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GI IMAGE

Gastric Intussusception Secondary to Fundic Gland Polyposis

Shay Behrens[1] · Jorge Obando[1] · Dan G. Blazer III[1]

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Report

A 70-year-old female with a 10-year history of intermittent nausea, vomiting, diarrhea, and chronic proton pump inhibitor (PPI) use presented to the emergency department with an acute episode of epigastric pain. Physical exam was unremarkable and laboratory tests were nonrevealing. Computed tomography of the abdomen revealed a gastrogastric intussusception (Fig. 1). The patient underwent upper endoscopy. Endoscopic evaluation revealed that the intussusception had spontaneously reduced. Additionally, innumerable 6- to 25-mm pedunculated and sessile polyps from the gastric cardia to the antrum in a carpet-like manner were noted (Fig. 2). Endoscopy also revealed grade C erosive esophagitis with esophageal stenosis using the Los Angeles Classification of Gastroesophageal Reflux Disease. Multiple biopsies of the polyps were performed. Pathology was consistent with fundic gland polyps without adenomatous features. Pathology was negative for *Helicobacter pylori*. Follow-up colonoscopy was negative for polyps.

Intussusception is rare in adults—accounting for only 5% of all cases—with pediatric presentation being the most common. Ninety percent of adult cases typically have a lead point with an underlying associated neoplasm in two thirds of these patients.[1] Intussusception can involve any portion along the gastrointestinal tract but is most commonly reported in the small or large intestine with only a few, scattered case reports of gastrogastric intussusception.[2] We present a rare case of gastrogastric intussusception secondary to fundic gland polyposis.

Fundic gland polyps are the most commonly reported gastric polyp, which are non-malignant lesions that may be sporadic or caused by an underlying genetic mutation. Previous reports have also demonstrated an association between PPI

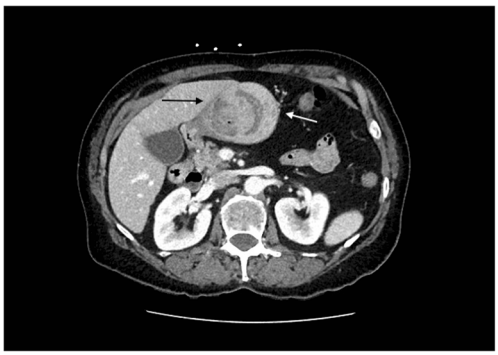

Fig. 1 Axial abdominal CT image demonstrates the pathognomonic "telescoping" and infolding of the stomach upon itself

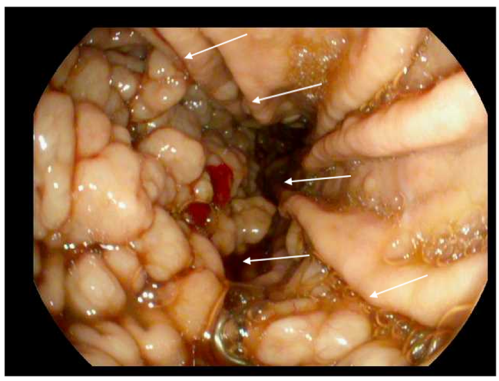

Fig. 2 Upper endoscopy demonstrates innumerable pedunculated and sessile polyps that covered the gastric fundus, gastric body, anterior wall, and greater curvature in a carpet-like manner. The polyps originated in the hiatus hernia sac and extended continuously to 58 cm

✉ Shay Behrens
shay.behrens@duke.edu

[1] Department of Surgery, Duke University School of Medicine, Durham, North Carolina, USA

use and gastric polyposis, first described in 1992, although the pathogenesis is still not well understood.[3] Based on our review of the literature, this case appears to be the first reported case of gastrogastric intussusception secondary to fundic gland polyposis.[2] Given the rarity and complexity of this presentation, this patient was discussed in a multidisciplinary tumor board, and the decision was made to discontinue her PPI therapy with ongoing consideration of how best to manage her gastroesophageal reflux disease (GERD) and esophageal stricture. The patient has had no recurrence of intussusception at 3 months.

References

1. Marsicovetere P, Ivatury SJ, White B, Holubar SD. Intestinal Intussusception: Etiology, Diagnosis, and Treatment. *Clinics in Colon and Rectal Surgery*. 2017;30(1):30–39. https://doi.org/10.1055/s-0036-1593429.
2. Behrooz, A., & Cleasby, M. Gastrogastric intussusception in adults: a case report with review of the literature. *BJR|case reports, 0*(0), 20180006. https://doi.org/10.1259/bjrcr.20180006
3. Varghese S, Le V, Ali T. Large Fundic Gland Polyps in the Stomach. *Gastroenterology & Hepatology*. 2016;12(3):153–154.