

Case of Gastric Cystica Profunda Mimicking Early Gastric Cancer

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An asymptomatic 51-year-old man underwent esophagogastroduodenoscopy (EGD) as a health examination, which revealed a 20 mm superficial elevated reddish lesion with partial protuberance (Fig. 1), typing Iia+Is according to Paris Endoscopic Classification, at the anterior wall of the upper gastric body. Magnifying endoscopy with narrow-band imaging presented irregular granular-shape microsurfaces on the protuberance surrounding by dilated crypt opening and densely microvessels in the lesion with unclear demarcation (Fig. 2). Besides, the indigo carmine chromoendoscopy delineated a well-demarcated margin. According to the principle of MESDAG-E [1], it was considered as a cancerous lesion. The patient was *Helicobacter pylori*-negative and no atrophic changes were observed in the background mucosa. Biopsy showed fundic gland polyps. Abdominal enhanced computed tomography (CT) showed no obvious abnormal findings. After full communication, diagnostic endoscopic submucosal dissection (ESD) was performed adhere to the patient's wishes. Postoperative pathological analysis suggested chronic inflammation and some glands were cystic dilated and protruded into the submucosa (Fig. 3, hematoxylin & eosin staining, 80x). Immunohistochemically, the lesion was positive for MUC5AC, MUC6, P53 and Ki-67 = 1%, but negative for MUC2 and CD10. It was diagnosed as gastric cystica profunda (GCP). Patients underwent regular follow-up, and no recurrence was found through endoscopy at 6 months post-resection.

Gastric cystica profunda is a rare submucosal lesion in the stomach, characterized by the growth of gastric mucosal glands below the muscularis mucosa, leading to cystic expansion [2]. Gastric cystica profunda are easily misdiagnosed due to their diverse manifestations. In addition, although GCP is a benign lesion, previous studies suggested that it is a

precancerous lesion, which is closely related to gastric cancer [3, 4]. Currently, treatment favors an aggressive therapeutic attitude, and endoscopic resection is safe and effective in most cases [5, 6].

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