

Image of the Month

Ines Gockel, MD, PhD; Torsten Hansen, MD; Theodor Junginger, MD, PhD

A 34-YEAR-OLD WOMAN PRESENTED WITH chronic iron-deficient anemia and upper gastrointestinal tract bleeding that necessitated esophagogastroduodenoscopy. The patient experienced no associated abdominal pain or weight loss. The patient's history revealed a polypectomy of 2 colonic polyps 6 months before with no histologic evidence of dysplasia or carcinoma. Physical examination revealed no pathologic findings. Routine blood tests revealed hypo-

albuminemia and mild anemia. The results of all other blood tests were normal. Tumor markers (carcinoembryonic antigen and cancer antigens 19-9 and 72-4) were within the reference ranges. Subsequent total gastrectomy (**Figure 1**) was performed after endoscopic diagnosis, with the histopathologic findings shown in **Figure 2**.

What Is the Diagnosis?

- A. Morbus Ménétrier disease
- B. Linitis plastica
- C. Neuroendocrine tumors with profuse erosions
- D. Gastric juvenile polyposis accompanied by gastric cancer
- E. Multifocal signet ring cell carcinoma

Author Affiliations: Department of General and Abdominal Surgery (Drs Gockel and Junginger) and Institute of Pathology (Dr Hansen), Johannes Gutenberg University, Mainz, Germany.

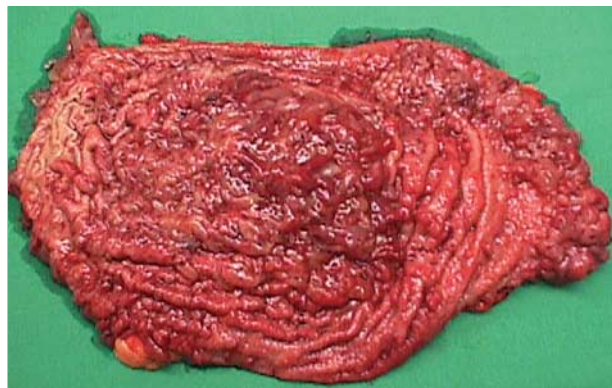


Figure 1. Resected specimen after total gastrectomy.

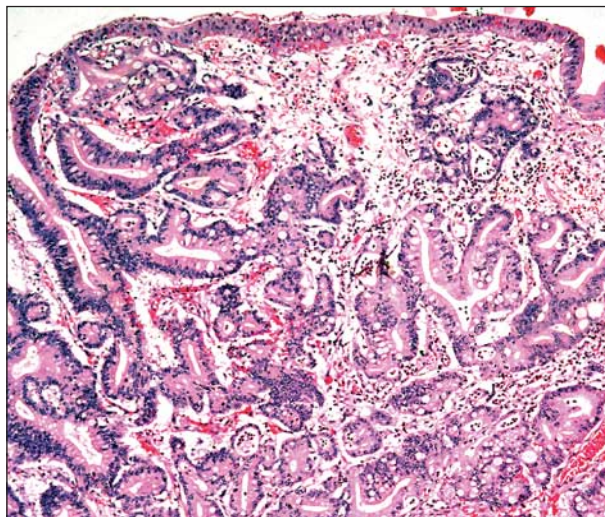


Figure 2. Histopathologic findings (hematoxylin-eosin, original magnification $\times 160$).