

Gastrointestinal and Liver Pathology at Rush

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Case of the Month Answer – May 2009

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Diagnosis: Sporadic gastric carcinoid

Multiple pieces of gastric body-type mucosa showed infiltration by well-differentiated neuroendocrine or carcinoid tumor, which was positive for synaptophysin (Fig. 1) and chromogranin. Depth of invasion cannot be assessed in this biopsy material. The mucosa does not show features of chronic atrophic gastritis.

Gastric neuroendocrine tumors typically arise from ECL cells of the gastric mucosa. The majority are associated with ECL cell hyperplasia and chronic atrophic gastritis (CAG). Histologically they can have various patterns including trabecular, glandular, and solid.

A small percentage, (~10%), of gastric carcinoids are sporadic. These are most common in men with a mean age of 55 years. They are usually solitary smooth, round and yellow submucosal nodules covered by intact mucosa and occur anywhere in the stomach. They are not associated with chronic atrophic gastritis or endocrine cell hyperplasia and are more aggressive and larger than the hypergastrinemia-associated lesions. They may often invade vessels and lymphatics and produce distant metastases. The five year survival is < 50%, reflecting the high rate of metastases. Patients with sporadic carcinoids do not benefit from antrectomy as these lesions do not regress afterwards, so it is important to distinguish them from the ECL cell hyperplasia associated ones.

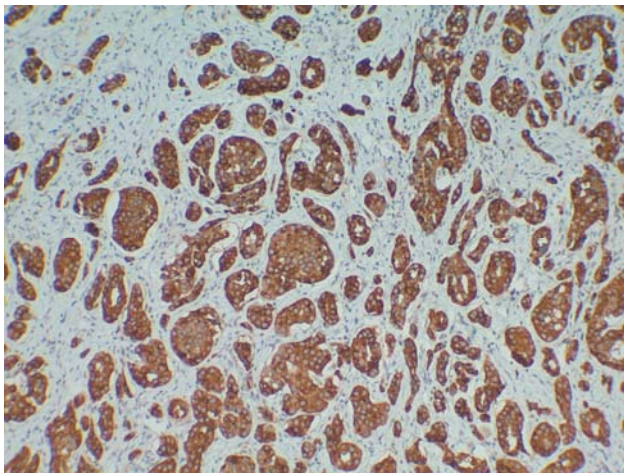


Fig. 1 (Synaptophysin)