

PICTURES IN DIGESTIVE PATHOLOGY

Portal hypertensive polyps, a new entity?

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CASE REPORT

We report the case of a 62-year-old woman with a history of liver cirrhosis secondary to autoimmune hepatitis, portal hypertension and coagulopathy. Gastroscopy was performed to discard esophageal varices. In the gastric antrum a multiple polypoid and polylobed lesions were observed, occupying prepyloric region and extending into the pylorus and duodenal bulb (Fig. 1). Ultrasonography was performed to confirm absence of varices at that level. The larger lesions (8, 10, 12 mm) were removed with snare and thermocoagulation. Hemostasis security (hemoclips) was placed to reduce the risk of delayed bleeding. Pathological study described gastric hyperplastic polyps with edema, vascular congestion and smooth muscle hyperplasia without dysplasia or adenomatous changes (Fig. 2).

DISCUSSION

Portal hypertensive polyps (PHP) are a recent entity, described in cirrhotic patients with portal hypertension, portal venous obstruction or antral vascular ectasia. These lesions are similar to hyperplastic polyps, but with subepithelial vascular alterations histological features. Its prevalence ranges from 1-3% (1,2). The pathogenic mechanism is unknown, but is believed to be due to increased gastric angiogenesis (3). Endoscopic image may suggest malignant lesions such as gastric adenocarcinoma, even submucosal tumor lesions. Usually asymptomatic, but in rare cases, they can cause anemia, gastrointestinal bleeding and gastric outlet obstruction, due to their antral location (4). Some authors recommend a similar management to that of hyperplastic polyps with endoscopic follow-up of asymptomatic, avoiding the complications of polypectomy (2,4). Because the risk of malignant transformation is unknown, some authors recommend resection of the ones over 5 mm (2,5). Complications of endoscopic resection are frequent bleeds and perforations (4).



Fig. 1. Endoscopic image of polypoid-pseudotumoral in antrum and pre-pyloric region, extending to the pylorus.

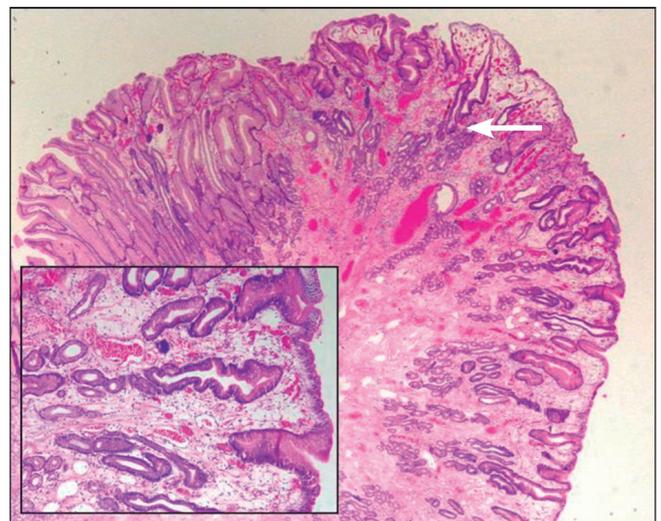


Fig. 2. Polypoid lesion with elongated foveolar epithelium with hyperplastic areas and dilated glandular structures. In lamina propria, a nonspecific acute and chronic inflammatory infiltrate is seen, with moderate edema, numerous congestive vessels and smooth muscle hyperplasia.

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