger piece, A2 = second piece.

HISTOLOGY:

Letter to Dr T Wright:

Dear Tan

Many thanks for sending this interesting case for my opinion. I initially received 6 slides and have subsequently received two paraffin block
your macroscopic description I assume the polyp measured approximately 2cm. The clinical details describe piecemeal excision, but it is unc
whether the endoscopist was able to remove the entire lesion in this sampling.

At low power examination the surface is lobulated and the cut surface contains several cystically dilated glands. The cystic spaces are lined
neck cells whereas others have cytoplasmic vacuoles. I agree that many also have oxyntic features with numerous parietal type cells ide
endolumenal tufts and mitotic figures are present at the surface in several areas. The stroma shows vascular congestion and there are some st
lamina propria smooth muscle in a polyp of this size, and I consequently don't think it is of any particular diagnostic significance or evidence

Overall I agree with your interpretation of this lesion representing an oxyntic-type adenoma, at least in part. I note from a recent review
requirement for further treatment or follow-up.

It is my opinion that in addition to the oxyntic differentiation, the current case also contains foci of type II foveolar adenoma. The latter are
much more subtle dysplastic features (often only recognised as such when the transition into neighbouring epithelium is observed). Con
endoscopic resection of any residual or recurrent polyp (I understand from talking to you today that a repeat endoscopy is already planned) an

I hope this is of some help. I have shown some of the sections to Marco Novelli on a Webex teleconference today and he agrees with my asse

Conclusion following Derriford second opinion:
Fundic/proximal gastric body polyp - adenoma with mixed differentiation and low grade dysplasia (assumed incomplete piecemeal excision)

Dr T Bracey/JH

RE: GH 735905
George Keith (SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST)

Sent: 13 April 2015 12:53
To: Wright Tanwen (SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST)
Cc: Bracey Tim (PLYMOUTH HOSPITALS NHS TRUST - RK9)

Fundus / upper body,
Keith

From: Wright Tanwen (SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST)
Sent: 13 April 2015 11:56
To: George Keith (SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST)
Cc: Bracey Tim (PLYMOUTH HOSPITALS NHS TRUST - RK9)
Subject: GH 735905

Hi Keith,

Generic File

You may remember this gastric polyp – it was a large polyp that I thought had some features of an oxyntic gland polyp, but as this is a rare lesion I se

Tim has been in touch and asks where the polyp was in the stomach? I have had a look and the endoscopy report that came to us with the specimen
Thanks

Tan

Dr Tanwen Wright
Consultant Histopathologist

Re: 03/1938,

You very kindly reviewed this unusual gastric
differentiation, from this 77 year old lady for m
polyp, which was received in multiple pieces.
features are the same, I am concerned that th
architecture with very close back-to-back glan
as stratification at the surface with mitotic figu
atypia within the glands. I would be very grat
previous case for comparison.