

Varioliform gastritis: an unusual endoscopic finding

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An 84-year-old man presented to the hospital with epigastric pain that had occurred 4 weeks before. He had no previous gastric diseases in his medical history. An esophagogastroduodenoscopy was performed and revealed a varioliform gastritis marked by multiple irregular elevated mucosa lesions with central fibrin-coated mucosal atrophies in the gastric body (Fig. 1). Histological analyses of biopsies showed a mild active gastritis with an increased number of intraepithelial lymphocytes (Fig. 2). Immunohistochemical analyses revealed a coexpression of CD 3+ and CD 8+ T-cells of >25 intraepithelial lymphocytes per 100 epithelial cells. Based on the endoscopic and histopathological findings a varioliform lymphocytic gastritis (LG) was diagnosed.

LG, first described by Hao *et al* in 1986, represents a rare form of chronic gastritis and is found in less than 1.5% of gastric mucosa biopsies of chronic gastritis [1,2]. It is microscopically characterized by an accumulation of intraepithelial lymphocytes (more than 25 lymphocytes per 100 epithelial cells) among the foveolar and surface epithelium of the gastric mucosa, in addition to chronic active inflammation in the *lamina propria* [1-3]. The endoscopic picture is highly variable and may present with normal mucosal appearance, or as varioliform gastritis with multiple elevated chronic erosions, or as a giant fold gastritis in the corpus and fundus [2]. Alternative terms are *verruccous gastritis* or *octopus sucker gastritis*. LG is associated with celiac disease, *Helicobacter pylori* infection, Crohn's disease, Ménétrier's disease, autoimmune disorders, parasitic or viral infections, and lymphomas [2,3].

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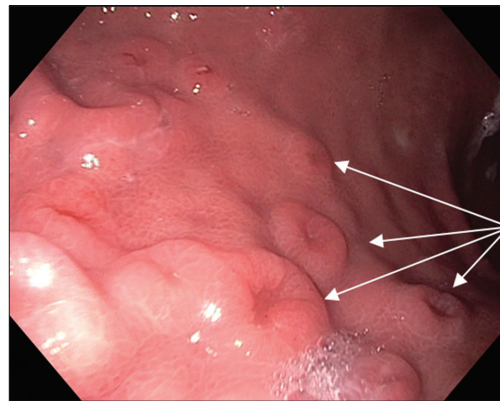


Figure 1 Esophagogastroduodenoscopy showing a varioliform gastritis marked by multiple irregular elevated mucosa lesions with central mucosal atrophy (white arrows) in the gastric body

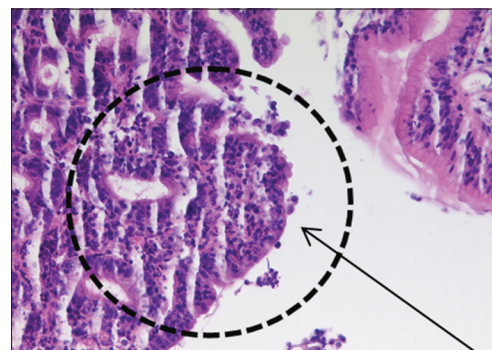


Figure 2 Microscopic appearance of gastric biopsy (hematoxylin and eosin, $\times 200$): lymphocytic and granulocytic infiltrations (black arrow) in the gastric mucosa with elevation of intraepithelial lymphocytes (more than 25 lymphocytes per 100 epithelial cells)

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