

Image of the Month

Izi Obokhare, MD; Sharon Santoso, BS; Carolyn Coughlan, BA; Jeffrey Ponsky, MD

A 46-YEAR-OLD MAN PRESENTED WITH RECENT worsening of dyspepsia and dull epigastric pain. The symptoms began more than 5 years earlier. After several modifications to his treatment regimen, he was managed with lansoprazole (Prevacid; 30 mg/d).

He denied recent weight loss, hematemesis, melena, and hematochezia. His medical history included asthma and hypertension. His surgical history included pyloromyotomy as an infant and bilateral adenoidectomy as a

child. Medications included lansoprazole (30 mg/d), amlodipine besylate (5 mg/d), albuterol inhaler (as needed), and cetirizine hydrochloride (Zyrtec; 10 mg as needed for allergies). Physical examination results were unremarkable, and laboratory test results showed no anemia with normal liver and pancreatic function.

Esophagogastroduodenoscopy showed numerous large pedunculated and diffuse polyps in the body and fundus of the stomach (**Figure 1A**), sparing the antrum (**Figure 1B**). Histological examination of the polyps showed dilated cystic glands (**Figure 2**).

Author Affiliations: Department of Surgery, University Hospitals Case Medical Center, Cleveland, Ohio.

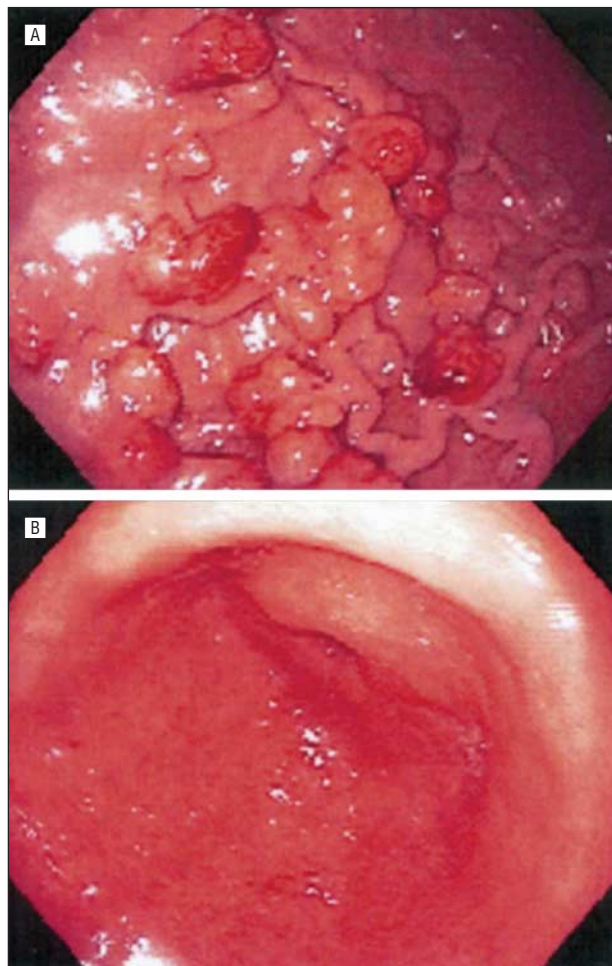


Figure 1. Esophagogastroduodenoscopy showed numerous pedunculated polyps primarily in the fundus of the stomach (A), sparing the antrum (B).

What Is the Diagnosis?

- A. Gastric carcinoid
- B. Adenomatous polyps
- C. Fundic gland polyps
- D. Gastrointestinal stromal tumor

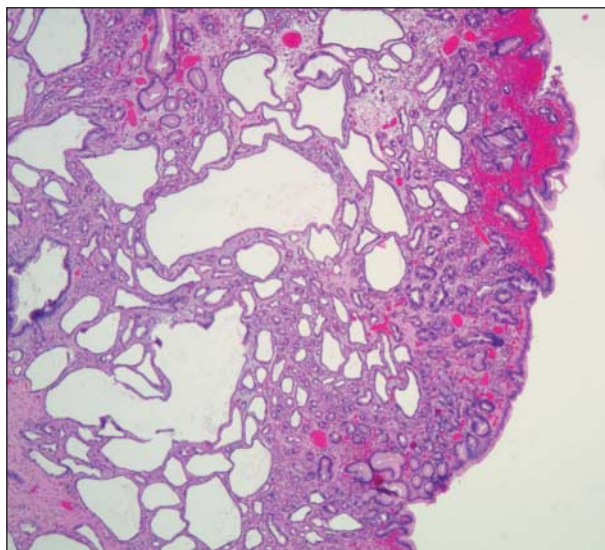


Figure 2. Histological examination showed dilated cystic glands (hematoxylin-eosin, original magnification $\times 200$).