A rare case report of a solitary gastric Peutz-Jeghers type polyp

To the Editor,

Peutz-Jeghers syndrome (PJS) is a rare, autosomal-domi-

nant disorder characterized by hamartomatous polyps in

any part of the alimentary tract, and almost always

associated with intestinal polyposis and mucocutane-

tous pigmentation (1). Rarely, solitary PJP arise in pa-

tients without other features of PJS. A review of the Eng-

lish literature revealed only 6 published cases since 1989.

Here, we would like to report a typical case from China.

A 67-year-old man was admitted to our department on

an emergency basis because of abdominal pain, and

abdominal distention of 7 days’ duration. He had no

significant medical background and family history. No

abnormal findings were revealed throughout physical

examination and laboratory tests. For diagnostic pur-

poses an endoscopy of the upper gastrointestinal tract

was performed. His upper gastrointestinal endoscopy re-

vealed a pedunculated polyp with a diameter of 25mm in

the anterior wall of the antrum of the stomach (Figure 1).

Histological examination of the polyp obtained from re-

sected endoscopically showed it to be a PJP (Figure 2).

No other polyp was seen in the rest of the stomach. Fur-

ther endoscopic examination was conducted, but no

polyps were observed in the small bowel or colon.

The specific cause and development of PJS are not

known. The gene seems to responsible for PJS, denoted

STK11, which encodes a serine/threonine kinase and

maps to chromosome 19p13.3, acts as a tumor sup-

pressor (2). Genetic alterations in STK11 may represent

loss of heterozygosity at a tumor suppressor gene lo-

cus. Loss of STK11 protein kinase activity associated

with loss of growth suppression function was reported

in some mutations in STK11 associated with PJS (3).

In this study, we present a typical case of a solitary gas-

tric Peutz-Jeghers type polyp. The diagnosis was made

based on the clinical appearance, physical examination

and histological features of the solitary gastric Peutz-

Jeghers type polyp. Although the cause and develop-

ment of this rare entity remain speculative, Surgical

resection is seemed advocated by the literature. Surgi-

cal resection may appropriately be used as a baseline

investigation for the identification of patients with giant

or complication of polyp such as gastrointestinal bleed-

ing, intussusception, and obstruction.

Figure 1. Image findings of gastric Peutz-Jeghers type stomach polyp.

Endoscopic examination revealed a pedunculated polyp was found in the anterior wall of the antrum of the stomach (a). The polyp obtained from resected endoscopically measuring 25mm x20mm (b).

Figure 2. The smooth muscle fibers that make up a large part of the stroma, originating from the muscularis mucosae.
With the wide spread of novel techniques, including endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD), endoscopic resection techniques have been performed as curative treatments for treat adenoma and early colorectal cancer in recent years (4). Endoscopic resection techniques provide safer and curative outcomes, with the feature of minimally invasive, complete resection and supply thorough histopathologic evaluation of the specimens(5). We advocated that endoscopic treatment is technically feasible and may be considered as the procedure of choice for solitary Peutz-Jeghers type polyp in the future.

Conflict of Interest: No conflict of interest was declared by the authors.

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