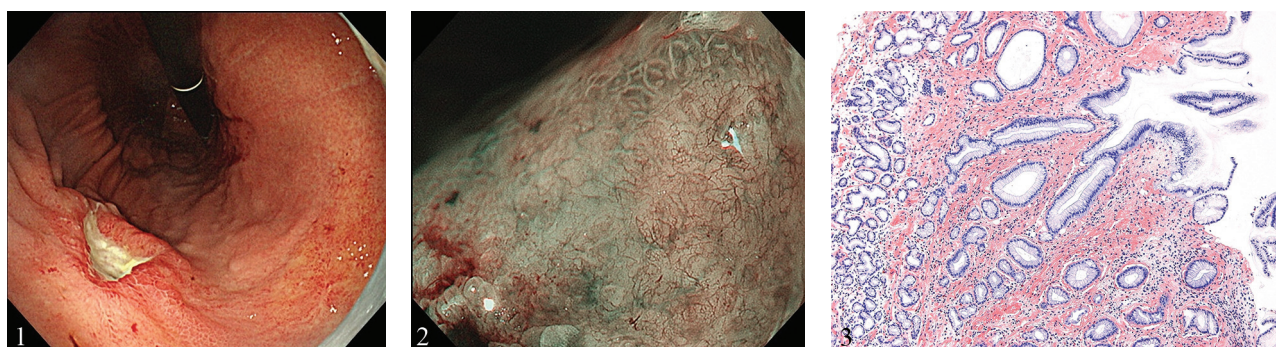


Gastric Amyloid Light-Chain Amyloidosis with Fascinating Endoscopic Findings. A Case of Magnified Narrow-Band Imaging Resembling Lymphoproliferative Disease

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A 55-year-old asymptomatic female presented an abnormal finding in an upper gastrointestinal X-ray using contrast media, and she underwent endoscopy in our hospital. A 30-mm ulceration in the anterior wall of the middle gastric body was revealed by conventional white-light imaging (WLI) (Fig. 1). A pale-colored, shallow-depressed change extended around this ulceration. In addition to this lesion, another pale-colored, depressed lesion measuring approximately 40 mm was present in the lesser curvature of the upper gastric body. The patient was *Helicobacter pylori* negative and no atrophic changes were observed in the background mucosa. In magnifying endoscopy with narrow-band imaging (M-NBI), the microsurface pattern of the depressed area showed swelling crypt epithelium larger than the normal mucosa, and the microvascular architecture contained abnormal blood vessels resembling branches from the trunk of a tree. The glandular structure in the area of abnormal vessels had disappeared (Fig. 2). The findings on M-NBI were similar to ballooning and tree-like appearance (TLA) observed in gastric mucosa-associated lymphoid tissue (MALT) lymphoma. Histopathological examination of biopsy tissue revealed a high degree of deposition of amyloid around submucosal vascular walls, in the muscularis mucosa, and in the lamina propria, and the lesion was diagnosed as gastric amyloidosis (Fig. 3).

Few detailed descriptions of the endoscopic findings of gastric amyloidosis under M-NBI have been reported. The findings on M-NBI in this case was similar to ballooning

and TLA described as an M-NBI finding of gastric MALT lymphoma [1, 2].

By a high degree of deposition of amyloid in lamina propria, the epithelial layer showed a decrease in glands, with dilation of the intervening part in the remaining glands. We speculated that these pathological features were reflected in the M-NBI findings. When M-NBI endoscopy findings resembling ballooning and TLA are encountered, clinicians should consider amyloidosis as a potential differential diagnosis alongside lymphoproliferative disease.

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