

: 1 1

(inflammatory fibroid polyp)

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가 (1),
가 .

(1). 1949

Vanek(2) 6 gastric submucosal granuloma
with eosinophilia (eosinophilic
granuloma), (hemangiopericytoma),
(hemangioendothelioma), (fibroma), (sub-
mucosal fibroma), 가 (inflammatory pseudotumor),
가 (eosinophilic pseudotumor), (myxoma),
(eosinophilic granulomatous polyp)(1-4)

4.5cm × 5.5cm

X (histiocytosis-X)

(3),

Helwig Ranier(5)

40 -60

가

3.1-5.4%

(1,3, 4, 6, 9).

(1,

4, 7-9).

(reactive process)

(1-7).

가

(1, 2, 4-8).

(6).
 가 (7-10).
 가 (4, 7, 11).
 (8), 1cm (white cap)
 (6). 가 (3, 7, 9, 10), 가
 (1), 2cm 가 2-3cm, 4%
 가 4cm 가 1cm
 (central mucosal changes)



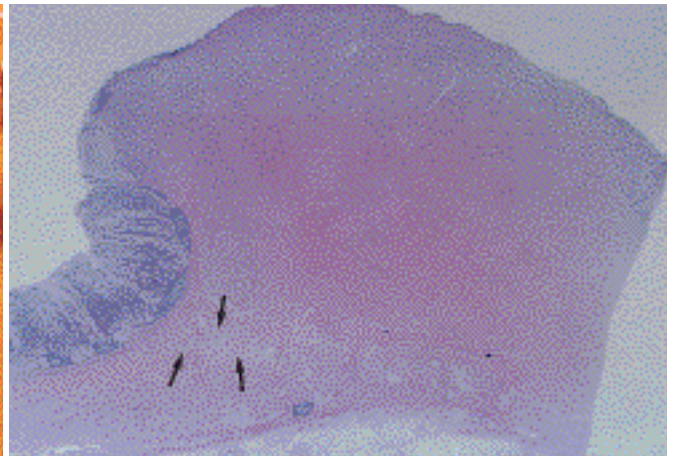
A



B



C



D

Fig. 1. Inflammatory fibroid polyp arising from the stomach in a 27-year-old woman.

A. Double contrast upper GI series shows well defined, round, smooth contoured polyp suggesting submucosal tumor(white arrows).

B. Post-contrast CT scan shows intraluminally protruded round polyp with wide neck arising posterior wall of the antrum of stomach. The polyp shows intense enhancement from its surface suggesting thickened mucosa. Eccentrically noted linear low density in peripheral portion of the base of polyp(white arrow) suggesting partially preserved submucosal layer and enhancement pattern of the polyp supposes mucosal layer as its origin.

C. Photograph of gross specimen shows intraluminal protruding polyp with finely nodulate surface.

D. Photomicrograph of the resected specimen(Hematoxylin-Eosin stain, $\times 10$) shows the mass arising from the submucosal layer with ulcerated surface, but eccentrically preserved submucosal loose connective tissue(black arrows) which is corresponding to the linear low density on CT(Fig. B arrow) also noted.

(4, 6, 8, 10).

(1).

(莖) (sessile),
(intraluminal polyp) (1, 5),
inverted
inflammatory fibroid polyp (4). (duplica-
tion cyst), , , ,
,
(1).
가
가

(1,4, 6, 9,10).

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Inflammatory Fibroid Polyp of the Stomach¹

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Inflammatory fibroid polyp(IFP), a localized non-neoplastic growth of the digestive wall, is a rare disease and arising from the deep mucosa and submucosa of the gut wall. It is not a true neoplastic tumor; for convenience, however, it is referred to as a submucosal tumor. Although the exact pathogenesis of an IFP is unknown, it thought to result from a reactive process rather than a neoplasm. We report the radiologic findings of IFP of the stomach, demonstrating histopathologic correlation.

Index words : Stomach, CT
Stomach, diseases
Stomach, neoplasms

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