November 2015

Giant Gastric Antral Polyp Presenting as Iron Deficiency Anemia and Intermittent Gastric Outlet Obstruction

Kalpit Devani  
*East Tennessee State University*, kalpit_devani@yahoo.com

Dhara Chaudhari  
*East Tennessee State University*, chaudharidhara@yahoo.com

John Litchfield  
*East Tennessee State University*, ZJML8@mail.etsu.edu

Mark Young  
*East Tennessee State University*, young@mail.etsu.edu

Follow this and additional works at: [http://ejournal.tnmed.org/home](http://ejournal.tnmed.org/home)

Part of the [Medicine and Health Sciences Commons](http://ejournal.tnmed.org/home/vol1/iss4/7)

**Recommended Citation**

Devani, Kalpit; Chaudhari, Dhara; Litchfield, John; and Young, Mark (2015) "Giant Gastric Antral Polyp Presenting as Iron Deficiency Anemia and Intermittent Gastric Outlet Obstruction," *Tennessee Medicine E-Journal*: Vol. 1: Iss. 4, Article 7.  
Available at: [http://ejournal.tnmed.org/home/vol1/iss4/7](http://ejournal.tnmed.org/home/vol1/iss4/7)

This Article is brought to you for free and open access by Tennessee Medicine e-Journal. It has been accepted for inclusion in Tennessee Medicine E-Journal by an authorized administrator of Tennessee Medicine e-Journal.
Giant Gastric Antral Polyp Presenting as Iron Deficiency Anemia and Intermittent Gastric Outlet Obstruction

Cover Page Footnote
Conflict of interest: none to disclose. Acknowledgement: none.
Giant Gastric Antral Polyp Presenting as Iron Deficiency Anemia and Intermittent Gastric Outlet Obstruction
By Kalpit Devani, Dhara Chaudhari, John Litchfield, Mark Young

CASE
50 years old male presented with complaint of dyspepsia and intermittent vomiting. Physical exam was remarkable for mild epigastric tenderness. Laboratory was significant for Hemoglobin 11g/dL, WBC 7000 /µL, platelet count 300,000/µL, iron 10 µg/dL, transferrin saturation less than 10 % and ferritin 25 ng/dL. The rest of laboratory including CMP, TSH, heme-occult were unremarkable. The patient underwent upper GI endoscopy and colonoscopy for evaluation of iron deficiency anemia. Colonoscopy showed single 8-9 mm tubular adenoma. EGD showed multiple gastric polyps of which 2 polyps were approximately 3cm in size (figure 1) and were excised and post resection endoscopic images are shown in figure 2 and histopathology was reported as a benign hyperplastic polyp. Subsequently patient underwent follow-up EGD twice; at 3 months and 6 months and again noted to have multiple giant antral hyperplastic polyps that were even bigger in size than earlier EGD (figure 3) and was negative for any malignancy. Due to high risk of malignancy, the patient was referred for antral resection.

DISCUSSION
Gastric polyps are usually found incidentally in about 6 % of upper gastrointestinal endoscopies performed in United States [1]. Fundic gland polyps are more commonly seen owing to increased use of proton pump inhibitor, and relatively lower prevalence of Helicobacter Pylori in western countries whereas hyperplastic polyp is common in areas with higher prevalence of Helicobacter Pylori[2].Gastric polyps are usually asymptomatic but they may present with the iron deficiency anemia from the erosion of surface epithelium causing chronic blood loss, or they may present as gastric outlet obstruction if they are larger in size [3].Giant gastric polyps, about 2% of all hyperplastic polyps and polyps with size greater than 3 cm, are most likely to be symptomatic [4]. A Major long term complication from the hyperplastic polyp is the risk of transformation into malignancy, and so endoscopic polypectomy is currently recommended and also helps the detection of any dysplasia and presence of H.pylori, which needs to be eradicated. In patients with gastric polyps, other parts of the gastric mucosa should also be histologically evaluated by multiple biopsies for detection of any accompanying inflammatory changes or malignancy. After polypectomy, endoscopic follow-up is recommended, because of the possibility of recurrence at the polypectomy site and of the development of malignancy in the remote gastric mucosa [3, 5].
Reference:
Figure 1: shows first EGD which revealed multiple gastric polyps
Figure 2: shows post resection endoscopic image
Figure 3: follow up EGD again showing multiple polyps