

[PICTURES IN CLINICAL MEDICINE]

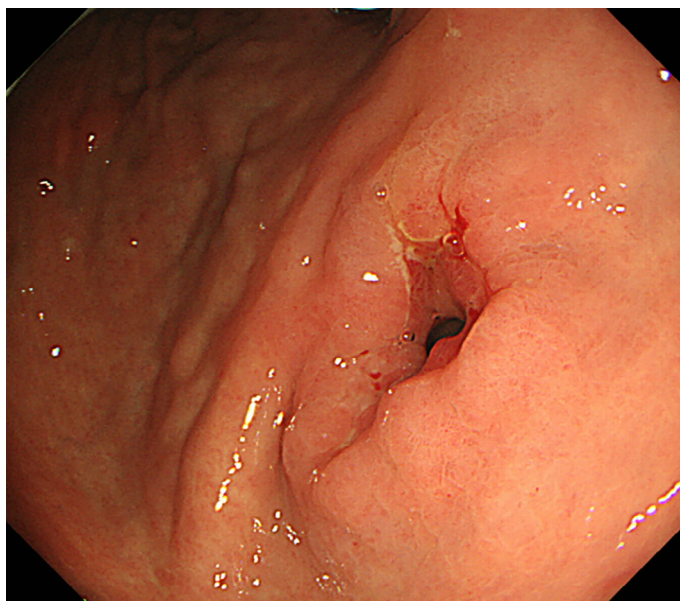
Gastric Mucosal Carcinoma with Pyloric Stenosis

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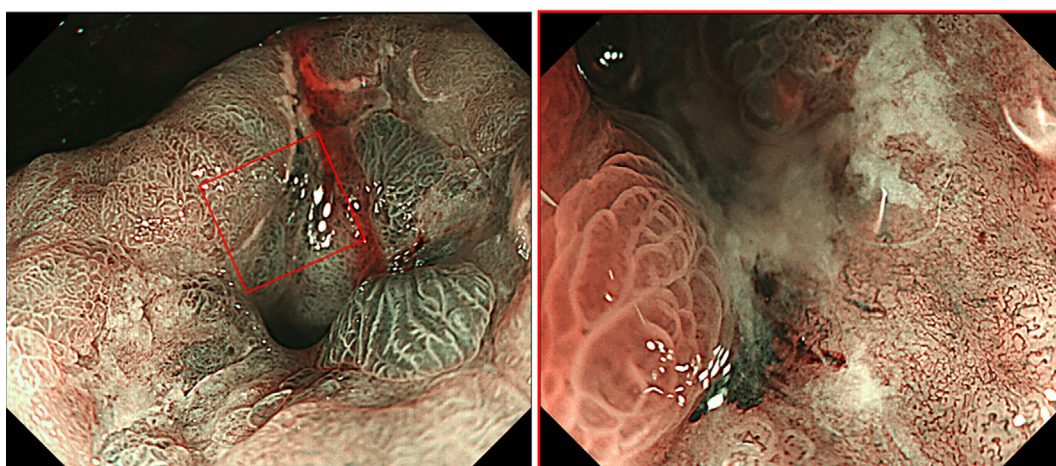
Key words: gastric carcinoma, peptic ulcer, pyloric stenosis, mucosal carcinoma

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Picture 1.

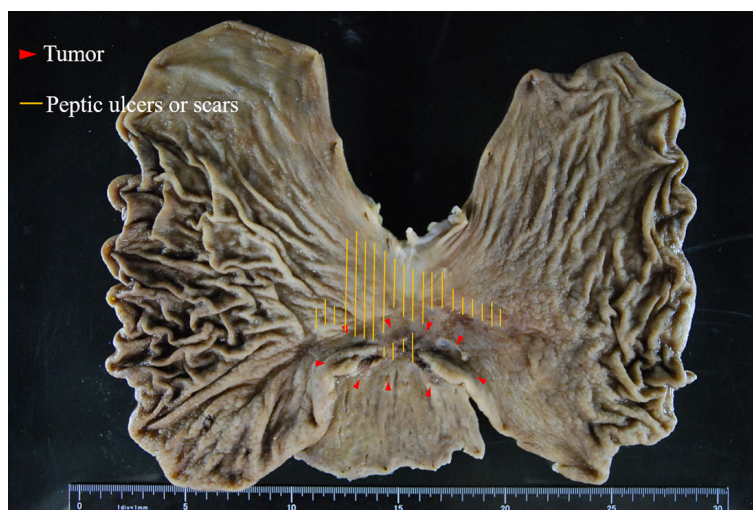


Picture 2.

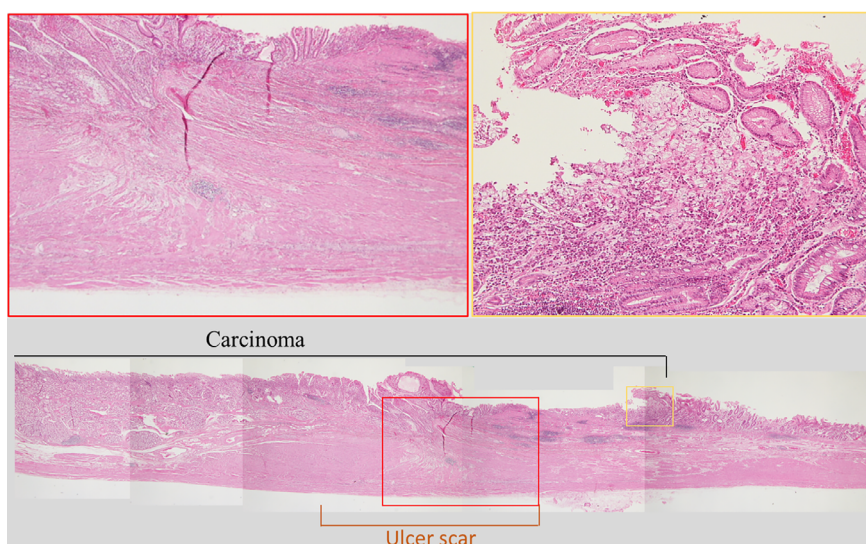
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Picture 3.



Picture 4.

A 69-year-old man was found to have an irregular pyloric stenosis with a clearly demarcated depressed area along the entire periphery of the stenosis on esophagogastroduodenoscopy, but the scope could not pass through the stenosis (Picture 1). Magnified endoscopy with narrow-band imaging revealed that the depressed area had irregular microvascular and microsurface patterns with a well-demarcated line (Picture 2). The depressed area was suspected of indicating early-stage gastric carcinoma. A biopsy specimen indicated adenocarcinoma, and distal gastrectomy was performed. The histological result was Type 0-IIc, 60×30 mm, signet ring-cell carcinoma, pT1a, ly0, v0, pPM0, pVM0, pN0 according to the Japanese classification of gastric carcinoma (1). In addition, peptic ulcers or their scars were observed in and around the tumor (Picture 3, 4). The patient tested positive on the urea breath test and was taking no medication. Early-

stage gastric carcinoma with peptic ulcer should be considered as a differential diagnosis in patients with pyloric stenosis lesions.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Japanese Gastric Cancer Association. Japanese classification of gastric carcinoma: 3rd English edition. *Gastric Cancer* **14**: 101-112, 2011.

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