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1. Am J Surg Pathol. 2011 Sep;35(9):1419-21.

Iatrogenic deep epithelial misplacement ("gastritis cystica profunda") in a gastric foveolar-type adenoma after endoscopic manipulation: a diagnostic pitfall.

[Greywoode G](#), [Szuts A](#), [Wang LM](#), [Sgromo B](#), [Chetty R](#).

Source

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Abstract

Gastritis cystica profunda (GCP) is analogous to the more commonly encountered colitis cystic profunda. Both conditions are associated with polypoid and/or ulcerative mucosal lesions with or without previous surgery. Typically, the misplaced glands in GCP are encountered in the submucosa. The case described occurred in a 62-year-old man with a fundic foveolar adenoma containing foci of low-grade dysplasia. Three attempts at endoscopic removal were attempted before a sleeve gastrectomy was performed. Remnants of the foveolar adenoma were identified in the resection specimen. However, the striking feature in the gastrectomy specimen was the presence of GCP and cystically dilated glands within the muscularis propria. Such deep misplacement of glands in GCP has not been described previously and simulates adenocarcinoma. The glands were devoid of cytologic atypia, noninfiltrative, and surrounded by lamina propria. These features, together with the history of multiple attempts at removal, distinguish this lesion from adenocarcinoma. It is most likely due to iatrogenically induced defects in the gastric wall from multiple previous attempts at endoscopic removal of the polyp. These previous surgical procedures facilitated the deep misplacement of gastric glands into the muscularis propria.

PMID:

21836475 [PubMed - indexed for MEDLINE]