

A rare cause of submucosal lesions in the cardiac region of the stomach

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To the Editor,

A 35-year-old man presented with a 1-month history of dyspeptic complaints and dysphagia against solid food. His medical and family history were unremarkable. He had been smoking for 10 years. On physical examination he was afebrile, with a blood pressure of 125/70 mm/Hg, and a pulse of 82 beats per minute. The physical examination of the lung was normal on auscultation. The abdominal physical examination revealed soft, distended abdomen with no palpable mass. Blood tests showed a white-cell count of 8100 per cubic millimeter (with normal eosinophils range), the hemoglobin level of 15.1 g/dl (reference range : 13.6-17.2 g/dl), the platelet count of 376000 per cubic millimeter, erythrocyte sedimentation of 18 mm/h, and C-reactive protein level of 2.6 mg/L (reference range: 1.0-3.0 mg/L). Hepatic and renal function tests were all normal. Testing was negative for tumor markers, hepatitis B, hepatitis C and human immunodeficiency virus as determined by polymerase-chain-reaction assay. In cardiac region of the stomach, endoscopy revealed a large submucosal lesion, with a size of 3x2.5 cm, covered with normal mucosa (Figure 1). A hypoechoic and well demarcated lesion measuring 20x18 mm in diameter, located in the second echo-poor layer, was detected on endoscopic ultrasonography (Figure 2). Histopathologic sampling was performed with endoscopic unroofing resection technique and amoeboid trophozoites were identified from biopsy specimens (Figure 3). Oral metronidazole was administered at 1500 mg/day for 30 days. The lesion was completely regressed on endoscopy one month after treatment (Figure 4).

Amebiasis is caused by *Entamoeba histolytica*, a protozoan present worldwide. Clinical manifestations include amebic colitis and extraintestinal disease (1). Extraintestinal manifestations include amebic liver abscess and other more rare manifestations such as pulmonary, cardiac, and brain involvement (2). Clinical suspicion is the most important diagnostic tool of the disease. Further, adequate histopathologic sampling and evaluation by expert pathologist are vital for diagnosis. We present an extremely rare submucosal cardiac lesion of stomach associated with ameboma which was successfully treated with metronidazole. Taken together, in an effort to prevent diagnostic delay and unnecessary

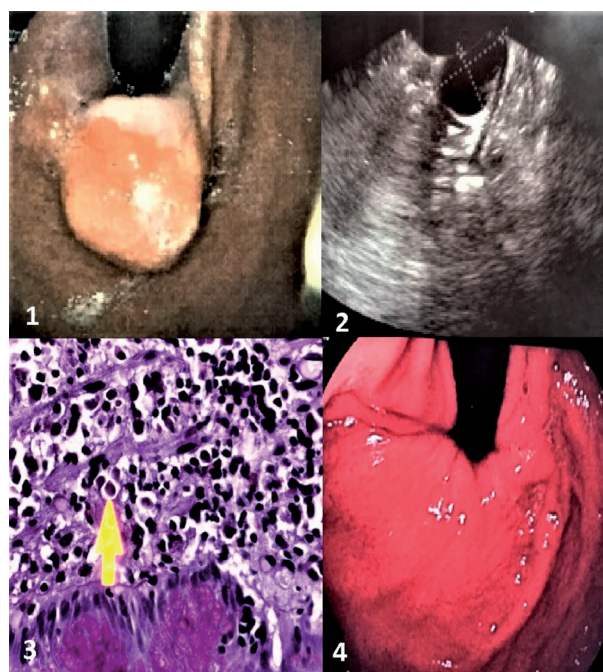


Figure 1-4.

surgery, the rare association of gastric ameboma should be considered in gastric submucosal lesions.

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We hereby declare that all authors have made a substantial contribution to the information submitted for publication; all have read and approved the final manuscript and the manuscript or portions thereof are not under consideration by another journal. Also, we have no conflict of interest to report.

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