IMAGE OF THE ISSUE

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Immunoglobulin G4-related Disease Presenting as a Gastric Ulcer with Repeated Exacerbations and Remissions

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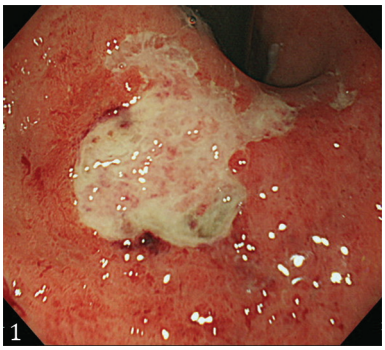

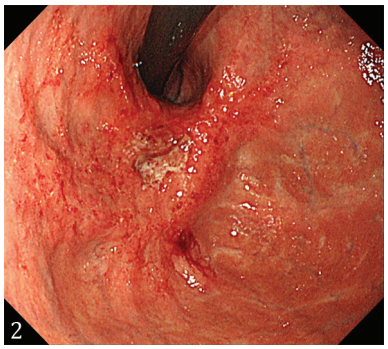

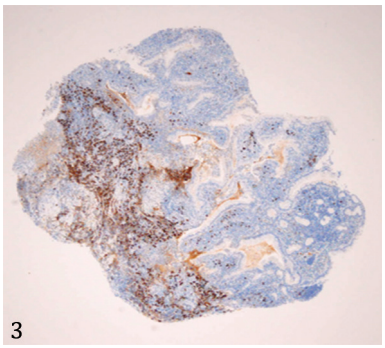

A 78-year-old man with a history of early gastric cancer resected by endoscopic submucosal dissection underwent an esophagogastroduodenoscopy (EGD), which showed an ulcerative lesion at the gastric fundus in April 2016 (Fig. 1). Thereafter, repeated exacerbations and remissions occurred; however, repeated biopsies showed no evidence of malignancy, and serum tumor markers were normal. Follow-up EGD and biopsy of the lesion were performed in July 2019. An ulcerative lesion with thickened and edematous mucosa was described at endoscopy (Fig. 2). Histological examination showed abundant lymphocytes, plasma cell infiltration, and fibroblasts. IgG4-positive cells were > 50/high-power field (Fig. 3, immunohistochemical staining) and the ratio of IgG4-positive to IgG-positive cells was > 50%. Moreover, serum IgG4 level was 163 mg/dL. Based on the diagnostic criteria for immunoglobulin G4-related disease we diagnosed it as IgG4-related gastric disease. Since the patient had an abnormal glucose tolerance and no symptoms, it was decided to continue the follow-up administering potassium-competitive acid blocker without the need of steroids. Since then, the patient course has been uneventful.

Immunoglobulin G4-related disease is a systemic fibroinflammatory condition characterized by elevated serum IgG4 level and abundant infiltration of IgG4-positive plasma cells and lymphocytes [1, 2]. It is more prevalent in the biliopancreatic region [3, 4], whilst IgG4-related gastrointestinal lesions are rare. We described a rare immunoglobulin G4-related disease presenting as a gastric ulcer with repeated exacerbations and remissions.

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Conflicts of interest: None to declare.

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