

中文題目：單發性缺陷瘤息肉：病例報告

英文題目：Solitary gastric hamartomatous polyp: a case report

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Introduction

Gastric hamartomatous polyps are rare and comprise about 1% of all gastric polyps. They may be solitary or syndromic. Solitary polyps are associated with a lower risk of cancer. Patients may be totally asymptomatic or present with vague abdominal pain, dyspepsia or gastrointestinal bleeding.

Case report

The case is a 77-year-old male, with a past history of hypertension, chronic kidney disease stage 3 and hyperuricemia, admitted with the chief complaint of tarry stool passage and dizziness for one day. Besides, reduced appetite and a body weight loss of about 3 kilograms within the past three months were reported. Colonoscopy had been performed for positive stool occult blood test one month before admission and showed only a small hyperplastic polyp. The patient had no fever, no abdominal pain, no nausea, no vomiting, and no mucocutaneous pigmentation. Hypotension (blood pressure, 92/52 mm Hg) was noted upon arrival. Stool occult blood test was positive (4+). The value of hemoglobin was 10.4 g/dl. He was admitted to the intensive care unit with the tentative diagnosis of upper gastrointestinal bleeding. He underwent an emergent esophagogastroduodenoscopy which showed a polypoid tumor with a central ulcer and stigmata of recent bleeding at the gastric cardia. Endoscopic ultrasound showed one hyperechoic tumor originating from mucosal layer, about 3 x 3 cm in size. A general surgeon was consulted, and upper laparotomy with local excision of gastric tumor was performed. The pathology report showed benign hamartomatous polyp with free resection margin. The patient was discharged uneventfully 8 days after operation.

Discussion

Solitary gastric hamartomatous polyps have a relatively benign course, while syndromic polyps have a higher lifetime malignancy risk. Two types of solitary hamartomatous polyps had been reported: Peutz–Jeghers type solitary polyps and solitary juvenile polyps. Polypectomy not only allows for histological exam but also prevents malignant transformation.

Conclusion

We describe a case of solitary gastric hamartomatous polyp presenting with gastrointestinal bleeding. The patient was treated by laparotomy with local excision and discharged uneventfully after operation.