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(Fig.

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(Fig. 1C).

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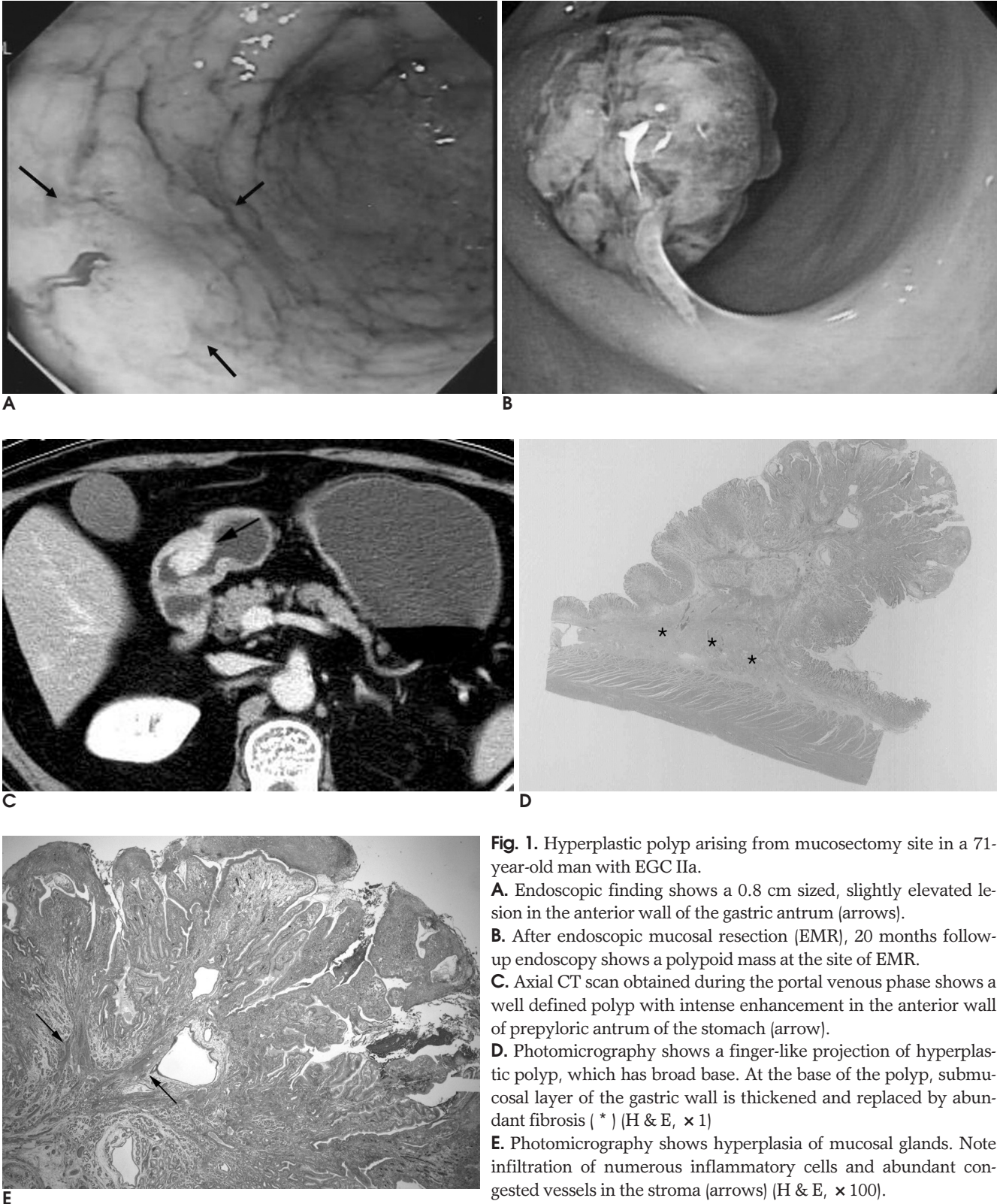


Fig. 1. Hyperplastic polyp arising from mucosectomy site in a 71-year-old man with EGC IIa.

A. Endoscopic finding shows a 0.8 cm sized, slightly elevated lesion in the anterior wall of the gastric antrum (arrows).

B. After endoscopic mucosal resection (EMR), 20 months follow-up endoscopy shows a polypoid mass at the site of EMR.

C. Axial CT scan obtained during the portal venous phase shows a well defined polyp with intense enhancement in the anterior wall of prepyloric antrum of the stomach (arrow).

D. Photomicrography shows a finger-like projection of hyperplastic polyp, which has broad base. At the base of the polyp, submucosal layer of the gastric wall is thickened and replaced by abundant fibrosis (*) (H & E, $\times 1$)

E. Photomicrography shows hyperplasia of mucosal glands. Note infiltration of numerous inflammatory cells and abundant congested vessels in the stroma (arrows) (H & E, $\times 100$).

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(4).

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 $3.0 \times 1.4 \times 0.5 \text{ cm}$

Hyperplastic Polyp Arising from Endoscopic Mucosal Resection Site of Early Gastric Cancer: A Case Report¹

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Hyperplastic polyps are common gastric lesions that are characterized by nonneoplastic epithelial hyperplasia. However, to our knowledge, there are no reports of a hyperplastic polyp arising from an endoscopic mucosectomy site of early gastric cancer. We describe the CT findings with a histopathology correlation in a case of a hyperplastic polyp arising from a mucosectomy site that mimicked polypoid gastric cancer.

Index words : Stomach, neoplasms
Stomach, surgery
Endoscopy

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