

[PICTURES IN CLINICAL MEDICINE]

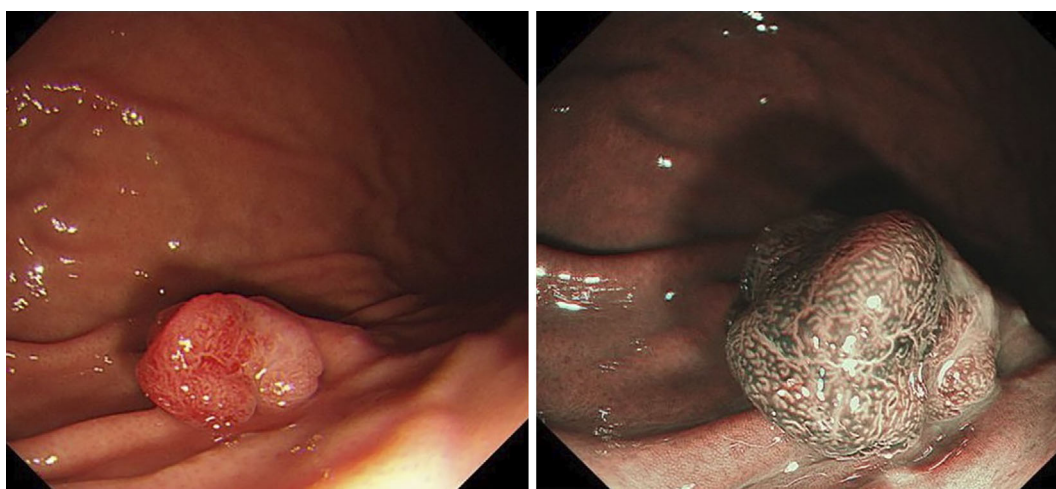
Solitary Peutz-Jeghers-type Polyp of the Stomach

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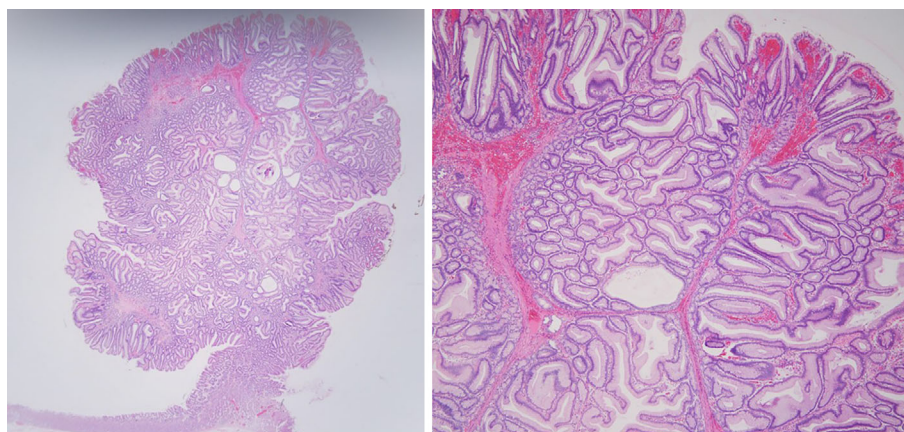
Key words: Peutz-Jeghers-type polyp, *Helicobacter pylori*

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Picture 1.



Picture 2.

A 32-year-old woman was referred for epigastric pain. She had no family history of gastrointestinal polyposis. No pigment spots were observed on her skin, lips, or oral mucosa. Blood tests showed no abnormal findings, and anti-

Helicobacter pylori IgG antibody was negative. Esophagogastroduodenoscopy revealed a 10-mm pedunculated polyp with redness in the gastric corpus. Narrow-band imaging revealed dilatation of the gland duct but no irregu-

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larities in the surface structure (Picture 1). Red streaks and regular arrangement of collecting venules were observed in the gastric corpus. We considered the stomach to be uninfected by *H. pylori*. The histopathological diagnosis was non-neoplastic foveola epithelial hyperplasia and dendritic hyperplasia of the smooth muscle bundles (Picture 2). No polyps were found on colonoscopy. The patient was therefore diagnosed with a Peutz-Jeghers-type polyp. Peutz-Jeghers-type polyp is defined as a hamartomatous polyp with the pathological features of Peutz-Jeghers syndrome but lacking the pigmentation and heritability. *H. pylori* infection was mentioned in two previous reports, but both cases were shown to be negative (1, 2). A Peutz-Jeghers-type polyp is a polypoid lesion that occurs in *H. pylori*-uninfected stomach.

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

References

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