A Clinico-pathological Study of Gastric Polyps Treated with Endoscopic Polypestomy

Rui-Zhong SUN, Kazuya MAKIYAMA, Junji OOHI
Minoru ITSUNO Ikuo MURATA, Kohei HARA
Keiitirou MATSUNAGA, Masuo HARAGUCHI
and Akihiro KAWAZIRI

1) The Second Department of Internal Medicine, Nagasaki University School of Medicine
2) Omura Municipal Hospital
3) Sasebo Municipal Hospital
4) National Ureshino Hospital

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SUMMARY: 181 gastric polyps obtained by endoscopic polypectomy were studied clinico-pathologically. The polyps occurred most frequently in the lower portion, and the incidence of the polyps tended to increase with age. 91% (164/181) of the polyps were occupied by hyperplastic polyps, and 3 polyps and one polyp respectively with dysplastic and carcinomatous foci were detected in 164 hyperplastic polyps. Although hyperplastic polyps rarely transform into dysplasia or carcinoma, careful follow-up is recommended.

INTRODUCTION

Endoscopic polypectomy has been performed safely in recent years, and it became possible to make detailed histopathological diagnosis. The hyperplastic polyp (HP), which is the most common type of the gastric polyp, was generally understood not to transform to malignancy. But some authors recently reported a few cases of malignant transformation of hyperplastic polyps. In this paper, we studied clinico-pathologically 181 gastric polyps obtained by endoscopic polypectomy, and discussed malignant transformation of the gastric polyps.

MATERIALS AND METHODS

181 gastric polyps were obtained by endoscopic polypectomy. After the specimens were fixed in 10% formalin, they were embedded in paraffin and then were cut. At last serial cut-sections were stained by hematoxilin and eosin.

RESULTS

1) Age distribution and sex ratio of polyps (Fig.1)

The age distribution of the patients with the polyps ranged from 20 to 80 years. They occurred most frequently in the 7th decade.

2) Histopathological findings (Table 1)

181 polyps histologically consisted of 164 HPs (90.6%), 12 adenomas (6.6%), 2 adenocarcinomas (1.1%) and 3 inflammatory fibroid polyps (1.6%).

HPs consisted of hyperplastic foveolar epithelium with or without pyloric gland associated with inflammatory infiltrates. Small foci of dysplastic epithelium at the superficial layers in three of 164 polyps and foci of well-differentiated adenocarcinoma in one of them.
Table 1. Histological Diagnosis of the Gastric Polypoid Lesions Removed by Endoscopic Polypectomy

<table>
<thead>
<tr>
<th>Histological Diagnosis</th>
<th>Lesions (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperplastic polyp</td>
<td>160 (88.4)</td>
</tr>
<tr>
<td>Hyperplastic polyp with dysplastic foci</td>
<td>3 (1.7)</td>
</tr>
<tr>
<td>Hyperplastic polyp with focal carcinoma</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>Adenoma</td>
<td>10 (5.5)</td>
</tr>
<tr>
<td>Adenoma with focal carcinoma</td>
<td>2 (1.1)</td>
</tr>
<tr>
<td>Adenocarcinoma</td>
<td>2 (1.1)</td>
</tr>
<tr>
<td>Inflammatory fibroid polyp</td>
<td>3 (1.7)</td>
</tr>
<tr>
<td>Total</td>
<td>181</td>
</tr>
</tbody>
</table>

Fig. 1. Age Distribution of Gastric Polypoid Lesion

Fig. 2 a: Dysplastic focus in the hyperplastic polyp (arrow).

b: High power microscopic view of the dysplastic epithelium with stratification of nuclei and an increase of N/C ratio.

Fig. 3. a: Pieces of the hyperplastic polyp removed by polypectomy.

b: A focus of well differentiated adenocarcinoma is seen in the piece of the hyperplastic polyp.
Table 2. Location of Gastric Polypoid Lesions Treated with Endoscopic Polypectomy

<table>
<thead>
<tr>
<th>Location</th>
<th>A</th>
<th>M</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior Wall</td>
<td>37</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Lesser Curvature</td>
<td>25</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Posterior Wall</td>
<td>29</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Greater Curvature</td>
<td>29</td>
<td>23</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>120 (68.6%)</td>
<td>50 (28.6%)</td>
<td>5 (2.8%)</td>
</tr>
</tbody>
</table>

The location of 6 polypoid lesions were unknown

○: Hyperplastic polyp
◎: Hyperplastic polyp with dysplastic foci
●: Hyperplastic polyp with focal carcinoma
△: Adenoma
▲: Adenoma with focal carcinoma
■: Adenocarcinoma
◇: Inflammatory fibroid polyp

were detected, preserving the border between the neoplastic and hyperplastic epithelium (Fig. 2 and Fig. 3). The dysplastic foci corresponded histologically to adenoma defined by Hirota. Two of 12 adenomas were also accompanied by foci of differentiated adenocarcinomas.

3) Location (Table 2)
The location of gastric polyps was described according to “The General Rules for Gastric Cancer Study” which divided the stomach into the upper portion (C), midportion (M) and lower portion (A), and into the anterior wall, posterior wall, lesser curvature and greater curvature.
The polyps were found most frequently in A area, and the incidence was 68.6% (120/175), and 28.6% (50/175) was found in M area and only 2.8% (5/175) in C area. 3 polyps showing malignant change, one adenocarcinoma with adenomatous pattern and 7 adenomas were found in A area, and 3 adenomas, one adenocarcinoma with adenomatous pattern and one hyperplastic...
Table 3. Size and Shape of Polypectomied Lesions Treated by Endoscopy

<table>
<thead>
<tr>
<th>Shape Size (cm)</th>
<th>Yamada's type I, II</th>
<th>III</th>
<th>IV</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1.0</td>
<td>10</td>
<td>21</td>
<td>32</td>
<td>63 (35.8)</td>
</tr>
<tr>
<td>1.0≤</td>
<td>3</td>
<td>24</td>
<td>64</td>
<td>91 (51.7)</td>
</tr>
<tr>
<td>2.0≤</td>
<td>1</td>
<td>2</td>
<td>15</td>
<td>18 (10.2)</td>
</tr>
<tr>
<td>30.0≤</td>
<td></td>
<td></td>
<td>4</td>
<td>4 (2.3)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>14 (7.9)</td>
<td>47</td>
<td>115 (65.3)</td>
<td>176</td>
</tr>
</tbody>
</table>

○: Hyperplastic polyp
◎: Hyperplastic polyp with dysplastic foci
●: Hyperplastic polyp with focal carcinoma
△: Adenoma
▲: Adenoma with focal carcinoma
■: Adenocarcinoma
◇: Inflammatory fibroid polyp

Polyectomy with dysplastic foci were found in M area.

4) Relationship between macroscopic type and size (Table 3)

The polyps were macroscopically classified according to Yamada's classification. The polyps of Type 4 (pedunculated type) were most frequently found, and the incidence was 65.3% (115/176). The incidence of Type 3 (sempedunculated type) was 26.7% (47/176), and that of type 1 and type 2 (sessile type) was 7.9% (14/176). And 84% (148/176) of Type 3 and Type 4 was hyperplastic polyps.

Of 115 polyps of Type 4, 72% (83/115) was over 1 cm in diameter. In 14 polyps of Type 1 and Type 2, 71% (10/14) was under 1 cm. Although 45% (21/47) of 47 polyps of Type 3 was under 1 cm in diameter, 55% (26/47) was over 1 cm.

DISCUSSION

The most common type of the gastric polyps is the hyperplastic polyp compromising 88 to 96% of all gastric polyps6, and the hyperplastic polyps tend to grow into Type 3 (sempedunculated from) or Type 4 (pedunculated from). As shown in Table 2, 164 (90.4%) of 181 polyps were hyperplastic polyps, and 91% (145/162) of the polyps of Type 3 and Type 4 were hyperplastic polyps. Pedunculated polyps tended to increase in number with the increase in size of polyps. Some studies showed that malignant transformation of the hyperplastic polyps as well as adenomas increased when they are more than 2 cm in diameter10,11,12. Although the incidence of malignant transformation of them
is low, hyperplastic polyps even less than 1 cm in diameter as shown in our data rarely showed malignant change.

Malignant transformation of benign polyps is based on the histological criteria as follows: (1) malignant focus in the benign polyp, (2) remnant of the histological features characterized as the benign polyp, (3) malignant focus with sufficient cellular and structural atypia. According to the criteria mentioned above, three focal carcinomas were derived from one hyperplastic polyp and two adenomas. In our data, the rate of malignant transformation of 181 gastric polyps was 1.6% (3/181). Two hyperplastic polyps with dysplastic foci were also seen. The epithelium of hyperplastic polyp is capable of undergoing both neoplastic and kinetic alternation. Some authors showed that the cancerous focus was derived from the dysplastic area in hyperplastic polyps rather than from non-dysplastic epithelium. Therefore, careful follow-up is recommended even in hyperplastic polyps. The polyps occur most frequently in the lower portion mainly composed of antral mucosa, and the incidence of the polyps tended to increase with age, especially over 40 years old. This result is in agreement with that reported by the other authors. The occurrence of gastric polyps may be related to atrophic change and intestinal metaplasia advancing with age.

REFERENCES