



Image of the Month

Gastric pyogenic granuloma arising from artificial ulcer scar created by endoscopic submucosal dissection



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A 68-year-old man with end-stage renal failure on hemodialysis was referred to our hospital because of anemia refractory to iron supplementation and erythropoiesis-stimulating therapy. He had been diagnosed as having early gastric cancer, which had been successfully resected by endoscopic submucosal dissection (ESD) 26 months ago. Esophagogastroduodenoscopy revealed a semipedunculated protrusion at the ulcer scar caused by previous ESD in the gastric antrum. The reddish elevation was approximately 10 mm in diameter covered with dense mucous exudate (Fig. 1a), and was so fragile as to cause mild bleeding by mechanical contact (Fig. 1b). Because the lesion was suggested as the cause of his anemia, we resected the protrusion by endoscopic mucosal resection. Histological examination demonstrated the proliferation of capillary-sized vessels accompanied by mucosal erosion and chronic inflammatory cells infiltrate in the stroma, consistent with pyogenic granuloma (PG) (Fig. 2). His refractory anemia improved after the procedure.

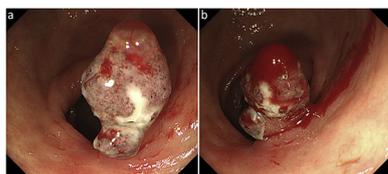


Fig. 1. (a) Esophagogastroduodenoscopy reveals a semipedunculated protrusion covered with dense mucous exudate at the ulcer scar caused by previous ESD in the gastric antrum. (b) This lesion is so fragile as to cause mild bleeding by mechanical contact.

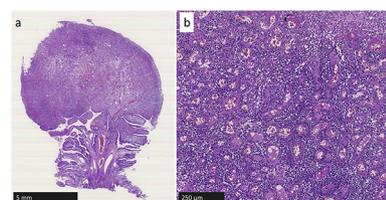


Fig. 2. (a and b) Histological examination demonstrates the proliferation of capillary-sized vessels accompanied by mucosal erosion and chronic inflammatory cells infiltrate.

Although PG is less common in the gastrointestinal (GI) tract, it is known as a rare cause of GI bleeding. Prior inflammation or ulceration is considered possible trigger for its development, however, causation has been rarely proven in most cases [1]. Our case strongly suggests correlation between ESD-induced ulcer and PG development. Therefore, PG should be considered when gastroenterologists encounter patients with refractory anemia who had a history of endoscopic treatment for GI tumor.

Conflict of interest

None declared.

Reference

- [1] Antonio Quiros J, Van Dam J, Longacre T, Banerjee S. Gastric pyogenic granuloma. *Gastroenterol Hepatol* 2007;3:850–4.

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