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Risk factor and infection of *Helicobacter pylori* for quality of iatrogenic gastric ulcer healing after endoscopic submucosal dissection

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Background and Aim : The endoscopic submucosal dissection(ESD) is new treatment method for malignant or pre-malignant gastric neoplasm. It remains unclear whether *H. pylori* infection affect the quality of iatrogenic gastric ulcer healing after ESD. The aim of this study was to evaluate what factors affect ulcer healing after ESD. **Methods :** Ninety-nine patients who underwent ESD for malignant or premalignant lesion were included. The healing stage and quality of ulcer healing were evaluated by endoscopy at 8 weeks after ESD. The ulcer scar was divided into flat and non-flat pattern. Also, *H. pylori* infection, extent of atrophic gastritis, size of lesion, histology were evaluated. **Results :** Fifty nine lesions were tubular adenoma with dysplasia, and 41 lesions were adenocarcinoma. All ulcers were healed in 8 weeks after ESD. Flat pattern was observed 31% in eradication group, 74% in non-eradication group, 67% in non-infection group by *H. pylori*. *H. pylori* and histologic finding did not affect quality of ulcer healing. Flat group was observed 82%, 57% in closed, open type of atrophic gastritis, respectively ($p=0.01$). Age, size of lesion and extent of atrophic gastritis affect quality of ulcer healing by regression analysis. Recurrence was observed 3% in flat and 1% in non-flat group, but they are not different significantly($p>0.05$). **Conclusion :** *H. pylori* infection does not affect ulcer healing and quality of ulcer healing. Age, size of lesion and extent of atrophic gastritis affect quality of ulcer healing. Further study is needed to evaluate the correlation between recurrence of cancer and quality of ulcer healing.

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Gastritis cystica profunda accompanied with multiple early gastric cancer

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Background : Gastritis cystica profunda (GCP) is a rare disease that is characterized by gastric foveolae elongation along with hyperplastic and cystic dilatation of the gastric glands extending into the tissue beneath the submucosa. It occurs on the site of gastroenterostomy, but can occasionally be found in the stomach without previous history of surgery. GCP usually is regarded as a benign lesion. There are many debates over its malignant potential. We present herein a case report of gastritis cystica profunda accompanied with multiple early gastric cancer observed in a patient without antecedent surgery. **Case :** A 77-year old man admitted to our hospital for evaluation and treatment of early gastric cancer. Gastroendoscopy demonstrated early gastric cancer at the prepyloric antrum and some cystic lesion at the anterior wall and posterior wall of the lower body. Endoscopic mucosal resection was performed for confirmation and treatment. Histologically early gastric cancer at prepyloric antrum was well-differentiated adenocarcinoma and some cystic lesions on the posterior wall was characterized by herniation of surface epithelium and cystic glands in the submucosa, but cystic lesions on the anterior wall of the lower body were found adenocarcinoma cells in the mucosa and GCP in the submucosa. After all, total gastrectomy was performed for treatment. **Conclusion :** Although GCP is regarded as a benign lesion, clinically it is important to remember that a patient with diffuse submucosal cysts may harbor cancer. Therefore investigation on the relation between GCP and gastric carcinoma may be necessary.