

# **Gastrointestinal and Liver Pathology at Rush**

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## **Case of the Month Answer – January 2009**

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### **Diagnosis: Gastric hyperplastic polyps**

Gastric hyperplastic polyps mainly occur in the body and antrum and usually develop secondary to injury such as *Helicobacter pylori*, autoimmune gastritis, ulcers or stomas. They can also develop secondary to gastroesophageal reflux. Most are small, less than 2 cm. smooth and sessile. Larger ones may be pedunculated and have superficial erosions causing hemorrhage.

Most arise in the background of chronic gastritis and are believed to represent a regenerative response of gastric foveolar cells. They are composed of elongated, infolded and branching gastric pits giving rise to a serrated appearance. Tall mucin-secreting foveolar cells line the pits, which dilate to form variably sized and shaped cysts. The surrounding stroma is edematous and contains plasma cells, lymphocytes, eosinophils and variable numbers of other inflammatory cells. Vascular proliferations are present near the surface, which can erode and bleed.

Regenerative changes may be seen and resemble low grade dysplasia. The actual prevalence of dysplasia is from 1 – 20% and mostly in larger polyps, but the overall malignant potential is less than 2%. The differential diagnosis includes juvenile polyposis, which is determined on the presence of colonic polyps and clinical features.