An unusual cause of anemia : familial hyperplastic gastric polyposis

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To the Editor,

Familial hyperplastic gastric polyposis is a very rare entity, and up to now, only few cases have been reported (1, 2).

A 57-year-old man was admitted with complaints of dyspepsia for a long time. He was taking proton pump inhibitors for about 30 years. His family history revealed gastric polyposis in his father and brother; however, there was no history of gastrointestinal cancer. Physical examination was unremarkable. On admission, laboratory studies were normal other than a hemoglobin level of 10.2 g/dL. Upper endoscopic examination revealed dozens of polyps (3-12 mm in diameter) through out the fundus and corpus of the stomach (Fig. 1). Larger polyps were removed by cutting with snare. Histological examination of the materials was compatible with hyperplastic polyps (Fig. 2). *Helicobacter Pylori* was positive at antrum biopsy. Since past medical history of our patient revealed standard treatment against *Helicobacter Pylori* for several times, he was prescribed sequential therapy for eradication. The patient refused to perform colonoscopic examination and further genetic analysis.

Although the hyperplastic polyps are the most common type of gastric polyps, familial hyperplastic gastric polyposis is an extremely rare condition (1, 2). Opposite to familial adenomatous polyposis, hyperplastic polyposis is considered reactive rather than genetic disposition. Hyperplastic gastric polyps are strongly associated with *Helicobacter Pylori* infection. Theoretically, *Helicobacter Pylori* may induce exaggerated mucosal healing response, and hence, predispose to hypertrophic gastric polyposis. However, since the prevalence of *Helicobacter Pylori* is high and, in contrast, the prevalence of such polyposis is extremely rare, it is difficult to consider putative effect of *Helicobacter Pylori* in the pathogenesis of gastric polyposis (2). Carcinomatous transformation is rarely reported (2, 3). In addition to genetic disposition in our case, long-term proton pump inhibitor use was another risk factor for the development of gastric polyposis. Screening or treatment plan should be established individually. Surgical treatment should be considered when there is a histological finding including cancer focus or dysplasia. Also, presence of family history of gastric cancer and occurrence of possible complications including bleeding,

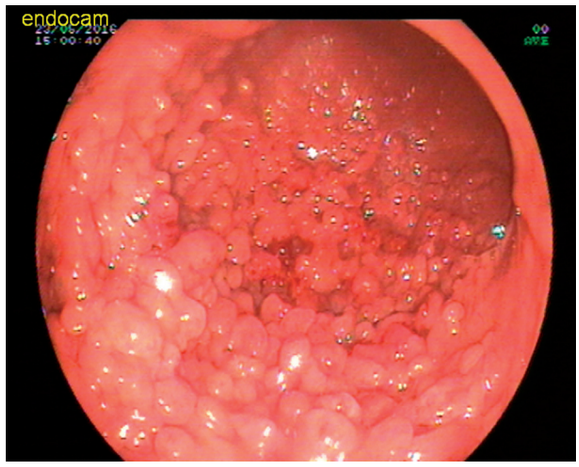


Fig. 1. — Endoscopic appearance of the gastric polyps.

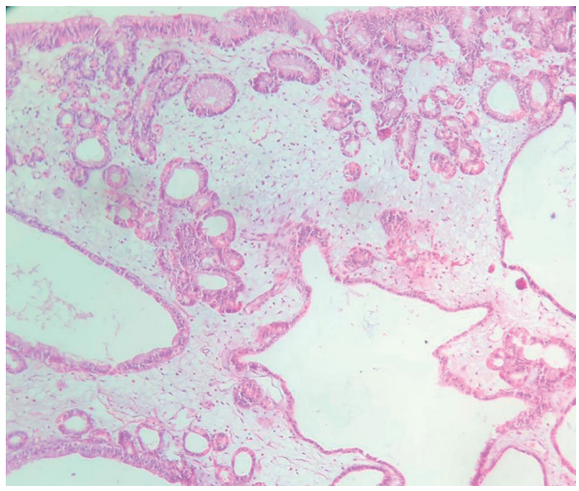


Fig. 2. — Histology of the extracted polyps (H&E staining, x200).

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gastric outlet obstruction and hypoalbuminemia are indications for complete or partial gastrectomy.

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