



# Gastric Adenocarcinoma of Fundic Gland Type Presenting on the Atrophic Gastric Mucosa

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## Keywords

Gastric adenocarcinoma of fundic gland type; Atrophic gastritis

## Clinical Image

A 63-year-old man underwent esophagogastroduodenoscopy screening. Atrophic gastritis of the entire stomach was observed, and his *Helicobacter pylori* (*H. pylori*) antibody was positive. A 15-mm whitish, slightly elevated lesion with dilated surface vessels was found on the anterior wall of the lower gastric body (Figure 1). Since biopsy specimens from this lesion suggested gastric adenocarcinoma of fundic gland type (GAFG), endoscopic submucosal dissection was performed. Immunohistochemical staining of the resected specimen was positive for MUC6, pepsinogen-I, H/K-ATPase, and negative for MUC2, MUC5AC, corresponding with the typical GAFG pattern (Figure 2). Typically, GAFGs exist in the upper portion of the stomach and arise from the normal fundic gland without atrophy [1]. However, several cases of GAFGs on the gastric mucosa with atrophic changes have been reported recently [2,3]. These reports, including ours, suggest that

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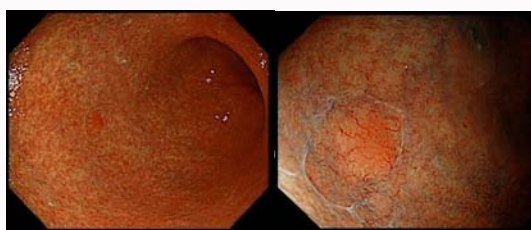


Figure 1: Esophagogastroduodenoscopy image.

Image shows a 15 mm whitish, slightly elevated lesion with dilated vessels on the surface surrounded by atrophic gastric mucosa.

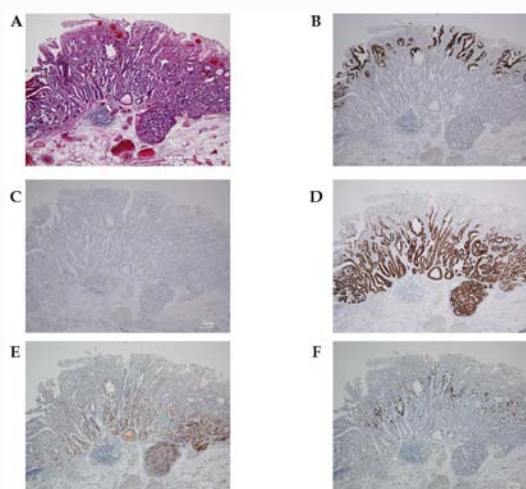


Figure 2: Histological and immunohistochemical examination.

A: Hematoxylin and Eosin staining (x40), B: MUC2 staining (x40), C: MUC5AC staining (x40), D: MUC6 staining (x40), E: Pepsinogen staining (x40), F: H/K-ATPase staining (x40).

GAFG could exist on the atrophic gastric mucosa due to *H. pylori* infection.

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