Turk J Gastroenterol *2014; 25 (Suppl.-1): 246-7*

A rare case report of A solitary gastric Peutz-Jeghers type polyp

To the Editor,

Peutz-Jegher syndrome (PJS) is a rare, autosomal-dominant disorder characterized by hamartomatous polyps in any part of the alimentary tract, and almost always associated with intestinal polyposis and mucocutaneous pigmentation (1). Rarely, solitary PJP arise inpatients without other features of PJS. A review of the English literature revealed only 6 published cases since 1989. Here, we would like to report a typical case from China.

A 67-year-old man was admitted to our department on an emergency basis because of abdominal pain, and abdominal distention of 7 days' duration. He had no significant medical background and family history. No abnormal findings were revealed throughout physical examination and laboratory tests. For diagnostic purposes an endoscopy of the upper gastrointestinal tract was performed. His upper gastrointestinal endoscopy revealed a pedunculated polyp with a diameter of 25mm in the anterior wall of the antrum of the stomach (Figure 1). Histological examination of the polyp obtained from resected endoscopically showed it to be a PJP (Figure 2). No other polyp was seen in the rest of the stomach. Further endoscopic examination was conducted, but no polyps were observed in the small bowel or colon.

The specific cause and development of PJS are not known. The gene seems to responsible for PJS, denoted STK11, which encodes a serine/threonine kinase and maps to chromosome 19p13.3, acts as a tumor suppressor (2). Genetic alterations in STK11 may represent loss of heterozygosity at a tumor suppressor gene locus. Loss of STK11 protein kinase activity associated with loss of growth suppression function was reported in some mutations in STK11 associated with PJS (3).

In this study, we present a typical case of a solitary gastric Peutz-Jeghers type polyp. The diagnosis was made based on the clinical appearance, physical examination and histological features of the solitary gastric Peutz-Jeghers type polyp. Although the cause and development of this rare entity remain speculative, Surgical resection is seemed advocated by the literature. Surgical resection may appropriately be used as a baseline investigation for the identification of patients with giant or complication of polyp such as gastrointestinal bleeding, intussusception, and obstruction.

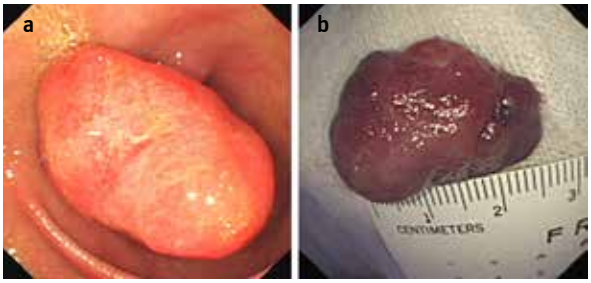

Figure 1. Image findings of gastric Peutz-Jeghers type stomach polyp.
Endoscopic examination revealed a pedunculated polyp was found in the anterior wall of the antrum of the stomach **(a)**; The polyp obtained from resected endoscopically measuring 25mm ×20mm **(b)**.

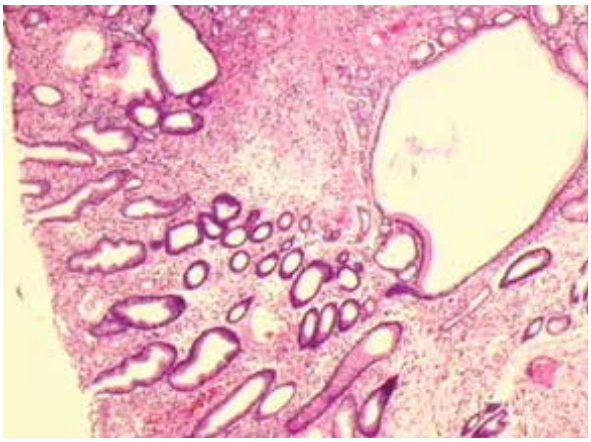

Figure 2. The smooth muscle fibers that make up a large part of the stroma, originating from the muscularis mucosae.

Address for Correspondence: Lei Shi, Department of Gastroenterology, Eighth Affiliated Hospital of Guangxi Medical University, Guigang, China
E-mail: ycymoment@hotmail.com
Received: June 09, 2013 **Accepted:** August 18, 2013

With the wide spread of novel techniques, including endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD), endoscopic resection techniques have been performed as curative treatments for treat adenoma and early colorectal cancer in recent years (4). Endoscopic resection techniques provide safer and curative outcomes, with the feature of minimally invasive, complete resection and supply thorough histopathologic evaluation of the specimens(5). We advocated that endoscopic treatment is technically feasible and may be considered as the procedure of choice for solitary Peutz-Jeghers type polyp in the future.

Conflict of Interest: No conflict of interest was declared by the authors.

Lei Shi, Fu-jian Liu, Qiu-hong Jia, Hang Guan, Zhao-jiong Lu

Department of Gastroenterology, Eighth Affiliated Hospital of Guangxi Medical University, Guigang, China

REFERENCES

1. Beggs AD, Latchford AR, Vasen HF, et al. Peutz-Jeghers syndrome: a systematic review and recommendations for management. Gut 2010; 59: 975-86.
2. Hemminki A, Markie D, Tomlinson I, et al. A serine/threonine kinase gene defective in Peutz-Jeghers syndrome. Nature 1998; 391: 184-7.
3. Jenne DE, Reimann H, Nezu J, et al. Peutz-Jeghers syndrome is caused by mutations in a novel serine threonine kinase. Nat Genet 1998, 18: 38-43.
4. Lee JH, Hong SJ, Jang JY, Kim SE, Seol SY. Outcome after endoscopic submucosal dissection for early gastric cancer in Korea. World J Gastroenterol 2011; 17: 3591-5.
5. Ahn JY, Jung HY, Choi KD, et al. Endoscopic and oncologic outcomes after endoscopic resection for early gastric cancer: 1370 cases of absolute and extended indications. Gastrointest Endosc 2011; 74: 485-93.