

A Case of Gastric Adenocarcinoma of the Fundic Gland Type (Chief Cell Predominant Type)

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Introduction: Gastric adenocarcinoma of the fundic gland type (chief cell predominant type, GA-FG-CCP) is a rare variant form of gastric adenocarcinoma characterized by differentiation into chief cells. Herein, we report a case of early gastric cancer in the form of a subepithelial tumor, which underwent endoscopic resection and was finally diagnosed as GA-FG-CCP.

Case report: A 77-year-old man visited hospital for evaluation of abnormal findings on an Esophagogastroduodenoscopy(EGD) during a medical checkup. He had a family history of gastric cancer in his father. Initial EGD biopsy showed some atypical glands. To rule out malignancy, a second endoscopic biopsy was performed. During the examination, a 12mm softly elevated mucosa with an irregular dilated surface vessel was observed on lower body and posterior wall of the stomach(Fig.A). Biopsy targeted irregular vascular pattern, and confirmed well-differentiated tubular adenocarcinoma. Staging workup, including abdomen-pelvic CT and chest CT, showed no regional lymph node metastasis and distant metastasis. Endoscopic ultrasound(EUS) revealed an 11.5mm ovoid lesion with hypoechoic and anechoic components in 3rd layer(Fig.B). Based on these findings, the tumor was considered early gastric cancer combined with gastritis cystica profunda. Endoscopic submucosal dissection(ESD) was performed(Fig.C), and pathologic results showed well differentiated adenocarcinoma, fundic gland type. Submucosal invasion depth was 980 μ m(SM2)(Fig.D, E). The resection margin was clear, but a ruptured dilated carcinomatous gland suggested possible tumor invasion. Immunohistochemistry demonstrated MUC6 uptake(Fig.F), and low Ki-67 uptake indicating low cellular proliferation. The patient was diagnosed with GC-FG-CCP, and an operation was planned due to the SM2 invasion of the cancer.

Conclusion: We present a case of GA-FG-CCP, which represents a rare variant of gastric adenocarcinoma. When encountering a gastric subepithelial lesion exhibiting normal colored or faded white mucosa and branched dilated vessels on the surface, it is crucial to consider the possibility of GA-FG-CCP.

